

The role of Changing the River's Flow Programme in turning the tide

By Maserame Mojapele

The SAfAIDS Changing the River's Flow (CTRF) Programme challenges gender dynamics in a cultural context to address HIV by reducing HIV incidence. The programme works through partnerships with 37 organisations in nine southern Africa countries (Botswana, Malawi, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe), and seeks to address the interlinkages between gender-based violence (GBV), culture, women's rights and HIV.

The diagram below shows how gender-based violence, violation of women's rights and an increase in HIV infection interact with negative cultural practices and norms.



Source: SAfAIDS CTRF manual

SAfAIDS has been implementing this programme for the last five years in collaboration with partners in nine countries. The 37 SAfAIDS partners trained more than 2,000 community-based volunteers (CBVs), who, using the SAfAIDS HIV and GBV prevention package, undertake door-to-door information dissemination



Chief Mdluli of Swaziland. [Photo courtesy of SAfAIDS].

promoting behaviour change, changing harmful cultural practices, addressing domestic violence and promoting women's rights in the community.

The effects of the door-to-door campaigns and community dialogues are evident. Initially, CBVs changed their own behaviour before influencing the community to do the same. Traditional leaders (some of them CBVs) have supported the programme. A traditional leader can either be a man or a woman who leads the community. Traditional leaders are recognised symbolic figureheads with power, charged with acting as arbitrators in local disputes.

In some cases, such leaders advise Parliament on issues of customary law through formalised structures like House of traditional leaders in South Africa.

SAfAIDS views a traditional leader as one with power and authority to make decisions within the community, a person who always puts the interest of his/her community before his/her interest.

An important issue addressed by the CTRF programme is the lack of the Traditional Leaders' (TLs') voices in tackling HIV. This had a negative impact on HIV initiatives because communities look for guidance and reaffirmation from these leaders. It is argued that past HIV prevention initiatives have failed to make a significant difference because they have focused solely on individual behaviour change. In southern Africa, the role of communities and traditional culture is of particular importance in influencing the individual behaviour. Civil society, traditional and political leaders have a responsibility to address HIV.



Traditional leaders from southern Africa during SAfAIDS Leadership Rock Programme for HIV Prevention event. [Photo courtesy of SAfAIDS].

Both political and traditional leaders have shied away from addressing the socio-cultural and economic factors that lead people to risky behaviours. They need to act, allocate resources and provide strategic thinking to address HIV prevention within the community. TLs and related structures are critical to championing and delivering prevention messages, as well as confronting and addressing those cultural practices and norms (such as widow cleansing, multiple concurrent partnerships, polygamy, girl-pledging and wife inheritance) that contradict HIV prevention strategies. They also have a role to play in the fight against stigma and discrimination.

“I use my customs and culture positively in Mbilaneni community to mobilise men to discuss and introduce ‘matters of the heart’, including HIV and GBV. Men come to cultivate in my garden and we take advantage of such occasions to discuss important issues, including HIV and GBV. Women come to weed and they sing songs that communicate to me the problems they are facing in the villages. This way, I get to know their problems and address them,” Chief Sokhaya Fano Mdluli from Swaziland said.

While undertaking HIV prevention interventions, SAfAIDS recognises prevalent cultural norms and practices. It also enhances the capacity of TLs and creates space for communities to dialogue and influence the deeply-rooted social and cultural norms that hinder gender equality and HIV prevention.

SAfAIDS also has another programme for HIV prevention — the “Leadership Rock Programme for HIV Prevention”, which seeks to mobilise traditional leaders to be proactive in ensuring the survival of their people. The programme equips the leaders with knowledge and skills to reduce their personal risk and motivate others. SAfAIDS believes that the extent of the African epidemic is affected by culture. As much as people respect and try to maintain their cultures, it is important that they also protect people. SAfAIDS is therefore working with traditional leaders to find ways of turning the tide on gender-based violence, HIV and harmful cultural practices that expose people to HIV infection.

According to cultural researcher Raymond Williams, culture is a set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and

literature, lifestyles, ways of living together, value systems, traditions and beliefs. UNESCO agrees with this definition.

Experiences from seven countries

The CTRF programme seeks to turn the tide on gender-based violence, HIV and culture, a crucial undertaking in southern Africa, which is still dominated by patriarchal relations. Changing the mindsets of people who regard culture as a way of life, as well as sometimes a ‘holy cow’ that cannot be tampered with, is a daunting task.

“Although there was nothing wrong with socially prescribing the way a people should live, some cultural practices were no longer progressive considering the need to maximise protection against HIV. We are appealing to our traditional leaders to help turn the tide because we know they are the custodians of culture and also command a lot of respect in the communities they

Figure 1: SAfAIDS CTRF partners in Namibia



lead," SAfAIDS Executive Director, Mrs. Lois Chingandu said. In this programme SAfAIDS has reached 500 traditional leaders who are currently actively involved in the programme at the community level.

One of the seven countries that the programme operates in is Namibia, with a population of approximately two million people and an HIV prevalence of 18.8 per cent. SAfAIDS partnered with five organisations to implement the CTRF project in five of the 13 regions of Namibia, namely, Ohangwena, Oshana, Omusati, Kunene and Khomas.

The partners trained 430 community-based volunteers (CBVs), who in turn reached over 2,500 community members through door-to-door campaigns, among them 500 community leaders. Positive changes identified as a result of the CTRF interventions in Namibia include: increased awareness of existing gender-related laws at community level; reduction in the reported number of GBV cases; increased uptake of TB and ARV treatment; positive changes in the attitudes of CBVs towards the issues of GBV and HIV, and greater involvement of custodians of culture in the fight against GBV and HIV.

According to a programme beneficiary from Kamanjab area, "I used to get sexually-transmitted infections (STIs) every time I had sex with my husband, but I was so scared to ask him to use a condom. But when I started taking part in the community dialogues, I felt it was important to talk to my husband about condom use. I encouraged him to attend the male dialogue and that has changed everything. When I bring up the issue of condom use, he does not fight with me as he used to do, but now agrees that we use a condom. My greatest victory came when he agreed to be treated for STIs as well!"

In Malawi, SAfAIDS collaborated with the Gender Support Programme (GSP), Friends of AIDS Support Trust (FAST) Kasalika Community Development Organisation (KACOD) and Malawi Network of People Living with HIV (MANET+), to realise improved couple communication regarding sexual matters; the formation of referral networks among traditional leaders to encourage Government, NGOs and CBOs to support women and girls; the modification of harmful cultural practices that expose women and girls to HIV, such as widow cleansing, as well as encouraging custodians of culture to take a leading role in addressing issues related to women and girls who face abuse.



Grandmothers Against Poverty and AIDS CBVs during a CTRF gala dinner.

[Photo courtesy of GAPA].

The programme's achievements in Mozambique include changes in cultural practices and beliefs; increased awareness about the linkages between cultural practices and HIV; and getting local government and traditional leaders to commit to influencing change regarding negative cultural practices such as widow cleansing. Now women's voices are heard more than ever before.

HIV and GBV are among the many problems facing South African women. The country has the highest number of people infected with HIV globally — 5.3 million (UNAIDS, 2009). One in four men in South Africa admits to having committed rape (Medical Research Council study, 2009).

SAfAIDS partnered with four organisations to implement the CTRF programme in the country. It collaborated with Rural Education, Awareness and Community Health (REACH) to address sexual harassment and violence against women, including interlinking factors such as HIV, on farms and in communities in the Western Cape Province. It also worked closely with People Opposed to Women Abuse (POWA), a feminist organisation that provides psychosocial support and legal advice to women survivors of violence, and Grandmothers Against Poverty and AIDS (GAPA) to offer psychosocial support.

SAfAIDS also worked with Kitso Vutivi Institute to drive social change through training communities to enable them

implement the goals of the country's National Strategic Plan.

The four partners trained 362 CBVs, who in turn reached more than 7,000 people through door-to-door campaigns. Partners in South Africa noted that:

- The willingness of men to speak openly about their vulnerabilities regarding HIV during several men's dialogues is an indication of their intentional involvement in responding to HIV.
- Demand for services (such as VCT and psychosocial support) has increased.
- Involvement of other community-based organisations (CBOs) and local stakeholders such as police and clinic workers strengthened the project's impact. The South African Police Service (SAPS) now recognises the support role that community-based volunteers (CBVs) can play in the community and is willing to take up cases more urgently.
- Door-to-door campaigns also allow community members to openly discuss problems and be honest about issues.

In Swaziland the programme has influenced traditional leaders and men to be champions of HIV prevention. Men and traditional leaders use "lisango"/kraal as their private place to discuss issues of manhood related to GBV, HIV and AIDS. The CTRF programme is particularly successful in encouraging communities to start breaking the silence around HIV and gender-based violence and in getting people to open up about and share their



Conference participants arrive at Seke where CTRF was first piloted. [Photo courtesy of SAfAIDS].

personal experiences of abuse. Women are free to talk about sex and report GBV. Positive Women Together with support from SAfAIDS documented experiences that made the book titled *Swazi Survivor Stories of Abuse: Interlinkages between women's rights, abuse of women, HIV and culture*.

In Zambia, following the success of the SAfAIDS CTRF programme, there has been an increase in the number of gender-based violence cases reported at local police stations, especially in Choma district. The project has also strengthened referrals between

community structures such as the church, victim support units, voluntary counselling and testing (VCT) and health centres.

The Christian AIDS Taskforce (CAT), Padare Men's Forum; Seke Rural Home Based Care (SRHBC); Students and Youth Working on Reproductive Health Action Team (SAYWHAT) and Women's Action Group (WAG) partnered with SAfAIDS in implementing the project in Zimbabwe. These partners have also noted the following positive changes as a result of implementing the CTRF programme: increased knowledge of the links between

harmful cultural practices, HIV, GBV and the existence of laws such as the Domestic Violence Act; there is respect for women's rights in traditional courts; collaborative efforts by religious and traditional leaders in addressing GBV, HIV and culture; traditional leaders supporting young people by addressing their challenges in an informed and objective manner; men are beginning to support their wives in prevention of mother-to-child transmission (PMTCT) programmes, including going for couple counselling and taking steps towards ensuring the healthy survival of the child.

Lessons learned

- The CTRF is a very powerful approach that recognises the contexts in which HIV and GBV can be addressed.
 - The inclusion of community leaders as CBVs helps motivate community members to participate in the community dialogues.
 - High participation by men is an indication that they are prepared to bring about behavioural change through dialogue and not confrontation.
 - In some areas, harmful cultural practices still exist secretly, e.g. wife inheritance, early marriages and widow cleansing.
- Therefore there is need for more sensitisation.
- Despite positive changes, spaces that combine women and men are still dominated by men.
 - Despite a drive to de-stigmatise HIV, this is still very prevalent but caution is needed to avoid placing persons living with HIV at risk.
 - While CBVs are very excited about creating change, expecting them to give of themselves and their time for an extended period is difficult. This is a great challenge for a project largely reliant on volunteers to fulfil its targets.
 - Use of drama makes it easy to discuss sensitive issues.



Women listen during a CTRF dialogue organised by SAfAIDS' partner organisation in Swaziland. [Photo courtesy of SAfAIDS].



A man responds to questions during CTRF dialogues in Swaziland. [Photo courtesy of SAfAIDS].

Traditional leaders have an important contribution to make regarding behaviour change and hence form a critical target group.

A major challenge for the CTRF programme has been the use of community-based volunteers, who need to be adequately motivated, but are not, due to financial constraints.

Recommendations on the programme's future

The CTRF needs to run over a long period to ensure sustained behaviour change. Also, it needs further strengthening by components that empower CBVs with basic crisis counselling/containment especially where there are no services such as health institutions. There is also a need to devise innovative strategies to involve men in health issues which will benefit both men and women. When men change their behaviour it benefits them as individuals as well as the women they socialise with.

Lastly, there is a need to replicate the projects in other parts of the nine countries, especially where rates of HIV and gender-based violence are high. ■

Key lessons learnt

- The inclusion of community leaders as CBVs helps motivate community members to participate in the community dialogues.
- High participation by men is an indication that they are prepared to bring about behavioural change through dialogue and not confrontation.
- Traditional leaders have an important contribution to make regarding behaviour change and hence form a critical target group.

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