SIMON NKOLI EXCHANGE FELLOWSHIP PROJECT

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The purpose of the Nkoli Project is strengthen linkages between U.S. Based AIDS advocates and educators and Africa based advocates and educators in order to exchange experiences, identify best practices, cross fertilize in order to enhance primary and secondary prevention efforts and improve and/or expand HIV/AIDS capacity in a cultural context.

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Abstract

THE SIMON NKOLI EXCHANGE FELLOWSHIP PROGRAM

Of all the continents, Africa has been the one most devastated by the AIDS pandemic. Since the pandemic began, 34 million Africans have been infected, and almost 12 million of them have already died from the disease. In 1997, half of the 2.3 million deaths that were caused by AIDS worldwide took place in the main African "AIDS belt" that extends from Uganda to South Africa, a region that contains only 3 per cent of the world's population. The largest of these countries, South Africa, accounts for one out of every seven new infections on the continent. There are currently four countries in sub-Saharan Africa where the estimated HIV-infection rate ranges as high as 20 to 26 per cent of the adult population or one out of every four or five people. In one of the hardest-hit countries, Zimbabwe, surveillance data indicate that in the city of Mutare, close to 40 per cent of pregnant women are infected with HIV.

The situation is not hopeless, however. In those countries, such as Uganda, where effective public information campaigns have been carried out and where supplies of condoms are readily available, studies have shown that the use of condoms increases rapidly. And the increased use of condoms has resulted in verifiable declines in new HIV infections among two of the most-studied target populations, members of the military and commercial sex workers. The problem is the lack of resources, both human and financial, needed to carry out effective public advocacy campaigns and to make condoms as readily available as they need to be.

Some of the governments in the region, such as that of Uganda, have adopted forthright AIDS prevention strategies and have pursued them aggressively. Others have been more reticent. But all governments have found that the most efficient way to reach targeted populations is through non-governmental organizations, especially through community-based organizations with close ties to the people being served. By their very nature, however, these organizations almost always lack the professionally trained staff they need to have much of an impact on a problem of the magnitude of the AIDS pandemic.

The Simon Nkoli Exchange Fellowship Program is designed to help address this deficiency. It envisages recruiting and training front-line treatment advocates, case managers, policy analysts, health educators, community health outreach workers and prevention specialists from the United States to be sent as fellows to appropriate African organizations. There, they would work with the community-based organizations to help set up programs and train staff on strategies to reduce the risk of HIV transmission and to improve access to care and treatment for those already infected. Likewise, Africans involved in fighting HIV/AIDS in their own communities would be brought to the United States to serve as fellows in American non-profits. They would have an opportunity to learn from their U.S. counterparts at the same time that they passed on the knowledge they had gained through their own experiences. The result would be not only an immediate exchange of knowledge and information between African and American AIDS professionals but also the creation of a network of personal relationships that can serve to strengthen programs on both continents into the future.

The goal of the exchange program is to have the first fellows (with 5 exchange pairs) in place in the year 2000, with a chance to report on the initial experiences at the Geneva World AIDS Conference in July of that year. The ultimate goal would be to support 20 exchanges (40

people) every year, concentrating on the countries most in need: South Africa, Zimbabwe, Botswana, Swaziland, Tanzania, Namibia, Angola and Zambia. The Simon Nkoli Exchange Fellowship is a collaboration between the National Black Lesbian and Gay Leadership Forum and the African American AIDS Policy and Training Institute.

Organizational History and Capacity

The African-American AIDS Policy and Training Institute (The Institute).

The African-American AIDS Policy and Training Institute conducts activities designed to (i) reduce new HIV infections in people of African descent communities, and (ii) increase access to treatment resources and/or (iii) improve quality of life for Black people living with HIV/AIDS, including:

* Training modules for Black peer treatment and prevention advocates enabling them to directly serve Blacks infected with HIV or at risk for HIV infection according to intervention models proven (or to be proven) effective;

* Policy development and planning, including the NIA Plan, a National Plan to Stop HIV/AIDS in African-American Communities, conducted ion collaboration with federal, state and local government agencies, universities, community-based AIDS organizations, health care providers, opinion leaders and "gatekeepers," to formulate and disseminate policy proposals.

* Research in support of the Institute's training and policy-making activities, including (I) background research in already available statistics and data on HIV and Black populations, and (ii) cutting-edge research on models for prevention and treatment interventions; and

* Publishing policy recommendations, training manuals and articles in support of its training and policy-making activities, using print and electronic media. Specifically, the Institute will publish the NIA Plan and other policy proposals, various research papers and, culturally appropriate information about HIV to African-American audiences in the form of newsletters.

* International initiatives, including the Simon Nkoli Exchange program, designed to make the experience of U.S. AIDS service organizations and appropriate technical support available to African non-governmental and community-based organizations, and the International Community Treatment and Science Institute.

* The Andrea Randolph Correctional Health Scholarship program, which includes continuing medical education and degree programs targeting physicians who are providing (or will commit to providing) medical care in correctional settings. These programs will be conducted under the supervision of the Institute's Medical Director in collaboration with teaching hospitals and university medical centers conferring a master's degree in public health/correctional health.

The Institute has collected some of the most important documents available reflecting the development of AIDS social policy in the first 20 years of the pandemic. The goal of the Institute is to extend the global HIV/AIDS policy brain trust. The Institute will document the history of AIDS social and public policy, train AIDS policy makers of the future and bring lessons of the AIDS pandemic to bear on the formulation of public health policy generally. In addition to preserving papers and artifacts, The Institute will eventually make its entire document collection

available on the Internet and provide invaluable resources for students, policy makers, public health officials, advocates, activists, researchers and the general public.

The Institute's director is Phill Wilson. Mr. Wilson has been involved in international HIV/AIDS initiatives for the last decade. He has presented at each of the last six World AIDS conferences. He was a Keynote speaker at both the Mexico and South Africa GNP+ conferences. He has led US HIV/AIDS and Gay and Lesbian delegations to Kenya, Zambia, Zimbabwe, Botswana and South Africa. He was a presenter at the 1998 World conference Churches meeting in Harare, Zimbabwe.

The Institute Programs

In addition to our standing collection, we are currently working on the following programs:

- "From Slogans to T-Shirts", a history of the AIDS epidemic as seen through T-shirt art
- Simon Nkoli Exchange Fellowship Program
- International Community Treatment & Science Institute
- South African ANSA Partnership
- The NIA Plan, a "Marshall Plan" to address AIDS in African-American communities.
- The African American HIV/AIDS Training college

Description of Target Population and Needs Assessment

Target Population

The target populations for the pilot project of the Simon Nkoli Exchange Fellowship Program are those persons infected and affected by HIV in South Africa and Zimbabwe, and those whose infection may yet be prevented through the efforts of NGOs in these countries.

In South Africa, a country of 43 million people, estimates of those infected with HIV range from 3 million to 8.6 million. An estimated 1,500 people are newly infected every day. 80 percent do not know their HIV status. The age group of 20-24 carries the highest rate of infection. Most HIV infection occurs in people under the age of 30.

In Zimbabwe, a country of 12 million people, estimates of HIV infection range from 17 to 25 percent of the population. Zimbabwe has already lost over 200 people to AIDS, and at present 700 people per week are believed to die from AIDS, especially people in their most productive years from 19 to 45. Average life expectancy is expected to fall from 61 to 39 by the year 2010 because of AIDS.

Needs Assessment

specific barriers to dissemination of adequate HIV prevention information and education

Poverty/Economics

In Carltonville, South Africa, a mining town, economic patterns form a specific barrier to dissemination of adequate HIV prevention information and education. Twelve or more miners live in barracks as small as 20 feet by 20 feet. Women living in squatters' camps nearby support their children by selling themselves to the miners for an average of $3.25, although some women offer sex for as little as 80 cents. Between 27 and 41 percent of the miners are believed to be HIV-positive. According to Mark Lurie, a scientist with the South African Medical Research Council:

If you wanted to spread a sexually transmitted disease, you'd take thousands of young men away from their families, isolate them in single-sex hostels, and give them easy access to alcohol and commercial sex. Then, to spread the disease around the country, you'd send them home every once in a while to their wives and girlfriends. And that's basically the system we have with the mines.

Misinformation

According to University of Durban-Westville anthropology lecturer and researcher Suzanne Leclerc-Madlala, there is a widespread belief among HIV-infected men that sex with girls under eight years old is a "cure" for HIV. This belief has led, with increasing frequency, to child rape. AIDS workers in KwaZuluNatal say at least five rape cases involving girls under the age of eight years old are being dealt with daily in every magistrate's court in that province. "Fellow AIDS researchers in Zambia, Zimbabwe and Nigeria have told me that the myth also exists in these countries, and that it is being blamed for the high rate of sexual abuse against young children," says Leclerc-Madlala.

Stigma

Although AIDS and HIV+ status stigmatize those affected by them in the United States, the stigma associated with AIDS in southern Africa is much greater. According to a spokeswoman for the Carlton Home Care project, a girlfriend or wife would not want to have her partner told that she is HIV-positive, for fear of being rejected or beaten. South African judge Edwin Cameron, who is HIV+, has said "The four million South Africans with HIV are in a situation that faced PWAs in the U.S. in the early-to-mid '80s: enormous prejudice and fear, and their own sense of a lack of remedy and support." Gugu Dlamini, a South African activist, was stoned and beaten to death by her neighbors, furious that she had spoken out about living with HIV. African women taking AZT during pregnancy to prevent mother-to-child transmission of HIV sometimes stop taking the drug when they go into labor. It is believed that taking AZT in front of relatives present at the time of birth would reveal the mother's HIV status, exposing her and her baby to abandonment or violence by her husband.

Lack of Infrastructure

Despite the successes of Zimbabwe's Matabeleland AIDS Council and other NGOs doing prevention work in southern Africa, these organizations remain under-staffed, under-trained and under-resourced. Peer educators, most of whom are themselves living with HIV and/or AIDS, are lost to the struggle when AIDS claims their lives. There is a pressing need to replace the peer educators who have been lost, and increase their ranks, as well as building the institutional capacity of NGOs working in the field of prevention.

Unmet HIV prevention needs and opportunities for creating linkages

Although migrant gold miners, sex workers, and youth have already been targeted for prevention strategies, more needs to be done to prevent the spread of HIV in each of these populations. U.S. experience has shown that peer-based programs reach those who were once considered "difficult" to reach because of poverty, cultural marginalization, and distrust of government and medicine. It is anticipated that linkages between African-American AIDS service organizations with experience in running peer-based programs will be beneficial to NGOs in southern Africa serving these populations. There is no time or money to "reinvent the wheel." Peer programs that work in African-American communities can be replicated or adapted to serve prevention needs among the most vulnerable populations in southern Africa.

Based on a needs assessment of the five pilot NGO partners, Africa based AIDS/HIV advocates, orphans, People living with HIV/AIDS, sex workers and men who have sex with men conducted from December 1998 to July of 1999, the Nkoli project will focus primarily on network development, institutional development and educational materials development.

Surveys were distributed in December of 1998 to 45 African AIDS workers who attended the International Community Treatment and Science Workshop prior to the 12th world conference on AIDS in Geneva. Data was collected in the preparation of the July issue of POZ magazine which focused on Africa. Interviews were held with the directors of the five pilot NGOs, sex workers and Gold miners in Carltonville South Africa, Orphans and affected families in Penhalonga, Zimbabwe, PWAs in Harare Zimbabwe and Gay men in Soweto, South Africa.

The directors of the five NGO partners were asked to list the skill sets that were the most needed in the development of their prevention and education efforts. The top ten in priority order were:

1. Community education/stigma-reduction
2. developing new Prevention models
3. Income generation
4. Policy advocacy (lobbying)
5. Women empowerment
6. developing Nutrition education for the prevetion of disease progression
7. Volunteer support/motivation
8. Treatment education (2 components: immediate, on-the-ground help and building a movement
9. Home-Based Care/Comfort (buddies)
10. Orphan support

During the pilot period, The Nkoli project will work with five NGO's and the following target groups:

Zimbabwe:

The Centre - People with HIV/AIDS and their families

The Kubatana Organisation - AIDS Orphans and young people in bars and clubs

The Southern Africa AIDS Information Dissemination Service - AIDS policy makers and advocacy networks in Southern Africa

South Africa

The Township AIDS Project - Gay and Bisexual men and healthcare workers

The Mothusimpilo Project - Sex workers and Gold miners

Program Plan

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development and program evaluation at the Institute. The fellow will be required to conduct training in cultural competency, community building and other subjects relevant to his or her experience in Africa.

Each exchange initiative of the Nkoli project will take two years.

Timeline

Month One:	US Fellow is trained at the Institute and do research of AIDS in her/his host country and receive pre-orientation about the local community and the host NGO. African Fellow writes Action plan for his/her return to Africa which must be signed off by director of NGO.
Month Two:	U.S. Fellow travels to Africa, receives orientation from host NGO receives training from African Counterpart and writes action plan to be signed off by Director of NGO
Month Three:	African Fellow travels to US, is trained at Institute receives pre-orientation on host CBOs and ASOs. American Fellow begins work in Africa
Month Four thru Six:	Both fellows do field work with host NGO/ASO/CBO and keep diaries of experiences.
Month Seven:	African Fellow returns to Africa. Fellows debrief with each other. Director of NGO writes evaluation of American Fellow. Both fellows, the NGO director and the supervisors at the ASOs and CBOs complete satisfaction surveys. American returns to U.S.
Month Twelve:	Institute Evaluator visits African NGOs to evaluate impact of exchange on NGO and or local community. NGO submits copy of Annual progress report.
Month Twenty-four:	Institute Evaluator returns to NGO to evaluate any long term impacts of exchange.
Ongoing:	The Institute will serve as a clearing house and information and skill referring service for African NGO.

Evaluation Plan

The Simon Nkoli Exchange mentorship will be eveluated in the following manner:

US Fellows

1. Each US fellow will write an action plan within the first 30 days of arriving in Country. The action plan must be signed off by the host NGO.
2. The fellows supervisor will complete a personel evaluation at the end of the fellowship

3. The fellow and the host NGO will complete a satisfaction survey
4. The fellow will complete a final report within 30 days of the completion of the fellowship
5. Six months after the end of the fellowship the Institute will do a follow up outcome evaluation with the Host NGO

African Fellows

1. The Fellow will write an action plan prior to leaving his or her community that also must be signed off by the African based NGO.
2. The fellow must demonstrate proficiency in a number of subject matters covered in the thirty day training at the Institute.
3. The fellow will complete a final report listing accomplishments and challenges within 30 days of completion of the fellowship
4. The Fellow will complete a Satisfaction survey following the training and following the field work
5. Six months after the end of the fellowship the Institute will do a follow up outcome evaluation with the sponsoring African NGO