Scaling up Youth-Focused Interventions in the Multi-Country HIV/AIDS Programs (MAP) and Building Capacity of Civil Society Organizations (CSOs), Case from Zambia

An Assessment Report

The National AIDS Council (NAC),
In Collaboration with
The World Bank Country Office and Representatives of Youth Serving CSOs

Lusaka, 15 August 2005
Acknowledgement

The consultant wishes to express his profound gratitude to the World Bank for affording him an opportunity to make this humble contribution to the HIV/AIDS programming through this consultancy. The consultant also wishes to thank National Aids Council and all youth serving and youth organizations who participated in this assessment. Lastly, but by no means the least, special gratitude are conveyed to community based youth organizations supported under CRAIDS in central region for willingly providing necessary information.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>CBO</td>
<td>Community Based Organizations</td>
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<tr>
<td>CBOH</td>
<td>Central Board of Health</td>
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<tr>
<td>CHAZ</td>
<td>Churches Health Association of Zambia</td>
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<tr>
<td>CRAIDS</td>
<td>Community Response to HIV/AIDS</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<tr>
<td>FBO</td>
<td>Faith Based Organization</td>
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<tr>
<td>FHT</td>
<td>Family Health Trust</td>
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<tr>
<td>FYO</td>
<td>Forum for Youth Organizations</td>
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<tr>
<td>GGAZ</td>
<td>Girl Guides Association of Zambia</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of Republic of Zambia</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Cooperation</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immune-Deficiency Virus/Acquired Immune deficiency Syndrome</td>
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<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
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<tr>
<td>IEC</td>
<td>Information Education Communication</td>
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<tr>
<td>ISTT</td>
<td>In-service Training Trust</td>
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<tr>
<td>JFA</td>
<td>Joint Financing Agency</td>
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<tr>
<td>JSDF</td>
<td>Japan Social Development Fund</td>
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<tr>
<td>MAP</td>
<td>Multi-Country HIV/AIDS Program</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSYCD</td>
<td>Ministry of Sport Youth and Child Development</td>
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<td>NAC</td>
<td>National Aids Council</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organizations</td>
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<tr>
<td>NYDC</td>
<td>National Youth Development Council</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>Presidential Emergency Plan for Aids Relief</td>
</tr>
<tr>
<td>PLWA</td>
<td>People Living With Aids</td>
</tr>
<tr>
<td>PPAZ</td>
<td>Planned Parenthood Association of Zambia</td>
</tr>
<tr>
<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>SHN</td>
<td>School Health Nutrition</td>
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<tr>
<td>SPW</td>
<td>Students Partnership Worldwide</td>
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<tr>
<td>STARZ</td>
<td>Strengthening the Aids Response in Zambia</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Aids</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>VSO</td>
<td>Volunteer Service Organization</td>
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<tr>
<td>WB</td>
<td>World Bank</td>
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<tr>
<td>YMCA</td>
<td>Young Men’s Christian Association</td>
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<tr>
<td>YWCA</td>
<td>Young Women’s Christian Association</td>
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<tr>
<td>ZAMSIF</td>
<td>Zambia Social Investment Fund</td>
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ZANARA  Zambia National Response To AIDS
ZNAN    Zambia National Aids Network
ZRCS    Zambia Red Cross Society
Table of content

The National AIDS Council (NAC), ........................................................................................................... i
Acknowledgement ........................................................................................................................................ iii
Executive Summary ...................................................................................................................................... i
  1.1 Objectives ............................................................................................................................................. i
1. Background to the Study ............................................................................................................................. 1
  1.1 Objectives: ............................................................................................................................................. 1
  1.2 Methodologies ......................................................................................................................................... 2
2. Findings .................................................................................................................................................... 4
  2.1 Youth focused HIV/AIDS activities currently supported under the MAP and other programs .......... 4
      2.1.1 Definition of youth ......................................................................................................................... 5
      2.1.2 HIV/AIDS prevalence amongst the Youth ..................................................................................... 5
      2.1.3 National response to HIV/AIDS focusing on youths ................................................................. 6
      2.1.4 Youth focused HIV/AIDS interventions ..................................................................................... 9
      2.1.5 Grassroots’ based organizations experience with CRAIDS ...................................................... 10
      2.1.6 Coordination of youth focused HIV/AIDS programs ................................................................. 12
      2.1.7 Youth participation in HIV/AIDS programs .............................................................................. 14
  2.2 Levels of funding .................................................................................................................................. 15
      2.2.1 Line ministries ............................................................................................................................... 15
      2.2.2 Non Governmental Organizations ............................................................................................... 17
      2.2.3 Faith Based Organizations .......................................................................................................... 18
  2.3 Effectiveness of current MAP and other programs .............................................................................. 18
  2.4 Factors affecting effective participation of youths in the MAP and other HIV/AIDS interventions ........ 19
      2.4.2 Capacities of youth focused organizations ............................................................................... 21
  2.5 Organizations with potential to provide capacity building services to youth serving organizations ... 25
3. Conclusions and recommendations ........................................................................................................ 25
  3.1 Major Recommendations ..................................................................................................................... 26
4. Appendices .............................................................................................................................................. 29
  4.1 Appendix I: List of people interviewed ............................................................................................... 29
  4.2 Appendix II: Profiles of selected Projects under CRAIDS ............................................................... 32
  4.3 Appendix III: Sample of responses from selected respondents ....................................................... 45
Executive Summary

Background

Zambia is among countries with high HIV/AIDS prevalence, 16% among adult population aged 15 to 49 years. Prevalence among urban population is twice that of rural dwellers, 23 percent for urban and 11 percent for rural residents (ZDHS 2002). Like other African countries, youth and women are the groups highly infected and affected by HIV/AIDS. Zambia is one of the five countries identified for the regional exercise, “Scaling-up Youth-focused HIV/AIDS Interventions in MAP and Building Capacity of Youth Serving CSOs”. Zambia ia is among the countries benefiting from the Multi-Country HIV/AIDS Program (MAP II), within the Zambia National Response to HIV/AIDS (ZNARA)

The Zambia National AIDS Council (NAC) established through a parliament Act of 2002 is a body providing leadership in four key areas: (i) national level strategic planning and visioning, (ii) technical and logistical support to an array of stakeholders, (iii) monitoring the course of the epidemic and programs and (iv) resource mobilization of HIV/AIDS interventions. The AIDS Task Force (ATF) operates at all levels as a sub-committee under the existing government structures, the Provisional Development Coordination Committee (PDCC), the District Development Coordination Committee (DDCC), at the sub-district or community level, there are the Community AIDS Task Force (CATF) and Area/Resident Development Committees (RDC), enhancing its multi-sectoral work and community participation.

Various partnerships have been encouraged by NAC to incorporate the Civil Society Organizations (CSOs), including youth groups, faith based organizations and private sector. CSOs have for a long time been in the forefront in the critical fight against HIV/AIDS in the country. However, coordinating and supporting the HIV work of CSOs has not been easy. Youth groups and organizations are highly involved in HIV/AIDS interventions. Still, there is lack of strong national youth alliance/council to systematically coordinate youth HIV/AIDS activities and managerial and leadership capacities for effective program implementation.

1.1 Objectives

As part of the scaling up effort, the World Bank (WB) commissioned a local consultant to undertake this exercise, focusing mainly on the capacity building needs of youth-serving organizations, Civil Society Organizations, including youth organizations,
sectoral ministries working on youth-focused HIV/AIDS initiatives. In this exercise young people and youth organizations were targeted as key sources of information. Specifically, the objectives of the assessment are:

- Assess the current state of programming for youth-focused HIV activities in the country;
- Determine the level of funding for youth-focused activities and effectiveness of youth-focused activities within the MAP and other major HIV programs;
- Identify factors that may foster or hinder attention to youth in the MAP and other HIV interventions;
- Define priority capacity building needs among CSOs working mainly on youth-focused HIV/AIDS interventions; and
- Identify potential implementing partners who will carry out capacity building activities.

**Major findings**

The following are the major findings of the study:

There is increasing recognition of the devastating effects of HIV/AIDS among youths and for this reason, there is growing consensus that youths must be made key players and equal participants in the fight against the pandemic. National policies and programmes are now paying attention to and recognising the critical role of youths in the national response to the HIV/AIDS situation. Some of the national policies and programmes that recognise the important role of youths in the fight against HIV/AIDS include the following:

- Poverty Reduction Strategy Paper (PRSP)
- National HIV/AIDS policy
- The draft National Youth policy
- The Ministry of Education policy on education

The government has adopted a multi-sectoral approach to the fight against HIV/AIDS and to enhance this approach, the National HIV/AIDS/STI/TB Council was established to coordinate and support national initiatives including those that are youth focused. Further support to this multi-sectoral initiative was actualised in 2002 with the creation of the Zambia National Response to HIV/AIDS (ZANARA). Currently this project supports all line ministries in mainstreaming HIV/AIDS related activities in their programmes. Out of these, the following four line ministries have a focus on youths in their mandate:

- Ministry of Sport, Youth and Child Development (MSYCD)
- Ministry of Health
- Ministry of Education
- Ministry of Community Development and Social Services

Major concerns raised by respondents relating to youth-focused initiatives of ministries included the following:

- Accessing ZANARA funding for youth HIV/AIDS programming is problematic
Youth Resource Centres under the MSYCD at provincial and district levels are not adequately staffed with personnel equipped with knowledge in HIV/AIDS prevention and (the centres) are in a dilapidated state and lacking in necessary equipment and tools.

Youths are not given adequate opportunities to participate in the planning, implementation and monitoring of ministry HIV/AIDS programmes.

The National Youth Development Council (NYDC) in the MSYCD is weak and not adequately serving as an institution through which increased youth participation in ministry HIV/AIDS programmes can be enhanced.

Youth friendly services are not being used by youths due to their being poorly located and not being staffed by appropriate staff.

The Ministry of Education has not been effective in integrating HIV/AIDS issues in school curricula.

The Community Response to AIDS (CRAIDS) project, which is a component of ZANARA that focuses on supporting community efforts in fighting HIV/AIDS, is a useful initiative for enhancing community response to the needs of youths and engaging them in addressing the challenges being posed by the pandemic. However, there is a shared concern among youth organisations that the number of project proposals being approved by the project is very low. On the other hand, the effective implementation of approved projects is hampered by the weak spirit of volunteerism among community members.

Apart from the need to improve the support of youth serving organisations to youth organisations by way of strengthening the youth-focused programmes in their mandates, the latter (youth organisations) have exhibited weaknesses in the following areas:

- Poor networking and information exchange among youth HIV/AIDS and adolescent reproductive health projects.
- Poor capacity to conduct monitoring and evaluation of activity implementation especially focusing on impact assessment.
- Poor skills for effective project management including writing project proposals, project planning, and monitoring and evaluation.
- Limited training among youths in participatory learning for Action Methodologies and leadership skills for those in executive and support positions.
- Lack of advocacy skills.

Youth organisations lack adequate coordination to effectively participate in the MAP. Both the NYDC and the Forum for Youth Organisations (FYO) are weak and are therefore not effectively coordinating and promoting the activities of their member organisations.

Multilateral and bilateral funding to youth organisations is in many cases marginal. As an example, out of the total amount of US$230,000 available to the Ministry of Education for HIV/AIDS projects in its current budget through sector funding, only US$68,595 has been allocated to youth activities.
Key recommendations

Youth Resource centres

Information centres serve as useful points at which youth obtain information on HIV/AIDS, access counselling and acquire survival skills to cope with the challenges they face in their everyday lives resulting from the pandemic. It is therefore recommended that the World Bank, as part of its scaling-up efforts, should pay particular attention to strengthening these centres under the MYSCD.

Youth Friendly corners

Youth Friendly Corners are a useful strategy to provide an opportunity to youths to access reproductive health services. In this respect efforts should be made to make these facilities more user friendly by making youths in charge of them and locating them in more youth acceptable locations.

Youth organisation and participation in scaling-up HIV/AIDS activities

Various policies and programmes at national level have recognised the key role of youths in addressing issues relating to HIV/AIDS. The youth movement is currently weak to take effectively play their expected role. It is therefore recommended that youth organisations, especially the NYDC and FYO, should be strengthened to enable them contribute to national HIV/AIDS programming and effectively coordinate youth HIV/AIDS focused activities.

Scaling-up interventions under MAP

MAP is a useful initiative for reaching out to various groups, such as youths and communities in remote areas. In order to maximise the benefits it offers to the nation, it is recommended that its support the scaling-up efforts should be focused on:

i. Strengthening linkages among well established youth-serving organizations, such as YWCA, Youth Alive Zambia and other local youth networks based at district and community levels.

ii. Enhancing youth participation in the project management cycle and building financial management and accounting skills.

iii. Strengthen coordination among the MAP participating youth-serving organizations.
1. Background to the Study

Zambia is among countries with high HIV/AIDS prevalence, 16% among adult population aged 15 to 49 years. Prevalence among urban population is twice that of rural dwellers, 23 percent for urban and 11 percent for rural residents (ZDHS 2002). Like other African countries, youth and women are the groups highly infected and affected by HIV/AIDS. Zambia is one of the five countries identified for the regional exercise, “Scaling-up Youth-focused HIV/AIDS Interventions in MAP and Building Capacity of Youth Serving CSOs”. Zambia ia is among the countries benefiting from the Multi-Country HIV/AIDS Program (MAP II), within the Zambia National Response to HIV/AIDS (ZNARA).

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• Define priority capacity building needs among CSOs working mainly on youth-focused HIV/AIDS interventions; and
• Identify potential implementing partners who will carry out capacity building activities.

1.2 Methodologies

In order to address the terms of reference adequately, the following methodologies were applied:

a) Interviews were conducted with key informants using a checklist as a guide for capturing important aspects of the study. The list of organizations that provided key informants is given in Appendix I. Network and membership organizations such as Churches Health Association of Zambia (CHAZ), Zambia National AIDS Network (ZNAN), Family Health Trust (FHT), and Africare provided valuable background information on capacity building needs covering Non-Governmental Organizations (NGOs) and Community Based Organizations (CBO) they serve in both urban and rural areas.

b) A wide range of literature, including key policy documents, monitoring and evaluation reports, strategic and operational plans from targeted youth serving organizations was reviewed. In addition, previous reports on capacity needs assessments undertaken by other organizations and evaluation reports of youth focused interventions formed part of literature reviewed.

c) A field visit was undertaken to central region (Kabwe), where interviews and group discussions were conducted at branch offices of who YWCA and Boys Scout. Local Government and other government departments at the provincial level, local youth NGO and CBO, especially those targeted under the Community Response to AIDS (CRAIDS) project.

d) The study was conducted in Lusaka and Kabwe based youth organizations benefiting from the Zambia National Response to HIV/AIDS (ZANARA) (profiles attached in Appendix II) project through the CRAIDS component and other stakeholders. The initial situation assessment showed that youth organizations targeted by this project were working with local branches, CBOs and social groups in rural provinces and districts. It was also clear that
most of rural based youth organizations are being serviced by Lusaka based network or umbrella bodies.

Constraints

It ought to be mentioned from the outset that it was not possible to meet all important key informants due to their not being available for the exercise for various reasons. For example, CHAZ officials were not available for detailed discussions due to their other commitments while Kara Counseling Training Trust withdrew as they considered themselves as not being relevant to the study.
2. Findings

The findings provided below are based on information gathered by the consultant through interviews with targeted respondents, literature reviews and observations made in the field on the activities involving implementation of Youth focused HIV/AIDS projects under the MAP. In order to contain as much detail as possible in the opinions of various respondents, a number of them were quoted verbatim and these are indicated in the text of the findings. In addition, a sample of written submissions and responses to the questionnaire are attached in Appendix III.

2.1 Youth focused HIV/AIDS activities currently supported under the MAP and other programs

HIV/AIDS has become a major global public health problem with devastating social and economic consequences. The HIV/AIDS pandemic has been recognized as a major challenge facing Zambia today. The Zambian government and other stakeholders realize that the fight against HIV/AIDS is more complex than initially thought. The government has in the past years developed and implemented four national plans in response to the epidemic. The first and second plans were implemented by Ministry of Health (MoH) while the fourth involved all ministries as a multisectoral response was perceived to be more effective.

In order to strengthen the multisectoral approach, government established the National HIV/AIDS/STI/TB Council to coordinate and support the development, monitoring and evaluation of multisectoral national responses for the prevention of the spread of HIV/AIDS. To support this national initiative, in 2002 the government established, with the support of the World Bank, the ZANARA project which is intended to enhance the government’s multisectoral strategy in addressing the HIV/AIDS epidemic. The ZANARA project is implemented within the context of MAP. Zambia is the second MAP project country for the Africa Region. The aim of the project is to support government’s program as articulated in the Zambia National Strategic Framework on HIV/AIDS. The ZANARA project has the following three main components:

- Support for Community Response to HIV/AIDS through financing activities implemented by CBOs NGOs and Faith Based Organizations (FBOs).
- Support to National AIDS Council Secretariat to strengthen coordination of national responses to AIDS.
- Support to line ministries for mainstreaming HIV/AIDS related activities including support to work place HIV/AIDS programs.

Other major sources of funding support toward HIV/AIDS prevention and mitigation of the effects of the pandemic include the Global Fund, Presidential Emergency Plan for AIDS Relief (PEPFAR), and United Nations Development Program (UNDP).
Specifically, the Global Fund is currently being channeled through the Zambia National Aids Network (ZNAN), and the CHAZ while the PEPFAR fund is administered through the United States Agency for International Development (USAID). The local United Nations system, including UNAIDS, United Nations Children Fund (UNICEF), UN Volunteer and United Nations Population Fund (UNFPA) are also working in collaboration with international NGOs to support local initiatives. The discussion that follow will focus on youth-focused interventions under MAP and those being implemented in other programs.

2.1.1 Definition of youth

The Draft National Youth Policy defines youth as male or female persons aged between fifteen (15) and thirty (30) years. This definition of youth was reached through a consultative process largely driven by the youths themselves. For practical purposes most organizations covered in this study consider a youth to be a person aged between 9 and 35 years. It is argued that, to day young people start having sex and engage in other risky behaviors as early as 10 years for girls and 12 years for boys. What is important is to segment the youth by age and apply different strategies to reach the different age groups. It is also acknowledged that leaving this age group out of the HIV/AIDS and reproductive health programmes would have devastating effects now and in the future. This definition of the youth, which recognizes the age bracket of 9 to 35 years of age, is therefore intended to broaden the youth category and therefore capture all persons who are potentially at risk through their behaviors.

2.1.2 HIV/AIDS prevalence amongst the Youth

It is estimated that the virus that causes AIDS has already infected about 19.7% of the population between the ages of 15 and 49. It has been established that the HIV/AIDS problem is worse among the youths who are sexually active and also among young women of ages 15 to 24 who are twice more likely to get infected with HIV as compared to their male counterparts in the same age range. Girls in rural areas marry as early as 14 years, putting them at higher risk of acquiring Sexually Transmitted Infections (STI) including HIV/AIDS. In addition, the common belief that having sex with a girl child heals HIV/AIDS has increased the risk of HIV infection among girl children. Other traditions such as girl child initiation and boy circumcision also have the potential to put the youth at risk. For most rural youths, dependence on traditional birth attendants also increases the risk of contracting HIV. However, with current efforts at awareness and training, the risks of contracting the virus is being relentlessly addressed.
The HIV/AIDS prevalence among the youth, using the official definition of youth as provided in the draft National Youth policy (i.e. 15 to 30 years is given in Table I below:

Table 1: HIV/AIDS prevalence among the Youth

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>Female</th>
<th>Male</th>
</tr>
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<tbody>
<tr>
<td>15-19</td>
<td>6.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>20-24</td>
<td>16.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>25-29</td>
<td>25.1%</td>
<td>15%</td>
</tr>
<tr>
<td>30-34</td>
<td>29.4%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

2.1.3 National response to HIV/AIDS focusing on youths.

National policies and programs, such as the Poverty Reduction Strategy Paper (PRSP), have recognized the pivotal role youths play in the fight against the pandemic. The National HIV/AIDS Policy, which outlines key policy directions, has enabled the government to be more focused in its fight against HIV/AIDS. Prevention and control, treatment, care and support, and human rights based approaches to HIV/AIDS are the main thrust of this policy. The draft National Youth Policy recognizes the need to involve the youth in the fight against the scourge by integrating comprehensive HIV/AIDS education in all youth programs that promote safe sexual behavior among youths. Although the Ministry of Education policy on education– Educating our Future – does not mention HIV/AIDS, one of its Sector Plans focuses on developing an education system that counters the HIV/AIDS pandemic and manages its impact on education delivery as one of the main goals. The Ministry has adopted and mainstreamed HIV/AIDS and adolescent reproductive health teaching in school curricula. Today the school system is being used extensively by most key stakeholders to channel abstinence and other messages on HIV/AIDS aimed at preventing HIV infection countrywide to school-going youths at basic, high school and tertiary levels.

ZANARA Support to line ministries

The four ministries with youth focused activities are:

*Ministry of Sport, Youth and Child Development (MSYCD)*

The ministry has the overall responsibility for youth development and policy implementation and monitoring. Through the Department for Youth, the ministry has implemented youth focused HIV/AIDS interventions in UNFPA supported consortium of government and NGOs. Under ZANARA, the ministry has received funding specifically for hardware capacity building and workplace interventions.

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1 Draft National Youth Policy
The ministry was of the view that accessing ZANARA funding specifically for youth HIV/AIDS programming is difficult. There is a perception that ZANARA prefers to fund projects it considered priority rather than what the applicants consider priority. However, according to records at ZANARA, the ministry has not as yet accessed funding for youth focused HIV/AIDS interventions therefore it is reasonable to conclude that there is limited understanding in the ministry on how the ZANARA fund operates.

The ministry claims it has the capacity to develop and implement youth focused HIV/AIDS and reproductive health interventions particularly those focusing on behavior change through awareness, peer education and skills development for youths. The ministry has adequate Youth Resource Centers at provincial and district levels but lacks well trained personnel with knowledge of HIV/AIDS prevention and skills to develop and support HIV/AIDS interventions for youths in rural and urban areas. In addition these centers require rehabilitation including provision of necessary equipment and tools. The ministry also needs to develop a system for the effective participation of youth in planning, activity implementation and monitoring of the implementation of HIV/AIDS programs.

The Department for Youth Development needs additional organizational and technical capacity to develop innovative approaches for effective engagement of youth in the fight against HIV/AIDS. The National Youth Development Council (NYDC), a possible structure through which increased youth participation can be achieved, is weak. This is confirmed in the following comment made by the Minister of Youth, Sport and Child Development - “I can see that the Youth Council is not here. This means that they do not know what young people are doing; and it also means that they are not moving with us.”

Ministry of Health

Government, through the MoH is implementing youth-friendly services which include Voluntary Counseling and Testing (VCT) and Reproductive Health (RH) services. Most of the people interviewed were of the view that youth friendly services are not accessed by youths mainly due to 1) their location, 2) the type of front line staff. It was reported that youths shun the youth-friendly corners situated in Health Centers but preferred to use services provided by Planned Parenthood Association of Zambia (PPAZ). The major difference between the two is that the former is located in public health centers patronized by adults and managed by adult members of staff while the PPAZ engages youths in providing RH services.

In Kabwe Peer Educators said:

“Youth Friendly Corners in Health Centers are not utilized by youths. Youths do not feel comfortable to use same facilities as their parents for fear of being discovered. Most youths prefer to come to us for help.” Peer Educator.

Minister of Sport, Youth and Child Development quoted during the Evaluation Workshop on World Plan of Action for Youth – Youth Voice Volume 2 # 4 June 2005.
“It is embarrassing to undress in front of an adult male or female nurse. I would prefer to go to my friend.” Peer Educator.

Ministry of Education

The MoE HIV/AIDS program has both workplace and youth focused HIV/AIDS prevention interventions. The MoE HIV/AIDS program has three basic components: i) coordination of mainstreaming of activities, ii) development of strategies for addressing the impact of HIV/AIDS on the education system and iii) developing policies to support HIV/AIDS workplace programs. Although the ministry does not have a clearly defined program focusing on youth, it has partnered with NGOs and developed a system for effective utilization of schools to channel information on HIV/AIDS. The ministry has partnership with Youth Media for production of Trendsetter School Magazine; Family Health Trust in setting up Anti-Aids Clubs in schools; Student Partnership Worldwide in implementing school based and led Adolescent Reproductive Health education; PPAZ in development of sexual and life skills education for Grades 4 to 9 teacher’s books. Over the past few years, MoE has partnered with Students Partnership Worldwide to set up a school based sexual health program in the country. This program has trained and deployed 130 Peer Educators in schools in central province who have reached out to over 72,000 pupils with HIV/AIDS and life-skills based education. Based on lessons from the implementation of Students Partnership Worldwide (SPW) in central province, the ministry intends to scale up and integrate further in the MoE strategy.

Despite these successes, the ministry is facing some challenges in its work. There is a need to intensify dissemination of HIV/AIDS messages especially among teachers and communities surrounding schools. The ministry has experienced that use of interactive methodologies that involve young people have been more effective compared to non interactive approaches.

“It has been observed that teachers rarely transmit information using appropriate approaches and also that some IEC materials are not suited to local environment and target groups.” Out-Going HIV/AIDS Coordinator.

“Because of not involving young people in technical programming, planners usually identify inappropriate strategies that usually conflict with the expectations of the youth.” Observed by HIV/AIDS Coordinator.

It was reported that the current consideration of HIV/AIDS as a cross cutting issue has a negative influence on mainstreaming of HIV/AIDS. The mainstreaming process has been assigned to another function where HIV/AIDS is considered as being just additional responsibility rather than being in the mainstream. The ministry should create an independent function to be responsible for coordinating and mainstreaming of HIV/AIDS, especially in school curricula.
Although support to ministries appear to focus on capacity building efforts through systems support, peer education and awareness campaigns, it is felt that youths have benefited from workplace programs as summarized below by one of Technical Advisor in the MoE:

“As much as we can say that support to line ministries has focused on institutional capacity building we can also confirm that youths employed by the ministries have benefited from workplace programs. From this point of view, I would say the support has reached to youths in employment”. MoE Technical Advisor

2.1.4 Youth focused HIV/AIDS interventions

Within the context of the enabling policy environment, there are specific activities being implemented on the ground that are targeting youths in various settings. These activities include the following:

- **Awareness Creation:** This is done through theatre and drama shows, radio programs, games, and production and distribution of IEC materials.
- **Behavior Change programs:** This is achieved through group and individual counseling using Peer educators. Creative ideas such as Adventure Unlimited Program (AUP) which also include education for life focus primarily on behavior change.
- **Counseling:** This includes VCT and psychosocial counseling.
- **Life skill programs:** This activity is aimed at empowering youth in practical day-to-day skills that enable them to live more resourceful and healthy lives.
- **Providing entertainment facilities:** Facilities such as pool table and table tennis in Youth Centers to keep youths and other young people occupied are provided. Youth organizations also hold drama festivals, sports galas through with messages on HIV/AIDS and RH are given.
- **Advocacy:** Advocacy focuses on issues that affect young people in relation to RH Sexuality and HIV/AIDS.
- **Resource Centres:** Through these centres youths access various information on HIV/AIDS and other youth related information for their well being.
- **Distribution of Socially Marketed** condoms to sexually active age group
- **Support to Anti-Aids Clubs** in schools by providing IEC materials;
- **Youth friendly corners** from where youths access information on RH, VCT and treatment for STI;
- School Health Nutrition (SHN);
- Home Based Care and support for PLWHA); and,
- Support to Orphans and Vulnerable Children (OVC).
Under CRAIDS, 147 projects have been supported since 2003. With regard to youth-focused HIV/AIDS interventions, CRAIDS has supported over 60 youth projects on HIV/AIDS prevention interventions. This represents about 40% of the projects supported by CRAIDS since 2003. There is a perception among youth organizations visited that the number of proposals on HIV/AIDS and adolescent reproductive health approved by CRAIDS is low. For example, in Central region, 60 out of 116 processed projects have been approved and of those, only 6 are focusing on youth and HIV/AIDS. This represents about 10% of the approved projects. These projects have focused on the following:

- Behavior Change Communication (BCC);
- Support to Home Based Care;
- Promoting access to VCT;
- Support to OVC;
- Peer education; and,
- Survival skill development amongst the youth.

2.1.5 Grassroots’ based organizations experience with CRAIDS

The following organizations and projects were visited in Central Region:

- Bwacha Community Based Peer Education and Counseling Project;
- Artists Without Borders Theatre for Scaling Up Youth;
- Chibefwe HIV/AIDS Awareness Project; and,
- Youth Vocational Skills Training and Empowerment Program.

One Committee member from Youth Vocational Skills and Empowerment Program Kabwe said:

“The major strength of CRAIDS is it flexibility in conditionality which has enabled unregistered community, especially youth groups to access funding for HIV/AIDS activities. Organizations and groupings with different forms of registration, have made a contribution to youth’s efforts towards the fight against HIV/AIDS.”

With regard to youth participation in HIV/AIDS activities, the CRAIDS supported projects in Kabwe confirmed that high levels of unemployment among youths in the Kabwe and surrounding districts have contributed to the increase in HIV infections. Secondly, lack of recreation facilities has left youths with no alternative pass time activities apart from engaging in illicit activities including prostitution among young girls. As observed, facilities meant for recreation have been sold out and turned into Beer Halls. Thirdly, youths are not performing well with income generating activities due to inadequate markets, poor business skills and inability to explore options and take risks.

HIV/AIDS activities focusing on peer education have been scaled up in the four project sites that participated in the discussion. Counseling services are being provided in community schools, to community members on different issues including VCT.
Training in Theatre for Community Action and HIV/AIDS, and survival skills in woodworking and tailoring have also been offered. One of the projects based in Kapiri Mposhi has also distributed condoms and IEC materials.

In spite of the above successes, poor utilization of drama by CBO/NGOs for effective communication has been identified as a major challenge. The second major challenge is getting support from peers, community members, and in some insistences teachers who seem not to appreciate the role of peer educators in HIV/AIDS prevention. For example, one teacher was quoted by Peer Educators as saying:

"Why are you wasting your time on voluntary things? You will not get anywhere" Peer Educator.

Another one who refused to cooperate with Peer Educators on school project was quoted as saying:

"You are the ones who are benefiting from these projects. I am not prepared to waste my time on non profitable activities"

The projects concluded that the spirit of voluntarism among community members is extremely weak to effectively steer projects on voluntary basis. The link between HIV/AIDS and economic performance of a community is not well understood.

Representatives from the four youth projects made the following observations:

- Projects targeting youths have a greater impact on reducing the spread of HIV/AIDS. One group reported a perceived decline in youths indulging in illicit activities as observed by concerned parents. It was also reported that parents approach Peer Educators to seek help for the children perceived to be mischievous.

- Empowering youths with survival skills is key to the success of the fight against HIV/AIDS.

- Youths felt empowered to be given the responsibility to solve their own problems and therefore their participation in planning, implementation and evaluation process was crucial.

- The following were identified and key areas for capacity building:
  - Strengthen networking and information exchange among youth HIV/AIDS and adolescent reproductive health projects.
  - Develop capacity to conduct monitoring and evaluation of activity implementation especially focusing on impact assessment and enhance the aspect of accountability of resources entrusted to them.
- Develop skills for effective project management including writing of proposals, project planning and monitoring and evaluation.

- Additional training is required in participatory learning for Action Methodologies and leadership skills for those in executive and support positions.

- Youths need to improve their advocacy skills to enable them reach policy makers and leaders at local level.

- Training for community youth group or projects leadership in basic finance and accounting will enhance transparency and accountability.

The CRAIDS component of ZANARA is considered by communities as the largest single national response to HIV/AIDS covering youths in rural and urban areas as summarized below:

“CRAIDS has reached out to many organizations in urban and rural areas. It is different from other programs concentrating in urban areas and supporting established organizations only.” Committee member – Kabwe.

### 2.1.6 Coordination of youth focused HIV/AIDS programs

The coordination of youth HIV/AIDS focused activities is extremely weak. Currently, the youth chair at NAC is vacant. Youth activity coordination mechanisms such as the National Youth Development Council (NYDC) and Forum for Youth Organizations (FYO) are weak. The coordination among MAP participating youth projects is done through Regional Facilitators and there is no structure or other mechanism known to participating organizations especially in rural areas.

Recently, five externally founded organizations have come together under the theme “Empowering Africa’s Youth People’s Initiative”. The organizations are:

- Young Women’s Christian Association
- Young Men’s Christian Association
- Boy Scouts Association
- Girl Guide Association
- Zambia Red Cross Society

The five organizations have a long history of serving the youths in Zambia. In order to promote better coordination and provision of youth services, these five have come together to form the “Big Five”. The US government through PEPFAR has committed USD1.35 million for five years from 2004 to 2008 to the Big Five program.

The question local organizations are asking is: “why is there no representation from a locally founded youth organization among the Big Five?”
In 2000 indigenous youth organizations created FYO as a national platform through which to raise youth concerns at all levels. As a response to this, the National HIV/AIDS/STI/TD Council Act recognized FYO as representing youth on the Council. However at the time of this study, the youth seat on the Council was vacant. This is one issue the youth movement has to address as soon as possible in order to ensure continued representation of youth on the Council.

There are over 250 youth organizations registered in different forms throughout the country. However, the records at National Youth Development Council have not been updated and do not reflect an accurate number of the registered organizations. Out of the estimated 125 member organizations registered with NYDC, only ten (10) have HIV/AIDS programs. The FYO has on its register over 200 youth organizations. It is not clear how many have HIV/AIDS programs. Both the NYDC and the FYO have the mandate to promote and coordinate youth activities of their members.

Presently, a consortium of indigenous youth organizations is being considered. The following youth organizations have been proposed as potential members:

- Young Africans Welfare Association
- Renaissance Union of Emerging Leaders
- Zambia Aids Law Advocacy and Research
- Youth Cultural Promotion Association
- Youth Development Organization

The aim of coming together is to develop and implement an HIV/AIDS program aimed at addressing the source and cause of the problem. Although it is not official yet, Volunteer Service Organization (VSO) is believed to be interested in supporting the initiative.

The German Technical Cooperation (GTZ) is supporting a small network of the locally founded and indigenous youth organization comprising:

- Youth Alive Zambia
- Youth Association of Zambia
- Contract Trust Youth Association
- Kicking Aids Out,
- Youth Vision
- Roychin

This cooperation is aimed at developing innovative and challenging approaches to prevention of HIV/AIDS and health education through the “Join In Circuit HIV/AIDS”, which is an interactive instrument for health education. It is thought that the existing messages have become routine and delivery methodologies have ceased to be interesting.

It has emerged during this study that youth organizations need to put their house in order to be effective in pursuing their goals and participating in the MAP. This need has become even more relevant and urgent in the face of HIV/AIDS at a time when the role of youths in the fight against HIV/AIDS is becoming central. One of the youths was quoted as saying:
“For as long as capacity building in NGOs/CBOs for youths, by the youths is neglected by government and cooperating partners, it will be difficult to realize effective coordination of HIV/AIDS activities implementation, support scaling up, and enhance collaboration among projects. It is difficult to draw lessons from rural and urban projects participating in MAP. There is no means to get CRAIDS beneficiaries together to learn from each other” Executive Director of a Youth Organization.

2.1.7 Youth participation in HIV/AIDS programs

The extent to which youth participation in HIV/AIDS programming can be effective largely depends on the level of their representation in different governance and operating structures of the organization. For example, NGOs for youth and by youth have shown great involvement of members in all stages of project cycle management as demonstrated below:

Identification of needs and planning

Some organizations such as YWCA have engaged youths in needs identification and planning through the strategic planning process. Other organizations appear to be responding to needs as put across by funding institutions as well as responding to the international agenda. The CRAIDS process requires that beneficiary groups should be involved at this stage but one Project Officer indicated that:

“The needs are largely defined by funding institutions. We could be focusing on economic empowerment, which is our priority, if allowed to identify our own needs. Our priority is to be economically empowered.” Peer Educator- Kabwe.

The other reason advanced for limited participation of youths at this stage was that:

“Youths are too mobile; it is difficult to be consistent with different individuals joining communities at different times and with varying expectations.” Project Officer

“Even if we participated in defining our needs, adults think that they know better than us. Also CRAIDS would not approve to fund our priorities because its focus is on HIV/AIDS” Peer Educator.

In the case of MoE, including youths in planning was described as cardinal to the success of HIV/AIDS youth focused interventions. “I think we have in the past neglected the involvement of youths in planning process. This has affected the implementation process and reduced chances to achieve a greater impact.” HIV/AIDS Coordinator.
Activity Implementation

The involvement of youths in HIV/AIDS activity implementation is of high priority among CRAIDS projects. Among youth organizations for youths, young people are extensively involved in project implementation. They are mainly involved in peer education, distribution of IEC materials, Home Based Care, and skill development. In the case of PPAZ young people are also involved in providing youth friendly services, advocacy and psychosocial counseling.

“When it comes to implementation, we are told that this is a project for you the youths. Adults are merely facilitating but during planning, we are not important”

Monitoring and evaluation

Rural based organizations which are beneficiaries of MAP funding do not have well elaborated systems for monitoring the implementation of activities as well as their impact. Most of these projects are subjected to terminal assessments mainly focusing on activity monitoring. While some organizations, such as YWCA, have involved youths in monitoring and evaluation, this activity is usually contracted to outside technical specialists.

“Our committee is full of youths, we plan, implement and monitor and evaluate our activities. I can say that we the youths in youth founded organization for youths, we are involved in all the stages of project management.” Committee member

2.2 Levels of funding

As earlier mentioned, the major sources of funding for HIV/AIDS activities include the Global Fund, PEPFAR, World Bank, UN system and other multilateral and bilateral partners. The World Bank has approved $42 million towards supporting NAC, CRAIDS, line ministries and program administration. The fund is being channeled to line ministries and other Government institutions through Program Administration Unit (PAU) in ZANARA and to NGOs, private sector organizations, CBO, FBO through CRAIDS Component of ZANARA. The description of levels of funding to selected line ministries and civil society organizations is provided below.

2.2.1 Line ministries

Ministry of Education has indicated a budgeted figure of USD492,400 and USD500,000 from World Bank and PEPFAR funds respectively. It has received a further USD80,000 from Global Fund. It is not clear yet what percentage of World Bank funding has been targeted at youth focused activities. Out of the PEPFAR total budget, USD100,000 is allocated for workplace interventions, which indirectly goes to benefit school children through increased contact hours with teachers.
The ministry through Sector funding and its own contributions have budgeted about $165,702 and $64,308 for HIV/AIDS projects. However the actual allocation to youth activities is believed to be very low compared to planned activities. For example, of the $165,702 and $64,308 allocated to HIV/AIDS only about $53,590 (32%) and $15,005 (23%) respectively is targeted at school youth based activities.

According to MoE official, the funding for HIV/AIDS activities is not adequate if the Ministry has to implement HIV/AIDS programs as articulated in the Sector Plan. One Technical Advisor complained that: “What is available cannot even cover quarter of the Annual Work Plan.”

The **Department of Youth Development** in the MSYCD indicated that they have not yet applied to the World Bank for funds to implement youth focused HIV/AIDS activities. However, according to records at ZANARA, the ministry has received $96,939 up to December 2004. Most of these funds have been spent on workplace programs to train peer educators and conducting counseling workshops.

The **Ministry of Health / Central Board of Health** has received a total of $1,557,076 mainly for peer education, district and work place support. A total of $26,269 has been spent on youth friendly health centers.

ZANARA has released a total of $2,431,408 to 29 line ministries and other Government institutions between January and December 2004.

**Table 2: Summary of disbursement of ZANARA funds for HIV/AIDS to line ministries**

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Disbursed in USD</th>
<th>Estimated Expenditure on youth activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Development</td>
<td>83,892</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>167,295</td>
<td>0</td>
</tr>
<tr>
<td>Youth and Sport</td>
<td>96,939</td>
<td>0</td>
</tr>
<tr>
<td>Health/CBoH</td>
<td>89,226</td>
<td>0</td>
</tr>
<tr>
<td><strong>Past Twenty Five months – 2003 to March 2005</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAC</td>
<td>789,120</td>
<td></td>
</tr>
<tr>
<td>Health/CBoH</td>
<td>1,557,076</td>
<td>26,269</td>
</tr>
</tbody>
</table>

From the table above, it can be conclude that only 0.04% of what has been disbursed to line ministries has gone directly to youth program.

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3 Exchange rate- Barclays Bank rate as at 6th July =K4665 to 1 USD
2.2.2 Non Governmental Organizations

ZNAN, which is the Principal Recipient for Global Fund financing for NGO has been entrusted with disbursement of the fund since 2003 as follows:

- Global Funds- USD20.2million to cover treatment, etc
- Development Ireland Cooperation- Euro 541,100 for OVC work for a years
- Netherlands and Norway combined- USD4.6 million for 4 years
- Department for International Development - 1.99 million Sterling for 4 years

In addition ZNAN is disbursing additional funding from Joint Financing Agreement (JFA) and Strengthening The Aids Response in Zambia (STARZ). According to records at ZNAN, the following amounts have been disbursed between April and June 2005:

Table 3: Summary disbursement of Global Fund to NGO/CBO for youth HIV/AIDS activities

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Total Projects</th>
<th>With youth activities</th>
<th>Youth as % of total projects</th>
<th>Amount to youth activities</th>
<th>Youth % total amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Fund</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Agencies</td>
<td>1,314,332.21</td>
<td>8.00</td>
<td>5</td>
<td>63%</td>
<td>993,080.26</td>
<td>76%</td>
</tr>
<tr>
<td>NGO/CBO</td>
<td>1,847,984.52</td>
<td>39.00</td>
<td>13</td>
<td>33%</td>
<td>211,244.69</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Joint Financing Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGO/CBO</td>
<td>235,626.56</td>
<td>14</td>
<td>5</td>
<td>36%</td>
<td>82,496.13</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Strengthening The Aids Response in Zambia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGOs/CBO</td>
<td>106,004.44</td>
<td>16</td>
<td>5</td>
<td>31%</td>
<td>32,160.71</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,318,981.78</td>
<td></td>
</tr>
</tbody>
</table>
2.2.3 Faith Based Organizations

CHAZ is the principal recipient for the Global Funds for faith-based organizations. The table below shows a breakdown of the disbursement of this fund.

Table 4: Breakdown of disbursement of Global Funds to FBOs youth HIV/AIDS activities

<table>
<thead>
<tr>
<th>Sub recipient</th>
<th>Projects (No.)</th>
<th>Amounts US$</th>
<th>Youth focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chipata Diocese</td>
<td></td>
<td>138,135</td>
<td></td>
</tr>
<tr>
<td>2. Council of Churches in Zambia</td>
<td></td>
<td>58,115</td>
<td></td>
</tr>
<tr>
<td>3. Evangelical Fellowship of Zambia</td>
<td></td>
<td>53,466</td>
<td></td>
</tr>
<tr>
<td>4. Expanded Church Response Trust</td>
<td></td>
<td>47,549</td>
<td></td>
</tr>
<tr>
<td>5. Kabwe Adventist Family Health Institute</td>
<td></td>
<td>110,357</td>
<td></td>
</tr>
<tr>
<td>6. Mansa Diocese</td>
<td></td>
<td>96,154</td>
<td></td>
</tr>
<tr>
<td>7. Mongu Diocese</td>
<td></td>
<td>96,154</td>
<td></td>
</tr>
<tr>
<td>8. Ndola Diocese</td>
<td></td>
<td>84,432</td>
<td></td>
</tr>
<tr>
<td>9. Youth Alive Zambia</td>
<td></td>
<td>272,158</td>
<td>100%</td>
</tr>
<tr>
<td>11. Solwezi Diocese</td>
<td></td>
<td>96,154</td>
<td></td>
</tr>
<tr>
<td>12. Diocese of Monze</td>
<td></td>
<td>96,154</td>
<td></td>
</tr>
</tbody>
</table>

The feeling among NGOs and CBOs under CRAIDS is that funding is not adequate to meet requirements for effective implementation of HIV/AIDS activities to cover rural areas. While IEC materials may be available, these are not translated into local languages due to inadequate funding. CYC categorically stated that: “Funding is not adequate. If we had enough financial resources, we could have translated some of the IEC materials into at least 3 languages covering our geographical area and beyond.”

2.3 Effectiveness of current MAP and other programs

The decline in rate of HIV/AIDS infection among the youth of 15 -19 years is attributed to the total effort of the country with support from cooperating partners. With regard to MAP interventions, over 50% of people interviewed indicated that activities supported under the CRAIDS component have been effective.
There is a general understanding that the drop in frequency and reduction in risky cultural practices such as initiation ceremonies and sexual cleansing through sexual intercourse is as a result of growing awareness of the dangers of HIV/AIDS.

Based on information provided by youths in Kabwe, the CRAIDS supported activities especially peer education and skills development has been effective.

“Parents usually approach us to seek help for their children concerning HIV/AIDS issues especially behavior change.” Peer educator

“The Theater for Community Action is not as effective due to inadequate skills among actors and poor preparation and also lack of scripts. While on the hand, youths have been empowered with life skills in acting and strengthened their capacity to reduce vulnerability to infections with HIV/AIDS” Artist Without Borders Theatre Group

“The training being provided in carpentry and tailoring is popular among youths. This has taken them away from streets while equipping them with life skills. The demand for this training is high among youths” Youth Vocational Training and Empowerment Program.

On IEC, most responded were of the view that these would be effective in rural areas if they were translated into local languages. “Most IEC materials are in English not translated into local language. This does not help rural youths and communities at large”. Community Youth Concern

The use of Youth friendly corners situated in Health Centers were described to be less effective by youths.

2.4 Factors affecting effective participation of youths in the MAP and other HIV/AIDS interventions

There are various reasons for limited youth participation in MAP and other HIV/AIDS and reproductive health programs. The frequently advanced reason is lack of employment opportunities and economic empowerment. In discussions with youth groups in Kabwe and other informants, the following reasons were given:

i. Marginalization of youths by government and adults

Government appears to pay lip service to the needs of youth. Adults appear to approach issues of youth with less commitment, thinking that youths do not know what they want. New innovations by the youth are usually ignored and therefore not supported by adults. Institutionalized mechanisms such as NYDC and FYO, through which ideas by the youth can reach authorities, are considerably weak.
ii. **Unemployment**: Youths are looking for employment opportunities so that they can earn a living. Lack of employment and economic opportunities render the lives of youth extremely difficult resulting into the majority of them engaging in sex and other risky behaviors. One parent wondered why her daughter should volunteer as a peer educator without financial benefit, and said:

“Youths would like to associate themselves with organizations where they gain financial or non-financial benefit that would help to make their lives comfortable.”

iii. **Donor preference**: Donors are said to prefer giving support projects that meet their needs. It was reported that youth organizations are discouraged from developing long term programs aimed at prevention and mitigation of impact of HIV/AIDS.

iv. There is **limited government support** to local youth organizations with a focus on HIV/AIDS. Apart from youth day celebrations, youths do not see the government acting beyond rhetoric. Until recently most youths did not see themselves involved in important decision making process as experienced in the just ended process on the development of youth policy.

v. **Lack of motivation for youth volunteers**: Most youth organizations depend on volunteers to implement activities. These volunteers are not motivated financially making it difficult for youth groups to attract and maintain youths. This has made it extremely difficult for rural projects to maintain large numbers of committed members.

vi. **Misconception about HIV transmission** and perceptions that youths are at low risk of HIV infections have significantly contributed to continued low participation among youths in HIV/AIDS and adolescent reproductive health activities.

vii. **Youth movement is too weak and fragmented to effectively organization youth participation in HIV/AIDS activities**. Inadequate cooperation among youth organizations manifests itself in the proliferation of networks and consortiums in addition to the FYO. As a result of bickering among themselves, potential members are constantly in search of formal organizations through which they can express their views, release their energies, and implement their ideas to achieve high level goals. This would have a negative effect on scaling-up.

viii. **Some parents still suffer from taboo syndrome**. In rural areas some parents still believe that it is a taboo for young people to engage in discussion on sexuality. While under CRAIDS projects some parents have supported their children to work as peer educators, other parents consider it a waste of time and prefer that their children should instead engage in economically beneficial ventures.

ix. **Peer pressure and limited internalization of the long term impact of HIV/AIDS** among youths and some sections of the community have also been experienced by
peer educators as a major obstacle to achieving effective youth participation in HIV/AIDS programs. Some youths within communities have continued discouraging their friends from participating in HIV/AIDS and reproductive health activities on voluntary basis.

x. **Conflicting messages** between faith based organizations and others concerning condom use as one of the ways to prevent HIV/AIDS infections has also been identified as an issue. Some youths indicated that “It was discouraging to work in an environment where faith-based key players preference for one method dominates the over view.”

xi. For rural youth, **access to usable information** is a major concern. Most of the IEC materials are still in English and considered not suitable in villages.

### 2.4.2 Capacities of youth focused organizations

Assessment of capacity building needs for youth serving organizations especially youth organizations, for youth by the youth, should consider foundation and general environment in which these organizations are operating. The areas for capacity building identified in this section are based on views and experiences of those organizations with experience in working with these organizations.

a) **Line ministries**

It was noted that while line ministries have management structures and organizational systems well established, their capacity to effectively mainstream and coordinate HIV/AIDS programming is hampered by their not having a position dedicated to HIV/AIDS program. This has created a responsibility vacuum. Ministries need to establish full time positions to facilitate and coordinate mainstreaming of HIV/AIDS.

The NYDC is extremely weak and cannot provide leadership to youth organizations and a link between youths and Government programs. As the government organization charged with the responsibility of coordinating youth development programmes, the Council currently has major shortcomings that prevent it from performing this coordination function. The organization and management of the Council is in shambles and as a result, its operations are not visible and benefits to youth organizations not evident. Admittedly, the Council is currently not in a position to effectively coordinate youth involvement in the fight against HIV/AIDS.

The MYSCD has Youth Resource Centers in selected provinces and districts. However, these centers are poorly equipped and often housed in dilapidated infrastructures and therefore they have limited capacity to perform their functions.

Similarly, the youth-friendly corners in Health Centers are not serving the purpose for which they were established. Most of these facilities are run by personnel who are not youths and as a result most of them have failed to attract youths, who tend to feel uncomfortable dealing with much elderly personnel in these centers.
The Ministry of Education has to deal with the complexity of teacher-pupil relationships in schools. The HIV/AIDs program Coordinator observed that some teachers who are entrusted with lives of children do not always deliver relevant messages using appropriate methodologies. Some of them continue abusing their power and misguiding girl children on issues of HIV/AIDS. The Chibefwe project, a CRAIDS project, noted that effective involvement of teachers is limited due to a misconception that the few teachers involved in the projects are financially benefiting from the project.

b) **Youth serving NGOs – emphasis on indigenous youth organizations**

The capacity needs discussed in this section include umbrella youth organizations and informal youth groupings implementing HIV/AIDS projects in urban and rural areas. Under the Big Five a program dubbed “Empowering Africa’s Youth People Initiative”, resources have been allocated for organization and technical capacity building in the member organizations. In addition, the YMCA, with the support from Y Care International undertook an Institutional Diagnosis of the local YMCA and developed an organizational development program to address key organizational and performance issues in national movement.

The following areas of need have been identified:

- In order to facilitate a unified and coordinated response to the HIV/AIDS crisis and allow outreach to underserved youths, strengthening the FYO is primary. This will help to minimize resource wastage and overcome fragmentation in approaches by working together in a centrally coordinated manner. The FYO needs financial and technical support to strengthen its Secretariat so that it can execute its functions effectively and efficiently.

- While youth organizations such Girl Guides, Boy Scouts and YWCA might be considered under the Big Five initiative, their associate branches in rural provinces lack logistical and human resources capacity to utilize their existing potential to provide scaled-up HIV/AIDS and reproductive health services in rural provinces and districts. Effective coordination of district activities is hampered by limited infrastructures, Information Communication Technology (ICT) and human resources at provincial and district levels.
**Governance**

In youth organizations, roles of policy making and management and operation are not clearly delineated. It is usual to find Policy makers getting involved in daily management and operations of the organization. There also appears to be limited professional expertise at Board level to provide programmatic leadership and capacity to adequately monitor organizational performance. In one of the projects in Kabwe, it was reported that some committee members usually intervene in the daily operations of the project simply because they do not understand their role.

**Organization and management**

i. **Lack of strategic leadership:** Most youth organizations tend to respond to topical issues through short term plans. They lack skills to develop long terms plans around strategic issues. Youth organizations need strategic leadership to effectively link their internal and external realities so as to improve their own programming and performance. Among the organizations visited only YWCA produced a strategic plan and evidence that the plan was being used. There is a gap in leadership skills that need to be addressed.

ii. **Underdeveloped management systems:** The indigenous youth organizations lack developed organizational and management systems. This has led to involvement of board members in management and operations on a daily basis, which is usually considered as interference. The secretariats do not have well developed management and operating structures, rules and guidelines. Most organizations willing to support youth development programs are not interested in funding managerial and organization capacities as they consider youth organizations as an investment risk.

iii. **Limited logistical support:** While individual youth organizations may have adequate logistic support, network or membership organization, without adequate support systems such communication, office facilities, etc, are usually shunned by youths. For example when FYO was housed by UNAIDS, which provided administrative support; the Forum was popular and acceptable. It provided youth organizations with motivation and justification to belong.

iv. **Limited accounting function capacity:** Youth organizations lack well developed financial management and accounting systems. In all the youth organizations visited, a need to develop this capacity was prioritized. This can be done through development of system, including computerization of the functions and training relevant people. Rural based youth organizations also need capacity building in financial management and reporting and accountability.
v. **Absence of succession planning:** Some of the youth organizations are now being managed by adults (above 30 years). They lack succession planning to ensure that youths are developed and prepared to run their organizations, while those outgrowing the youth group fade out and are assigned other responsibilities outside these organizations.

**Technical programming**

i. **Project cycle management:** It was noted that youth organizations, urban and rural based, have limited skills in project cycle management, including preparation of grant winning proposals. This is partly due to lack of focus and limited capacity to coordinate ideas amongst themselves and articulate issues affecting them. Although most facilitating NGOs provide training in project management, there is need to provide this training especially to rural based organizations.

ii. **Limited participation of + living youths:** There is need to develop strategies for effective involvement of positive living youths in HIV/AIDS programs.

iii. **Capacity to develop relevant and appropriate IEC materials and conduct advocacy:** Youth organizations need technical capacity to improve on advocacy, quality of design and production of relevant and appropriate HIV/AIDS IEC materials that are well targeted at youths in urban and rural areas.

iv. **Inadequate documentation skills:** There is limited documentation and sharing of good practices among youth organizations. This is attributed to youth leadership and technical staff lacking analytical skills to identify and document good practices and sharing of success stories. There is need to develop a system for capturing and documenting good practices and assist with sharing of success stories.

v. **Poor monitoring and evaluation:** Most of the youth organizations targeted did indicate availability of a monitoring and evaluation system. However, there was insufficient evidence to support the claim. For example, only YWCA produced a 2003 monitoring and evaluation report while Youth Alive Zambia last evaluated its programs in 2000. There is need to develop and institutionalize an M&E system that is easy but adequate to capture most important aspects of the program.
2.5 Organizations with potential to provide capacity building services to youth serving organizations

Capacity building for youth serving organizations is provided through a variety of avenues. Most facilitating organizations have inbuilt systems for capacity building in organization and management and technical programming. These capacity building interventions include proposal writing, monitoring and reporting, and development of relevant technical interventions and materials.

The Zambia Social Investment Fund (ZAMSIF) has, as part of its sustainability strategy, provided capacity building to CSOs it has been working with. It is noted however that international NGOs tend to have capacity building as an integrated activity in their support package.

The In-Service Training Trust (ISTT) was established in 1993 to provide market-driven in-service training in various subjects. It has become well known for conducting courses in organizational development, participatory methodologies, approaches to community development and strategic management of HIV/AIDS.

International organizations such as Volunteer Services Organizations (VSO), Danish Association for International Cooperation (MS), JICA who run volunteer personnel programs have the capacity to provide technical assistance through volunteers. JICA indicated its readiness to provide volunteers on organizational development to youth organizations with HIV/AIDS programs. However, the youth organizations covered were not aware of this service. In addition, the Commonwealth Youth Program (CYP), whose core mandate is to support and work with young people, is an institution that is fully involved in capacity building support to youth organizations. Currently, the CYP is running the Youth Ambassadors for Positive Living (YAPL) programme, which is a CYP initiative to support youth participation in the fight against HIV/AIDS.

3. Conclusions and recommendations

In conclusion, the following issues are critical in addressing the needs of youth HIV/AIDS focused interventions and organizations.

Policy:

The government generally recognizes the important role that youths can play in the fight against HIV/AIDS at national level. This recognition is evidenced by the government’s inclusion of youth concerns relating to HIV/AIDS in its policies, such as the National Youth Policy and the National HIV/AIDS policy.
Youth focused interventions

Generally, most youth focused interventions are directed toward behavior change. It is widely accepted that changing the behavior of youths towards their sexuality and adolescent reproductive health is the most sustainable approach to minimizing the risk of HIV infection among youths. This approach is strongly accepted as can be evidenced by the apparent emphasis of youth focused interventions on behavior change. Admittedly, peer education, and awareness creation both have a strong bias toward behavior change. Similarly, life skill programs, use of resource centers and entertainment are all meant to promote behavior change among youths.

Support to youth focused HIV/AIDS programs

While a number of different players are supporting youth focused HIV/AIDS programs, CRAIDS has been described as the only initiative that has a nation-wide coverage and is providing financial support to unregistered organizations which have no track record but have clearly defined activities on HIV/AIDS. This flexibility has been well appreciated by many youths working on HIV/AIDS activities. However, the 2004 review of ZANARA and submissions made to the consultant during the study, indicate that one of the shortcomings in the process of accessing CRAIDS support lies in the delays being experienced by applicants between the submission of proposal and the actual receipt of funds. This issue is however being addressed by ZANARA, as indicated in the last annual review.

Funding of youth focused HIV/AIDS activities

Most organizations interviewed indicated that funds are not adequate for HIV/AIDS programming. In addition to inadequate funding, the other major concern is how to effectively channel these resources to youth focused innovative interventions by youth serving as well as youth organizations.

3.1 Major Recommendations

Capacity building

As discussed above, youth organizations which focus on HIV/AIDS have varied capacity building needs. Admittedly, the poor capacity of these organizations is to a large extent responsible for their being unable to effectively address the concerns and needs of the youths relating to HIV/AIDS. This shortcoming has also contributed to their not being able to effectively participate in the national agenda on HIV/AIDS.

Given the urgent need to enhance coordination of activities among youth organizations, strengthening of the Forum for Youth Organization should be given priority. This will serve as an important step toward the achievement of well coordinated interventions by youth organizations, removing duplications among them and maximizing their sharing
and utilization of resource. Further, this initiative will also ensure that youth participation in national HIV/AIDS programming is enhanced through their membership to the NAC.

Capacity building aimed at increased access to MAP and other funds should focus on facilitating development of long term interventions, development of proposals that focus on real needs of the youth and not felt needs. Youth organizations need to develop capacity for long term planning, developing and installation of financial management systems, achieving effective participation of youth in planning, implementation and monitoring of their programs. In order to add more value to the fight against HIV/AIDS, there is need to move away from traditional approaches and messages to more innovative ways of delivering messages. Although Drama has been identified as an effective means of delivery, more attention is required to improve scripts with focus on messages.

**Youth Resource Centers**

There is need to revitalize these youth centers national-wide by way of rehabilitating the infrastructure, provision of necessary equipment and tools and support to human resource development for staff running the centers. A UNICEF official noted that strengthening these centres would facilitate scaling-up of youth interventions under the MAP.

**Youth Friendly corners**

In order to ensure increased use of friendly corners by youths, these facilities should be made more user friendly by placing youths in them and thereby making the users feel more comfortable to access services in privacy. The MoH should consider a possibility of allowing NGOs such as the PPAZ to handle youth friendly corners to increase access to adolescent reproductive health services.

**Scaling-up interventions under MAP**

In order to ensure that MAP supported interventions are scaled-up nationally, there is need to:

i. Strengthen linkages among well established youth-serving organizations, such as YWCA and Youth Alive Zambia.
ii. Enhanced youth participation in the project management cycle.
iii. Strengthen coordination among the MAP participating youth-serving organizations.
References

b) Community Response to HIV/AIDS – January to December 2004 Annual Report
c) Ministry of Youth, Sport and Child Development – National Youth Policy 2005 (draft)
g) Republic of Zambia, National HIV/AIDS Policy – Ministry of Health, May 2004
l) Youth Women Christian Associations- Strategic Plan, Annual Reports; and Report on Monitoring of YWCA Branches
m) Young Men’s Christian Association – Internal Review Report and Strategic Plan
p) Zambia Country Coordinating Committee – Empowering Africa’s Young People Initiative Report
q) Databases – CHAZ, ZNAN, CRAIDS
r) National HIV/AIDS/STI/TB Council Act
s) Interim Review of the Multi-Country HIV/AIDS program for Africa – October 2004
t) Zambia National AIDS Network- Assessment of Capacities of Proposed ZNAN Lead Agencies in Global Fund Distribution, January 2004
4. **Appendices**

4.1 **Appendix I: List of people interviewed**

<table>
<thead>
<tr>
<th>Name of Organizations</th>
<th>Contact person</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Nations Children Fund</td>
<td>Gabby Fernandez</td>
</tr>
<tr>
<td>United Nations Children Fund</td>
<td>Annie Kamwendo</td>
</tr>
<tr>
<td>United Nations Children Fund</td>
<td>Haritiana Rakotomamonjy</td>
</tr>
<tr>
<td>German Technical Cooperation</td>
<td>Christophher Muller</td>
</tr>
<tr>
<td>Japan International Cooperation Agency</td>
<td>Ms Tomoto Sichone</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Ms Malambo and Pool of Tas</td>
</tr>
<tr>
<td>Ministry of Sport, Youth and Child Development</td>
<td></td>
</tr>
<tr>
<td>National Youth Development Council</td>
<td>St Elizabeth Mpane</td>
</tr>
<tr>
<td>Zambia National AIDS Network</td>
<td>Barnabas Chiboboka</td>
</tr>
<tr>
<td>Churches Health Association of Zambia</td>
<td>Simon Mphuka</td>
</tr>
<tr>
<td>Africare</td>
<td>Ketty Musima</td>
</tr>
<tr>
<td>Steadfast Action Foundation</td>
<td>Mrs Nkunika</td>
</tr>
<tr>
<td>Family Health Trust</td>
<td>John Musanje</td>
</tr>
<tr>
<td>Youth Alive Zambia</td>
<td>Ojay Mwenya</td>
</tr>
<tr>
<td>Planned Parenthood Association of Zambia</td>
<td>Dr Singogo</td>
</tr>
<tr>
<td>Community Youth Concern</td>
<td>Ms M.Zulu Shinkanga</td>
</tr>
<tr>
<td>Young Women Christian Association</td>
<td>Nkanza Kaumba</td>
</tr>
<tr>
<td>Young Women Christian Association</td>
<td>Lucy Masiye Lungu</td>
</tr>
<tr>
<td>Young Women Christian Association</td>
<td>Cecilia Chomba</td>
</tr>
<tr>
<td>Young Women Christian Association</td>
<td>Chiwanza Nachalwe</td>
</tr>
<tr>
<td>Young Men Christian Association</td>
<td>Annie Ngwira</td>
</tr>
<tr>
<td>Young Men Christian Association</td>
<td>Josephat Mwale</td>
</tr>
<tr>
<td>Boy Scouts Association of Zambia</td>
<td>C. Biyela</td>
</tr>
<tr>
<td>Boy Scouts Association of Zambia</td>
<td>Webster Diangamo</td>
</tr>
<tr>
<td>Boy Scouts Association of Zambia</td>
<td>Febian Mapulanga</td>
</tr>
<tr>
<td>Girl Guides Association of Zambia</td>
<td>Nambula Sitali</td>
</tr>
<tr>
<td>National AIDS Council</td>
<td>Dr Simwanza</td>
</tr>
<tr>
<td>Community Response to HIV/AIDS</td>
<td>Ms Florence Phiri</td>
</tr>
<tr>
<td>Program Administration Unit</td>
<td>Ms Olive Chiboola</td>
</tr>
<tr>
<td>Lusaka Facilitator</td>
<td>Caroline Handia</td>
</tr>
<tr>
<td>Kabwe Facilitator (rural projects)</td>
<td>Julius Kampamba</td>
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## BWACHA COMMUNITY BASED PEER EDUCATION AND COUNSELLING PROJECT - KABWE

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Mbewe Evensio</td>
<td></td>
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<tr>
<td>Adamson Musonda</td>
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<td>Vivian Chilende</td>
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<td>Raymond Chobana</td>
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<td>Conceptor Mupotola</td>
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<td>Febby Juma</td>
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<td>Joyce Mpundu</td>
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<td>Mallian Muponela</td>
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<td>Ireen Simasiku</td>
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<td>Norman Mwilu</td>
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## CHIBEFWE HIV/AIDS AWARENESS - MKUSHI

<table>
<thead>
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<tbody>
<tr>
<td>Ritah Mwengwe</td>
<td></td>
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<tr>
<td>Royd Ng’umba</td>
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## OTHER GROUPS

### a ARTISTS WITHOUT BORDERS THEATRE GROUP -

<table>
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<tr>
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<tbody>
<tr>
<td>Belita Chibesa</td>
<td></td>
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<tr>
<td>Brenda Nakamba</td>
<td></td>
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<tr>
<td>David Mwaba</td>
<td></td>
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<tr>
<td>Emma Singandu</td>
<td></td>
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<tr>
<td>Esra Chola</td>
<td></td>
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<tr>
<td>Evans K Mulenga</td>
<td></td>
</tr>
<tr>
<td>Florence Kalaba</td>
<td></td>
</tr>
<tr>
<td>Getrude Mpande</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>Gladys Mpundu</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>Gloria Mulenga</td>
<td></td>
</tr>
<tr>
<td>Hellen Chapula</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>Hellen Ngoma</td>
<td></td>
</tr>
<tr>
<td>Josephine Muyoyeta</td>
<td></td>
</tr>
<tr>
<td>Karren Nachitalwe</td>
<td></td>
</tr>
<tr>
<td>Kazani Eleutreous</td>
<td>Project Administrator</td>
</tr>
<tr>
<td>Layness Mufwafa</td>
<td></td>
</tr>
<tr>
<td>Margaret Mukandawire</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>Mary Bowa</td>
<td></td>
</tr>
<tr>
<td>Monica Shawa</td>
<td></td>
</tr>
<tr>
<td>Mponela M</td>
<td></td>
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<tr>
<td>Mungalube Rodgers</td>
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<tr>
<td>Musabila Gift</td>
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<tr>
<td>Mushona Chipo</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>Mwale Felina</td>
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<td>Mwila Norman</td>
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<td>Ngoma Patricia</td>
<td>Peer Educator</td>
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<tr>
<td>Nkamba Busiku</td>
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<tr>
<td>Prudence Mwvdusu</td>
<td>Peer Educator</td>
</tr>
<tr>
<td></td>
<td>Name</td>
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<tr>
<td>29</td>
<td>RICHARD CHILENDE</td>
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<tr>
<td>30</td>
<td>ROSE LUNGU</td>
</tr>
<tr>
<td>31</td>
<td>ROSEMARY MBEWE</td>
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<td>32</td>
<td>ROYD KABAMBI</td>
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<td>33</td>
<td>RUTH JAMA</td>
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<tr>
<td>34</td>
<td>SUWILANJI SICALWE</td>
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<tr>
<td>35</td>
<td>TRIZOR MUNBI</td>
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<tr>
<td>36</td>
<td>VIOLET MUKOSIKU</td>
</tr>
<tr>
<td>37</td>
<td>WEBBY MUSONDA</td>
</tr>
</tbody>
</table>
4.2 Appendix II: Profiles of selected Projects under CRAIDS
Community Response to HIV/AIDS
PROJECT PROFILE

GENERAL DETAILS

PROJECT NAME : SENSITISATION AWARENESS CAMPAIGN AGAINST HIV/AIDS

PROJECT NUMBER : 18/0074
SOURCE OF FUNDS : ZANARA - CRAIDS
PROVINCE : CENTRAL
DISTRICT : KAPIRI MPOSHI
PROJECT TYPE : HIV/AIDS AWARENESS CREATION

DATE OF PROPOSAL : 19/01/04
DATE DESK APPRAISED : 08/02/04
DATE FIELD APPRAISED : 04/03/04
DATE APPROVED : 30/04/04
DATE LAUNCHED : 10/05/04
DATE FUNDED : 13/09/04
TOTAL BENEFICIARIES : 5 000
No. HOUSEHOLDS IN PROJECT AREA : 1 000
APPROVED PROJECT BUDGET : K31 471 550
CRAIDS Contribution : K31 276 355
Community Contribution : K195 195
TOTAL BUDGET : K31 471 550

PROJECT PROFILE

Sensitisation Awareness Campaign project was initiated by Artists Without Borders (AWIBO) Drama Group. The project was planned and is being implemented by youths in collaboration with the local community. CRAIDS provides financial assistance, and technical assistance in partnership with Kapiri Mposhi District HIV/AIDS Task Force (DATF) that coordinates all HIV/AIDS activities in the district. The DATF is a sub committee of the District Development Coordinating Committee (DDCC) of Kapiri Mposhi. The DDCC is responsible for ensuring planned development in the district. The Planning Sub-Committee of DDCC and DATF provide technical support to the communities through the project identification and appraisal processes and thereafter recommend community proposals for approval.

The HIV/AIDS problem in Ndeke, Kafwaba, Dam and Chisenga Manga catchment areas is attributed to poverty, prostitution and inadequate information on HIV/AIDS. These lifestyle risky factors have resulted in over 253 households being affected by HIV/AIDS.
In order to address the problem of inadequate information on HIV/AIDS as a contributing factor to the spread of HIV in the community, AWIBO have been carrying out HIV/AIDS awareness campaigns through drama. However, these campaigns were on a small scale due to insufficient resources. In order to expand their activities, the group applied for financial assistance from CRAIDS to conduct more HIV/AIDS awareness campaigns through drama and to train more youths in theatre for community action against HIV/AIDS.

Therefore, this project is aimed at improving access to HIV/AIDS information through drama in order to prevent the spread of HIV in the community. To achieve this goal, the project has trained Anti AIDS Clubs in 6 schools in theatre for community action against HIV/AIDS and has been distributing condoms.

The project does not have negative impacts on the environment while community contribution is in form of time and commitment towards the project.

It is hoped that after the completion of the project, the community will achieve the following benefits:

Increased HIV/AIDS awareness

**APPROVED PROJECT ACTIVITIES:**

Training of Anti AIDS Clubs in 6 schools in theatre and community action against HIV/AIDS
Carry out 8 awareness campaigns through drama
Procurement and distribution of 20 000 condoms
### B. PHYSICAL AND FINANCIAL STATUS

#### A. Physical Progress

<table>
<thead>
<tr>
<th>Targets</th>
<th>Progress</th>
<th>Complete</th>
<th>All</th>
<th>Date</th>
<th>Amount</th>
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<td>Training of Anti AIDS Clubs in 6 schools in theatre and community action against HIV/AIDS</td>
<td>Complete</td>
<td>100</td>
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<td>14 216 525</td>
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<td>Carry out 8 awareness campaigns through drama</td>
<td>On going</td>
<td>25</td>
<td></td>
<td>13/09/2004</td>
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<tr>
<td>Procurement and distribution of 20 000 condoms</td>
<td>On going</td>
<td>15</td>
<td></td>
<td>TOTAL</td>
<td>14 216 525</td>
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</tbody>
</table>

#### B. Financial Progress

- CRAIDS Contribution: K31 276 355
- Total justified expenditure to date: K14 162 699
- % Physical completion: 46.7
- % expended of CRAIDS contribution: 45.2

#### C. GENERAL COMMENTS

The community is waiting for their second allocation for them to undertake the remaining activities
Community Response to HIV/AIDS
PROJECT PROFILE

GENERAL DETAILS

PROJECT NAME : YOUTH VOCATIONAL SKILLS TRAINING AND EMPOWERMENT
PROJECT NUMBER : 18/0234
SOURCE OF FUNDS : ZANARA-CRAIDS
PROVINCE : CENTRAL
DISTRICT : KABWE
PROJECT TYPE : YOUTH EMPOWEREMENT
DATE OF PROPOSAL : 30/04/2004
DATE DESK APPRAISED : 7/04/2004
DATE FIELD APPRAISED : 18/05/2004
DATE APPROVED : 15/11/2004
DATE LAUNCHED : 09/12/2004

TYPE OF BENEFICIARIES : YOUTH, OVCs AND OTHER COMMUNITY MEMBERS

No. HOUSEHOLDS IN PROJECT AREA: 1650

APPROVED PROJECT BUDGET:
CRAIDS Contribution : ZK 43,983,300 - US$ 9,358.15
Community contribution: ZK 0 - US$ 0
TOTAL BUDGET : ZK 43,983,300- US$ 9,358.15

PROJECT PROFILE

Youth Vocational skills training and empowerment project was initiated by youths in Makululu Community. The project was planned and will be managed by the youths with Financial and Technical assistance from the CRAIDS component of ZANARA. Technical assistance is being provided to the youth group through the District HIV/AIDS task force (DATF) that coordinates all the HIV/AIDS activities in the in the district. The DATF is a sub Committee of the District Development Committee (DDCC) of Kabwe. The DDCC is responsible for ensuring planned development in the district. The Planning Sub committee and DATF provide technical support to the communities through the project identification and appraisal processes there after recommend community proposals for approval.

The HIV/AIDS problem in Makululu community is attributed to poverty and lack of health care education campaigns. Furthermore the closure of Broken Hill mine and the retrenchment exercise by Zambia Railways has left a large number of youths unemployed, forcing them to engage themselves in bad health vices like commercial sex,
drug abuse and alcoholism. Due these circumstances over 900 households are affected by HIV/AIDS.

To address the HIV/AIDS situation in among the youth and the community at large, Youth Vocational Training Skills Empowerment has being equipping youth with skills like carpentry and Art Work. However due to limited resources the project is only able to take up a small number of youths. In order to expand and scale up its activities the group has developed a project proposal and applied for financial assistance from CRAIDS to improve the welfare of 30 youths.

Therefore this project is aimed at improving the livelihood among youth, provide psychosocial support to households caring for OVCs and create HIV/AIDS awareness. To achieve this goal the project will train 30 peer educators, train 10 psychosocial supporters and train 30 OVCs in like skills, carpentry and art work. Carpentry and art products will help sustain the project. The project will be located in Makululu about 6 km form Kabwe Town centre off Lusaka- Kabwe Road

The project will not have any negative impact on the environment while community contribution is in form of time and commitment towards the project.

It is hoped that after the completion of the project the community will achieve the following benefits:

- Improved livelihood for youth/OVCs
- Increased awareness on HIV/AIDS
- Increased psychosocial support for OVCs

**APPROVED ACTIVITIES/TARGETS:**

- Training of 30 OVCs in carpentry and art skills for 15 days
- Training of 30 peer educators for 5 days
- Training of 10 psychosocial supporters for 10 days
- Procurement of carpentry training equipment
- Procurement of art work training equipment
PHYSICAL AND FINANCIAL STATUS

A. Physical Progress

<table>
<thead>
<tr>
<th>Targets</th>
<th>Progress</th>
<th>%age Comp</th>
<th>All</th>
<th>Date</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Training of 30 OVCs in carpentry and art skills for 15 days</td>
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<tr>
<td>Training of 30 peer educators for 5 days</td>
<td>completed</td>
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<td>Training of 10 psychosocial supporters for 10 days</td>
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<tr>
<td>Procurement of carpentry training equipment</td>
<td>completed</td>
<td>100%</td>
<td></td>
<td></td>
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<tr>
<td>Procurement of art work training equipment</td>
<td>completed</td>
<td>100%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

TOTAL K 43,983,300

Project Budget (CRAIDS contribution): K 43,983,300
Total justified expenditure to-date: K 38,256,834
% physical completion: 80%
% expended of CRAIDS contribution: 86%

GENERAL COMMENTS.

Time lag between project launch and funding is due to:

Low withdraw application threshold at the time the project was launched
Community Response to HIV/AIDS

PROJECT PROFILE

GENERAL DETAILS

PROJECT NAME : CHIBEFWE HIV/AIDS AWARENESS
PROJECT NUMBER : 18/0079
SOURCE OF FUNDS : ZANARA-CRAIDS
PROVINCE : CENTRAL
DISTRICT : MKUSHI
PROJECT TYPE : HIV/AIDS
DATE OF PROPOSAL : 26/12/2003
DATE DESK APPRAISED : 01/03/2004
DATE FIELD APPRAISED : 05/03/2004
DATE APPROVED : 30/04/2004
DATE LAUNCHED : 17/05/2004
TYPE OF BENEFICIARIES : YOUTHS IN SCHOOL

No. HOUSEHOLDS IN PROJECT AREA: 708

APPROVED PROJECT BUDGET:
CRAIDS Contribution : ZK 42,128,900 - US$ 8,062.300
Community contribution: ZK 0 - US$ 0
TOTAL BUDGET : ZK 42,128,900 - US$ 8,062.300

PROJECT PROFILE

Chibefwe HIV/AIDS project was initiated by the Anti AIDS Club at Chibefwe Basic School. The project was planned and will be managed by the Anti AIDS with Financial and Technical assistance from the CRAIDS component of ZANARA. Technical assistance is being provided to the youth group through the District HIV/AIDS task force (DATF) that coordinates all the HIV/AIDS activities in the in the district. The DATF is a sub Committee of the District Development Committee (DDCC) of Mkushi. The DDCC is responsible for ensuring planned development in the district. The Planning Sub committee and DATF provide technical support to the communities through the project identification and appraisal processes there after recommend community proposals for approval.

The HIV/AIDS problem among the youths in schools in Chibefwe Zone is attributed to lack of information on HIV/AIDS, alcoholism, drug abuse and recreational facilities.
To create HIV/AIDS awareness among the youths in schools, Chibefwe anti AIDS club has developed a project proposal to train peer educators in 6 schools, conduct HIV/AIDS drama and quiz competitions per term and undertake maize milling to sustain the project 30 youths.

Therefore this project is aimed at improving the HIV/AIDS knowledge among youths in schools and create awareness in the surrounding communities through festivals and peer education. To achieve this goal the project will train 60 peer educators in 9 schools, conduct 3 drama and quiz competitions per year and undertake maize milling as an IGA to sustain the project. The project will cover 9 basic schools in Chibefwe zone.

The project will not have any negative impact on the environment while community contribution is in form of time and commitment towards the project.

It is hoped that after the completion of the project the community will achieve the following benefits:

Increased awareness and knowledge on HIV/AIDS among the youth and members of the surrounding communities

**APPROVED ACTIVITIES/TARGETS:**

- Training of 60 peer educators from 9 basic schools for 5 days
- Conduct 3 drama and quiz competitions targeting 9 schools in Chibefwe zone
- Undertake maize milling as an IGA to sustain the project
PHYSICAL AND FINANCIAL STATUS

A. Physical Progress

<table>
<thead>
<tr>
<th>Targets</th>
<th>Progress</th>
<th>%age Comp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of 60 peer educators from 9 basic schools for 5 days</td>
<td>Completed</td>
<td>100</td>
</tr>
<tr>
<td>Conduct 3 drama and quiz competitions targeting 9 schools in Chibefwe zone</td>
<td>2 have been conducted</td>
<td>66</td>
</tr>
<tr>
<td>Undertake maize milling as an IGA to sustain the project</td>
<td>NIL</td>
<td></td>
</tr>
</tbody>
</table>

B. Financing Progress

<table>
<thead>
<tr>
<th>All</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced to project account</td>
<td>16/01/05</td>
<td>K 38,299,000</td>
</tr>
</tbody>
</table>

Project Budget (CRAIDS contribution): K 38,299,900
Total justified expenditure to-date: K 17,972,577.60
% physical completion: 55%
% expended of CRAIDS contribution: 47%

GENERAL COMMENTS.

Time lag between project launch and funding is due to:
Low withdraw application threshold at the time the project was launched
Community Response to HIV/AIDS

PROJECT PROFILE

GENERAL DETAILS

PROJECT NAME: BWACHA COMMUNITY BASED PEER EDUCATION AND COUNSELLING

PROJECT NUMBER: 18/0206

SOURCE OF FUNDS: ZANARA-CRAIDS

PROVINCE: CENTRAL

DISTRICT: KABWE

PROJECT TYPE: YOUTH EMPOWEREMENT

DATE OF PROPOSAL: 13/03/2004

DATE DESK APPRAISED: 7/05/2004

DATE FIELD APPRAISED: 20/05/2004

DATE APPROVED: 13/10/2004

DATE LAUNCHED: 11/11/2004

TYPE OF BENEFICIARIES: YOUTH, OVCs AND OTHER COMMUNITY MEMBERS

No. HOUSEHOLDS IN PROJECT AREA: 1579

APPROVED PROJECT BUDGET:

CRAIDS Contribution: ZK 81,589,522.50 - US$ 17,176.74

Community contribution: ZK 0 - US$ 0

TOTAL BUDGET: ZK 81,589,522 - US$ 17,176.74

PROJECT PROFILE

Bwacha Community Based Peer Education and Counselling project was initiated by youths in Bwacha Community. The project was planned and will be managed by the youths with Financial and Technical assistance from the CRAIDS component of ZANARA. Technical assistance is being provided to the youth group through the District HIV/AIDS task force (DATF) that coordinates all the HIV/AIDS activities in the in the district. The DATF is a sub Committee of the District Development Committee (DDCC) of Kabwe. The DDCC is responsible for ensuring planned development in the district. The Planning Sub committee and DATF provide technical support to the communities through the project identification and appraisal processes there after recommend community proposals for approval.

The current HIV/AIDS situation in Bwacha catchment area is attributed alcohol abuse, lack of recreational facilities for the youth, poverty and inadequate information on HIV/AIDS. These factors have led to 150 being affected by HIV/AIDS, 62 of which are looking after OVC.
To address the HIV/AIDS situation among the youth and the community at large, Bwacha Community Based Peer Education and Counselling group has been carrying out HIV/AIDS awareness campaigns and youth skills empowerment activities. However, due to limited resources, the youth group has only been able to take up a section of their target population. In order to expand and scale up its activities the group has developed a project proposal and applied for financial assistance from CRAIDS to improve the welfare of 90 youths and prevent further spread of HIV in their area.

Therefore, this project is aimed at improving the livelihood among youth and creating HIV/AIDS awareness. To achieve this goal the project will train 100 peer educators, train 90 OVCs in tailoring as a life skill and procure and distribute 10,000 condoms, while poultry farming will help to sustain the project. The project will be located in Bwacha about 7km North West of Kabwe Town centre.

The project will not have negative effects on the environment while community contribution is in form of time and commitment towards the project.

It is hoped that after the completion of the project the community will achieve the following benefits:

- Improved livelihood for youth/OVCs
- Increased awareness on HIV/AIDS
- Increased psychosocial support for OVCs

**APPROVED ACTIVITIES/TARGETS:**

- Training of 90 OVCs in tailoring for 10 days
- Training of 100 peer educators for 5 days
- Procurement of 10 tailoring machines
- Procurement of 4 bicycles for condom promotion and distribution
- Procure and distribute 10,000 condoms
- Undertake poultry as an IGA
PHYSICAL AND FINANCIAL STATUS

A. Physical Progress

<table>
<thead>
<tr>
<th>Targets</th>
<th>Progress</th>
<th>%age Comp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of 90 OVCs in tailoring for 10 days</td>
<td>completed</td>
<td>100%</td>
</tr>
<tr>
<td>Training of 100 peer educators for 5 days</td>
<td>50 peer educators trained</td>
<td>50%</td>
</tr>
<tr>
<td>Procurement and distribution of 10,000 condoms</td>
<td>288 condoms distributed</td>
<td>3%</td>
</tr>
<tr>
<td>Procurement of 4 bicycles for condom promotion and distribution</td>
<td>completed</td>
<td>100%</td>
</tr>
<tr>
<td>Undertake poultry as an IGA</td>
<td>Not yet started</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced to project Account</td>
<td>1st</td>
<td>05/03/05</td>
</tr>
</tbody>
</table>

TOTAL | K 40,894,800 |

Project Budget (CRAIDS contribution): K 81,589,522.50
Total justified expenditure to-date: K 37,743,500
% physical completion: 50%
% expended of CRAIDS contribution: 92%

B. Financing Progress

GENERAL COMMENTS.

- Time lag between project launch and funding is due to low withdraw application threshold at the time the project was launched.
- The community is waiting for their second allocation for them to carry out their remaining activities.
4.3 Appendix III: Sample of responses from selected respondents

WRITTEN SUBMISSION

YOUTH VOCATIONAL TRAINING AND EMPOWERMENT PROGRAM:

PO BOX 81746
KABWE
PROJECT NO.18/0234

TOTAL FUNDING ZK 43,983,300

BACKGROUND

The youth vocational skills training and empowerment program was established in May 2003 by ten (10) youths volunteers after conducting a Participatory Community Assessment (PCA) project design workshop organised by Kabwe Adventist Family Health Institute (KAFHI) funded by the International HIV/AIDS Alliance.

50% of HIV/AIDS infection among the youth is through sexual contact, though there are other transmission modes. Most of the factors that have been contributing to the increase in the HIV/AIDS rate in Kabwe are:

- Closure of the industries e.g. Kabwe mine, Zambia Railways, Kifco and other major industries which were offering employment opportunities to Kabwe residents.
- There are no recreation facilities because the only employment available is fishing or fish mongering.
- The infrastructure has been sold and turned into Beer Halls. The worst age group hit by this situation is the youths.

Therefore the only recreation activity in Kabwe is watching video in which they show unacceptable films not suitable for the age group. In addition these videos are usually watched while drinking beer, smoking and doing many other bad things which have a significant impact on youth development, poor reasoning and wrong decision making by the youths.

CURRENT ACTIVITIES

Currently the youth program has embarked on different projects. After receiving the funds from CRAIDS we are implementing the following activities:

- Peer education as scaled up because of the skills of the educators as been improved and enhanced through training. So far 600 people (youths have been received through peer education.
• Counselling sessions are being conducted in the community schools and the project site to help are youths and other community members at the moment we have counselled 16 people (youths) on the different issues and they as been referred for voluntary counselling and testing through trained recently.
• We are also training OVC youths in several skills i.e. carpentry and joinery, artwork. Meanwhile the carpentry component as received a lot of success.
• OVC youths ave been benefiting from the same income tat is raised trough the selling of the products.

IMPACT MADE

We have trained 20 OVC youths in artwork who are currently doing practical through assignments given to them y the trainer.

The carpentry currently as 15 people undertaking the training we also have more people requesting to attend the training. The same training as benefited the youths in their needs e.g. food, school, fees and other accessories.

FUNDING
Toug funding as never been enough, it as not been enough looking at the area we are operating in MAKULULU is the largest compound (in SADCsa saara Africa) which has a population of close to 30 000 people and 2/3 of the population are the youths who are doing nothing. We are appealing that the funding for the youths programs be closely monitored to effectively implement the activities as planed.

PRIORITY AREAS FOR CAPACITY BUILDING

• Leadership training
• Basic financial and accounting skills
• Advocacy skills
• Proposal development
• Monitoring and evaluation skills
• Reasearch/survey skills
• Business enterpreneurship and management
• Provision of the recreation facilities for te community youths
Scaling Up Youth-Focused Interventions in the MAP (Multi-Country HIV/AIDS Projects) and Related HIV Programs and Building the Capacity of Civil Society Organizations (CSOs)

JSDF and MAP Interview and Discussion Group Guides

5. Youth-Serving Organizations

5.1 General
How do you define youth?
Any person aged between 13 – 30 years
Do you know of any studies on youth and HIV/AIDS and/or studies on CSOs capacity in the country?
Yes
What sorts of activities do you have related to HIV & Youth?
- Sensitization for behavioral change,
- HIV/AIDS information dissemination,
- Peer Education Training,
- Psychosocial training,
- Eradicating HIV/AIDS through sport,
- Condom information not as option but a prevention method between a married couple.

What kind of geographic focus do you have, if any?
The YMCA has programmes in all but one provinces

What are your main constraints (other than funding)?
Transport, office facilities such as communication equipment, computers, printers, photocopiers and human capacity in terms of skills.

If you had $200,000, what would you do with the money in HIV & Youth?
$200,000 can be used to scale up the HIV/AIDS prevention and awareness programmes currently implemented by the organization through out the 9 provinces i.e.
- Training of more Peer Educators
- Psychosocial counselors trainings
- Training of more Youth and Adults in the Youth Adult partnership; a useful tool in combating HIV/AIDS.
- Purchase of bicycles, motorcycles, 2 vehicles, computers, printers and photocopiers.
- Introduction of more Anti-Aids Programmes in Schools, Colleges and Communities.
- Sensitization and awareness raising on the VCT as a strategy in HIV/AIDS etc.
- Training of staff to upgrade their skills for fighting HIV/AIDS among our target group and our work place.
5.2 The Bank/MAP/NAC
What's your experience been working with the Bank in your country? Positives, negatives.
We have no experience working with the Bank
Have you ever tried to access Bank funds through the MAP/NAC (or any other mechanisms)? What was your experience?
No, we have not had an opportunity to access Bank funds through the MAP/NAC due to lack of information.
Have you heard of the CSO component of the MAP? What do you know about this funding source? How did you find out? What suggestions do you have for further publicizing information about this source, especially for youth organizations?
No we have not heard about the CSO or MAP.
Do you work with other donors?
Yes we work with other donors, within and outside the country.

5.3 Types of Activities and Levels of Funding
How adequate, in your opinion, have funding levels been given the youth needs?
Youth needs have not had adequate funding in all our activities which currently include HIV/AIDS, Youth Skills Development, Education, Sport and Recreation, Environment and substance abuse.

5.4 Effectiveness of Current Efforts
Do you feel you know what effective interventions are? How do you find out about effective interventions?
Effective interventions are interventions or strategies that directly address the target need or challenge.
To what degree are you evaluating your current efforts?
Through immediate evaluation and follow up monitoring of behavior change through activities they do Practice and attitude. We can find out about effective intervention if for example after an intervention; say awareness campaign and sensitization, people’s attitudes were influenced positively, proved through verifiable behavior indicators.

Do you have any information on the cost-effectiveness of youth-focused interventions?
Unfortunately we rarely evaluate our activities and this is due to both restricted funding from our source and lack of effective evaluation tools.
What could be done to improve the effectiveness of youth-focused interventions?
- Development of appropriate and effective monitoring and evaluation tools,
- Development of the capacity of the human resources in designing, implementing, monitoring and evaluation of programmes.
- The effectiveness of youth-focused interventions could be improved by enhancing resources, having well trained staff with a clearly defined plan. Proper implementation coupled with regular and consistent monitoring as well as evaluation at every stage. Creating linkage with other organizations and institutions implementing similar strategies could increase the knowledge base thereby increasing the chances of good finishing.
Research is another aspect which could improve the effectiveness of Youth-focused interventions.

5.5 Factors Influencing Attention to Youth Issues
What factors in the general policy environment are supportive or non-supportive to youth-focused efforts? (Policies, plans, institutions, implementation, extent to which national officials view youth as a priority group for HIV interventions, etc.)

- Donor fatigue is a serious factor reducing the flow of resources to youth in focused issues
- Growing scale of social economic problems even youth focused institutions seem to lose focus.
- The shifting of global and national funding has a greater tendency of negatively affecting youth focused efforts.
- Failure to generate enough local resources is an extreme factor that has negatively affected the sustainability and continuity of the planned activities.

5.6 Capacity Building Needs
What are the main obstacles that youth-serving organization face to tap into funding?

- Among others, youth-serving organizations have a problem of access to information regarding who is funding what.
- Lack of capacity to write grant winning project proposals by programming staff;
- Lack of financial capacity which sometimes leads to organizations misapplying programmes money to administrative costs.

What are the priority capacity needs for CSOs to carry out youth-focused HIV activities? (organizational, program and technical, financial, etc.)

- Technical & Program needs to build capacity of staff to develop good proposals for funding and other resource mobilization activities
- Organizational needs to address governance issues that include formulation of good policies that will guide the operations of the organization.
- Financial needs to take care of the above.

What kinds of capacity-building activities/opportunities have you received? Who provided them? How often did you receive capacity building? Is there a follow-up by the organizations responsible for capacity building? How would you evaluate the capacity building you received?

- Y-Care International is currently assisting us in the development of the Technical and Programming capacities. Monitoring is done on quarterly basis, and an evaluation is to be done in the near future.
- Given the capacity needs, what would be priority capacity-building actions to address these needs?
• Technical & Programming to be expanded so that it includes people in the Finance department, audit and senior management who make decisions over allocation of resources.

Is there a youth network in your country?
Yes, through the National Youth Council and the consortium of the Country Coordinating Committee.

Would you benefit from networking with other groups in other countries? In your own country? Does this network already exist? How much would it cost?

There are several networks within the country. YMCA in particular belongs to a five big Youth-serving organisation working in the area of HIV/AIDS in particular prevention and care strategies. viz-a-viz Zambia Scouts Association, Zambia Red Cross, Girl Guides of Zambia, Zambia YWCA, Zambia YMCA itself.

Certainly we would benefit from networking with other groups in other countries. It is difficult though to estimate the cost of establishing the network.

Do you have internet access?
Yes Zambia YMCA had internet access.

Is there a Global Development Learning Network link in your country?
Yes the above consortium comes as a result of the ‘big five’ world leaders who floated the idea to the Regional leaders and finally the concept were received in Zambia. The world leaders are concerned with resource mobilization while the Regional leaders are co-ordinating these efforts which are finally implemented by the local Big Five organisations. Currently the funding for this project is $40,000 per annum for 5 years. Looking at our geographical spread in terms of the YMCAs operations in all the 9 provinces the above funding is not adequate as the needs are many

Do you need help preparing proposals?
Yes Zambia YMCA needs a lot of help in preparing proposals

5.7 Ensuring Effective Youth Participation
What are the current avenues for youth participation in your organization, and more generally in the country?
• The YMCA has a youth committee at National level elected among the youth membership after every 3 years.
• The YMCA constitution allows at least 30 percent youth involvement at all decision making levels (Boards) and this has been enforced.
• The National Youth Chairperson also sits on the National Executive Committee (NEC) of the National Council of Zambia YMCA.
• In addition, the youth have their own programmes and meetings

What are the key barriers to effective youth participation in particularly HIV/AIDS activities and in general?
Resources to organize and implement intensive youth programs
Unemployment, youth are the majority about 60% of the total unemployed.

**What should be done to enhance youth participation?**

*More education and training institutions for knowledge and skill development*

*Legal framework to back the National Youth Policy.*

*Other avenues include:*-

Youth lead NGOs which are active in the country need to be capacity built financially and technically.

In addition there is need to fight the following vices:.

- Cultural misconceptions and beliefs
- Stigma associated with HIV/AIDS and the fear to go for VCT.
- Growing poverty levels especially among the youth.
- Lack of employment opportunities and alternative survival skills
- Lack of resources to start up some business.
- Lack of collateral to be used for borrowing from the bank
- Peer pressure
- Other key barriers to effective youth participation in the HIV/AIDS activities arise from:

- Sensitization, advocacy and lobbying can enhance youth participation especially when it comes to decision making levels.
- *Carrying out training in youth adult participation can enhance acceptance of both parties working together hence increasing youth involvement.*
- *Putting up deliberate policies when it comes to employment; not insisting on so many years of experience so that youth graduating from colleges and those just finishing schools could have space and opportunity and increased access to employment.*

5.8 **Potential Local Implementing Partners**

**What organizations currently provide capacity-building activities for CSOs?**

There are several organisations; government and sub-granting organisations working towards improving capacity for CSOs in the country.

**Specifically, are there Japanese NGOs in the country that can participate in capacity-building activities?**

Yes there are some Japanese NGOs in the country who can participate in capacity building activities like JICA.

**Who might be appropriate potential partners for implementing the suggested capacity-building activities?**

Banks, including the World Bank, sub-granting NGOs, some government departments e.g. TEVETA, CDS, Embassies and many other training institutions.