

**Malawi Network of People Living with HIV/AIDS
(MANET+)**

Report on

**Enhancing Leadership & Management Skills in Member
Support Groups of MANET+ Project**

April – June 1999

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LIST OF ABBREVIATIONS

1.	AIDS	Acquired Immune Deficiency Syndrome
2.	CAC	Community AIDS Committee
3.	CBO	Community Based Organization
4.	DACC	District AIDS Coordinating Committee
5.	GIPA	Greater Involvement of People Living with HIV/AIDS
6.	HIV	Human Immunodeficiency Virus
7.	IEC	Information, Education and Communication
8.	MANASO	Malawi Network of AIDS Service Organizations
9.	MANET+	Malawi Network of People Living with HIV/AIDS
10.	NACP	National AIDS Control Programme
11.	NAPHAM	National Association of PLWAs in Malawi
12.	NEC	National Executive Committee
13.	NGO	Non-Governmental Organization
14.	NUNV	National United Nations Volunteer
15.	PLWAs	People Living with HIV/AIDS
16.	PLWHAs	People Living with and/or Affected by HIV/AIDS
17.	SAT Programme ...	Southern African AIDS Training Programme
18.	SG	Support Group
19.	UN	United Nations
20.	UNAIDS	Joint United Nations Programme on HIV/AIDS
21.	UNDP	United Nations Development Programme
22.	UNV	United Nations Volunteers
23.	VAC	Village AIDS Committee
24.	VCT	Voluntary Counseling & Testing

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The authors would like to join MANET+ in thanking the United Nations Volunteers – Support to People Living with HIV/AIDS Project and the Southern African AIDS Training Programme for providing the finances for the this project.

1.0 INTRODUCTION

This study that was aimed at assessing the capacity of the support groups and through an interactive and participatory process provides guidance and rectify those problems that can be rectified was commissioned by MANET+.

The report will discuss the seven groups that were visited by Ms. Doreen Sanje, namely: -

Salima HIV/AIDS Support Organization
Nkhota-kota HIV/AIDS Support Organization
St. Anne's AIDS Project
Ntchisi Boma Community AIDS Committee
Malomo Community AIDS Team
Madisi Hospital AIDS Support Group
Mponela AIDS Information and Counselling Centre

The study for assessment took place from Monday the 17th to Thursday the 28th April 2000.

During the study it has been observed that the support groups have varied capacities with groups that have received trainings knowing exactly what they are doing while there are some groups who have not received any kind of training they just do things ignorantly. There is need to provide equal training to groups if they have to be on the same level. The gap in terms of trainings needs to be narrowed among support groups.

It has also been observed that support groups are doing a lot of care and prevention activities, however the groups have vast area of coverage in addition to undertaking too many activities, which they do not have capacity to implement. This has resulted in no impact.

It has also been noted that most of the groups do not know MANET+ or its roles. There is need for MANET+ to market itself. It has been recommended that MANET+ should supervise, provide training and act as a role model for support groups.

There are PLWAs who come out in the open but do not know what to do. If the silence surrounding HIV/AIDS has to be broken, these people have to be given the required support in terms of training and updated information regarding drugs and living positively. PLWAs have a lot of questions hence require contact information networking will also keep build their confidence.

MANET+ is a local umbrella coordinating organization that supports local PLWHA and HIV/AIDS community groups in Malawi. It has a Secretariat, currently based in the Secretariat of the National AIDS Control Programme in Lilongwe.

In a bid to improve performance of its affiliate groups, MANET+ commissioned an assessment of its member groups, countrywide, with the purpose of assessing the organizational establishment with a view of enhancing leadership and management

skills. In order to do so, MANET+ set forth to examine the Support Group in the following areas:

1. Membership of Support Groups
2. Organizational Structure
3. Geographical Coverage
4. Goals and Objectives
5. Strengths of Support Groups
6. Weaknesses of Support Groups
7. Existing Opportunities for Support Groups
8. Threats and/or Gaps of Support Groups
9. Sources of Assistance for Support Groups
10. Management of Support Groups
11. Support Groups' Perceptions of and/or Expectations from MANET+
12. Advice and/or Recommendations to Support Groups

Other than assessing the first eleven points, the process agreed to advise individual groups on the spot that on areas requiring attention to enable improvement in performance.

Twenty-six groups were visited and these included the following:

1.1 Southern Region

1. Chitenjere Youth and AIDS Support Organization (Chiyaso) – Malosa
2. Likulezi Community Care Project (LCCP) – Phalombe
3. NAPHAM – Blantyre Branch
4. Youth Ambassadors – Blantyre

Note:

Two groups, the People United to Save Humanity from HIV/AIDS in Blantyre and Lambulira AIDS Support Group in Zomba, were not visited. Members of the former did not turn up for discussions at two attempts by the facilitators and due to heavy rains and the inaccessible road condition; the facilitators failed to reach the latter.

1.2 Central Region

1. Chiyembekezo PLWHA Support Group – Lilongwe
2. NAPHAM – Lilongwe Branch
3. EDZI Kumudzi Association of Malawi (EKAM)– Lilongwe
4. Champiti Area AIDS Committee – Ntcheu
5. Salima AIDS Support Organization (SASO)– Salima
6. Nkhota-kota AIDS Support Organization (NASO)– Nkhota-kota
7. St. Annie's AIDS Project – Nkhota-kota
8. Malomo Community AIDS Team (MCAT)– Ntchisi
9. Madisi Hospital AIDS Support Group – Dowa
10. Mponela AIDS Information and Counselling Centre (MAICC)- Dowa

1.3 Northern Region

1. Katete AIDS Project (KAP)– Mzimba
2. Tovwirane Centre AIDS Support Group – Mzimba
3. Kafukule PLWA Support Group – Mzimba
4. Mtisunge (NAPHAM) – Nkhata bay
5. Mbanasi AIDS Support Group – Nkhata bay
6. NAPHAM – Mzuzu Branch
7. Tigomezge (Ekwendeni Mission Hospital AIDS Support Group) – Mzimba
8. Rumphi AIDS Support Group – Rumphi
9. Moto-moto Youth and AIDS Support Group – Chitipa
10. Chitipa PLWA Support Group – Chitipa
11. Chilumba Jetty AIDS Support Group – Karonga
12. Khondowe Home Based Care Volunteers – Rumphi

FINDINGS & RECOMMENDATIONS

EXECUTIVE SUMMARY

There are a number of issues that were discovered at the time of assessment that are vital to the enhancement of management of support groups. They also bring to light some important points that would be helpful to MANET and the people interested to support the groups.

Almost all groups except a few have a membership of about 20 as an average. This perhaps explains the difficulties most groups face when it comes to coverage since most groups fall short of adequate membership to effectively cover their areas.

The structure of most of the groups is almost the same led by the members themselves and all working on voluntary basis except a few ones who have paid staff at secretariat.

Most support groups have coverage areas larger than their human and material resources can afford to adequately cover. Again most of them are difficult to define because they seem to have loose boundaries at most overlapping.

The goals and objectives of most groups are obviously not there. This is perhaps because of lack of the ability to chart them out but their activities seem very clear which means out of the activities it would be very easy to come up with objectives. The activities are mostly in form of themes that they pursue. The most common themes are:

- HIV /AIDS awareness
- Home Based Care
- Orphan Care
- Counselling

The above themes form the basis for most activities undertaken by the groups.

The groups perhaps among other strengths have the spirit of voluntarism that is very strong in all the groups. This strength is the greatest that can be an opportunity not only to the groups but also to those organizations and individuals that support them. Every group member wants to work on voluntary basis to support any initiative on HIV/AIDS.

Lack of material, financial and management support is one of the greatest threats facing the majority of the groups. While a few may have adequate management and/or financial and material support, the majority of the groups are stranded.

Based on the discussions and interactions that the team had with the groups, the following are the recommendations:

12.1 Capacity Building

There is need to bridge the gap by providing adequate and relevant training in line with activities being undertaken by specific groups. In the same vein, training should respond to the needs of the groups not the needs of donors:

- Number of people trained per group in a particular theme should be adequate to enable them adequately offer the service to the community
- Time frame (duration) of training should seriously be observed. Imagine support group members being trained in CARE Counselling for only three days! This may not bring any positive results.
- There is need to develop handbooks/guidelines that will enable support groups to manage their activities at community level. These could be, for instance, guidelines for awareness for behavioral change, home based care etc.
- Recommend that training packages for support groups should be designed in local languages, this is perhaps to enable a cross section of the members to attend and enhance understanding. Terms should be simple and to the point.
- We recommend that trainers for support groups should be quality ones with a good vision and understanding of the programmes done by the groups. Training Experience goal track record should be a pre-requisite for consideration as trainers.

12.2 Programmes

- Recommend that support groups should design their activities as programmes where a support group can only pick one component and follow it through.
- Support groups should not divert from their mission statements
- Organizations like MANET+ and MANASO should adequately supervise support groups and demonstrate to the groups the right way of doing things.
- Support groups should have updated information about HIV/AIDS to ensure that information passed on to the community is right

12.3 MANET+

MANET+ should urgently follow-up on the regional committees they set up two years ago. From there they should consider district committees rather than regional ones. The district committees will be closer to the people, where activities are done. They will be cost effective, will promote sense of belonging and reduce bureaucracy.

- MANET+ should consider their term of office and urgently conduct highly participatory fresh elections to set a good example to the support groups.
- MANET+ should begin to create confidence in the support groups by being transparent in their operations.
- MANET+ should vigorously “market” itself to the support groups since not many members know them.
- For the sake of the support groups, the MANET+ - MANASO - NAPHAM axis should be defined. A memorandum of understanding issued by the three concerned parties clearly stating the roles of each and their meeting point could do this.
- The capacity of MANET+ as an institution should be strengthened in order to effectively carry out its mandate.
- MANET+ should promote the linking of support groups to (potential) donors other than permanently acting as a channel of resources for the support groups.

12.4 District AIDS Co-ordination Committees.

- Should assist in capacity building of the support groups
- Should monitor and take stock of support groups in their district.

12.5 National AIDS Control Programme

- National AIDS Control Programme as a Secretariat should have an inventory of all support groups in the country and update it frequently as new ones emerge while others die.
- Should monitor activities of NAPHAM, MANET+ and MANASO. They should also ensure that roles of these three institutions are clearly defined to avoid overlaps and duplication.
- NACP should take special interest in monitoring the allocation and proper utilization of funds and other resources to the support groups.

12.6 Donors

- Donors should avoid donating funds just for the sake of replenishing their coffers rather they should give resources based on the needs of the community the group is working with
- Donors should stop serving their interests and mandates - rather they should provide as per required needs.
- Donors should try to follow up on the implementation of activities for which they provide support.

An appraisal of the group should be carried out before resources are allocated.

METHODOLOGY

Throughout the exercise focus group discussions and individual interviews were done to collect information that is in this report. An attempt was made to review literature and correspondence documents where necessary.

After the discussions findings were shared with individual groups and suggestions were put forward for groups to start working on obvious issues that were easy to attend to.

GENERAL OBSERVATIONS

1.0 Membership

In general terms membership is composed of middle-aged people - very few youths mostly in those groups specifically for the youths. Majority were subsistence farmers and small businessmen and women. A few working people were mostly teachers and hospital staff.

It was observed that participation of young people was minimal in most groups. There were a few groups solely for the youths in which their participation was seen to be maximal. The only groups for the youth were Youth Ambassadors of Blantyre and Moto-moto of Chitipa while the other groups that claim to be youth groups had more adults than youth. It was also observed that on average more women than men are active in the groups.

Another observation was that it was new members who often dropout due to lack of proper reception or failure to have their expectations met. There are also “inner circles” in the groups who tend to “own” the group. These are often difficult to dislodge at elections and are simply declared “founders” in order to keep them forever.

0. Structure/Organogram

2.1 Organogram of Support Groups

An executive committee that has chairperson, vice chairperson, secretary, vice secretary, treasurer and about four committee members who are volunteers, heads almost all support groups.

A few groups (MAICC, EKAM, Tovwirane Centre and Katete AIDS Project) have secretariats with salaried staff. Likulezi AIDS Project is the only group that has an Advisor and Project Manager above the Executive Committee.

It was also observed that some support groups have sub committees for specific interventions e.g. home based care sub committee. Few groups are affiliated to the hospital where they operate.

2.2 Election or appointment

Most of the groups indicated that election to the committees is through voting by support group members. For those groups that are affiliated to the hospital, the AIDS Coordinator of the hospital acts as a chairperson or advisor for the group. For those groups with a secretariat, a board of trustees does recruitment.

2.3 Size of Executive Committees

Most groups have an executive committee comprising 9 to 12 members - the common arrangement being that with a chairperson, secretary, treasurer and about four committee members. Few groups had publicity secretaries.

2.4 Roles and functions of Office Bearers

It was observed that most support groups do not know roles and functions of office bearers. Most often there were overlaps of roles or failure to state what their functions were.

2.5 Decision Making Process

While most groups indicated that decision-making was participatory, it was observed that the chairperson or the founder of the group most often made decisions. This was conspicuous in groups that were visited in the absence of the chairperson.

2.6 Term of Office

Term of office was mostly indicated as one or two years in principle. However, in practice it was never followed. Some have been in office for over four years. It was strongly observed that most executive members are clinging on to their posts without mandates from support group members. The same issue of term of office was also raised for MANET+ Executive. Most support groups indicated that MANET+ Executive has been there for too long and it was time they called for fresh elections. Some other groups seem to have no specified term of office.

2.7 Application of Code of Conduct of MANET+

All support groups have their own guidelines as individual groups. However, no support group acknowledged the existence of the Code of Conduct of MANET+. It was observed that either MANET+ has not yet circulated it or the groups lost the document.

1. Geographical Coverage

Sizes of geographical coverage

Sizes of geographical coverage ranged from a few villages to the whole district. Most support groups did not know their actual boundaries. It was strongly observed that the majority of support groups have too large areas of coverage compared to the resources that they have. Some groups also confuse area of coverage with areas where they are requested to give testimonies in cases of those that have gone public about their sero-status. Some groups have just got “pockets” of area of coverage following where clinic outreaches are. This seems to have compromised the quality of their work since there is no consistence in their operations.

Population sizes

Almost all support groups do not have a clear estimate of the population that they serve except for a few. Probably this also explains why most of the groups were not able to tell their area of coverage. The other observation was that perhaps due to the way support groups begin, there is no proper situation analysis done that would help them establish their population estimates and areas that need attention.

Capacity of Support Groups

There were many variations in the capacity of support groups. Some support groups which have secretariats, meaning they have people employed to help communities work, their capacity seem to be fine. This also includes those groups that have Peace Corps Volunteers attached. Such groups include MAICC, Katete, Likulezi, Motomoto Youth group, Tipone and Tovwirane. However, the majority of the groups that are community based, have very little capacity to properly deliver the services required in a manner that would have positive impact. Their interventions are always ad hoc and most often driven by whoever visits them.

There is another category of groups that are attached to hospitals like St. Anne's, Madisi and Livingstonia that run PHC activities and HIV/AIDS is just a component. Their emphasis was therefore observed to be more of PHC than HIV/AIDS specific.

Promotion of establishment of outreach committees

A lot of groups attempted to establish outreach committees. These were mostly groups in the central region. A few in the north and south have some outreach committees. However, these committees are centrally controlled so that the central committee still does the entire job. Again, because of the way outreach groups are controlled, there is no capacity building for them. The central committee monopolizes all trainings. That cripples the outreach committees. The functions of the central and outreach committees in some cases are not well spelt out. In a few cases outreach committees have developed into rival groups with the central committees where purpose was not well explained. As such instead of positively contributing to the fight against HIV/AIDS, they are confusing the very people that they intend to serve.

However, there are some groups e.g. SASO, that have already began to work out their working modalities so that they leave other activities to some partners (outreach committees)

2. GOALS, OBJECTIVES AND ACTIVITIES

The majority of the support groups do not have goals and objectives. Only a few like MAICC, Likulezi and Katete have them. Most of the groups kept recalling their objectives while discussing and most often their activities seemed not in line with the goals and objectives explained. There were again certain groups who frequently changed their activities because of the influence of donors and this made them lose their focus (some groups have resorted to environmental issues).

3. EXISTING STRENGTHS OF SUPPORT GROUPS

- Spirit of voluntarism in many support group members is very strong. This is more highlighted in PLWA groups. (This spirit is often “killed off” by some donors).
- Relationship of support groups and local leaders, including the community, is very strong and sound
- Working with minimal resources e.g. walking long distances to provide a service to the community they serve.
- The spirit of wanting to care (in whatever form) is there among support group members,
- The ability to come together and work as a unit.

4. 0 Weaknesses of support groups

- Have limited capacities to mobilize resources. Most often they look for external assistance.
- Most support groups are not focused and depend on whoever comes to tell them what to do.
- Rivalry between and among support groups. This is so even among members of the same group.
- Misuse of funds. There is a tendency in some support groups to misuse funds allocated to them for activities. Some share the money among themselves without the knowledge of their friends.
- Most groups have leadership problems, either because the leaders do not want to step down or their leadership quality is not sound.

5. THREATS/GAPS

- Some support groups compete among themselves and/or with other emerging organizations
- Some members in support groups (majority) have virtually not attended any training. They offer services without enough knowledge of what they are doing. This compromises the quality of their work.
- Attitude of some donors who just rush to a group to offer monetary or material support without first looking at the needs of the group. In addition some donors have “favorite individuals” in the groups. This often destroys oneness because it is only those that are favored who benefit in terms of attendance to training, etc.
- Groups don’t have the right people who have the skill to manage resources, including finances.
- Some groups have problems to properly discharge their services because of some religious teachings which prevent them from delivering some messages e.g. condom use
- Lack of support from major stake holders e.g. DACC

6. EXISTING OPPORTUNITIES

The major opportunity is that in every district there are existing structures for every intervention undertaken by the support groups. Social welfare office that deals with orphans exists in every district. So is District AIDS Coordinating Committee as well as Youth office. Besides that many organizations, donors and other sectoral ministries are willing to support the groups.

7. SOURCES OF SUPPORT

The major sources of support for many support groups were UNICEF, Action AID, Save the Children (US), MANET+, UNAIDS. There were also several international donors that offer support to groups directly. It was observed that support groups that are affiliated to hospitals don't always have access to the resources that they receive. Most often, hospitals "demand" that the money be put in hospital bank accounts and they be responsible for disbursement. This money is often used for other things while activities suffer. The types of support include money, bicycles, capacity building workshops, office furniture, typewriters, photocopiers, video sets books and others.

8. MANAGEMENT

10.1 Record Keeping

Record keeping in support groups is generally non-existent. There is generally no system put in place for records and most of them just "remember" and not keep as a system.

However, a few groups like Katete, Mponela AIDS Information and Counselling Centre, Likulezi Project and others had a system of record keeping.

10.2 Promotion of services of support groups in the areas of their coverage

There is no deliberate attempt by support groups to promote their services. People get to know their services by virtue of them being in the impact area.

10.3 Accountability of resources

Majority of support groups are not accountable. This is a serious situation that needs attention. Some keep bicycles at home; video sets are used at home. Only one person controls funds in some cases. If anything a few (inner circle) know how much they have in the account. Usage of funds is not well defined. Large proportions of funding are spent on allowances and transport with very little for service delivery.

There are some groups that are very good at accounting for their resources. These are mostly those groups that have a good management structure.

9. Common activities and intervention

The following were common activities identified as being carried out by the support groups

11.1 HIV/AIDS Awareness

This is mostly done through drama, songs, public lectures, testimonies and talks about HIV/AIDS. It was observed that mostly it's passing information about HIV/AIDS and it was repetitive. Mostly it raises levels of awareness but does not translate into behavioral change.

11.2 Home Based Care

This entails visiting the sick in their homes to give them items such as food, soap and help with household chores. It was observed that mostly the volunteers "take over" the patients instead of them facilitating a process of building the capacity of the host

family. By doing the job themselves a sense of dependency is created in households that are taking care of the sick and this may have adverse/negative implications later.

11.3 Orphan Care.

This entails registering the orphans then wait for institutions to come and give assistance to them. Records on orphans were not very clear. The majority of support groups did not have an idea as to what is supposed to be done to an orphan or a family hosting an orphan. If anything assistance has been in form of clothes, food stuffs including sweets.

11.4 Counselling

Almost all groups reported counselling as an activity though it was observed that in the support groups there are very few community counsellors. Their trainings were discovered to be inadequate to effectively provide a good service. It was also discovered that those who got training at times got it from people who did not have adequate skills to train others. The general observation on all the activities was that they are done in an ad hoc manner. They don't often carry them in an organized manner, perhaps because their objectives and activities are not well defined. A few groups attempted to do fund raising activities. However, most of them don't have adequate skills to properly manage income-generating activities.

10. RECOMMENDATIONS

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Summary of Findings & Recommendations

Detailed Individual Member Group Analysis of Findings & Recommendations

NAPHAM - LILONGWE BRANCH

NAPHAM began in the year 1993 with four members. That time they were first meeting under the tree and were the only group in the country. Their first office was in Chilinde. Later Action AID gave the money to run an office. Eventually NAPHAM grew to become a national secretariat. They began to form branches a cross the country and Lilongwe branch was one of them.

Membership

The group comprises of fifty-five members. There are more women than men. There are only about five youths in the group the rest are adults. All members are those that have been tested for HIV and found positive. There is no membership fee paid, one only needs to bring letter of confirmation from a testing site.

Structure of Organization

The group has got an executive committee that comprises of the Chairperson, Vice Chairperson, Vice Secretary and Treasure. They have about five committee members. The current committee was put in place in 1997 July. Voting is by all members. However, they have no time period for the executive members. They only replace those that drop out or seen to be weak.

The group was able to highlight roles of each office bearers: -

Chairperson/Vice

Overall group management
Supervision of branch activities
Represent branch at other meetings

Secretary/Vice

Writing and receiving letters
Compiling reports

Treasurer

Keeping money and resources

Committee member

As assigned by the Chairperson

Members

Implement activities.

Geographical Coverage

NAPHAM, Lilongwe branch covers the following areas; Kawale, Chilinde, Area 23, Chiuzila, Ngwenya, Mchesi, Bunda, Nanjiri and area 25. The population they serve is estimated at 300,000. They have no outreach committees; they visit all the places themselves. They once set football committees but these were temporary and are no longer there.

Goals & Objectives

They have no goals and objectives of their own. It was said that they follow those laid down by NAPHAM Secretariat.

Activities

Outreach

HIV/AIDS awareness in various places
Testimonies are also done in the same places

Home Based Care

They visit the sick, both members and non-members. They offer prayers; help with household chores and give handout like soap, sugar. They also assess therapy progress. They had two patients visited at the time of this visit.

Drug Revolving

Selling drugs; these drugs include Bactrim, aspirins, Fancidar and ORS. Five people were trained in this area. The Programme is currently not working well because those that were trained left. Again drugs were being sold at a cheaper price than cost price hence fund did not revolve properly.

Counselling:

NAPHAM members go to Lilongwe Central Hospital, Bottom Hospital and MACRO where they are engaged in counselling activities. Only old members received counselling.

Group therapy.

On this one, they meet every Saturdays where they share their experiences and receive new members. They also perform drama and socially support each other as members living with HIV/AIDS.

Strengths

1. Coming out in the open about their status and willingness to assist others.
2. Mobilizing others to go for testing.

3. Spirit of volunteerism is very high.

Weaknesses

1. Have failed to mobilize the elite in society to go public or to join them
2. Have no clear guidelines, if anything they just follow those of the secretariat
3. Some members perpetually fail to attend meetings
4. Have failed to identify their branch fully because they attach themselves to the secretariat
5. Lack of money and other resources to support their intervention
6. Backbiting among members
7. The majority do not read and write as such they do not often attend workshops, which are mostly in English

Gaps/Threats

1. The group still has no elite in it
2. Membership still very low
3. Only very few people are public speakers
4. Group lacks in essential skills like fundraising, business management and advocacy
5. Conflicting messages between group and religious groups to the same community.

Opportunities

ProTest Project gives them free transport for outreach activities. While this may look the only tangible opportunity the group can also take advantage of the Protest Project to advance their skills or seek assistance for help. Group is also inside the NAPHAM Secretariat that is advantageous since they can learn a lot from the mother body.

Sources of Support

1. MANET+ - when money is available
2. Action AID
3. AIDS Control Programme
4. NAPHAM- Secretariat
5. ProTest Project.

This support has been in form of money, vehicles (borrowing for outreach activities), drugs and bicycles.

METHODS USED TO MOBILIZE RESOURCES

- Writing proposals to donors.
- Fundraising through writing letters to companies and individuals.
- Pledges from the public
- Self support through molding bricks and sell.

Management

While the group has attempted to keep records their system is not adequate and most of the records not properly written down. The group's management is heavily influenced by secretariat. Secretariat controls most of their decision-making.

Their services are promoted through informing leaders of the community in their area of work. This, however is not promotion as such. The group has an account whose signatories are the Chairperson, Treasurer and a member of secretariat.

Perceptions

While every group member realizes their roles in the group, NAPHAM Lilongwe Branch members consider MANET+ as a source of support for their activities. They also desire frequent visits/supervision by MANET+. Offer various training opportunities for NAPHAM members. They also have a perception that perhaps it was time the mother body (MANET+) held fresh elections. Calls to have MANET+ have fresh elections have failed to materialize.

Recommendations

1. NAPHAM Lilongwe branch must de-link itself from NAPHAM secretariat and the secretariat should facilitate this process. While group may still be housed in the secretariat, there should be a clear demarcation of functions and to leave the group independent while offering guidance. Double membership (some members double as secretariat as well as group members) while good may at times influence decision-making at group level.
2. Seriously consider preparing some members in record keeping, resource management through training on top of the traditional trainings offered in HIV/AIDS.
3. Consider offering training packages in Chichewa to accommodate those members of the group that are not able to communicate in English.
4. Group should come up with a clear term of office that will enable members elect officers of their choice other than only to wait for replacement when someone drops out or otherwise.
5. Resources for the group should be controlled by the group and not by secretariat. More is therefore needed for group to open an inventory of their resources.

LIKULEZI PROJECT

Dr. Hortrust started Likulezi Project when in 1990 they began responding to HIV/AIDS. At that time it was called Phalombe Community Care Group. In later years the name changed to the present one to reflect the project's real impact area.

Membership

The group has a total membership of 162 volunteers; eighty-two women and eighty men. All age groups are represented. It comprises of people who are HIV positive, negative and those that don't know their status. Membership records are available at their offices.

Structure

The structure of the group has three levels..

LEVEL ONE: Administration.

This level comprises the Project Advisor and Project Manager. These two offer advisory and administrative support to the support group. Other than that they are also involved in proposal writing, report writing and finances.

LEVEL TWO: Management Committee

This is the Executive Committee of the group. It comprises the Chairperson, Vice Chairperson, Secretary, Vice Secretary, Treasurer and some committee members.

Roles:

Chairperson: Looking after the operations of volunteers.
Secretary: Writing letters and keeping minutes.
Treasurer: Keeping money, assets and records.
Committee Members: Helping out in different roles that the group may require.

LEVEL THREE: Sub Group Committees.

These are committees that are set in the different areas of the impact area. There are about eight groups in total each with a committee whose functions are similar to the executive but at group level.

At the above three levels decision-making is participatory. Decision at executive level includes representatives from each group. Only after thorough consultations are do they decide to take actions. They have no specific term of office, only replaces when there is a need.

Area of Coverage

The group works in T/A Nkumba with a total of eight groups. These include Nalijiri, Mchiraini, Naminga, Walema, Nankhunda, Mpotsa, Migowi and NAPHAM – Phalombe Branch.

ACTIVITIES OF THE GROUP

HIV/AIDS Awareness:

This is done through community teaching. They do the teaching through drama, songs, dance and puppets.

Home Based Care:

Each volunteer visits the sick and helps them with household work. After a visit a volunteer submits a report of their visit to executive and requirements for that particular sick person are highlighted. These requirements include mats, soap and drugs. Each volunteer has an average of about three patients. Records are well kept for each patient.

Orphan Care:

All orphans are registered and the group gives assistance, which includes: Blankets, School uniform, and food supplies, loans to guardians who are hosting orphans.

On top of that the group also runs Income Generating Activities through the sub groups. These include keeping of goats, lending money out at an interest of 50% and papermaking.

Strengths

1. Community Commitment to work on voluntary basis, perhaps one with the largest number of volunteers –over a 100 and very enthusiastic
2. The group is very transparent at all the three levels.
3. Very good records on home care patients.
4. Community leaders are very supportive of the group.
5. Volunteers are able to explain the project concept and activities.

Weaknesses

1. At times volunteers report false information.
2. There is no patient phase out even when their health improves.
3. Some beneficiaries do sell items meant to assist them.
4. Some groups do not manage their resources properly.
5. At times backbiting among group members.
6. Struggle for leadership in-groups.(power hungry).

Sources of Support

1. TROCARE - Money

- | | | |
|---------------------|---|--------------------------|
| 2. ACTIONAID | - | Money/ capacity building |
| 3. MCHIMA TRUST | - | Money |
| 4. WATER FOR PEOPLE | - | Bore holes |
| 5. CHRISTIAN AID | - | Money |

When money comes, Chairperson, Treasurer, Advisor and manager are signatories.

They also have fixed assets such as:-

1. Two motor cycles
2. Photocopier
3. Computer

Opportunities

The group has made a lot of strides because they have experienced and knowledgeable people at the top who are able to guide the communities. They also have a lot of linkages with both local and international donors.

GENERAL OBSERVATIONS

Likulezi Project is a group that over the years has managed to properly mobilize the communities to the current level. The volunteers are very eager and motivated to work. Their organization is good down to the grassroots.

Recommendations

1. The Management Committee and/or administration need to work more on supervision of the groups to make sure that malpractices such as reporting false information is not there.
2. The group needs to clearly establish terms of offices so that people are able to choose leaders of their choice.
3. A procedure needs to be worked out on how a phase out process can be effected in the event that a person under home care recovered.

CHITENJELE YOUTH SUPPORT ORGANIZATION

Membership

The group has thirty-two members. There are twelve males and the rest are females. The group comprises of all age groups: Youth, Middle aged and the elderly. This greatly defeats the name of the group as its known as a youth group. The group comprises of people who are HIV positive as well as those who do not know their status.

The monthly contribution by members is K5.00 minimum. This depends on time. During harvest time, members pay more while in lean months the contributions become minimal.

Structure

The group has a co-ordinator at the top whose role is to coordinate the activities of the group. Then there is the committee that comprises the following: -

Chairman/Vice

Overseeing group progress and managing the group

Secretary/Vice

Writing letters and keeping minutes of meetings

Treasurer

Keeping money, equipments and books

Publicity Secretary

Publicizing meetings and organizing festivals

Committee members (2)

Helping with group's organization

Election Process

Done by secret vote. Each member of the group is eligible to vote.

Term of office

Term of office is one year and one can be voted back into office if members feel their contributions were good.

GEOGRAPHICAL COVERAGE

The group covers sixteen villages in T/A Malemia. The size looks a bit too large for the group to adequately cover it. The group has no satellite committees in the areas they work.

Goals/Objectives

The group does not have goals and objectives out of which they can streamline their activities. However, the group has the following activities: -

HIV/AIDS awareness

Through drama, role-plays, songs and poems. These activities are done in schools and villages

Orphan Care –

Have about 5000 registered orphans. The role of the group is to visit and advise families that host orphans. They also offer soap and sweets. These are bought from group contributions.

Home Based Care.

They help with household activities like sweeping, washing, bathing and counselling. They also provide firewood, flour and soap. Group members through their contributions buy these items.

High Risk

They discuss HIV/AIDS issues with high-risk groups – truck drivers, bar workers etc.

Existing Strength

1. More community members are aware of HIV/AIDS.
2. Have been able to mobilize some people to go for blood testing.
3. They are able to share responsibilities and execute them.
4. Monthly contributions are done without problems/.
5. People in the area have confidence in the group.
6. They meet frequently – twice a week and meetings are well attended.

Weaknesses

1. Some team members are not able to execute duties properly
2. They have no proper place of their own for meetings
3. Large number of drop-outs
4. Some group members not aware about what is going on because information does not flow properly
5. Have no finances to back up their activities.

Source of Support

1. Drugs, cotton, gloves – District AIDS Coordinator- Zomba
2. Money (K15, 000.00) – UNICEF – for transport and allowances
3. Bicycle – Regional AIDS Coordinator
4. Soap, flour, sweets – Contributions from members.

METHODS USED TO MOBILIZE RESOURCES

1. Fundraising through festivals and big walks.
2. Income Generating Activities – knitting.
3. Monthly contributions by members.
4. Proposal writing.

PERCEPTIONS OF GROUP ABOUT ROLE OF MANET+

1. Supporting support groups
2. Supervising support groups
3. Capacity building for support group members
4. Sourcing funds for support groups.

General Observations

The group really lacks information about what is going on and also what needs to be done. The individual members are very eager and willing to work though direction is not there. Co-ordinator seems to be distancing himself much from the group members and this is not a healthy situation.

The group continues to use a Youth name while it's basically a group that accommodates all sectors of society.

Records of the group, if ever kept, are not accessible.

Recommendations

1. Stakeholders (MANET+, DACC) should help group to strengthen their operational capacity
2. Group should try to be a bit more transparent with information to all its members
3. The coverage area is too large. Group needs to realistically come up with a manageable impact area
4. The group should expose as many members as possible to various trainings offered.

EDZI KUMUDZI

EDZI Kumudzi started some five years ago. Then it used to operate from area 22.

Membership

There are currently 1422 members in the group. Of the total, there are about 542 women; the rest are men. The total figure includes the youth and adults. Membership is open to all. Those who are positive, negative as well as those who don't know their status.

STRUCTURE OF THE ORGANIZATION

The organization has a board of trustees. These oversee and look after general performance of the organization. Second is the executive committee. A President, Vice President, Secretary, Vice Secretary, Treasurer and Vice Treasurer lead the executive committee. They also have four committee members.

Thirdly there is the secretariat. The secretariat has the Coordinator (1) accounts officer, Gender Officer, Secretary, Office Messenger, stores clerk and a clerical officer.

After secretariat there are centers. These centers are situated in their operational areas. There are about four centers. Dickson, Ndaula, Phiri la Njuzi and Malingunde. Every centre has a full committee that runs the affairs of the centre. And each centre has a club at village level through which activities are done. The clubs have committees as well and they are the ones who form the interface with the communities.

All committees work on voluntary basis. Secretariat staff are recruited and paid a monthly salary.

Election process/appointments.

1. Board of Trustees – by appointment
2. Executive – elected through voting by members.
3. Secretariat – recruited by executive and board of trustees.
4. Centre committee and club committee – They reelected through a vote.

GEOGRAPHICAL COVERAGE

The group's impact area is in the South West of Lilongwe District (Malingunde Area). They work in sixty- two villages in T/A Masula.

Activities

1. Counselling. This is done at the secretariat and in the clubs. About nineteen people at all levels have attended counselling trainings.

2. Home Based Care. Done at village level through clubs. Have no records on numbers.
3. Orphan Care – giving support to orphans. These include school fees, linking orphans to benefactors.
4. Youth Programme HIV/AIDS awareness activities through the clubs.
5. HIV/AIDS awareness activities through clubs.

Strengths

1. Have filtered through to the villages with a clear line of management and activities are people – centered
2. Have been able to organize trainings for its members in various areas
3. Opened up a secretariat as a centre for information and condom distribution
4. Have been able to link up and work together with other organizations like Banja La Mtsogolo
5. Are able to mobilize resources through activities such as big walks.

Weaknesses

1. Lack of accountability and transparency at times
2. Laziness – some members do not implement activities
3. Lack of supervision – groups is not supervised according to plan
4. Underrating – supervisors
5. Backbiting
6. Lack of clear roles and functions
7. Some members are inactive more especially women
8. Monopoly – wanting things to be done in their areas
9. Mistrust. Some members more especially females are not at times allowed to go out and do some work
10. Lack of capacity building at secretariat
11. Lack of confidence
12. Members asking money from secretariat/executive committee for personal use

Gaps

Volunteers failing to perform better because of lack of incentives. Distance from secretariat to impact area is long.

Sources of support

1. UNAIDS
Money for training , IGAs, Salaries & Allowances, Office rentals, Video & generator, Manual typewriter, Resource Center at Dickson, Stationery and Bicycles
2. Food and Agricultural Organization (FAO)
Office equipment – Chair, electric typewriter
3. Japanese International Cooperation Agency (JICA)

Bought two motorcycles

4. MANET+

Fax/telephone and e-mail postal services and capacity building

5. DFID

Money for office equipment

6. UNICEF

Eight bicycles eight; only two remaining

Youth training on formation of clubs

7. UNDP

Volunteer scheme

8. National AIDS Control Programme

Condoms and IEC Materials

9. Banja La Mtsogolo (BLM)

CBDA training – three people

METHODS USED BY GROUP TO MOBILIZE RESOURCES.

1. Proposal writing – to donors
2. Big walks to earn some money
3. Inviting bands.

Records keeping

Secretariat

Counselling records

Condom records

Number of people attending meetings per month

Activity records

Financial records

Executive Committee meetings

Centre, activity records

Clubs, activity records

ACCOUNTABILITY OF RESOURCES

Co-ordinator authorizes movement of assets e.g. motorcycle. In the community, the president makes decision on assets.

Perceptions of members on EKAM

1. Give them money

2. Lending (money) institution
3. Save lives of their relatives.

Perceptions of members about the role of MANET+

1. Umbrella body
2. Does capacity building to its affiliate members
3. Coordinating body for CBOs and those that support people living with HIV/AIDS.

EXPECTATIONS OF GROUP FROM MANET+

1. Do more capacity building activities for support groups
2. Should do more resource mobilisation for member groups because they may have a better voice.

MANET+ Weaknesses

1. Does not supervise groups frequently.
2. MANET+ does tamper with funds meant for groups, would appreciate if MANET+ would stop that.
3. Staff for MANET+ is too small hence, things delay there is need to recruit new members of staff to do accounts and others.
4. MANET+ does not work hard to support members from groups to go to trainings abroad.
5. MANET+ executive committee members not known much, elections need to be done and members known to affiliate groups.
6. The Executive Members give promises that they do not fulfill.

Recommendations

1. While the structures for EKAM at every level are well defined, there is need to intensify supervision since the operational areas are very far away. Each level needs to be supervised properly to enhance performance.
2. EKAM is one of a few groups with many material resources like motorcycles, typewriter, Photocopier and others. There is need therefore to expose their members of staff more especially at secretariat level to management trainings.
3. Proper inventory for all resources need to be well documented.

CHIYEMBEKEZO AIDS SUPPORT GROUP

Chiyembekezo began in 1998 as a “breakaway” group of NAPHAM. This was after some differences with other members. They are based in Area 25A and have an office.

Membership

The group has a total number of sixteen members. Out of the sixteen, nine are male and seven are female. About thirty youths are affiliated to the group. All the sixteen

members are HIV positive. The group is actually open to all people living with HIV/AIDS.

There is a membership fee of K50.00 when one joins the group for the first time. There is a monthly contribution where each registered member pays a fee of K20.00.

This money is mostly used for helping the orphans, transport for the members and stationery.

Structure

The group has a ten person executive committee. Headed by the Chairperson, they also have Vice Chairperson, Secretary, Vice Secretary, Treasurer and three committee members and a publicity secretary.

They have one subcommittee - disciplinary committee, comprising four members whose functions include:

1. Settling disputes
2. Cautioning members on misconduct
3. Reporting to group on any disciplinary action taken against any member.

All members work on voluntary basis.

Decision-making Process.

The group meets every Saturdays where general discussions take place. These include making decisions about the group.

Term of office

The group's guidance say term of office is about two years. However, up till time of this visit no new date for fresh elections was set.

GEOGRAPHICAL COVERAGE

The group indicated their coverage area include Area 25 A B C and sector seven. Mgoni, Mtandire, Dzenza, Kuliana, Malamba, Area 49, Chimoka Mwamba Kanthu. They intend to include Mtemambalame, northwest Lilongwe. They estimate their population coverage to be about 100,000. In all these areas they don't have outreach committees. Group members have to go and work in all the areas themselves.

Areas of work (activities)

1. *Home Based Care*
2. They visit the sick referred from hospital.
3. Bath and wash patient and her/his belongings.
4. Clean and clear homes
5. Give food

6. Pray.

1. *Counselling*

Chiyembekezo office acts as a counselling centre. Besides that they also conduct counselling activities at Area 25 Clinic while some members go to central hospital for counselling activities.

- *Orphan Care*

They give them food items and clothes. They get these items from different donors. They have so far identified twenty orphans and ten of them have been assisted. Have paid fees for one school child. They intend to establish a school (kind of a day care) proposal of which has already been submitted.

- *Out Reach Activities*

AIDS awareness in communities and schools where messages about HIV/AIDS are delivered through drama. Members also give testimonies about their sero status in various places.

STRENGTHS OF THE GROUP

1. They do things together.
2. They have confidence in working together amongst themselves.
3. They contribute as a means of fundraising (one of the few groups able to do that).
4. They have office bearers who are well experienced in HIV/AIDS field.
5. They are able to negotiate for resources.
6. They have opened a counselling office, At the Health Centre (area 25).
7. They do offer counselling services at Central Hospital and MACRO.
8. Some members have been taught rapid testing skills.

WEAKNESSES OF THE GROUP

1. Lack of confidentiality. Some members tend to divulge information anyhow.
2. Some members bring confusion in the group by bringing in conflicting messages.
3. Lack of clear definition of responsibilities
4. Lack of guiding principles in the organization.
5. Failure by some members to adhere to the agreed issues.
6. Lack of induction of new members when they join the group.
7. Backbiting within the group
8. Executive members do not at times share information.
9. Sometimes they tend to sideline each other.
10. Lack of transparency and accountability.
11. There are differences between executive members and the rest of the group.
12. (*Tension arose the time weaknesses were being discussed.*)
13. Lack of finances

Threats/gaps

Being a new group, most members haven't had the opportunity to attend trainings that would enhance their work. Membership still too small and being an urban setting membership can shrink further if some members can transfer out or decide to go to their homes in the village.

Opportunities

Being in town, the group is near or close to more able organizations like MANET+, NACP and other NGOs from whom they can seek advice and guidance. Their close proximity to donor agencies is also an advantage.

Source of support

The group gets its support from various sources. These include:

1. Community Health Sciences Unit (CHSU)
2. National AIDS Control Programme (NACP)
3. Southern African AIDS Training (SAT)
4. Others.

GENERAL OBSERVATION OF THE GROUP

1. Group strongly feels MANET+ does not support them. They have for several times been refused registration (but then how were they considered for this assessment?).
2. Group's area of coverage is too large. The group does not have the capacity – both human and material to cover the whole area.
3. The scope of work of the group is not in a manner that can bring real impact because always members are on the move to meet the demand of the large area.
4. Group has management problems, poor record keeping and lack of promotion of their services.

Perceptions/Expectations

Group members adequately understand the roles of their support group. However, this is not done in reference to their laid down objectives and activities that are put in brochure form and not followed. Since the group feels sidelined by MANET+, members are relatively negative about the mother institution. However, the group realizes the role MANET+ is supposed to play to them and the rest of the support groups in Malawi.

Recommendations

1. There is an urgent need for MANET+ and the group to sit down and iron out the existing negative perceptions. Dialogue should be done so that each group understands the other and build the relationship for the betterment of the cause.

2. Group need to redesign their area of coverage to a manageable size. Group operations should be focused as Programme activities as opposed to “relief like operations”.
3. Management trainings need to be considered. These can be such trainings as record keeping, public speaking.

CHAMPITI AIDS COMMITTEE

Membership

The group is basically an area AIDS committee, which was instituted under government district AIDS structure. There are a total of thirty-six members, eighteen women and eighteen men. All are adults; there is no youth in the group. The group does not have information about the sero-status of their members. Each member pays a membership fee of K50.00 on joining the group.

Structure

The group has an executive committee comprising the Chairperson, Vice Chairperson, Secretary, Vice Secretary and a Treasurer. They also have about five committee members.

Election Process

The group has a unique type of election procedure. The village headmen and their subjects in their impact area do the elections. These are presided over by the Traditional Authority Champiti. Therefore voting is not by group members but people of the impact area.

Roles and functions of office bearers

Chairperson/Vice – manages the group.

Secretary – writing letters.

Treasurer – Keeping finances.

The Chairperson is the sole decision-maker. He communicates his decisions to the secretary who in turn informs the others. There is no term of office; they only replace where necessary.

Geographical Coverage

Their designated area is the whole of T/A. Champiti, which has one hundred and fifty villages. However, they are currently only covering about 56 villages. The thirty-six members divide the fifty-six villages among themselves and each member works in one of them. There are committees in each village through which each member works. The area is too big for a group that hardly has enough resources.

Activities

1. Home Based Care. They have about four hundred and fifty patients in the whole impact area.
2. AIDS awareness through drama.
3. Counselling. Have three trained counselors.
4. Income generating activities.

Most of their activities and records were not there to justify their work.

Strengths

1. There is a very strong spirit of voluntarism. Champiti has never had ample financial assistance and yet members are still committed.
2. Meets every week for feedback.
3. Have very good relationship with the district AIDS co-ordinator.
4. They are able to refer patients to hospital for management purposes.
5. As a group they contribute for buying drugs for the sick.

Weaknesses

1. Frequent drop – outs because of wrong expectations.
2. Drugs are sometimes used for non-intended purposes.
3. Some leaders in the group feel the group is “theirs” and do not want to let others to lead it.
4. Backbiting.
5. Some members are not willing to pay membership fee.

Source of support

1. Bicycles – 3 National AIDS Control Programme
2. Drugs – Panado, bandages- National AIDS Control Programme.

METHODS OF MOBILIZING RESOURCES

1. Fundraising – gardening – group has a garden in which they grow maize for sale.
2. Keeping animals for sale – pigs and rabbits.
3. Proposal writing – have never had any response
4. The group used to brew and sell beer. At that time, some stakeholders who thought beer selling promotes behaviors that would lead to people contracting HIV stopped them. Whether this is a fact remains to be seen but since then the group is financially crippled.

Threats/Gaps

1. There is virtually no guiding principle as a group – they lack capacity to properly manage their activities.

Opportunities

The group is set in a remote area that is not yet exploited with different ideas about dealing with HIV/AIDS issues. It's almost the only group in the area.

General Observation

The group is generally run on ad hoc procedures. There is no proper direction in terms of the activity. However, there is a natural willingness to participate and do something for their area. This is an opportunity than can be built on.

Recommendations.

The group requires a number of capacity building activities in such areas as:

1. Programme activities – counselling, Orphan Care and HIV/AIDS awareness for its members
2. Group development and management
3. Record keeping
4. Basically reduce their impact area to a manageable size and work like a programme than just work to impress.

YOUTH AMBASSADORS

This is a group that is all youths as the name denotes. They operate from MACRO, Blantyre. There are only ten members currently, six females and four males. All members are the youths who have tested positive. Perhaps this shows more youths are going for testing though not many show up to join the group.

Structure

A coordinator followed by secretary, treasurer and Project Officer heads the group.

Functions

Coordinator:

Overseeing projects

Writing reports

Money transactions

Organizing and chairing meetings

Secretary:

Keep records – financial and management

Treasurer:

Keeping financial records

Project Officer

Plans and draws outreach programmes

Decision making process is participatory. Coordinator brings out an issue for discussions. Group debates and consensus is reached. They have specific terms of office.

GEOGRAPHICAL COVERAGE

Youth Ambassadors only work in Soche. This is a very manageable area that can effectively be covered by a small group. They have established AIDS Toto clubs in schools all over Soche.

Activities

1. Outreach activities
2. Counselling
3. Group therapy

The group has no goals and/or objectives that go in line with the activities they do. Their objectives are: -

1. Promote dialogue among the youth on HIV/AIDS
2. Advocate for greater respect and freedom for young people with HIV/AIDS
3. Promote girl participation.

However, their activities fall short of adequately achieving these objectives.

Strengths

1. Commitment – members are doing an effective job even where there is no funding
2. Spirit of volunteerism is strong in the group
3. Ability to promote positive living
4. Affiliation to different associations
5. Credible
6. Transparent
7. Decision-making is participatory
8. Members are united.

Weakness

1. At times members backbite
2. Failure to take part when other members invite them
3. Some members have no confidence in themselves when asked to speak in public
4. Lack of adequate resources.

SOURCE OF SUPPORT

UNICEF - Money for capacity building since 96
UNV - Money – just started

MANET+	-	Money for capacity building
MACRO	-	Office accommodation, telephone
Teachers	-	Organizing pupils for club formation

The group has had a fair exposure of different types of capacity building. They have confidence in managing themselves.

Threats/Gaps

The biggest threat is the NAPHAM – Youth Ambassadors connection which if not clearly spelt out may confuse them. Almost all youth ambassador members are also NAPHAM members.

Opportunity

The group comprises of young men and women with vast experiences in HIV/AIDS activities. Most members are highly motivated and exposed. They have a great deal of donor support.

Recommendations

1. Youth Ambassadors must come up with activities based on their laid down objectives
2. Their activities must be more than just what is currently being done
3. More need to be done to increase membership since most members already do a lot of counselling that can be an opportunity for getting more members.

NAPHAM – BLANTYRE BRANCH

NAPHAM Blantyre branch is one of the many branches of NAPHAM countrywide.

Membership

There are currently about fifteen people in NAPHAM – about seven males and eight females. They range from the youths through to the elderly (50+ years). All are sero positive and willing to go public about their status. The membership is very low when one considers that they are in Blantyre with a very high population density.

Structure

They have an executive committee comprising Chairperson, Vice Chairperson, Secretary, Vice Secretary, Treasurer, and Vice Treasurer. They also have a project officer whose main job is to organize and arrange for outreach activities for its members. Decision-making is participatory and is often done at group therapy meetings. However, the group has of late been affected by a lot of misunderstandings resulting from financial disputes, which are bringing confusion in the group.

GEOGRAPHICAL COVERAGE

They work in Blantyre urban and some rural areas. Their population estimate in the impact area is 100000. They do not promote any establishment of outreach committees; rather they work in the area themselves.

Activities

They have no goals and objectives of their own. They work based on NAPHAM Secretariat laid down goals and objectives. However, their activities are: -

1. Outreach activities in the whole area.
2. Counselling at MACRO, Queen Elizabeth Central Hospital.
3. Group therapy – done on Saturdays for group members.

Strengths

1. Members are free to give testimonies.
2. Number of people counselled by group members is going up.
3. Attendance of group therapy meetings is high.

Weaknesses

1. Most members have no volunteerism spirit
2. Old members “owning” NAPHAM
3. Favoritism when it comes to choosing members for workshop
4. Backbiting –miseche
5. NAPHAM - Blantyre Branch lacks unity, not really working as a team
6. Lack of confidence; most members have no confidence to do things

7. Existing members are mostly composed of the youth and as such adults in the group do not want to take part or accept them as their leaders
8. Unwillingness to see their members when sick or dead
9. Lack of transparency and accountability when it comes to money and letters for workshop
10. No feedback when some one is sent for workshop
11. Other members want to destroy and kill the group.

Threats/Gaps

1. Demands for incentives
2. Lack of funding
3. Lack of materials for use like IEC
4. Lack counselling Training
5. Almost all members are also members of Youth ambassadors and there are conflicts of interest.

Opportunities

They are surrounded by well-experienced institutions (MACRO, Umoyo Network) from where they can tap the experience and resources. Have also had a lot of funding opportunities.

SOURCE OF SUPPORT

- | | | |
|-----------------------|---|---|
| 1. NAPHAM Secretariat | - | financial, stationery |
| 2. Action AID | - | Financial and training for DRF. |
| 3. MANET+ | - | Funding and leadership training. |
| 4. MACRO | - | Place for operation phone, furniture, Stationing. |

HOW THEY MOBILIZE RESOURCES

Currently have no other means.

HOW RESOURCES ARE UTILIZED

1. Financial mismanagement
2. They have no proper system of financial control.

All finances that have been coming to the group have mostly been used as transport and lunch allowances. Drug Revolving Fund has been mismanaged.

Management

ELECTION: Annually, this year not yet done but are in the process of coming up with elections

PERCEPTION ABOUT ROLE OF MANET+

1. Give views about policy related to HIV/AIDS
2. Umbrella of PLWAs
3. Acts as donor (funds/training).

What they expect from MANET+

1. Encourage NAPHAM
2. Train new members on HIV/AIDS awareness.
3. Some members don't know it.
4. Help with network e.g. visits to other groups through MANET+

Problems

Critical financial resource problems/capacity building problem/management problem

Recommendations

NAPHAM Blantyre Branch is at the blink of collapsing. There is an urgent need to move in to support it in its management and development endeavors. Individually, there are some very dedicated members but as a unit, it is refusing to hold because of differences in the way things are managed. MANET+ and or NAPHAM secretariat need to come in to help sort out some of the things.

1. The majority of members of NAPHAM are also members of youth ambassadors. These two groups operate from the same place (MACRO). Conflicts of interest cannot be ruled out. Need therefore to clarify the roles so that confusion does not affect the operations of the two groups.
2. NAPHAM should document (records) all their activities to reflect the good job that they are doing.

SALIMA HIV/AIDS SUPPORT ORGANIZATION

Salima HIV/AIDS support organization is located where the old district hospital of Salima used to be. The old hospital was renovated to form the centre for this group. It was formed in 1994 as HIV/AIDS awareness CBO. To date it is still unregistered as a Non Governmental Organization. Currently it has seventy-two members this inclusive of members of out reach groups. The group can be contacted through P/Bag 360, Salima and through Save the Children UK if it's through phone.

Members of the group are not sure of the coverage area but could only say the longest distance they cover is seventy Kilometers.

The objectives of the groups have grown from provision of HIV/AIDS awareness in the district to the following additions.

1. Provide Home Based Care to chronically ill people
2. Provide Orphan Care services
3. Establish and sustain AIDS Total Clubs
4. Undertake drug revolving fund activities.

Membership

The group is comprised mostly of middle- aged men and women, with primary school teachers as the most educated members of the group. Most of the members are either small scale business people or they are not working. The oldest member of the group is aged 67 and is a man while the youngest is a boy of 18 years old.

Leadership

An Executive Director deputized by a Chairperson followed by a Secretary and the treasurer heads the group.

Elections for the office bearers are done every two years through anonymous vote.

The Home Based Care group provides Home Based Care (H B C) services to chronically ill people. In each village covered by the group there is an H B C provider who teaches guidance of sick people how to provide quality care to their patients. The following are some of the topics covered: -

1. Hygiene e.g. keeping the surrounding clean and tidy.
2. Proper sanitation
3. Nutrition
4. Rushing the patient to the hospital if the condition persists. 18 members of the group have been trained as H B C providers.

Problems

The group does not have H B C kits.

- The members cover long distances by foot to provide this service hence the frequency of the visits to clients is very limited. The group does not have number of clients visited to date.

Counselling Services

The group has two rooms at the centre as counselling rooms and they do have one counselor daily at the centre. There is a weekly duty roaster of counsellors. In addition to providing pre-and post-test counselling the counsellors also draw blood that is then sent to the district hospital for testing. Once blood is drawn, they send message to the hospital through radio message and a vehicle is sent to collect the blood samples for testing. There are eight trained counsellors.

There is no consolidated number of people that have been counselled to date in spite of groups claiming to recording all clients.

Problems

There are times when the counsellors draw blood samples from the client and send them to the hospital only to be told there were no reagents, hence cannot test. This has resulted in clients losing trust in the counsellors.

The hospital at times does claim the centre to be its property, in the process obstructing activities of the group. An example was sighted when the hospital stopped all activities of the centre and used it as a clinic for cholera. The centre did not operate for six months. The question of who owns the centre needs to be clarified.

Orphan Care

The group has also eight members trained in orphan care. Members do register orphans and provides assistance to their families. The group has registered fifty-three needy orphans. This year the families of these needy orphans were provided with seeds and fertilizers.

Problems

In Salima, around the Boma there are five Orphan Care Groups. All these groups are targeting the same areas.

The group is unable to support the orphan and their families continuously. Their support is ad hoc depending on funding.

The coverage areas are too big hence frequency of supervisory visits is very limited, as the group does not have transportation.

Drug Revolving Fund

The group is also operating a drug revolving fund. One member of the group was trained to operate a drug revolving fund. The drugs being sold are Fancidar (SP), Bactrim, Aspirin and Panado. The operator was trained to diagnose and provide the drugs.

Problems

Most of the drugs are being used for H B C Programme and also members of the group when they get sick they are provided with the drugs free of charge. This is making the initiative not to make any profits.

Funding

The group is currently being provided with funding from Save the Children (UK). It is save the Children (UK) that provided the farm inputs to orphan guardians. It is also this organization that is providing transport when members are traveling to long distances. In some years Action Aid, UNICEF and National AIDS Control Programme have assisted the group.

Linkages

The group works hand in hand with the DAC and OTSC. This means the groups work together or in collaboration with DSWO on issues of Orphan Care. In spite of the ownership of the centre problems, the group is also working closely with the district hospital in terms of testing for HIV/AIDS and also providing the necessary trainings.

MANET+

Only one out of the eight members present knew MANET+ and its functions.

The group complained that there is no communication between it and MANET+. An example was sighted to say MANET+ sent the group the sum of MK 15000 to undertake activities, which MANET+ prescribed it to do. Upon completion of the activities, the group sent a registered package containing the financial liquidation and technical report. To date MANET+ has never responded or acknowledge receipt. This was sighted to illustrate and explain why the group does not report its activities to MANET+.

The group also said that they wished MANET+ would visit them to see their problems and also wished MANET+ would identify donors for the group.

Recommendations

Since there also already five groups doing orphan care within the Boma. It was discussed and agreed that the issue will be raised at DACC meeting so that each group should have its own defined area to avoid duplication.

Salima AIDS Support Organization was also strongly encourage to concentrate on the other area e.g. Home Based Care, Counselling and it seems rather than concentrating in orphan care where there are already several players.

MANET+ need to take up the issues of who owns the centre with the hospital. When the old hospital was being renovated it was for the group to use as long as it exists but now the hospital is claiming or claims the centre, wherever it requires without proper negotiations with members of the group.

The group's area of coverage is too large to be served by a 72-member group regardless of the fact that the group has outreach committees. The group did not agree with the suggestion of reducing the area of coverage to sizeable but suggested that if bicycles would be provided they would greatly improve the delivery of their services. MANET+ should look into the provision of bicycles, especially to outreach committees in order to improve the quality of the group services.

To ensure sustainable assistance to orphan families, the group should think of asking for a portion of the harvest, which the group can sell to raise funds to support orphans in time of hunger. This will also remove the assistance from being charity.

The group should be trained of rapid HIV testing. Since they are already drawing blood and to minimize the problem of drawing blood when they are no reagents, rapid testing would be ideal.

Most important of all the group need to be trained on record keeping and recording of events. Monitoring by MANET+ should follow the training.

Nkhota-kota AIDS Support Organization

Nkhota-kota AIDS Support Organization was formed in 1999. It is about one hundred meters before the Nkhota-kota District Hospital. It was formed as an HIV/AIDS awareness group. To date it has twenty members at the centre and fourteen outreach committees. Of the members at the centre eleven are females while nine are males. It has a postal address and or a telephone at the centre. The centre was build solely for the group with funding from Action Aid. The group has covers a forty-five Kilometer radius area. But plans are in the pipeline to reduce the coverage area to a manageable size and also to establish a mission statement of the group. However the following are the objectives of the group.

1. Provide H B C to chronically ill people
2. Provide pre and post test counselling
3. Undertake youth activities through drama
4. Operate a loan revolving fund scheme
5. Provide H B C services.

Membership

The group is composed mainly of middle-aged people with the oldest being a man of 69 years with the youngest being an 18 year old male. There are twenty members in

total, eleven females and nine males. The group has three people Living with HIV/AIDS as members. This is recent development as previously it was only non-HIV positive members. Most of the members of the group are also working for the two hospitals St. Anne's Support Group. This may be because St. Anne's recreates condom distributors and counsellors from NASO.

Leadership

The group has a Peace Corp volunteers as an advisor. There is the Chairperson of the group and his vice, the secretary and treasurer. In addition there are also Directors for each sub-group. The sub groups are as follows:- Income Generating Activities, Orphan Care, High Risk, Counselling, Youth and Drama.

ACTIVITIES OF THE GROUP

The group is providing Home Based Care to chronically ill people. To date two hundred guardians and volunteers have been trained or oriented on the concepts of Home Based Care. A few members of the Centre, who were trained as HBC providers are the ones who provide the raining to guardians and volunteers.

Visits to the sick are undertaken twice a week. The members claimed to record all clients covered however did not have the sum total all a clients seen to date.

Problems

No recording or filling system hence even if date is recorded there is no system of storing/keeping the information over a period of time.

1. The group does not have any Home Based Care kits.
2. The big coverage areas are also another problem. However the group is in a process of addressing the problem by reducing its size of coverage.
3. Members who were not trained as trainers but as providers are the ones who are facilitating the Home Based Care training hence the quality of those trained is questionable.

Loan Revolving Fund Scheme

Management. These three members first train prospective and then provide the loan for Income Generating Activities, at first the loan amount was MK 400 then it was raised to MK 800, now it is at MK 1000 and in the near future the group is planning to provide MK 1000 PLWAs and orphan guardians are the ones eligible to the loans.

Those who have benefited from the loans are usually engaged in fish and rice selling business. There is no strict repayment time Action Aid is providing funding for this scheme.

Problems

Some people end up not paying the loan. The group does not have any mechanisms of enforcing high risk.

The group is also involved in provision of HIV/AIDS awareness messages and condoms in entertainment places. The group has one bar girl as a co-ordinator of this initiative. She is the one who identifies new comers and orients them on the Programme plus condom use. She collects condoms at the centre and distributes them to her friends. Once a month she mobilizes all bargirls for medical check-up and treatment she is convinced the initiative has made a big difference because few girls are getting STDs as per the monthly check-ups. In addition some bar owners also insisting on their girls using condoms they are also supplying the condoms to the girls.

Problems

The coordinator of the High Risk Initiative have never received any kind of training but most often she is required to answer questions from her friends on basic HIV/AIDS and condoms. In addition she finds herself providing counselling to the girls when she herself is inadequately equipped to do so.

Orphan Care

The group is registering orphans within their area of coverage. They also provide assistance (financial and material whenever they have any to provide). To minimize duplication with the Social Welfare Office, they only operate in areas the Social Welfare Office is not operating. In addition to that, the office of the Social Welfare does assist the group for it to assist the registered orphans. World Medical Fund is the main donor of the group in terms of orphan care.

Counselling

The group has a room for counselling at the centre. Previously the group provided counselling at the hospital only but now it is able to provide the service at its own centre and at the hospital. Members only provide pre and post-test counselling following the CARE method. Once a client is pre tested, they take the individual with them to the laboratory as St. Anne's for testing. When the laboratory is free the results are out within 15 minutes but on busy days the results takes about 4 – 5 hours. One member of the group has been trained in HIV rapid testing but has not yet started; they are waiting for the kits.

Problems

Confidentially is lost because the counselor takes the client physically to the laboratory for drawing of blood and testing. In addition once an individual is seen with the counselor going towards the hospital speculations begin.

Youth and Drama

The group is also providing HIV/AIDS awareness through drama. There are three youth drama groups that have been established by Nkhota-kota AIDS Support Organization. Three members of the group were trained as peer educators. Plans are to train members of the drama groups in peer education.

Funding

Action Aid (SFA) is the main donor of the group activities. SFA Supports the Income Generating Activities Components. In addition to Action Aid, World Medical Fund supports the orphan care component of the group.

Linkages

The Chairperson of the group is also a member of DACC. In addition the group work closely with the office of Social Welfare on issues relating to orphan care. On issues of counselling and testing the group works with St. Anne's Hospital.

MANET+

Half of the fourteen members present at this meeting said they knew MANET+. But to them MANET+ is an umbrella body for PLWAs hence has no bearing to the group as a whole. The PLWAs present at the meeting claimed there is no link or communication between them and MANET+. They feel MANET+ only covers for PLWAs in Lilongwe, to reflect the lack of communication, and I quote what one PLWA said at the meeting in Mponela by MANET+. "During that meeting which was a year ago, some of us were elected as members in the central region executive but since that time, we haven't heard anything from MANET+, no meeting no letter nothing. There are only eight of us (PLWAs) here in Nkhota-kota, we are all new, and we don't know what to do, what activities to undertake, how to mobilize our friends to also come out. People say we are stupid to disclose our status, we don't know how to handle such things we want MANET+ to help us", end of quote.

The most unique thing here in Nkhota-kota is that the churches are supporting PLWAs and are not condemnatory. They are invited into churches to preach about HIV/AIDS and also Christians to test and know their status. This is the beginning towards breaking the silence even in the church. MANET+ and other PLWAs can learn and replicate this.

RECOMMENDATIONS

MANET+ should intensively market itself and its mandates. In addition MANET+ should take serious steps at improving its communication with its registered members.

Nkhota-kota AIDS Support Organization seem to be in the process of re-organizing it self. It is redefining its area coverage, so that it should be manageable; in addition it is also in a process of coming up with its mission statement. These positive steps by the group should be closely monitored and encouraged if successful as they promise to be, then this should be replicated with other support groups especially the redefinition of the area of coverage.

1. Recording and filling is a big problem for the group. Information is collected and left on loose sheets, which are most often lost within a week or so.
- 2.
3. The group has a plan of action from 1998 to 2000 posted in the centre . The organogram and outreach sub-group are also posted on the centre. Thus is very positive and transparencies.
4. It was noted that certain individual in the group has attended too many training while others have attended non. Decision as to who attend a training should be looked and be decentralized such that even member of the outreach sub-groups should also be trained. One individual has attended Home Based Care training four times.

This is a group I would recommend other groups to visit and learn from.

Case study by one high-risk member

I am a bargirl and a member of the high risk. Joining Nkhota-kota AIDS Support Organization has changed my life a lot. These days I use condoms all the times. I am sure that if I had not joined Nkhota-kota AIDS Support Organization I would have been dead by now. For Three years now I have gone to St. Anne's Hospital for monthly check-ups but no single time have I been found with an STD. Previously no two check-ups would go without finding me with an STD. I witness this to all my friends.

St. Anne's AIDS Project

St Anne's AIDS project is located within St. Anne's Hospital. The members were not very sure as to the exact year that three project started but explained that in 1988 St. Anne's Hospital was made an HIV/AIDS Testing Centre by the National AIDS Control Programme. Followingin 1990 the hospital started on HIV/AIDS awareness initiative as part of P H C. This was followed by members of the hospital getting trained in counselling in 1992. It is these counsellors who later formed a group, in order to educate the general public on HIV prevention. To date the project has twelve members and all of these members are St. Anne's hospital staff.

The project members can be contacted through St. Anne's hospital at P.O. Box 52, Nkhota-kota. The phone number is 292366/383 and the fax number is 292335.

The objectives of the project are as follows: -

1. Provide counselling and testing services.
2. Raise HIV/AIDS awareness through drama
3. Operate a blood bank

This project is a hospital hence affiliated to the hospital. There is no plan to register this as an NGO or a trusteeship.

THE ACTIVITIES OF THE PROJECT

All members of the project are trained counsellors hence the major activity of the group is providing pre and post test counselling using the CARE counselling model.

The project has three laboratories Technicians, who test blood for HIV. St. Anne's not only test their clients but also clients of Nkhota-kota AIDS Support Organization (NASO). Members of NASO have their own clients whom they pre test thereafter the client is referred to St. Anne's laboratory for testing and then back to NASO for post counselling.

In addition to testing blood for HIV, the project is also operating a blood bank. The project members go to schools (both primary and secondary) to mobilize blood donors. The blood donors, at any time and for any condition, are treated free of charge as an incentive. This has resulted in the hospital blood bank being full most of the time.

The project has a drama group that, one in a fortnight goes into the committees to raise HIV/AIDS awareness through drama. The drama group covers the whole district, from Dwambadzi to Chilula.

The project also provides health talks to out- patients daily. The project also works hand in hand to NASO HBC programme. Members of the project assist HBC Clients of NASO and provide the necessary technical advice.

Problems Encountered

The counselors of the project were trained in the early 1990s. Hence most of the information they have is out dated. i.e. One member said they only provide counselling services when the client has a significant other otherwise they do not counsel. The members thought that CARE counselling means strictly share confidentiality with a significant other.

There are times that the hospital does not have adequate reagents hence are unable to test for HIV except for blood donors.

FUTURE PLANS

The project would like to establish its own H B C programme project members would like to be able to provide H B C to patients once discharged from the hospital.

To expand the project activities to cover the whole district

Membership

The group has twelve members and all of them are staff of the St. Anne's Hospital. Of the twelve members five are females while seven are male. All the members in the group are adults with the oldest member being over sixty years. Three members of St.

Anne's project are of members of NASO. The project is headed by an AIDS co-ordination.

Training

All the twelve members of the project are trained counsellors however the training was done in the early 1990s hence it is outdated.

Two members who also belong to NASO have been trained in H B C. They received the training in their capacity as members of NACP.

The entire three laboratory Technicians at this hospital have been trained in HIV testing. One has recently been trained by MACRO on rapid testing.

One person has been trained in both computer skills and management techniques.

What has been noted is that almost the same person (who is also a member of NASO) is receiving trainings? When the issues was probed further it was pointed out that the person is the chairperson of NASO hence all communication is channeled through him and as a chairperson he decides who to attend what training and most often he decides to attend the trainings himself.

LINKAGES

The group works closely with NASO in terms of assessing H B C clients and providing clinical advice. In addition some members of St. Anne's are also members of NASO.

Funding

The group has no one donor to support it regularly. However the hospital at times uses PHC funds to support AIDS activities.

National AIDS Control Programme and MANET+ have on ad hoc basis supported the group.

Recommendations

The group members should be provided with relevant trainings and refresher courses in order to facilitate effective delivery of services.

The issue of members belonging to two or more than one-support groups when the groups are 200 meters from each other should be ironed out. In order to effectively deliver the services, it would be ideal if one person belongs to one group rather than to be running from one group meeting to another.

The group has five members of staff of the hospital who have just come out in the open. These people do not know what activities they can do. In addition they do not know how to handle questions they are getting from the people. It is strongly

recommended that these people undertake on exchange visit to other PLWAs group to learn.

St. Anne's hospital is planning to expand its coverage area and also to start H B C programme. The project does not have the capacity for this especially since all of the members are employed hence time would be a constraint. The present arrangement where the project members work with N A S O in H B C should be encouraged.

The relationship that exists between the project and the hospital should be encouraged. The hospital provides transport and funding at times for the group activities. The accounts system of the hospital manages funds for the group.

MANET+

The members of the project are not aware of what MANET+ is, in spite of the fact that MANET+ provided funding for the group once, it is strongly recommended to MANET+ to do physical supervisions to these groups in order to establish a relationship.

A write up of MANET+, its functions in relation to support groups, membership composition should be produced and sent to all registered members.

There are a lot of misconceptions surrounding MANET+ only services people who are Lilongwe based. One PLWA said "we here our friend in Lilongwe know a lot about drugs and vitamins that can help keep his health. They get this information from MANET+. But he is here in the village that information does not reach him. What should we do for MANET+ to start thinking and standing for us".

Youth And PLWA Care Group (YAPHAC)

My trip to Ntchisi Boma was to visit Ntchisi Boma CAC but while there I heard that this group does not exist anymore instead a new group called youth and PLWA care group was born of Ntchisi Boma CAC.

When Ntchisi Boma CAC ceased to exist some members who were in the group decided to form this new group. The group was formed in 1997. The group meets at the Community Centre Hall and can be contacted through the district hospital, which is Box 44. The phone for the hospital is 288244/300. To date, the group boasts of 35 members. The group is registered as a Community Based Organization (CBO) with the District Youth Officer. There are no immediate plans to register it as an NGO. For HIV/AIDS activities the group is covering fifteen villages. However, since it is called upon by different department to provide information in the villages whenever there is a problem, the group goes wherever they are required to go. The group has a constitution with code of conduct and spelt out penalties for wrongdoing. For example, love affairs are not allowed in the group and once discovered both members are removed. Failure to turn up for meetings is punished by paying K3.00 and if this continues the member is summoned by the disciplinary committee.

Membership

The group has thirty-five members, of which twenty can be said to be very active. Of the thirty-five members, twenty are females while the remaining are males. There are ten youth people in the group with the youngest member being 16 years and the oldest being forty-three years. A diploma holder, who works for the hospital is the most educated member of the group. Five members of the group are working for the hospital while one is working for the Ministry of Agriculture. The rest of the members are farmers.

Leadership

The group is run by an executive committee, which is headed by the president of the group. Below the executive committee there are Chairman of the following five sub committees, Income Generating Activities, Youth PLWAs, Commercial Sex Workers and disciplinary Sub Committee. The executive is in the office for two years and thereafter-fresh elections are conducted. Members are elected through voting.

Activities of the Group

The group has a drama group that goes around in the villages raising HIV/AIDS awareness through drama.

Problems

None of the drama group member has been trained on basic HIV/AIDS information. The group staged one play for the consultant. It was observed that the play contained wrong information. e.g. a child born out of wedlock will automatically be born HIV positive. And if you have a sexually transmitted disease it means you also have AIDS some of these misconceptions were rectified there and then however the group should be provided with the right information on HIV/AIDS.

The PLWAs are trying to mobilize people to come and test for HIV and come out in the open. The members approach people who they think may be HIV positive and talk with them on one to one basis to encourage them on test. The PLWAs conduct public meetings where they disclose their status and talk about positive living.

Most of the PLWAs present used to be commercial sex workers hence now that they stopped they are not to go back into the trade. They complained of experiencing financial problems since they have no source of income.

Observation/Recommendation

A few of the PLWHAs present were shy and not sure of themselves. PLWHAs need to be meeting beyond their district so that they can gather courage from their friends in other districts.

The group also distributes condoms, which they get from the hospital. Last year the group distributed 565,000 boxes of condoms, each box containing one hundred condoms.

The group is also providing counselling.

Problems

None of the group members have trained in counselling hence their service is questionable as to whether it is effective.

The group holds their meetings at the Community Centre on Wednesdays and Sundays from 2 PM.

The group is also supporting orphans under the age of fifteen by providing them with material assistance whenever they can. The group has so far assisted 350 orphans with soap and salt.

In addition to doing HIV/AIDS activities, to date the district calls upon the group to assist pass information to communities whenever there is a problem.

TRAINING AND FUNDING

The group has not received any single training and to date has not received any donor funds. The group gets its funds for the operational cost by charging a yearly membership fee, and funding of wrong donors. In addition the group also organizes fundraising activities.

Recommendations

The group members should be provided with trainings, if they are to effectively deliver the services.

The strategy there are using of one to one in order to mobilize people to test and disclose their status is very powerful. However if they are to succeed the PLWAs will have to gain confidence, MANET+ should work at building the confidence of these people who are already open about their status.

Income Generating Activities should be provided to PLWAs from these groups if they are not to go back to their original business of commercial sex workers. One of the women has children of school. She used to support her children through having boyfriend. Since she has stopped having affairs but the problems is how to get money to support her friends such type of women are very vulnerable and needs financial assistance through Income Generating Activities in order to keep them out of their usual trade.

Needs of the Group

To build a centre of their own where they can be meeting and operating a resource centre.

To acquire local music equipment and PA system for their activities which attracts a large gathering.

To identify donors to be able to support their activities

To get training in counselling and group management techniques as priority training area

MANET+

The group knowledge of MANET+ is very sketchy however they look upon MANET+ to assist the group with all their problems.

As with all the groups MANET+ should market itself and conduct physical visits to these groups.

Linkages

The group works closely with other youth clubs in the district. However there is no link with the DACC. The group is not even aware if the DACC is still there or not.

MALOMO COMMUNITY AIDS TEAM (MCAT)

Malomo Community AIDS team was formed in 1996 in order to fight the spread of HIV/AIDS. Just recently the group has been split into two groups, with the other group being hospital based and known as Malomo HBC group. The group has a hall of their own where they used to meet. The heavy rains in the area damaged the roof of the building and today it has not been repaired. The group also has a postal address that is P/Bag 19, Malomo. They have no phone. To date, there are 45 members who are offering the following services:

1. Provide HBC Services to the chronically ill patients.
2. Support Orphans
3. Provide HIV/AIDS awareness messages to youth and those at high risk.

The group covers 120 villages.

MEMBERSHIP

The group has 45 members with most of the members being women. The group has teachers, hospital staff and farmers for members.

LEADERSHIP

The group is headed by the Chairman followed by the Vice then secretary and the vice and treasure. The treasure has no vice. Below the treasure there are Chairperson on the various sub-committees namely: - Youth, High risk and orphans. The offices are for two years. Positions are elected through voting.

The group has a code of conduct. Wrong doers are first dealt with at subcommittee level and if this fail they are taken to the executive level and if this fail again there they are dealt with at district level or they are removed from the group. Failing to attend meetings five consecutive times without good reasons are also punishable.

ACTIVITIES

Orphans

To date the group has conducted orphan registration in 23 villages. Out of those registered some have been assisted with blankets (ten of them), their guardians have received form in puts while have received revolving fund loans. The lowest amount paid is One Thousand Kwacha while the highest amount is Two Thousand Kwacha. Four Orphans have been trained in tinsmith.

PROBLEMS

The group members have not received any kind of training in orphan care hence do not know what to do apart from registering and providing loans. To illustrate this a case study was given, in one of the villages there is a subbing headed household with the oldest being a girl of 14 years who is in standard eight. Then there are two boys, one about ten years while the youngest is about three-year. The three-year boy seems to be mentally retarded as cannot speak or walk at three. The oldest girl leaves the youngest with neighbors when going to school. Although the family has been assisted with blankets we do not know what else to do to help them?

The case study was discussed and it was recommended that the group should first try to trace relative of both the late parents and explain the children situation to them. If they relatives cannot take them in their Districts Social Welfare Officer should be called upon to assess the children and maybe find a foster family for them.

The group had written a proposal, which the social welfare that was there told them it had been funded through his office but since this DSWO was moved the group has not yet received the fund. Anytime they try to ask they are told the one who was handling the funds is no longer there. This issue has severed the relationship between the Social Welfare Office and the group.

YOUTH

The group has established twelve Tinkanena AIDS Clubs. These clubs are aimed at raising HIV/AIDS awareness in schools. Each club received a radio UNICEF. The patrons for the clubs were trained on club activities, which include drama, poems and competitions.

PROBLEMS

The teachers demand incentive for their services. Most often when MCAT members are going to visit the schools the teachers release the children. The club activities are

done after the school hours and teachers are most often not willing to work beyond the school hours.

The member's lack prizes e.g. T-shirts and shakes and ladders to give to winning clubs as prizes after competition.

Members of MCAT travel long distances to supervise the Tinkanena Clubs.

HOME BASED CARE

The Home Based Care group members conduct home visits to those who are chronically ill and offer spiritual support. The group registers all the chronically ill patients, what they are suffering from, how long they have been ill and whether they have been to the hospital. Once a patient is registered, the guardians are then taught how to provide quality care to the patient. At times the group does have painkillers that they are able to give to the patients. From 1996 the group has fended to 175 patients, 84 of which have since died.

Just recently the group has received to bicycle ambulances from Action AID. This will assist H B C patients or any other to be ferried to the hospital.

The group has so far covered 16 villages with H B C Services.

PROBLEMS

None of the members of this group have been trained in H B C.

The relationship between the group and Malomo Health Centre is very poor. There is no referral systems or any communication between the two. On probing it was discovered that the members who broke away from the group are staff of the hospital and they have formed there, own H B C group that is hospital based. This issue has to be solved for the sake of the people the two groups claim to serve.

The group provides counselling services to H B C clients and also pre and post-test. However Malomo health Centre is currently not testing for HIV hence those wanting to test for HIV have to go to Ntchisi Boma 17 members of the group are trained counsellors.

HIGH RISK

The high-risk group goes around in villages to raise HIV/AIDS awareness. They are most often accompanied by PLWAs who give public testimonies of being HIV positive.

PROBLEMS

There are times that the group fail to answer questions from the general public. Hence there is need to constantly up-date the members in terms of HIV/AIDS information.

The PLWAs of the group does not have confidence to speak in public places. They are shy and often look miserable hence it is difficult to convince people to go for testing.

The new Peace Corps volunteer at Malomo Health Centre has taken all the books, which the group used to have to her home. She has created a library in her home and is charging K3.00 for people to read even for members of MCAT condoms.

The group also distributes condoms it has been estimated that they distribute about eight cartons of one hundred condoms each and every month.

FUNDING

Action Aid and UNICEF mostly fund the group, which fund their youth and orphans activities.

At times the group conduct fund raising activities in order to raise funds. Examples of fund raising activities, which the group did conduct, are: -

1. Big walk which raised One hundred
2. Growing of sweet potatoes which when sold they raised two Hundred and Fifty Kwacha.
3. They now have a Soya bean garden.

RECOMMENDATIONS

The group, like all the other groups visited, needs a detailed training in Home Based Care. They need to be taught what exactly they need to be doing in order to support the orphans. The development of an orphan Care training manual or handbook would be ideal, as it would tell support group members exactly what to do.

As with other groups, members are not sure what MANET+ is. In Malomo they refer to PLWAs as MANET+. It was observed that it is difficult for people to maintain the world PLWAs even those who are HIV positive they seemed shy with no confidence. There is need to break this silence PLWAs in Malomo should be sent to an exchange visit where they can meet and discuss with fellow friends.

The group needs to work at its relationship with the health Centre and also with the social welfare office. District outside medication may be required in order to improve the relation.

The issue of the peace Corp Volunteer charging people even members of MCAT to read their own books should be looked into. Questions like where does the money go needs to be answered.

MADISI AIDS SUPPORT GROUP

Madisi AIDS Support group is within the Madisi Hospital premises, which is situated one Kilometer from Madisi Trading Centre. The group has 20 members. It can be contacted at P.O. Box 30, Madisi at 286451 by phone. 19 members of the group work for the hospital and only one person is from outside the hospital staff. The group activities cover 13 square km. The group has the following activities:

1. To provide pre and post counselling services.
2. To raise HIV/AIDS awareness in the general public.
3. To provide support to orphaned Children.
4. To provide H B C services to the chronically ill patients.

The group is a community-based organization and there are 170 plans to register it otherwise.

MEMBERSHIP

The group has 20 members, 19 of which works for the hospital. There are fourteen females and six males for members. All the members are adults.

LEADERSHIP

Last month, for the first time since the group was formed members elected their leaders. Previously positions did not allow for elections until the Chairperson was sacked from the hospital thus when the group was now able to conduct fresh elections. The group was advised to formulate a constitution, which should specify term of office for the executive. It was also advised to formulate code of conduct. This group was advised to do the soonest.

ACTIVITIES

ORPHAN CARE

The group has registered eight hundred orphans. Two hundred of these have been assisted with some school fees, writing materials. They are also at times assisted with food and clean (drinking water through protecting two drinking wells) as well as clothes.

PROBLEMS

Transport to visit the orphans frequently to assess their welfare is a problem.
Funds to support all the registered eight hundred orphans.

The group has four members trained as H B C providers but to date has not been able to provide the service.

The hospital has shortage of staff hence members are unable to follow up discharge patients.

COUNSELLING

The group has nine-trained counsellors but due to shortage of staff, this service is not being delivered as it would have been required.

In February alone the hospital has tested ninety-six people of which five turned out to be HIV positive. Counselling at the hospital is only taking place in the laboratory before testing and post-test counselling is done only to those found HIV positive. In March one hundred and seventy-one people were tested and thirteen were found positive.

HIV/AIDS awareness

The group has a drama group that goes around in surrounding villages to raise awareness of the HIV/AIDS epidemic. The drama group is an eleven member and it conducts its shows once a month.

PROBLEMS

The drama group goes where the catholic fathers are going to conduct mass. This is in order for the group to benefit from free transport. With this arrangement the problems is that the group does not have any selection as to where to person. This also means the group goes to almost the same areas most often while other areas are not reached.

HIV/AIDS education also used to take place in all the wards at the hospital. There used to be a duty roaster as to who will provide the education in each ward. This also stopped happening because of shortage of staff at the hospital.

LINKAGES

The group seems not to have information as to whom they work closely with or who provide funds to their group seemed to have been working in isolation/alone.

MANET+

The members of the group, just like with all the other groups visited seem not to be very sure of what MANET+ is. The previous Chairperson of the group just told two members to sign MANET+ forms that she had already filled for them. She did not disclose that the forms are for PLWAs. She promised them that assistance would be coming.

The group asked for the forms that, MANET+ sent to register PLWAs in-group that they should be sent again so that people can fill at their own accord.

RECOMMENDATIONS

The group seems to be starting afresh hence will require a lot of technical support. It is very importance that the group is assisted to come up with a constitution and a code of conduct.

The group should think of establishing sub-groups in the communities in order to provide the services that would have been provided by the group but cannot do so because of shortage of staff at hospital.

MPONELA AIDS AND INFORMATION COUNSELLING CENTRE (MAICC)

MAICC was established in February 1992 with the aim of reducing the spread of HIV and dealing with the impact of HIV/AIDS. The project started out of a concern because of the increase in STD cases occurring at Mponela. When the project was formed members were sent to Uganda, others to Zimbabwe and Zambia in order to learn how other countries are responding to the epidemic. To date the group has thirty-three registered members of the Centre. It also has fourteen outreach groups called community "Initiatives". The Centre is at Mponela trading Centre and the postal address is P/Bag 7, Mponela. The Centre has its own phone number, which are 286401. Action Aid is renting the centre for MAICC. The following are the objectives of MAICC.

1. To offer counseling to all persons with STDs, the world and those with indicator diseases.
2. To promote positive living among PLWAs.
3. To increase public awareness of HIV/AIDS and its existence through IEC activities.
4. To improve care and support to patients terminally ill with AIDS and their families.
5. To initiate and promote community participation in HIV/AIDS activities.

MEMBERSHIP

The group has thirty-three members, nine of which are males. The groups have below the infected and affected people for members. The oldest member is sixty and above while the youngest is twenty-four years. The group has a member with a diploma while the majority has attained secondary and primary school. There is only one person in the group who cannot read nor write. The group has a manager, a full time counselor, cleaner and the guard who are paid salaries by Action AID.

LEADERSHIP

The MAICC has a full time manager, who is currently on study leave. At the top of MAICC leadership, there is the steering committee that advises the group then followed by the executive committee, then the secretariat that is headed by the manager followed by the full time counselor. Following the secretariat there is the Chairperson of the volunteers

ACTIVITIES

Home Based Care

MAICC has all its members trained in H B C. In addition MAICC has also trained one hundred and three community care providers in Home Based Care. These care providers register chronically ill people and if they have not yet gone to the hospital they are encouraged to do so. MAICC is able to refer it clients to the hospital for assistance. The providers submit monthly reports to MAICC. As an incentive and to

ensure that the HBC providers continue to provide the services and not drop out, MAICC Provide them with loan revolving fund.

PROBLEMS

Most often the clients expect to receive material assistance and medicine from these providers. They provided at times, when they have provide painkillers e.g. Aspirin and Panado.

The relationship between the Mponela Hospital and MAICC is poor. The Hospital does not provide things like gloves to Home Based Care providers of MAICC. In addition the referral that is there is one way. MAICC refers its clients to the hospital while the hospital does not.

COUNSELLING

MAICC provides counselling services both at the centre and in their coverage. There are thirty- two trained counsellors who provide counselling services on rotational basis at the centre. There are always two counsellors at the centre of anytime. In addition MAICC has also twenty community volunteers trained as counsellors. These counsellors provide counselling services in the communities.

PROBLEMS

MAICC only provides counselling services and depend on Mponela Dowa hospitals for testing however what has been happening these days when MAICC sends clients to these hospitals for testing, they are not assisted or when their blood has been taken it is sent to Lilongwe or Ntchisi hospital for testing. This most often takes a long time before the results. These problems with testing have resulted. In MAICC loosing some of its clients.

The twenty community counsellors were trained or one to one type of counselling. MAICC would like to see the community counsellors trained in the CARE counselling model.

ORPHANS

Orphans are identified through the HBC providers. To date MAICC has registered four thousand orphans. Eighty-eight of the registered orphans were this years assisted with soap, sugar clothes and fertilizer through support from mothers of orphans sixty eight families hosting orphans were given loans ranging from One Thousand Kwacha to Two Thousand Kwacha with an interest rate of 20%. Some orphan families are rearing pigs for in come generating. To date twenty-four families are engaged in pig keeping.

PROBLEMS

The number of registered orphans is too big for the MAICC to be able to assist.

The group refers orphans who require scholastic assistance to the district social welfare office but to date none of them has been assisted they are sent back with nothing.

The group (MAICC) lacks of adequate information on orphan care. They do not know how to deal with infant orphans.

AWARENESS

MAICC also conduct public meeting to educate people on the dangers of HIV/AIDS. This is done through drama and songs. Strategic questions are also used in order to assess knowledge level of the group.

MAICC most often being people of almost similar background when providing HIV/AIDS information. This the groups send has turned out to be more effective as people are free to raise questions and comments when they are of an almost similar. Background.

In addition to providing education, MAICC also distribute condoms. Condoms are distributed at the centre and also during their public meetings.

WIDOW ASSOCIATION

MAICC has also formed an association for widows. Members of the association meet to provide support to one another through sharing of experiences. They assist each other on how best to deal with problems associated with loss of spouse.

COMMUNITY INITIATIVE

Community Initiative is a replication of MAICC activities at community level. There are thirteen community initiatives that have been established by MAICC through its coverage.

TRAINING

Members of MAICC have received the following training: -

1. Communication skills
2. Counselling
3. Home Based Care
4. Management Techniques
5. Sexual Health
6. Training for transformations
7. Gender
8. Stepping Stones
9. Orphan Care
10. PRA
11. Rapid Test
12. Theatre for development

13. Proposal writing
14. Reflex

MANET+

Most of the members of this group know about the activities of MANET+ and MANET+ officials do supervise the group. However the following issues were raised.

1. The term of the Executive Committee of MANET+ is long overdue hence fresh elections should be conducted. Representatives of all PLWA support groups should be in attendance when conducting the elections.
2. MANET+ executive should also be sending members from support groups to international workshops and meetings. It was observed that people from the secretariat are the ones who are always going to these international meetings.
3. The secretariat and the executive of MANET+ should learn how to deal with adults in terms of conduct and how they speak with them. Members observed that at times MANET+ officials treat them as young people.

RECOMMENDATIONS

The strategy of bringing people of almost similar background together when providing HIV/AIDS education, which is being used by Mponela, can be replicated to other support groups.

MANET+ should be providing up date information to support groups and PLWAs. MANET+ secretariat should consider establishing a newsletter seriously. Support groups and PLWAs are hungry for information and any new development relating to HIV/AIDS.

GROUP ASSESSMENTS

KATETE AIDS PROJECT

Katete AIDS Project is located at Katete Catholic Mission. It was formed in 1991 and was being fully managed by the hospital personnel. The project committee had some volunteers who were active at grass-root level only i.e. not in decision-making.

The PLWA section, together with all the other sub-committees started in 1995. In 1997, noting the problems that the project was experiencing in mobilizing community, a community-managed approach was adopted. This approach resulted in the project being well rooted, facilitated the multisectoral approach, and improved community ownership of the project.

The project covers a geographical area stretching across 47 villages. It was estimated that there are 20,000 inhabitants in the area that corresponds to the area of coverage served by Katete Hospital under-five outreach program. Because the under five programme follows the established clinic points, it was observed that some villages located between two clinic points were not covered by KAP services.

The discussion explored ways that members felt could solve this situation. For instance, cover all areas but request for reliable means of transport (e.g. vehicle); continue combined/integrated visits with hospital vehicle; form outreach committees; form independent support groups and work through other institutions e.g. schools, Muluzi health initiative etc.

Katete AIDS Project has 57 members including HSAs, teachers, unemployed and retired people. The membership consists of people living with HIV/AIDS, (who are 11), those whose status is not known and those whose sero-status is negative. All the members, despite their sero-status are obliged to pay an annual membership fee of K100. Both paid up and non- paid members are duly registered in a membership register. Interest to join KAP is expressed through a written application. There were 27 paid up members.

Current membership

Total Membership	57
Active Members	40
Females	27
Active Females	23
Males	30
Active Males	17
Number of Adults	56
number of Active Adults	40
Oldest Adult	68 years old
Youngest Adult	20 Years old
Marital Status	
Single	19
Married	38

Members Currently Employed	57	(All members consider themselves employed)
Self employed	37	
Retired from formal employment	2	

The KAP, through its Youth Technical Sub-committee, runs youth membership clubs in the form of anti AIDS clubs in schools. Activities are planned and implemented by the club committees, patrons together with members of KAP technical committee

The membership in the youth clubs is as follows

Total Number of youth	305
Active Members	305
Oldest Youth	30 Years Old
Youngest Youth	10

All these youths are registered members. One can easily access the records on youth membership in the project office.

KAP has an executive committee and below it are four technical sub-committees. The executive committee just like the subcommittees comprises 10 persons: chairman, secretary, treasurer and their deputies, and four committee members. The committee elected into office through a voting process. The constitution clearly defines the roles and functions of each office bearer. The discussion showed that each member was fully aware of roles and functions of each office bearer. However, members were quick to point out that the project was undergoing change, hence some posts were not yet filled. It was also pointed out that since some office bearers were new they were in a learning process of how to run the group with support from experienced members and the Peace Corps Volunteer.

The term of office is one year.

The executive committee meets quarterly. If an executive member absents himself/herself from 3 consecutive meetings without a good reason, he or she is asked to resign from the executive committee. All technical sub-committees meet monthly. There is a quarterly general meeting where all members participate. From the discussions it was clear that there is improved management of the group since the October 1999 Organization Development Training which was sponsored by Action AID. The group had a constitution as was recommended by OD training. 20 KAP participants attended the training.

Katete AIDS project compiles monthly reports of their activities. Quarterly reports are submitted to the District AIDS Co-ordinator, Projector Co-ordinator - Action AID, ECM Diocesan AIDS Co-ordinator, MANASO, Regional Youth Office, CHAM Secretariat and Rosarian Health Coordinator

Mission

It is the mission of Katete AIDS Project to empower the community through education that promotes HIV/AIDS awareness and prevention and by

Generating funds and material support that enable self-sufficiency and positive role models for the community.

Members present demonstrated their understanding of the mission statement. The mission statement is posted in KAP office in big letters.

Major activities are

- IEC for AIDS awareness and prevention and promotion of general health
- Orphan care - provision of material support
- Education bursaries for disadvantaged youth (orphans)
- Counselling
- Training *azamba* and traditional healers

Existing Strengths

- There is high attendance to meetings by group members
- Effective implementation of planned activities in a multisectoral manner
- Members can run the affairs of the group without much dependence on the leadership
- There is effective decision making through consensus by all
- Resolves conflicts as a team
- Members plan, implement and review activities together
- In the beginning, a lot of members joined but dropped out when incentives were withdrawn. Now there is increased membership with a clear understanding of volunteerism.
- Extension of geographical area covered by KAP with establishment of strong outreach committees.

Records kept by KAP

- Quarterly reports for KAP
- Membership register/roll
- Membership application forms
- Financial records
- Monthly reports for each technical sub-committee
- Minutes of quarterly general meetings and monthly meetings for each technical subcommittee.
- Register of orphans
- 13 Registers of Anti-AIDS Clubs (since January 2000 KAP has introduced 13 AIDS Toto clubs)
- Monthly action plans for project co-ordinator and PC Volunteer
- Action plans and dream lists from members
- Membership registers per each technical subcommittee
- Clients served by KAP (Counselling and Home Based Care)
- Register for Books found at the resource centre.

In an attempt to promote its services, KAP sends its reports to the DAC, Action Aid, the Traditional Chief in the area, the ECM Diocesan AIDS Coordinator, MANASO,

Regional Youth Office, CHAM, and Rosarian Sisters Health Coordinator. Further to that, KAP conducted visits to various offices and departments to familiarize themselves with their activities and establish links. (The following were visited: Traditional Authority, District AIDS Office, Regional AIDS Office, District Youth Technical sub-committee and Youth Officer, UNICEF - Lilongwe, Social Welfare department. As a result of those visits the group received support in the form of bicycles, maize seeds from the social welfare and youth department.

Perception of own group:

- The participants felt that their group is a strong, well-focused group that is doing very well since Oct. 1999. Its operations are within their mission statement

Expectations

- To strengthen the community approach, increase membership and finalize the construction of their resource centre
- Intensify IEC incorporating testimonies of PLWAs
- To introduce a skills training centre covering skills such as knitting, carpentry, brisk laying etc.
- Focus on youth by, among other things training teachers on best methods of engaging youth in HIV/AIDS activities - sporting with education and incentives
- Strengthen training of volunteers who have low knowledge levels building on the skills of High Risk technical subcommittee as a core group for this initiative
- To find a reliable means of transport so as to improve coverage and reduce travel time thereby, improving output of the members
- To finish building the resource centre and equip it with appropriate educational and recreational materials.

Expectations from MANET+

Three participants knew what MANET+ is. The rest expressed ignorance, others said they know MANET+ on paper, while others said they hear about it.

Most of the members wanted to know the role of MANET+. They questioned the networking approach of MANET+ since they said they had not seen any deliberate effort by MANET+ towards networking among PLWAs. Later the co-ordinator explained that MANET+ provided financial support in 1999 that was used to procure essential drugs for PLWAs.

Looking ahead, the group recommended that MANET+:

- should regularly visit the support groups to encourage, provide supportive supervision and carry out any other relevant tasks including strengthening a sense of belonging in the member support groups
- should mobilize resources at central level which it should make available to the support groups in cash or kind
- should provide technical support to PLWAs in income generating activities management

- Advocate for and mobilize resources for the care of PLWAs.
- To respect the Katete set-up where PLWAs are fully integrated in the AIDS Project with the executive committee for KAP as the umbrella body. PLWAs are mainly in HBCs Hence, all communication has to be addressed to the executive committee of KAP
- MANET+ to fulfill all promises and pledges

Observations

Very strong and highly motivated group
 Well-organized office and record keeping system
 Well-established and effective executive and technical sub committees
 Subcommittees well aligned and knowing their limits.

Weaknesses

- There is only one trained counselor but there is high demand for counselling and testing services.
- KAP has a video machine that is used for IEC activities but due to lack of electricity supply to the area covered by KAP it cannot be used during outreach activities. The group felt a generator could enable them to use the video in the community.
- There is hunger for more information and knowledge among KAP members but the resource centre does not have adequate and relevant literature.

Gap

- KAP is running IGA but none of its members has been trained in management of IGAs. Members also expressed the need for learning from other successful projects.

Courses Attended By Katete AIDS Project Members

Counselling	2
Home Based Care	11
Organizational Development	18
Training for transformation	1
Food Security and Nutrition	?
Management (MANET+)	3

TOVWIRANE CENTRE

Tovwirane centre was formed in 1993 and the PLWA section was introduced in 1995.

Membership

Tovwirane NAPHAM has 28 PLWAs of whom 24 are women and 4 are men. The youngest member is 28 years old while the eldest is over 49 years old. All members of Tovwirane NAPHAM are HIV sero-positive. Among the 28 members 20 were rated active, 3 are illiterate, one completed form 4 and the lowest literate dropped out at standard 3. The organization is structured in such a way that Tovwirane NAPHAM is a subcommittee of Tovwirane Centre which has a secretariat headed by a Co-

ordinator. Under the Executive Committee of Tovwirane Centre are the following sub committees:

- Orphan Care,
- Resource Centre
- Home Based Care
- People Living with HIV/AIDS (NAPHAM)
- IGA (Paper Making)
- IEC/Health Living.

Each subcommittee has 10 members. The sub committee for PLWAs has an executive committee that comprises 10 persons. The portfolios are chairperson, secretary, treasurer and their deputies, and 4 executive committee members. Under the executive committee are 2 subcommittees with four members each. The committees are Welfare and Disciplinary Committee.

The office bearers are elected into office through an election process that is processed by Tovwirane Centre Executive Committee. The term of office is one year. PLWAs who are elected to be in the Executive Committee for Tovwirane Centre are not supposed to hold any office in their group (NAPHAM). This goes for all the other subcommittees. Members felt that the set up was the best so as to spread leadership among many people. The election into the Centers Executive Committee is not representative. It is on individual merit. Tovwirane Centre executive committee meets monthly while the PLWA executive meets when there is need. Participants did not remember when they had the last executive meeting. PLWAs meet every Wednesday at Tovwirane Centre.

There is a general meeting for all Tovwirane Members once a month. The main agenda is to receive reports from community caregivers. PLWAs submit their monthly reports to Tovwirane Centre Executive Committee.

With the current organizational structure, participants who were present felt the working links among the different subcommittees and between PLWA committee and Tovwirane centre executive are very weak. There is poor co-ordination to the extent that most often activities are done separately leading to duplication of activities and efforts targeting same communities.

Because members of Tovwirane centre executive are elected as individuals, there is limited authority, influence and responsibility due to domination and break in flow of authority and information.

Members suggested that there should be joint management training of all sub committees, Tovwirane executive and the secretariat to strengthen integration of PLWAs. The alternative would be to set up a separate office and structure away from main Tovwirane Centre that is seen as diverting opportunities away from Tovwirane NAPHAM.

The Tovwirane NAPHAM was not definite about their area of coverage. Members estimated it at about 70 km square. Participants noted that in view of their capacity, their activities do not adequately cover the area. The area is too wide and the PLWAs do not have means of transport that would facilitate travel to all places and effectively follow-up on their clients. As a result of this the impact of their activities is very minimal in most of the places.

Participants felt that possible solutions could be strengthening outreach committee through training. The outreach committees were formed as one time event and were not assisted to define and understand their mandate. No mechanism was put in place to ensure linkage and follow up of the committees' activities. The other possibility is to acquire a reliable means of transport that would enable Tovwirane NAPHAM some mobility. It was observed that Tovwirane NAPHAM does not have ready access to transport facilities that belong to the centre.

Goals

The goal for Tovwirane NAPHAM is the same goal for Tovwirane Centre but could not state what it said. However, their objectives were stated:

- To make people aware of HIV/AIDS
- To limit HIV transmission and
- To promote voluntary counselling and testing.

They said the objectives were not documented but were well known by all members.

Activities

To fulfill the above objectives, Tovwirane NAPHAM was implementing the following activities:

1. IEC outreach - twice monthly
2. Counselling and
3. Home Based Care

It was observed that other sections of Tovwirane centre are also engaged in the same activities and members were at pains to justify why they cannot do their activities jointly. Others thought its because other sections of Tovwirane had not accepted PLWAs to comfortably integrate them fully in their activities. Others mentioned that outreaches are done jointly especially where PLWAs have funding. Most members expressed this point with emotions.

Existing Strengths

- Effective delivery of IEC and counselling services (as seen in reduced stigma attached to HIV/AIDS)
- Effective conflict resolution mechanism in place
- 20 out of 28 members are active
- Steady growth of the group's membership despite attrition through death (1995 - 4 members; 1996 - 15; 1997 - 20; 1999 - 32; 2000 - 28)
- Good relationship with other support groups through Livingstonia AIDS Project.

Existing Weaknesses

- Poor leadership within Tovwirane NAPHAM
- Poor record keeping and utilization

- Poor reporting system
- A feeling that integration is being forced PLWAs

Opportunities

- ◇ MANET+
- ◇ UNV/UNAIDS
- ◇ DAC
- ◇ Private Sector

Gaps

Members not trained in HBC but the group is engaged in the same.

Sources of Support

Major source of support is from Action Aid, which provides K11,000 quarterly for outreach activities in IEC and counselling.

Records Kept

Attendance Register
Home and Bereavement visits
Activities done
Visitors Book
Financial Records

MANET+

The group members were aware of the existence of MANET+ and its activities. They remembered to have been given some financial support and training in management. They suspected that the silence on the part of MANET+ could have been a result of internal problems. MANET+ partially fulfils its networking role but did not fully implement the regional committee initiative. MANET+ should consider revitalizing the regional offices (office bearers were supposed to stay in office for a period of one year from 1999 - and it is about over but have not carried out their functions). No training was conducted to induct the office bearers as was promised by MANET+.

The participants felt that the PLWA section is very effective in the area of IEC but had a very strong feeling that Tovwirane centre as a whole compromises their effectiveness by not utilizing them fully in all the sections of the centre

KAFUKULE NAPHAM

The group started several years back, but none of the members present knew when. The chairperson joined it in 1998 when the group had 11 members. At the time of the visit the group had 5 members of whom two were hospitalized in Mzuzu. Of the four members who attended on that day, two members were attending a group meeting for the first time. Three of the five were men while 2 were women. The youngest member was thought to be over 30 years with the eldest of over 40 years. One member was

illiterate. Two were married while one is widowed and yet another divorced. All members are not employed.

The size of the group is reducing with time because of deaths and inaccessibility of voluntary testing and counselling services to people who demand the service and show willingness to disclose their status once tested. There is no membership fee

Structure/Organization

The group had no constitution. Existing portfolios were chairperson and secretary. However, the secretary had not been active for some months because of poor health condition.

It was clear from the discussions that the group had been dormant for quite a while. The two old members remembered that the group used to hold meetings twice a month to share on the activities of each member and conduct group therapy. Then, they used to keep minutes of each meeting, attendance register and activities carried out.

The area covered by the group was that surrounding five schools in Kafukule. It was observed that the capacity of the group to carry out any activities was very low. It had no resources other than human to implement any meaningful interventions. The members said they did not remember getting any support from any institution. They did not remember requesting for any support either.

Goal/Objectives

The group had no written goal and objectives. Some of the statements they said could be their objectives were:

- To bring awareness to people on the dangers of HIV/AIDS and
- 1. To promote voluntary counselling and testing

Activities

They remembered to have been engaged in home-based care, counselling, IEC and group therapy.

Report/Records

In the past records were being kept and reports were shared among the members. They did not remember sending any report to any group or organization.

Members present perceived their support group as one that had potential of becoming active again if it had enough support and if there was a way of assisting community members to take an HIV test as they so demand.

MANET+

Known, but the group observed that there was nothing that they had seen in line with networking that they could attribute to the presence of MANET+. They remembered being invited to a meeting by MANET+ but the invitation got them very late.

The group expects MANET+ to train the group in how to organize and manage a PLWA support group or any support group. They also expect MANET+ to provide an inventory of all support groups and where they can get support.

TIPONE AIDS SUPPORT GROUP - MPHEREMBE

Tipone AIDS Support group was formed in 1995, December with 30 members to take a leading role in HIV/AIDS IEC noting that most of the messages in print and electronic media were either in Chichewa or English. These languages were not readily comprehensible to the people in Mpherembe area. At the time of the visit the group had 60 members of whom 30 were active. The participants did not know the gender desegregation of its members. All agreed there were slightly more men than women in the group. The oldest member was 72 years while the youngest was 16 years old. The HIV sero-status of all the members was unknown despite the expressed need to know their status. There was no HIV testing service in the area.

Membership is open to men, women, boys and girls. Upon joining, one is expected to pay a membership fee of K20 per annum and a monthly subscription fee of K1. The group keeps a roll of its members at the resource centre.

Apart from the members of the main section of Tipone the technical subcommittee on youth has another youth membership of 50 boys and girls who concentrate their efforts among in-school youth. It is the youth sector that inspires the whole support group in the area of raising HIV/AIDS awareness.

Structure

The executive committee has ten members: chairperson, secretary, treasurer and their deputies, and 4 executive members. There are three advisors including the advisor of Inkosi Mpherembe, the PCV Advisor and a health official from a nearby health centre.

There are subcommittees for specific interventions: orphan, Home based care, High risk, Building, and Fund-raising committees.

The executive committee meets together with representatives of each technical sub committee and two other active members once a month. The group also holds a monthly general meeting, all the meetings are held at Tipone Offices, Mpherembe Trading Centre. The section has set up outreach committees in several places (Not specified)

Office bearers are elected into office by a secret voting process in the presence of all members of the support group.

The term of office is two years.

Tipone AIDS Support Group serves an area, which was estimated to be over 20 km radius covering areas under the jurisdiction of Traditional Authorities Mtwalo and Mpherembe. The estimated number of villages was 160.

It was observed that their activities did not adequately cover the 160 villages because it was impossible to travel to all these places regularly. Looking ahead, members considered setting up outreach committees as was earlier attempted at Kazuni. With time the committees would become independent by slowly delegating and devolving responsibility to them. Another alternative would be to solve the transport problem by acquiring a reliable means of transport to supplement to the 10 pushbikes that were donated by UNICEF and Home Based Care.

Goal/Objectives

The group had no stated goal.

The objective was to disseminate IEC messages/materials in the communities surrounding Mpherembe Centre using the local language and addressing specific issue to the area.

Activities

1. IEC - static and outreach - among high risk groups and youth
2. Visiting the sick and Home Based Care
3. Orphan Care
4. Fund-raising activities

Existing Strengths

- Strong working relationship with other support groups under Livingstonia AIDS Project, Regional AIDS Coordinator, MANET+, NORAN, and MANASO.
- High attendance by audience especially away from Mpherembe centre
- Increasing number of members
- The group now has built its own centre with office block and separate hall.
- Strong support from the community and the Inkosi of the area, the Support Group is permitted to promote its activities through chief's indaba.
- Good record keeping system
- Monthly reports are sent to District AIDS co-ordinator, Peace Corps National Office, Mpherembe Health Centre, Action Aid, NORAN and several NGOs.

Weaknesses

- Building work has been going on for 3 years resulting in low participation by members
- The group has no skills to conduct effective behavioral change IEC

Threats

- Duplication and sometimes competitive attitude between hospital based AIDS support group and Tipone. The two groups target the same population especially for youth and HBC programs
- Training for either Tipone or hospital based AIDS support group is always a source of conflict and division
- Invitation from Livingstonia AIDS Project, DAC and most organizations divisive. Invitations to Mpherembe should recognize the two groups as different.

Opportunities

- Social Welfare Department
- World Vision: yet to develop an understanding on how to work together.

Training Courses Attended

Course	Number of People Trained
AIDS IEC 1997	10
AIDS IEC 1998	2
Orphan Care 1997	10
Advocacy (SPU)	2
HIV/AIDS Support and Care	4

Most of those who were trained dropped out from the support group.

Training Needs/Gaps

- Counselling
- Management of Support Groups
- Management of a Resource Centre
- Orphan care for new providers
- Training in communication and behavioral change skills
- Home Based Care - Urgent/First priority
- Training of pre school instructors
- Training specific to youth groups

MTISUNGE NAPHAM

Started in August 1995 with six members. Two people from NAPHAM Secretariat Introduced it in Nkhata Bay. The number of members is not increasing due to lack of reagents

Membership

Size: 9 members
 7 females
 2 males

Age Range: Youngest 20 years
 Oldest 58 years

Sero-status: All members are HIV sero-positive.
The group does not have a membership roll. Monthly subscription fee was K5.00.

Structure

The executive committee comprise of the Chairman, Secretary, Treasurer and one executive committee member. The size was reduced to four due to membership attrition through death. Executive members are elected using a secret voting procedures. Participants knew responsibilities and roles of members and leaders. It was observed that a few leaders who joined the group earlier than the others influenced decision-making process. Few influential ones underrated other members.

The term of office is two years, but discussions revealed that the current leaders have gone beyond their tenure. Participants mentioned that they had a written constitution for their group. Upon requesting to see it, it was discovered that the group does not have a copy - looked like it was the work of one AIDS Coordinator who was at the time of the discussion pursuing a two-year course somewhere. (it was drafted by that officer and it was that officer who was supposed to know better about it

Geographical Coverage:

The area covered is includes TA, Mkumbira, and TA Timbiri and TA Mankhambera.
The number of villages and population of the area were not known.

Outreach Committees

There were no efforts to introduce new outreach committees or new groups. The group's view was that as new people were being tested HIV positive, they had to join their grouping in as far as they resided in their area of coverage

Goal: Not defined

Objectives:

1. To disseminate HIV/AIDS information so that people should know the dangers of AIDS.
2. To provide care and support to those affected by HIV/AIDS impact.

Activities

The participants highlighted the following as their activities

- Information Education and communication of HIV/AIDS
- Group therapy
- Counselling
- Orphan Care
- Home Based Care

It was observed that participants viewed orphan care as a nonstarter since they noted that it required a lot of time, energy and resources that were beyond the groups reach.

Participants explained that they used to do family planning activities, it was later considered a burden and was consequently dropped

Trainings attended by Mtisunge Members

Course	Trained Members
Counselling	5
Home Based Care	6
Family Planning	4
Condom Use	4
Leadership	2

Training needs were in the areas of Home Based Care, Leadership, Management and Proposal Writing, Orphan Care and IGA Management.

Existing Strengths

- Ability to mobilize people for VCT
- Effective AIDS Awareness campaigns at community level
- Group therapy is helping members to live positively
- Counselling is being carried out at hospital and community level

Existing Weaknesses

- No way of ensuring that reagents for VCT are readily available for those ready to test.
- No donor support for the implementation of their activities.
- No effective strategy to implement HBC, Orphan Care.
- No group income generating activity - participants observed that members are struggling as individual, which is not good for a community of people affected by similar problems.

Threat

- Selective approach as to who can be admitted to participate in Mbanasi leaves the Mtisunge members feeling others are favored considering that Mbanasi has strong support from District AIDS Co-coordinators office and gets more support from donor agencies/NGO etc. Others felt the approach was a pure rejection of PLWAs. Members felt more strongly about this point. The two who are allowed to participate in Mbanasi defended their being accepted vehemently.

Opportunities

- District Aids Coordinating Office
- Mbanasi
- Episcopal Conference of Malawi Home Based Care Program for Nkhata Bay Parish

Sources of Support

⇒ Received K11,000 from ACTION AID for AIDS awareness,

- ⇒ MANET+ provided K20000 for Counselling
- ⇒ NAPHAM was providing 1, 320 monthly but stopped doing so in October, 1998.

Records Kept

Minutes of meetings, financial records, names and other particulars of clients served by the group. Promotion of services in their area is done through posters and letters and chiefs' meetings.

Accountability

Members expressed ignorance as how much money was being kept by the treasurer. It turned out that the secretary was the one who had control over finances. She had K234 at hand. Signatories to the group's bank account were the secretary, the chairperson and a member who was an acting treasurer in the previous executive team. None of the members knew how much money was in the account. It was the chairperson only who knew - then sick.

Perceptions

Members looked at their group as a strong group capable of achieving good results in the area of AIDS awareness and counselling.

MANET+

MANET+ was seen to be too silent to be taken seriously. Does not acknowledge receipt of documents nor communicate in any way. Does not give information, guidance or leadership in the support groups' work.

However the group expected MANET+ to visit them regularly, provide guidance and enabling leadership to support groups and fulfill its promises. They also expected MANET to actively engage in capacity building for member support groups.

MBANASI AIDS SUPPORT GROUP

Mbanasi AIDS Support Group started in March 1995. The AIDS Coordinator together with other hospital officials conducted interviews to select people who would belong to the group initiated it. It was said that those selected were those who were dedicated, able to deliver IEC messages and had qualities of a volunteer.

Membership

There were 29 members in the group at the time of the visit. Fifteen were females and 14 of them were males. Active members were 28. There were four youths - 2 boys and 2 girls. The constitution stipulates that the membership shall not exceed 30 members so that there shall be 10 people only in each sub-committee. In case of dropouts, new members are recruited after receiving their written applications that are discussed in a meeting attended by all members. Participants justified this process saying it helps to eliminate those who come to benefit from the incentives members enjoy.

Annual membership subscription fee was at K50. The sero-status of all the members was unknown.

Structure/Organization

Executive Committee

The executive committee is composed of chairperson and vice, secretary and vice; treasurer and vice and four committee members.

Technical Subcommittees

There are four subcommittees namely Home Based Care, Orphan Care, CARE Counselling and Youth. Home Based Care Committee has Chairman only and nine members, orphan care has chairman and secretary and 8 members, CARE counselling has Chairman only and 9 members and youth has chairman and secretary.

Further discussion showed that there were a lot of overlaps between the subcommittees. Most of the executive committee members were doubling responsibilities. It became clear that the offices existing at subcommittee level were not by design. Upon checking the records it was found out that the latest elections elected chairman, secretary and treasurer for each of the sub committees. It was later explained that the original set up was to have chairman, secretary and treasure for each of them but that was not being practiced. The term of office is 3 years.

Geographical Coverage

It was not clearly defined but was estimated to be 15 Km radius covering about 26 villages under 3 Traditional Authorities. The group was promoting the establishment of outreach committees. At the time of the discussions four (4) outreach committees were operational

Goals

Not stated

Objectives:

- a) To limit the spread of HIV through behavioral change
- b) To provide care and support to those already infected
- c) To provide support to orphans

Activities

- ⇒ AIDS awareness campaigns
- ⇒ Home visits to the chronically ill
- ⇒ Counselling
- ⇒ Registration of orphans
- ⇒ Drug revolving fund implementation

- ⇒ Providing material support to orphans and sick people
- ⇒ selling fish as a means of raising funds

Existing Strengths

- High attendance to meetings and activities
- Communities served appreciate the role the group plays in H&C and AIDS awareness
- Assisted in establishing Mtisunge NAPHAM
- High spirit of voluntarism

Weaknesses

- Subcommittees are dying due to lack of support - financial
- The support group has no established office, hence any permanent meeting point.
- Occasionally there are drop outs due to lack of incentives

Threats

- Misunderstanding about the relationship between Mbanasi and Mtisunge NAPHAM (Mbanasi members perceive themselves to be better able to carry out HIV/AIDS activities since they know better as was evidenced by their success in interviews on joining their support group. On the other hand Mtisunge NAPHAM feel they know better and can give living testimony and can provide good counselling based on practical experience)

Opportunity

Closely linked to District Health Office
Receives a lot of support from District AIDS Coordinator's Office.

Sources of Support

Action Aid provides all stationery required
Regional AIDS Co-ordinator (UNICEF): 5 Motorcycles and initial supply of DRF
Drugs. UNV provided 2 push bikes.

Record Keeping System

Not well established. The little information that is kept is not utilized in planning, monitoring or publicity/promotion of own activities. Reports are sent to District AIDS Coordinating Committee, District IDS Co-ordinator and Action Aid.

Expectations from own group
To introduce income generating activities with a view to becoming self sufficient

MANET+

- Should actively communicate to support groups which are its members

- Should assist support groups in dealing with the transport problem that is common to most support groups.

MZUZU NAPHAM

started in 1995 with four (4) members. All members are HIV positive. There were 39 members at the time of the visit of which 25 were females and 14 males. The age range was from 15 years to 40 years. The majority of the members were adults. There was no membership fee but the group felt it had to be introduced. Membership register was available which is used during meetings.

Structure

Executive Committee:

Chairperson, Treasurer and their deputies and 4 committee members

Sub Committees

There was one on Drug Revolving Fund. Those who were trained have set up a committee to train fellow members and spearhead implementation.

Term of Office

Not specified. If the leaders are good, no need for elections. After thorough discussions members agreed to further consider the question of term of office. Most of the members indicated 2 years would be reasonable period.

Geographical Coverage

Size:	10 km radius
Approximate Population	Not known
Outreach Committees	None

Goal: Not formulated yet.

Objectives

To reduce transmission of HIV/AIDS
To reduce stigma attached to HIV/AIDS

Activities

Conducting information, education and communication on HIV/AIDS
Home based care
Hospital and community based counselling
IEC on condom use
Orphan care
Fund-raising

Existing Strengths

- Regular outreach programmes on IEC are carried out
- Trusted by community as AIDS care providers
- High attendance by audience during events organized by the members in community

Weaknesses

- IEC material demanded by communities are not available
- Frequent deaths of support group members is frustrating the remaining ones
- Failure to submit reports regularly. Members are not able to serve the area of coverage that is too big for the group
- Inadequate supplies for HBC
- Absenteeism

Gaps/Threats

- Members engage in orphan care but have not had any training in the area.
- High drop out rate, especially among young members of the group, due to lack of support to the individuals who lack basic needs.

Existing Opportunities

Private sector organizations, Mzuzu Health Centre Staff and Mzuzu City AIDS Coordinator's office

Sources of support

- Action Aid supports programmes - K16,000 in 1998
- Individuals - foodstuffs and clothing
- MANET+ provided 25,000 for Home Based Care, counselling and outreach.
- Lions Club provided foodstuffs in 1998

Means of Resource Mobilisation

- Requests for donations
- Subscription from members

Expectation from MANET

- Assist the support group to establish an office
- Remove educational barriers and facilitate attendance of all members to fora organized by MANET+ and other stakeholders.
- Assist in revitalizing the national executive for NAPHAM.
- Visit support groups and strengthen its links with them and support groups among each other

Courses Attended

Course	Number of people trained
Drug revolving fund	6
Home Based Care	13
Counselling	13
Condom Use	5
Management	13

Needs

- Pushbikes
- Money for outreach programmes

Reports

- Quarterly reports to NAPHAM secretariat on group therapy, outreach, counselling and HBC
- DRF reports are sent to Action Aid.

TIGOMEZGE SUPPORT GROUP - EKWENDENI

Started in 1998

Membership

There were 23 members - 11 females and 4 males. The youngest member was 20 years and the oldest, 48. All members are HIV reactive

Structure

The Executive Committee comprises chairperson, secretary, treasurer, their deputies and 4 committee members. There were vacancies in the portfolio of vice chairperson and vice secretary. The group had no subcommittees. The term of office was 2 years.

Geographical Coverage

The group estimated the area they cover to be about 5 Km-radius. The population and number of villages were not known. The group had no outreach committees.

Goal: To reduce HIV transmission

Objectives: Not stated.

Activities

- ⇒ Conducting IEC at the hospital, community, school and bars
- ⇒ Promoting voluntary counselling and testing through IEC
- ⇒ Visiting the sick

Strengths

- Unity among members
- Being PLWA draws more attention from audiences
- Only one member dropped out since the group started.

Weaknesses

- Members come from places that are very far apart. Hence, it is difficult to meet
- Some members do not follow group regulations.

Threat

- Members felt there was no concrete benefit that is accrued from being a member of a support group other than offering one’s services and sacrificing the little they have.
- Domination by health personnel in decision-making.

Opportunity

- Hospital based Home based care committee
- Support from the teachers, chiefs.
- Transports around Ekwendeni
- Ekwendeni Youth support group

Sources of support

The group has not received any external support since it started. Possible means of fund-raising as seen by the group were:
individual member’s contribution, big walk, drama shows.

Records kept

Register for members and monthly reports on activities done are submitted to hospital AIDS co-ordinator.

The group desires to build an office and become independent from the hospital system. At the same time the group expects MANET+ to conduct supportive supervisory visits to support group, give feedback to support groups on issues submitted and organize resource mobilisation activities for support groups.

Courses Attended	No of Members Trained
Counselling	22
Management(MANET+)	4
UNV Proposal and Budget Writing	6

RUMPHI AIDS SUPPORT GROUP

The group started in 1997 as an initiative of the district AIDS office.

Membership

Size	15 Members	
Females	6	
Females	9	
Age	20 Youngest	50 Eldest
Sero-status	2 HIV Positive	

Membership fee is K50 per annum.

Structure

Executive Committee

The executive committee is composed of chairperson, Secretary, treasurer and their deputies and four (4) committee members. All are elected through an election process - secret ballot.

Under the executive committee are the following sub committees: Outreach subcommittees, which work with the village AIDS committees.. However, some villages have no VACs.

Term of office was not specified. Four of the current office bearers have been in the committee since the group started in 1997. Other executive members, especially new ones, drop out once elected.

Geographical Coverage

Size	28 villages, about 7 km radius
Population	Not known
Area	About 7-Km radius

The group indicated that it was implementing their activities effectively around the district . Other distant places were being left out because it was difficult to travel there: follow up and work.

Goal: Not stated

Objectives

- To promote VCT
- To provide home based care
- To reduce HIV transmission
- Establish outreach committees to work towards HIV prevention
- To care for orphans.

Activities

- ⇒ Visiting the sick and caring for them
- ⇒ IEC on HIV AIDS

The group has an executive committee that comprise the chairperson, vice chairperson, secretary, vice secretary, treasurer, discipline master, costume designer and four executive members.. The executive is ushered into office through an election process. The term of office is two years. The MANET+ Code of Conduct is not being enforced.

Geographical coverage

The area of coverage was estimated to covering about 6 group village headmen that they thought could translate into about 25 villages. Members later agreed that this was an underestimation. It was noted that visits to the villages are haphazard so that there is high likelihood of some places being visited several times while not visiting the others. The group has so far formed 4 outreach youth clubs. It was observed that these outreach committees are not given full powers, are underrated and are denied resources and opportunities.

Goals, Objectives and Activities

The group had no stated goal. The group indicated that its objectives are:

- To promote information, education and communication of HIV/AIDS, drug and substance abuse,
- To raise awareness on environmental degradation and reproductive health
- To promote sports and education for out of school youth. The activities the group is currently involved in include drama, counselling, condom distribution, peer education, manning their resource centre and the AIDS office.

Existing Strengths

- High condom consumption rate from the groups' outlets
- Presentation of the groups' members in several networking committees i.e. Regional Youth Net, YTSC, District Youth Net.
- A lot of people frequent the resource centre
- The group has been successful in mobilizing youth to go for HIV test before marriage

Weaknesses

- Members easily defy the authority of their leaders leading to conflicts
- More girls than boys drop out, mostly due to pregnancies.
- The group heavily depends on donations
- Bad behavior among the groups' members

Gaps/Threats

- Deviation from constitutional mandate
- Home-based care is stated as one of the activities that the group should be implementing but in practice nothing is being done.. The same applies for orphan care. It was observed that the group failed to do anything because no one donated to them the required resources.
- Resistance from local leaders and other elders in the community
- Opposition from the church on condom use.

Opportunities

The existence of GTZ, World vision and DACC in the district

Sources of support

Since the group started it received financial assistance worth K10,000 from UNFPA towards the procurement of 4 push bikes; UNICEF provided 1 typewriter, sporting equipment, IEC material and 1 push bike; Press Corporation, through Youth Council gave 1 push bike. The patrons of the group assist on going activities by providing fuel, a vehicle, allowances and accommodation during outreach twice a month. They also provide stationery and stipends for those volunteers attached to the AIDS Office and funding for procurement of literature for the resource centre. The same patrons renovated the resource centre. The District Health Officer provides means of transport for combined trips.

Accountability

The group has a bank account whose signatories are the chairperson, the secretary and the financial controller. From the discussions it was observed that there was some reluctance to disclose the amount of money in the bank (K48,000) to the other members who were present. Otherwise, the general financial management seemed to be sound.

Perception

It was learnt that MANET visited the group once and did not impress upon the members what MANET is up to. It was observed that members had a feeling that there was nothing concrete that MANET has done in line with what was claimed to be its role. Worse still the invitations that MANET sends to the group for different fora arrive after the event is already gone and MANET never informs them of what goes on in those meetings. Members also felt that there was some confusion between the role of MANET and that of MANASO.

However the group members indicated that they expected MANET to train them on positive living, communicate in time so their group can also attend some meetings, send documents or information that those who attend international conferences bring back and provide support to the group in various forms. They also expected MANET to facilitate or advocate for the inclusion of PLWAs into DACCs in the country. The group observed that there were many more groups out there that wanted to be registered with MANET but do not know how to go about doing it and were not sure of the benefits of belonging to it.

Records

The group has an up to date record keeping system of the activities done especially in the AIDS Office and outreach.

The group sends quarterly reports to the DAC and monthly reports to the patron.

Courses Attended

Course	No of People Trained
Family Life Education	3
Introduction to Basic Accounting	1
Care Counselling	5
Computer	1
Peer Education	?

It was observed that the same individuals were getting all the training at the expense of group cohesion

CHITIPA PEOPLE LIVING WITH HIV/AIDS

Started in 1996. After it was started National NAPHAM members invited some members to attend a conference during which enlightened the group on the direction they had to take.

Membership

There were 8 members in the group at the time of the visit four of them women and four men. All members are sero-positive. The members were resident in two different places that are about 8 Kilometers apart.

Structure

The group had an executive committee comprising the chairperson, secretary and treasure and no executive members. There are no sub committees. The term of office was not specified. The serving office bearers had been in office since 1996, a situation that was attributed to the low group membership.

Geographical Coverage

The group in the beginning was covering the whole of Chitipa giving testimonies. However, in 1998 the group realized that the area was too big and reduced their area of coverage to an area they estimated to have about 44 villages. The estimated number of people living in the area was not available. There were no attempts then to establish outreach committees.

At the time of the visit the group had no funds at all.

Goal, Objective and Activities

No stated goal and objectives. Some of the activities that the group was undertaking included IEC aimed at limiting transmission, promoting VCT and promoting positive living. Another major activity is counselling which members do at the counselling centre and AIDS office. In addition members meet twice per month for group therapy.

Existing Strengths

- The group has a constitution
- New members are joining the group
- Only one member died since the group began indicating that member are benefiting from group therapy and positive lifestyle
- Strong spirit of voluntarism among members

Weaknesses

- The group does not meet regularly and when they meet there are always some members absent
- Financially, the group is very weak - even to support each other is difficult.
- The group does not have a group approach to financial hardships experienced by the membership.

Gaps/Threats

- GTZ pays stipends to Moto-moto youth group volunteers and not to PLWAs who also work in the AIDS Office and at the Counselling and Resource Centre.
- Invitation to courses and conferences reach the group later than the days when the events take place. It is imperative that MANET and other organizations follow up invitations with telephone confirmation.

Sources of Support

The group received two pushbikes from Regional AIDS Co-ordinator. The DHO provides transport for outreach at times.

While the support the group is receiving is minimal, there are no deliberate activities that are undertaken to promote their services in the area.

MANET was perceived as just another organization, which cropped up in the name of HIV/AIDS Networking so that a few individuals should accrue benefits and not to ensure that the stated objectives are achieved. The group felt that there was no justification for the co-existence of the three national bodies - MANET, NAPHAM and MANASO. They observed that though the three coexist there is no impact at the grass-root level: a few people at a high level benefit through external trips, allowances for local travel etc

The group indicated that while it is struggling to promote positive living, reducing stigma attached to HIV/AIDS and reducing spread of HIV, it expects MANET to provide capacity building to the membership, facilitate active dissemination of information and provide financial support by linking support groups to funding organizations. The group also proposed that MANET should strive to closer to the reality on the ground promoting exchange of information vertically and horizontally. The group suggested that there should be networking bodies at district level to ensure quick information flow.

The group last sent its reports to the DAC and RAC in 1998. Four members were trained in counselling.

CHILUMBA JETTY PLWA SUPPORT GROUP

The group started in 1997 with 2 members.

Membership

The group had 49 members at the time of the visit of which 11 were females and 38 males. The eldest woman and man were above 40 and the youngest boy was 15 years while the youngest girl was 17. Seven members were school pupils. Out of 49 3 were HIV sero-positive.

Membership is open to all people. Membership fee is K20 per month.

Structure

The group has an executive committee comprising chairman, vice chairman, secretary, vice secretary, treasurer, discipline officer and four executive members. It was observed that the group was full of hospital personnel except for the vice-secretary.

The term of office is one year but one can be re-elected into office for as many terms as members would like him/her to serve. However, it was noted that the last elections were held in 1998.

The MANET+ Code of Conduct was not being enforced.

Geographical Coverage

The size of the area of coverage was not known. Members estimated the area to be anything between 26 to 50 km radiuses in some directions. The area is within TA Wasambo.

Goal & Objectives

The group had no stated goal but had one objective: To raise awareness on the dangers of HIV? AIDS and provide effective care for PLWAs

Activities

- IEC through drama, poems and songs
- Home based care which mainly is visiting the sick in their homes, helping with household chores and giving foodstuffs to host families

Existing Strengths

- High attendance to the three meetings of each week
- All members are committed to paying monthly contributions

High participation from all members, including for outreach Activities.

Weaknesses

- A few members do HIV/AIDS awareness. Some members are shy.
- The group does not compiling reports.

Threat

Communities generally say that all those who join the group are HIV positive.

Opportunities

The existing structures for implementation of HIV/AIDS activities were mentioned as opportunities: District Health Office, NAPHAM, Action AID, NAPHAM and Karonga Prevention Services, Members of Parliament were seen as a likely group of people who can contribute positively to the group's efforts.

Sources of Support

Group members contribute money for outreach activities. Individuals from the community have also made their contributions. The District Health Office provides a vehicle when the group has outreach activities.

MANET:

It was observed that the group did not know MANET very well and was not willing to comment further on an entity whose mandate was not very clear. They expected MANET+ to take an initiative to come close to the support group and be seen to deliver. They further recommended that MANET should visit them regularly to provide bask stopping services and monitor the support group. They also wanted to see MANET+ getting interested in capacity building of their group and many other groups, which it has sidelined for a very long period. Another recommendation was that MANET should support their group in resource mobilisation.

Courses Attended

Course	No of People
Management	2
Health Living	4

KHONDOWE HOME BASED CARE VOLUNTEERS

Khondowe Home-Based volunteers operate as a section of Livingstonia Primary Health Care, which began in 1989. The home-based care component was introduced in 1997

Membership

There were 54 volunteers at the time of the visit. The members were drawn from 18 villages - 3 from each village. Most of the members were middle aged with the eldest at 60 years and the youngest 16 years old. Female members were 30 while males were 24. There were a total of 49 active members in the group. The HIV sero-status of all the members was unknown. Membership fee was at K 10.

Structure

The overseer of the whole implementation process is the Primary Health Care Office. There is a Board of Trustees under which the Executive Committee operates. The executive committee comprise of the chairperson, secretary, treasurer, and their deputies and 4 executive committee members. Members are elected into office boycotts them in. The term of office is 3 years and the last elections were held in 1999.

Geographical Coverage

The area covered was estimated to be around a 12-km radius, which covers about 18 villages. The group had no outreach committees

Goals, Objectives and Activities

The group indicated that it had not finalized formulating goals and objective because their constitution was in draft form. However, the activities for the group were listed as follows:

AIDS awareness, Care for PLWAs and orphans, Family Planning, Growth monitoring, Iodine promotion, counselling, providing material support to the sick.

Strengths

- Strong spirit of volunteerism among the members
- High attendance during meetings and activities
- Very strong sense of belonging and innovation regarding fundraising

Weaknesses

- High rate of drop outs due to unfulfilled expectations
- Low turn out to meetings
- Inadequate resources.

Sources of Support

Individual contributions

Vegetable growing, pottery and sale of paraffin

MANET+

To regularly visit the support group

Facilitate inter group meeting at all levels

Organize capacity building workshops