



FAMILY HIV/AIDS PREVENTION & ART ADHERENCE CLUBS.

ACTIVITY REPORT

HIV prevention activities in schools

19th to 24th May, 2017.

Mongu district, Western, Zambia.



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**Annex
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Introduction

The Epidemiology of HIV and AIDS in Zambia

Zambia has one of the highest HIV burdens in Sub-Saharan Africa. In 2016, around 46, 000 people became newly infected with HIV in Zambia (ZAMPHIA 2016). The current estimates for overall HIV annual incidence among adult men and women aged 15-49 years is 0.70 per cent (PEPFAR 2016b; UNAIDS 2016b). The annual incidence of HIV among adults aged 15 - 49 is higher in women (1.08 per cent) compared to men (0.33 per cent) (PEPFAR 2016).

The adult HIV prevalence in Zambia has also declined, falling by 19 per cent from 2003 to the current levels of 11.2 per cent (CSO 2014). However, despite the declines, the HIV prevalence rate is the seventh highest rate globally (UNAIDS 2016). Approximately there are 1.2 million people in Zambia living with HIV (UNAIDS 2016).

Zambia has a generalized HIV epidemic among adults aged 15-49 years with more women (13.6 per cent) than men (8.5 per cent) living with the virus (CSO 2014). Women are disproportionately affected due to several factors including gender imbalances in all spheres of life and Gender Based Violence (GBV).

HIV Prevalence among adolescent boys and girls

Adolescents aged 10-19 comprise 23 percent of the total Zambian population. Based on the re-analysis of the 2013-2014 Zambia Demographic and Health Survey (ZDHS) HIV testing data the estimated HIV prevalence rates among adolescent girls and boys aged 15-19 is at 3.5 per cent for girls and 1.8 per cent for boys. Adolescents girls, aged 15-19, continue to be disproportionately affected by HIV due to behavioural, cultural and biological vulnerabilities to HIV infection. In 2013-14, 7.2 per cent of sexually active adolescent girls reported having had sexual intercourse with a man who was 10 or more years older than them. This was a 60 per cent increase in this behaviour from the rate of 4.5 per cent reported in the 2007 ZDHS.

Although prevalence rates declined among adolescents aged 15-19 from 2007 to 2014, from 5.7 per cent to 3.5 per cent for girls and from 3.6 per cent to 1.8 per cent for boys, this prevalence data translates to around 28,000 girls and 16,000 boys living with HIV. Hence there is a need to continue to priorities HIV combination prevention with adolescents in Zambia.

HIV and AIDS continue to impact negatively on the social and economic fabric of Zambian society at individual and household levels, and across the wider community. Appreciable gains have been made in reducing the annual prevalence rate from over 25% 20 years ago to an average of 14.3% as of December 2009. However, the evidence of high incidences of infection among certain populations, and the existence

of both old and emerging drivers of the pandemic demand continued interventions in prevention. Another important consideration is that over one million Zambians are living with HIV, and an equally high number of people have been decimated by the pandemic. These scenarios call for enhanced and well-coordinated efforts across all the response pillars, notably prevention; treatment, care and support; impact mitigation; and response management and coordination.

The MMC Against HIV/AIDS Campaign design document is the result of a three (3) days workshop held at Mumwa Craft Association Centre from the 4th -6th May, 2017. About 50 officials from the Mabushe Memorial Centre (MMC), Ministry of Health, a representative of the Provincial AIDS Task Force, District AIDS Task Force and other key officials leading HIV/AIDS programs in the province participated in the workshop.

During the workshop resource persons provided opportunities to the Mabushe Memorial Centre (MMC) Staff to learn more about the HIV/AIDS situation in the western province, the causes of infection, modes of prevention using the ABC approach, counseling and testing, availability of treatment and the importance of ARVs, care and support for the infected and the affected young people and the need to address issues concerning social stigma and discrimination.

During many hours of discussions in groups and in plenary, participants examined the fundamental issues within the community life of the young people affecting efforts directed at reducing the HIV/AIDS prevalence of the western province.

It was the conviction of participants at this workshop that, the MMC with its well organized management structure and widely respected authority system has the capacity to influence the attitudes of individuals and groups in the province and therefore induce behaviour change required for HIV prevention, care and support activities in the communities.

Even though poverty is widespread in the province at 80%, leadership of the MMC believes it should not distract them from performing their roles as officers to protect life.

HIV/AIDS – The Provincial situation

Western Province is one of the provinces in Zambia with a high prevalence estimated at 16% of people aged between 15 & 49 years infected with the HIV virus. HIV prevalence in Mongu district according to CSO records is 23% (2013) this is too high for a developing district. One some of the major causes of high rates of HIV infection are: High levels of unemployment and high poverty levels in the district. The devastation has rendered OVC increasingly vulnerable to depression, HIV infection, rape, abuse, and abandonment. Many OVC lack positive role-models and the essential psychosocial support required to develop into responsible, productive adults. Fear and confusion surrounding HIV/AIDS has resulted in

increased infection rates and teenage pregnancy among DVC. The enormous cohort of children who lack adequate supervision, parenting, education support.

Data from the ZDHS indicates that the Zambian HIV epidemic is geographically heterogeneous with provincial prevalence rates ranging from 4.8 per cent to 15.1 per cent. HIV prevalence rates among men and women aged 15-49 years are higher in urban (15.6 per cent) compared to rural (7.4 per cent) areas (CSO 2014). There are also variations among provinces (Zambia Population Based HIV Impact Assessment (ZAMPHIA), 2016)) with the highest prevalence rates, that is, Lusaka (16.1 per cent), Western (16 per cent) Copperbelt (14.2 per cent), followed by Southern and Central (13.4 per cent). The other provinces with the prevalence rate above six percent are Northern (9.7 per cent), Luapula (9.3 per cent) and Eastern (8.2 per cent). Provinces with the lowest prevalence are Muchinga (5.9 per cent) and NorthWestern (6.9 per cent). All the districts in Zambia have an adult prevalence greater than five per cent.

HIV/AIDS remains one of the major public health threat and cause of death in sub-Saharan Africa. This pandemic has claimed the lives of productive people and left many children orphaned. In Zambia, Western province has the second highest incidence of HIV prevalence rate at 16%. For this reason, Maboshe Memorial Centre – MMC, with financial support from the Maboshe Small Village Bank Fund (MSVBF) is implementing an HIV/AIDS project in Mongu district of Western province, Zambia aimed at reducing new infections in the district. Recognizing the fact that young people in school are one of the groups that are most at risk of contracting HIV, MMC is working with five schools around Mongu district.

This report covers the roll out of HIV prevention activities undertaken at Mulambwa, Mukoko, and Malengwa primary schools respectively between 19th and 24th May, 2017.

Aim of the training

The HIV prevention activities in schools were conducted to empower both teachers and pupils with the skills and knowledge needed for them to educate their colleagues on ways of preventing HIV infections.

Participants

The participants in these activities were chosen in consultation with the guidance teachers in the different schools involved. Some of the pupils who participated for example were drawn from the anti AIDS clubs in their respective schools.

Table 1: Participants aggregated by gender

School	Pupils		Teachers		Total
	Male	Female	Male	Female	
Mukoko	6	9	0	5	20
Malengwa	6	7	0	5	18

Mulambwa	5	10	1	4	20
Total Trained	17	26	1	14	58

Table 1 above shows the details of the pupils and teachers who participated in the training. There were a total of 26 girls, 17 boys, 14 female teachers and 1 male teacher. The total number of trained peer educators from the three schools was 58.

Training Objectives

By the end of the training, and before they could go out and disseminate HIV prevention information, participants were expected to;

- Explain peer education and the roles of a peer educator.
- Learn how to set life goals.
- Establish the advantages of delaying sexual debut.
- Discover basic facts about HIV.
- Name ways of preventing HIV infection.
- Know how substance abuse relates to HIV infection.

Participants Expectations.

- Participants expected to gain the following from the training;
- Learn how to protect themselves from HIV
- Receive pamphlets and brochures on HIV/AIDS
- Receive statistics on HIV/AIDS at district, provincial and national level
- Learn some life skills
- Know what the work of Mabushe Memorial Centre – MMC is
- Find out how to disseminate HIV information to others

Training Outline

The one day training in each of the three schools covered a wide array of topics. After opening remarks and introductions, the participants were given a brief description of Mabushe Memorial Centre – MMC.

They were then asked to state what they expected from the training. The first topic covered was peer education followed by life goal setting where they were taught how to effectively set personal life goals.

The participants were then taught how to deal with peer pressure. Changes that occur during puberty were then explored. The next topic that was covered focused on establishing the right time to be sexually active; emphasis was placed on the benefits of delaying sexual debut as well as the consequences of being sexually active at an early age. Basic HIV/AIDS facts were then looked at. A discussion about how to refuse unwanted sexual advances followed. The last topic examined how substance abuse and HIV

infection are linked. The participants were then asked to give recommendations about changes that can be implemented in future trainings. The training was concluded after closing remarks were given.



Figure 1: Pupils at Mukoko Primary School during the peer education training workshop

Training method

Content was mainly delivered through PowerPoint presentations, sketches and discussions.



Figure 2: A pupil from Mulambwa primary school taking down note during the training

Training Outcomes

"Creating a better lives for disabled children & vulnerable children in rural/remote communities of western, Zambia."

The pupils and teachers were equipped with skills and knowledge essential for them to deliver HIV prevention information to other pupils and teachers alike. All three schools were provided with peer training kits to be used by the teachers in the training of more pupils in their schools with peer education skills.



Figure 3: *Pupils and teachers listening to a presentation during the training at Malengwa primary school.*

Lessons Learned

Among the many lessons learned during the HIV prevention activities in schools is that, training involving children as participants need not be too long since they are more likely to lose interest when a training session is lengthy. Besides that, the other lesson learned is that when a facilitator makes participants feel at ease, they get involved actively.

Conclusion

Pupils and teachers from Mulambwa, Mukoko and Malengwa primary school were successfully trained in peer education. They were also informed of the inter school competitions that they will be involved in. Going forward, pupils and guidance teachers from all the schools that took part in the training will be provided with reporting tools in the form of volunteers' report forms adapted to schools. The purpose of this is to measure the impact they will be having on their colleagues in terms of HIV awareness, prevention and behavior change.