

# Community Care Coalitions (CCC): An effective, local and community-wide response to HIV and AIDS in Gwembe District, Zambia

## I. Background

Luumbo Area Development Program is located in Gwembe District, the southern part of Zambia, a region where HIV prevalence is high and food insecurity is chronic. The Luumbo Program is facilitating an innovative community-led response to the tremendous vulnerability caused by AIDS in the area: Community Care Coalitions (CCCs). The coalitions bring together churches and other faith communities, government, local business, NGOs, and CBOs. Building on efforts already underway in the community, these coalitions support volunteer home visitors who take responsibility for identifying, monitoring, assisting, and protecting OVC.



*Home based care providers demonstrating skills in caring during a training*

WV's roles are to mobilize these coalitions where necessary, strengthen their technical and general organizational capacities, provide modest amounts of financial and material support, link them to other sources of support, and advocate for more resources to be made available for their work.

The coalition works with World Vision to define criteria for assessing vulnerability within the community. The coalition then takes responsibility for identifying OVC in the community, using these criteria. The coalition also recruits home visitors: caring community members committed to visiting the homes of OVC regularly. These home visitors are trained by WV and other partners to enable them to provide essential assistance, including:

- Continuous monitoring of child well-being (including health, nutrition, education, and psychosocial status)
- Protection against abuse and neglect (through prevention, negotiation, advocacy, and referrals)
- Spiritual and psychosocial support for OVC and their guardians (through one-on-one counselling and through fostering support groups among OVC and among guardians)
- Mentoring on life-sustaining skills (negotiation and decision-making skills for HIV prevention, household management skills, negotiation skills, basic agricultural skills where appropriate, home repair skills, etc.)
- Local-level advocacy for policy, practices, and resources to benefit OVC and their families



In addition, the community care coalitions work to provide the following assistance as needed by the children and families they identify as most vulnerable, as resources allow:

- Facilitating access to education
  - Overcoming barriers to primary school attendance (fees, uniforms, supplies, stigma and discrimination, etc.)
  - Arranging apprenticeships, vocational education, secondary school, or other appropriate education for older OVC



*A boy performing a sketch during HIV and AIDS awareness meeting in Lukonde zone, Gwembe District*

- Emergency nutritional support when necessary
- Referrals to health care facilities
- Assistance with basic household tasks (fetching water, cleaning house, tending crops, etc.)
- Care for chronically ill adults and children in the household (valuable on its own, and because it relieves the heavy psychosocial and labor burdens on children of chronically ill parents/guardians)
  - Palliative care – simple assistance to reduce physical suffering, including basic medicines and/or traditional remedies that are safe, effective, and available
  - Nutrition – training on good nutrition practices and provision of training and supplements (when necessary and available)
  - Hygiene training – to protect from HIV transmission
  - Spiritual and psychosocial support

Community Care Coalitions also work with World Vision to facilitate HIV prevention for children aged 5-18 years. Children in the community are trained in life skills using the Adventure Unlimited curriculum. Some children are trained as peer educators to promote HIV prevention among their fellow children. Some of the vulnerable youths are linked by the CCCs to vocational trainings such as carpentry and tailoring.

## 2. Results

In Luumbo ADP, 10 active CCCs support 166 home visitors who have provided care and support to 1,429 orphans and vulnerable children and more than 190 chronically ill adults. The care and support provided by the CCCs has contributed substantially to a major increase in the number of people accessing voluntary counselling and testing. One of the rural health centers in Luumbo recorded a total of 386 females and 130 males who underwent voluntary counselling and testing in a three month period (October-December 2005), the highest ever. In October of 2005 alone, the same rural health centre together with the CCCs in Luumbo organised mobile testing where a total of 122 females and 58 males were tested. An important achievement is that women and men are coming forward to be tested and that stigma and discrimination may be decreasing sufficiently to encourage people to come forward.



### **3. Institutional Linkages**

The Community Care Coalitions bring together a wide range of stakeholders, enabling them to coordinate their efforts to address the impacts of AIDS and other causes of vulnerability in the community. Each CCC is linked with the District HIV and AIDS Task Force. The range of different people within the CCCs gives the group additional ability to leverage and influence key stakeholders at local and district levels through intentional collaboration and advocacy.

### **4. Lessons Learnt and Recommendations**

Community Care Coalitions can serve as effective local mechanisms for providing community-led care and support and have proven to be effective in responding to the needs of the most vulnerable in the community while minimizing the risks of dependency. They provide a powerful platform for a self-sustained, community-wide response to HIV and AIDS prevention, care and advocacy. The CCCs are effective in facilitating a contextually relevant response to local needs.

The CCC approach is fundamentally developmental but also allows for delivery of emergency assistance as needed within community led initiatives that build on local resilience and assets as well as strengthen community capacities.

It is essential to put priority on local associations and local leadership for an effective response to HIV and AIDS. It is also important to link the CCCs to District and Provincial HIV and AIDS Task Forces while supporting them with capacity building.

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Esther Nkumbwa  
World Vision Zambia  
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