

**GOODBYE TO PROJECTS?
THE INSTITUTIONAL IMPACTS OF A LIVELIHOOD APPROACH ON
DEVELOPMENT INTERVENTIONS**

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**A livelihoods-grounded audit of
Sexual Health and Rights
Programme (SHARP!) in Southern
Africa**

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BACKGROUND TO PROJECT AND WORKING PAPER SERIES

This paper is one in a series of working papers prepared under a research project entitled *Goodbye to Projects? The Institutional Impacts of a Livelihood Approach on development interventions*.

This is a collaborative project between the Bradford Centre for International Centre for Development¹ (BCID) with the Economic and Policy Research Centre (EPRC), Uganda; Khanya – managing rural change, South Africa; and, Mzumbe University (formerly the Institute for Development Management (IDM)), Tanzania. The project is supported by the UK Department for International Development (DFID) under their Economic and Social Research Programme (ESCOR).

Approaches to projects and development have undergone considerable change in the last decade with significant policy shifts on governance, gender, poverty eradication, and environmental issues. Most recently this has led to the adoption and promotion of the sustainable livelihood (SL) approach. The adoption of the SL approach presents challenges to development interventions including: the future of projects and programmes, and sector wide approaches (SWAPs) and direct budgetary support.

This project intends to undertake an innovative review of these issues. Central to this will be to question how a livelihood approach is actually being used in a range of development interventions. This will be used to identify and clarify the challenges to the design, appraisal and implementation of development interventions and changes required from the adoption of a livelihoods approach.

The research was conducted in two phases. The first phase consisted of general and country reviews on SL and development interventions. The second phase of the research involved the compilation of ten detailed case studies of development interventions in Uganda, Tanzania and South Africa. These case studies compare and contrast the implementation of a range of sector wide approaches, programmes and projects all developed with a livelihoods-orientation.

Each case study intervention was examined through what might be termed as a ‘sustainable livelihoods (SL)-grounded audit’, which uses sustainable livelihoods ‘principles’ as the basis. The results of this analysis offer useful guidance on the opportunities and challenges faced by development practitioners in operationalizing sustainable livelihoods approaches.

This paper ‘A livelihoods-grounded audit of the Sexual Health and Rights Programme (SHARP!) in Southern Africa’ is the tenth in the series of project working papers.

¹ Formerly Development and Project Planning Centre (DPPC)

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PROJECT WORKING PAPERS TO DATE

- 1. Annotated bibliography on livelihood approaches and development interventions.**
- 2. Appraisal of the use of livelihoods approaches in South Africa.**
- 3. Review of approaches to development interventions in Tanzania: From projects to livelihoods approaches.**
- 4. Review of development interventions and livelihoods approaches in Uganda**
- 5. A livelihoods-grounded audit of the Participatory Planning for District Development within Capacity 21 programme (Tanzakesho) in Tanzania**
- 6. A livelihoods-grounded audit of the Community-Based Planning (CBP) action research project in South Africa.**
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- 8. A livelihoods-grounded audit of the Sustainable Management of the Usangu Wetland and its Catchment (SMUWC) project in Tanzania.**
- 9. A livelihoods-grounded audit of the Magu District Livelihoods and Food Security Project (MDLFSP) in Tanzania.**
- 10. A livelihoods-grounded audit of the Sexual Health and Rights Programme (SHARP!) in Lesotho and South Africa.**

- 11. A livelihoods-grounded audit of the Training for Environmental and Agricultural Management (TEAM) project in Lesotho.**
- 12. A livelihoods-grounded audit of the Sustainable Coastal Livelihoods Programme (SCLP) in South Africa.**
- 13. A livelihoods-grounded audit of the Plan for the Modernisation of Agriculture (PMA) in Uganda**
- 14. A livelihoods-grounded audit of the AIDS/STD programme in Uganda.**

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<http://www.brad.ac.uk/acad/dppc/GTP/goodbye/html>

TABLE OF CONTENTS

1. An SL-grounded audit approach	7
2. SHARP!- the case study	10
2.1 Description of the intervention	10
2.2 Impact	12
2.3 Poor people as focus	14
2.4 Participation	15
2.5 Partnership	15
2.6 Holistic approach	17
2.7 Policy and institutional links	17
2.8 Building on strengths	17
2.9 Dynamic and flexible	18
2.10 Accountability/responsiveness	18
2.11 Sustainability	18
2.12 Critical factors	19
Appendix 2.1 References and bibliography	20
Appendix 2.2 People interviewed	21
Appendix 2.3 Acronyms	22

1.0 The SL-grounded audit of development interventions

The cases studies in this research were chosen for inclusion following a first phase review of the use of livelihoods approaches in Tanzania, Uganda and Southern Africa. Data was collected using a number of methods including questionnaires, semi-structured individual and focus group interviews, collection and review of process documentation and workshop activity.

All ten case studies have been analysed according to what we term a ‘SL-grounded audit’ described below so that the emerging lessons can be compared. Each study is divided into two sections: the first a general introduction to the intervention; and the second, a structured response to a series of questions adapted from the SL-principles as defined by Carney (2002) in Box 1. SL principles are one element of sustainable livelihoods approaches. This research adopts these principles as a structuring tool and as means of pinpointing the practical implications of adopting a sustainable livelihoods approach to development.

Box 1. SLA principles defined by Carney (2002)

Sustainable livelihoods approaches: Progress and possibilities for change, p14-15, London: Department for International Development

Normative principles:

People-centred: sustainable poverty elimination requires respect for human freedom and choice. People- rather than the resources, facilities or services they use- are the priority concern. This may mean supporting resource management or good governance, for example but the underlying motivation of supporting livelihoods should determine the shape and purpose of action.

Empowering: change should result in an amplified voice opportunities and well-being for the poor.

Responsive and participatory: poor people must be key actors in identifying and addressing livelihood priorities. Outsiders need processes that enable them to listen and respond to the poor.

Sustainable: there are four key dimensions to sustainability-economic, institutional, social and environmental sustainability. All are important-a balance must be found between them.

Operational principles:

Multi-level and holistic: micro-level activity and outcomes should inform the development of policy and an effective governance environment. Macro- and meso-level structures should support people to build on their strengths.

Conducted in partnership: partnerships can be formed with poor people and their organisations, as well as with public and private sector. Partnerships should be transparent agreements based upon shared goals.

Disaggregated: it is vital to understand how assets, vulnerabilities, voice and livelihood strategies differ between disadvantaged groups as well as between men and women in these groups. Stakeholder and gender analysis are key tools.

Long-term and flexible: poverty reduction requires long-term commitment and a flexible approach to providing support.

Each case study follows the structure detailed below:

Description of the intervention: this includes a chronological description of the evolution of the particular intervention and details the main stakeholders and activities undertaken in implementation. Original logframes and planning documents have been reviewed where possible.

Impact: Assessment of the impact of interventions relates to the success or failure of an intervention to achieve the outputs or outcomes that were the main focus of the intervention. The effect of this is that our understanding of impact is somewhat limited and partial. The methodology used in this research project did not allow for significant impact assessment with intervention beneficiaries at the micro-level (although this was done on a small-scale in most of the case studies). This section also includes some assessment of the costs of the intervention balanced against the number of people who benefit from it.

Poor People as focus

Do, or did, the objectives of the intervention include a mention of people and their livelihoods?

How central is this to the intervention's objectives?

How much were household livelihoods a focus during implementation?

Participation

What type of participation was used at each stage of design, implementation, monitoring and evaluation?

How and when did this participation occur?

What incentives were there for people to participate?

Partnerships

What was the type of partnership and collaboration between these organisations at micro-meso-macro?

Who owned the project?

Holistic approach

How holistic was the analysis used in design?

How does the plan for the intervention fit into the broader development plan?

How does the intervention coordinate with other development interventions in the area?

Policy and institutional links

How integrated was the intervention with existing institutional structures?

What evidence is there that the intervention addressed linkages between policy at micro, meso and macro levels and across sectors?

Building on strengths

Does the intervention build on existing strengths at the different levels?

Dynamic and flexible

Did the objectives and activities of the intervention change to respond to a changing environment and/or demands?

What further interventions have arisen from the intervention? How did this take place?

Accountability/ responsiveness

How were those implementing the intervention accountable to the public and intervention's beneficiaries?

Who reports to who and what about?

Do beneficiaries (micro) or partners (meso) have an influence on the intervention and how?

Sustainability

Economic

Is the system able to be sustained financially?

Are the "technologies/services" economically viable for beneficiaries?

Social

Are vulnerable groups able to access and use effectively the systems of the intervention?

Are the institutions created/used by the intervention able to sustain themselves beyond the life of the intervention?

Environmental

Are the technologies/services environmentally beneficial?

Are the systems (meso level) beneficial/neutral?

Institutionally

Are the capacities and systems established in such a way so that the system will continue (beyond the life of the intervention)?

Will they continue to generate the outcomes envisaged?

Critical factors

What were critical factors affecting the performance of this intervention?

Comparing Cases

Each case study can be read as a stand-alone document as the SL-grounded audit is in itself a useful means of understanding the strengths and weaknesses of an intervention. However, the broader aim of this research is to compare lessons across all ten case studies in order to identify more generally the challenges and opportunities faced by development practitioners in operationalising a sustainable livelihoods approach.

2.0 SEXUAL HEALTH & RIGHTS PROMOTION PROGRAMME (SHARP!)

2.1 Description of the intervention

SHARP! as its name suggests, is a sexual health and rights education programme, which is being implemented by CARE South Africa - Lesotho. Its evolution began with the development of a Sports & Footballers Education project (SAFE) in 1995 implemented in Lesotho. The aim of the project at the time was to raise awareness of HIV/AIDS through activities held during high profile football tournaments as well as the distribution of printed educational materials. The project mainly targeted youth. National sports heroes served as role models for young people and communicated AIDS prevention messages to the public.

Through additional funding in 1997, SAFE was able to continue through to 2000. This became Phase II of SAFE. During this phase CARE worked with its partner organisation Population Service International (PSI) and its local counterpart organisation, the Society for Family Health (SFH). Youth peer education and condom marketing were the key project strategies. During this phase, attention was paid to developing a strong community-based youth peer education component, which provided the support, on-going training and skills development needs of Peer Educators in Lesotho.

SHARP! effectively is an extended version of SAFE with a wider scope of coverage and a revised focus. Through SHARP, SAFE has expanded to include vulnerable groups identified in selected border sites, including sex workers, migrant labourers and their partners, youth, low income women (such as those working in factories or managing small businesses close to the border crossings and seasonal workers in South Africa), as well as long distance drivers (both of taxis and trucks) (CARE 2000). Noteworthy is the fact that SHARP is a cross-border initiative, between South Africa and Lesotho border towns of Ladybrand/Maseru, Ficksburg/Maputsoe and Mafeteng. It is reported that Mafeteng does not have counterpart activities in South Africa due to funds limitations. The programme is funded by USAID, Bristol Myers Squibb and CARE International, and implemented by CARE (CARE 2000).

SHARP's origin can be traced to 2000, but it is, in effect, building on a series of interventions started in 1995. SHARP's goal is to promote and protect household wellbeing of people affected by HIV/AIDS, and its objectives are to:

- Reduce vulnerability of households to HIV/AIDS by increasing the safety of sex among youth and other priority groups;
- Improve community-based organisation's capacity and strengthen them for comprehensive care in HIV/AIDS;
- Improve the ability of service providers to identify, understand and respond to the reproductive health needs of priority groups;
- Establish Resource Centres at programme sites; and

- Pilot Home-Based Care activities.

Activities of SHARP programme include:

1. **Peer Education** - peer educators are trained from each of the priority groups. The training consists of an initial four-day training followed by six follow-up meetings over 6 months. This training focuses on HIV/AIDS awareness and life-skills issues and develops the skills of the Peer Educators to educate others.
2. **Community-based organisations** - the programme works closely with existing CBOs to increase their capacity to work and function effectively as community organisations. In addition, the programme assists in the development of new CBOs to work on HIV/AIDS-related issues. Training is focused on developing the organisational skills and management of those CBOs.
3. **Service provider development** - the programme is working with people to improve the level of service provision for members of the identified priority groups. Those service providers include the police, traditional healers, teachers, nurses and other clinic staff. The programme is exploring methods of increasing awareness and linkages among service providers to improve the services they offer to vulnerable people and priority groups within their communities. It is also looking at the needs of service providers themselves. This includes training needs with regard to sexual health issues as well as the specific needs of vulnerable groups such as sex workers and youth.
4. **Home-based care** - the programme aims to explore, introduce and develop home-based care strategies for individuals within the selected communities who have AIDS or other severe illnesses. Training is being developed and implemented with peer educators and/or CBO members in caring for people who are sick within their own communities.
5. **Resource Centres** - a resource centre has been developed at each border site. The centre is manned and utilised by community members who are assisted by CARE staff allocated to each border site. It is anticipated that the peer educators and CBO members will soon manage and run the centres. Services are developed within those centres in line with community-identified needs. Training related to the programme is held in the centres.

SHARP!'s key stakeholders include project beneficiaries, CARE as an implementing agent, peer educators, home-based care givers and community-based organisations. In addition the Health departments/ministries of both South Africa and Lesotho are natural stakeholders of the programme, as they should provide policy guidance and direction. In Lesotho, the Lesotho Aids Programme Coordinating Authority (LAPCA) is the main role player. Free State Department of Health is a key partner on the South African side of the border.

The programme targets vulnerable groups identified in selected border sites. They include sex workers, migrant labourers and their partners, youth, low-income women (such as those working in factories or managing small businesses close to the border crossings and seasonal farm workers), as well as long distance drivers (taxis and trucks). It also works closely with community-based organisations in those areas.

2.2 Impact

Although the SHARP! programme is less than two years old in South Africa, there are indications that several significant impacts have already been achieved on both Lesotho and South Africa (Wilson 2002). In particular, the SHARP! programme has helped to demystify sexual discussion and condoms, and increase condom acceptance and use. Discussions held with peer educators demonstrated this point (see Box 1). One peer educator in Maseru complained that the supply of condoms does not keep up with demands. “It’s sad to turn people away, because you do not have condoms with you” she argued. According to the Mid-Term Review Report (Wilson 2002), there are anecdotal reports that it has also contributed to reduced occurrence of unprotected sex among target groups. It is hoped that the proposed follow-up behavioural surveys will shed important light on impacts (Wilson 2002).

Box 1: Peer Educator – a woman aged 56 in Maputsoe

There is high level of use of condoms in the village lately. Both men and women come asking for more condoms. When one goes to the Resource Centre you find scores of youth asking for condoms.

However, there are varying degrees of success at the activities level, namely: peer education, community based organisation, home based care, resources centre and service provider development. Notable progress has been made on peer education and improved community based organisations’ capacity.

According to current records, 184 and 141 peer educators have been trained in Ficksburg and Ladybrand, respectively, and 203 were trained in Maputsoe and 183 peer educators received training in Maseru. This brings the total number of trained peer educators to 711. Success stories were heard mostly from youth peer educators (see box 2). Women peer educators were equally upbeat with the programme.

Box 2: Youth Peer Educator – Ficksburg

Young people are now appreciative of what SHARP! is doing in Meqheleng. Initially, they were very sceptical of the programme and labeled us (peer educators) as AIDS sufferers. They are showing a lot of interest and want to be involved

In the South African towns of Ficksburg and Ladybrand, SHARP! is conducting peer education in and out of primary and secondary schools. In recognition of its role in sexual health and rights promotion in schools, SHARP has helped the Department of Education (FSDOE) of the Free State Provincial Government (FSPG) to draft a strategy paper on peer education in schools. FSDOE has since called for tenders to roll out the peer education in all schools in the Free State. Peer education has also been conducted in at least 11 farms in both sites. In an attempt to reach out to a mobile population, peer educators are operating in the border areas as well. In Ficksburg, the SHARP! programme has a weekly programme (slot) on a community radio station where the message on behaviour change is communicated.

In Maputsoe and Maseru sites, the peer education takes place in primary and secondary schools. Schools that were visited showed appreciation of the programme, and mentioned that abused youth are now able to report abuse cases to teachers. Factory workers are also primary targets. Peer education is also being conducted at local clinics. Sister Matumelo Khabane of Maputsoe Filter Clinic confirmed the presence of SHARP! programme in the area, and the close relationship between her organisation and SHARP! staff, including peer educators.

Resource Centres have been established in all four sites. Of all four sites, Maputsoe is the most accessible and furnished. The centre is situated in the town of Maputsoe and appeared to be easily accessible as the author found scores of youth, some looking for condoms, browsing through education and information material and others were watching video. The centre has enough meetings/training rooms where IEC material is displayed, including a VCR and a set of Television. Further, the Centre houses the Afri-bike project, which provides bicycles and maintenance, at no cost, to SHARP! staff and peer educators, and members of the community at a reduced price.

The Maseru centre is struggling slightly. The centre is situated next to the border where there is generally high movement of people. However, no IEC material is available at the centre for fear of vandalism and theft. As a result, IEC material is kept at SHARP! offices. This arrangement makes accessibility a problem.

In Ficksburg and Ladybrand, resource centres are situated in town. Given the legacy of apartheid settlement system, towns are normally not easily accessed by majority of the black population of South Africa. It's not surprising therefore that during fieldwork the centres were pretty quiet. According to the South African Project Manager, plans are underway to have these centres moved into the black townships. For example, a meeting was held recently (04.03.03) with one Local Municipality to finalise the handing over of the identified site that would be easily accessible, and owned by the communities that the programme serves.

SHARP! has notably managed to mobilise and train a number of CBOs in the cities of Maputsoe and Maseru. A total of 18 CBOs have received training in Lesotho – Maseru (5), Mafeteng (5) and Maputsoe (8). Two training sessions have been conducted over four days with these CBOs. Training covered institutional strengthening, and effective management of CBOs. It is difficult at this early stage to measure the extent to which capacity has been build among these CBOs.

A number of factors could be associated with the relative success of SHARP! As demonstrated in the Project Document (CARE 2000), Lesotho has exceptionally limited government and civil society capacity to respond to the devastating STD/HIV epidemic. The government AIDS programme is critically understaffed and under-funded.

According to reports (CARE 2000), Lesotho has few international NGOs: CARE Lesotho, Save the Children, and World Vision have developed AIDS activities. Further,

the report states that while Lesotho's Ministry of Health and Social Welfare supports a network of clinics throughout the country, many, especially in rural areas, are understaffed and lack basic stocks of contraceptives and condoms. Lesotho has only embryonic national health NGOs. In addition institutional capacities have been constrained by the loss of key staff to South Africa and the exodus of donors since 1995. Condoms are more widely available through commercial outlets in urban areas, but costs are relatively high as pricing is based on economic factors in South Africa, and thus are out of reach for many people, especially young people in Lesotho (CARE 2000).

As indicated on activities above, the SHARP! programme trains peer educators from each of the priority groups. This training focuses on HIV/AIDS awareness and life skills issues and develops the skills of the peer educators to educate others. In addition, the programme works closely with existing CBOs to increase their capacity to work and function effectively as community organisations. It also assists in the development of new CBOs to work on HIV/AIDS-related issues. Training is focused on developing the organisational skills and management of those CBOs. Therefore there is capacity building at meso level.

Moreover, the programme works with service providers to improve the level of service provision for members of the identified priority groups. Those service providers include the police (LMP and the South African Police Service), traditional healers, teachers, nurses and other clinic staff (FPU, MOHSW & DOH).

At macro level in South Africa, SHARP! assisted the Free State Government's FSDOE to draft the policy paper on peer education in schools.

SHARP! has a budget of \$433,450 for the 2003/2004 financial year. No cost-effectiveness study has been done for the programme.

2.3 Poor People as focus

SHARP project is a livelihood intervention in the sense that its activities are geared towards supporting households who are affected by HIV/AIDS, and enabling them to take care of their sick. It seeks to rebuild human capital in terms of exploring useful methods of assisting with people's health issues. While SHARP does not provide medicinal treatment for the sick, it seeks to ensure sustained wellbeing of various priority groups thereby assisting to diminish the rate of infections among the most vulnerable.

In addition, it seeks to reach livelihoods through empowering others to be able to manage difficult health situations in their households and communities, through other service providers and community-based organisations. Further, SHARP! works with low-income women, e.g., street hawkers and poultry breeders, especially in Lesotho, and seasonal farm workers, building their capacities to enable them to respond in an informed manner to their livelihoods challenges. In South Africa, SHARP! has established links with groups of men and women who participate in government-funded poverty-alleviation projects. The programme plans to run training sessions, on organisational skills and management.

By working with peer educators, groups of low-income women and community-based organisations including organisations that are involved in income-generating activities, SHARP! demonstrates its holistic and integrated approach as a livelihood intervention. That is, it is not merely concerned with issues of sexual health and rights. Rather, it is also concerned with livelihoods and empowerment issues.

2.4 Participation

Participation, especially of project beneficiaries could be described as consultative and functional. Project beneficiaries were involved at the design stage. SHARP! commissioned qualitative (including PRA/PLA research) and quantitative studies (including baseline and follow-up surveys) on both the South African and Lesotho sides of the border. This research has informed intervention development and increased project staff's sensitivity to community perceptions and needs. Thus participation was through consultation.

At the implementation stage, stakeholders/participants, i.e., peer educators, are used to carry out the programme's activities such as information, education and communication. This type of participation is seen as functional. Functional participation is participation seen by external agencies as a means to achieve project goals, especially reduced costs. What exacerbates the situation is the fact that the project participants are too poor, and less educated to can engage SHARP! in an interactive participation.

Participation at the monitoring and evaluation stage take place in stakeholders committees (SC) and community AIDS committees in South Africa and Lesotho, respectively. These structures comprises of community representatives, HIV/AIDS NGOs/CBOs, local government, service providers, nurses, teachers and traditional healers. Members of SCs meet monthly to jointly plan related activities, and share experience. Feedback on progress is also provided at these meetings (see Box 3).

2.5 Partnerships

SHARP! has developed a working relationship with various partners, including beneficiaries, on both sides of the border. However, the nature of partnership is either coordination or support provision role.

In Lesotho, SHARP! works closely with various government ministries in the implementation of its programmes including the Ministry of Health and Social Welfare, and more specifically the National AIDS Control Programme Office (NACP) and LAPCA, and the Lesotho Mounted Police (LMP). The role of these partners is solely coordination, and some support mostly from LMP.

Box 3: Participation

“Our participation in Stakeholders Meetings is highly meaningful. As stakeholders we jointly plan IEC activities and feedback is given. These meetings are not merely rubber-stamping exercise” – a *South African Police Service* representative in Ladybrand.

“Our (Community AIDS Committee) meetings are very fruitful. Although we are scheduled to meet twice a month, whenever a need arises we organise a meeting immediately. These meetings provide with us with a opportunity to share our experiences, and to get advice from SHARP! staff.” A community representative on the *Community AIDS Committee* in Maputsoe.

Through this partnership (between SHARP! and MOHSW) SHARP! staff, particularly peer educators, and the local clinic and hospital staff. SHARP!'s staff at the resource centres refer clients who have complications to local clinics and hospitals. Peer educators are allowed to conduct peer education from clinic and hospital's premises.

CARE is a leading member of the National Coalition of HIV/AIDS NGOs (LENASO), and collaborates with other organizations and with the Government of Lesotho to ensure the most cost effective and efficient allocation of resources, to avoid duplication of effort, promote synergies between the various actors, disseminate lessons learned and replicate successes. Other organisations from which SHARP! draws support include: Christian Health Association of Lesotho, Red Cross, USA Peace Corps, Population Service Unit.

In addition, CARE Lesotho is a member of the National AIDS Secretariat, International Agencies Serving Communities (IASC), CCB (Community Capacity Building group) and PDF (Participatory Development Forum).

In South Africa, SHARP! has developed a close working relationship with various stakeholders at various levels of government. At the national level, SHARP! has signed an agreement with FSDOH. Accordingly, all HIV/AIDS programmes and activities from either side will be handled jointly. FSDOH uses SHARP as a pilot site for the distribution of female condoms. It is also a distribution point for male condoms. SHARP uses local clinics and hospitals as referrals for clients. The Department of Public Works, Roads and Transport managed to link SHARP with drivers' organisations, unions and employer organisations.

SHARP! has also developed a partnership with the Free State Department of Education. It helped FSDOE to draft a policy strategy paper on peer education in schools. It runs peer education activities in both primary and secondary schools, and its training manuals have been endorsed by FSDOE. The Free State Department of Safety and Security is another active partner. The Department participates in the awareness-raising activities, helps with rape cases, and counselling of rape victims. Moreover, SHARP works with the Department of Correctional Services in Ficksburg and Ladybrand, and is providing peer education training in prisons.

At the meso level SHARP! works with the District AIDS Council in the Ladybrand/Ficksburg area. The District AIDS Council is a body that coordinates district HIV/AIDS initiatives. Among other things SHARP! and the District AIDS Council run activities such as AIDS awareness days jointly. SHARP! has also maintained links with the AIDS Training Information and Counseling Centre (ATICC) in the Free State. ATICC conducts training for volunteers that work with SHARP!.

Further, at the micro level, local municipalities are demonstrating high level of participation in the programme, for example, they both have a representation on the Stakeholders Committee. Both local authorities have earmarked a building to be used by SHARP as a Resources Centres. SHARP envisages providing its services and accommodation to NGOs/CBOs at these sites. Further, SHARP! works with 11 (eleven) CBOs in the Ficksburg/Ladybrand area.

In sum, SHARP!'s partnership with its stakeholders is "coordination", mostly at macro/meso levels, and "supportive", at micro level.

2.6 Holistic approach

SHARP!'s intervention on the subject of HIV/AIDS has focused on promoting sexual and health rights. This is being facilitated through information, education and communication (IEC) strategy. Peer educators in the targeted social groups have been trained to communicate the message effectively to their peers. As highlighted earlier, the programme has achieved relative degree of success in this area. This point was also emphasised in the mid-term evaluation report.

In addition, SHARP! programme works with community-based organisations with the view of empowering members of the CBOs to respond meaningfully to the scourge of AIDs. The capacity building exercise extends to empowering CBO members to manage their organisation better. The ultimate aim is to turn CBOs in viable livelihoods vehicles for poor households through poverty alleviation projects, especially in South Africa.

2.7 Policy and institutional links

According to the SHARP! project document (CARE 2000), CARE has directly supported the development of the Lesotho HIV/AIDS strategic plan and is currently supporting the implementation of provincial and national strategic plans in South Africa.

SHARP! in Lesotho has sought to align its programme activities to GoL policy through LAPCA. LAPCA coordinates all HIV/AIDS related activities in Lesotho to ensure that they are alignment to GoL policy. LAPCA is also entrusted with the responsibility of approving funding for HIV/AIDS related programmes. That SHARP! helped the FSDOE to draft policy guidelines on peer education in schools, demonstrates the programme's linkage to South African policy on HIV/AIDS. Interaction between SHARP! and other government departments such as FSDOH, Safety and Security, and Correctional services (especially at the programme sites) further highlights this point.

2.8 Building on strengths

One of the greatest strengths of SHARP! is the use of local resources to drive the programme. Peer educators across all target groups have been trained to drive the information, education and communication function of the Programme. The peer educator route enhances the programme's access to different social groups, and at the same time, it increases the programme's coverage.

The inclusion of the CBO development component into the programme reinforces the programme's approach of building on existing strengths. Government's resources such as health, welfare, education and police ministries/department are also being used very productively.

The Programme's reliability on voluntary labour of peer educators, and members of community-based organisations risks its sustainability. The problem is that once they find

employment they are likely to leave the programme, although they may still continue to implement it wherever they are. Another concern raised is that by introducing sexual health and rights promotion angle to community-based organisations, this may divert CBOs attention away from their core business.

2.9 Dynamic and flexible

As demonstrated earlier, SHARP!'s background history could be traced to the development of SAFE project, in 1995. SAFE 1 operated 1995 through 1997. Through additional funding of the project SAFE entered phase II, 1997-2000. SHARP! was introduced in 2000, and is still operating.

Each phase of the project introduced changes to the original idea. The Phase I of the project focused on youth, and used sports events to communicate HIV/AIDS prevention messages. During Phase II CARE worked with its partner organisation Population Service International (PSI) and its local counterpart organisation Society for Family Health (SFH). Youth peer education and condom marketing were key project strategies. Attention was paid to developing a strong community-based youth peer education component, which provided the support, on-going training and skills development needs of peer educators.

SHARP! evolved into a cross-border initiative between South Africa and Lesotho. The programme targets vulnerable groups identified in selected border sites, and those include sex workers, migrant labourers and their partners, youth, low income women (such as those working in factories or managing small businesses close to the border crossings), as well as long distance drivers (taxis and trucks). It also works closely with community-based organisations in those areas.

SHARP! has demonstrated its flexibility by changing or adapting its focus over time to meet new challenges and demands.

2.10 Accountability/ responsiveness

SHARP! accounts to its funders and key partners on a regular basis. Quarterly progress reports are produced and submitted to the Programme funders. Regular meetings are held with key partners such as LAPCA and the Ministry of Health and Social Welfare.

Accountability to the programme's beneficiaries is through monthly meetings, where community committees and the public at large are invited.

2.11 Sustainability

Economic

SHARP!'s use of peer educators reduces the programme's costs drastically, making the programme very cheap to run. As a result, the programme has the potential to continue without large donor funding.

Social

SHARP! addresses problems that affect communities on a day-to-day basis. Furthermore, the challenges of AIDS are not only medical, but socio-cultural too. Usually, barriers that arise from cultural roles and functions, makes it difficult to communicate sexual health and rights messages across all age groups effectively.

Institutional

Institutionally, SHARP! is strategically well placed. The programme has established links with key government, non-government and community structures. Through its capacity-building strategy, SHARP! has, and will continue to build the skills that are imperative to the sustainability of these institutions and organisations. The right foundation has been built what is needed is the right motivation from the various structures at all levels to take the programme to its success.

2.12 Critical factors

SHARP!'s success is mainly due to its:

- Focus on the vulnerable and poor households
- Strong partnerships at macro level
- Empowerment approach

The programme's activities are targeted towards the poor, vulnerable households, and are addressing the harshest threat faced by these households. This enhances the programme's acceptability in these communities. The nature of partnership that SHARP! has cultivated with the GoL (LAPCA and various ministries), the Free State Provincial Government departments has improved the programme's legitimacy.

Capacity-building is but one of the strengths of SHARP! and the reason for its success. Most peer educators seemed highly motivated and informed. Members of community committees enthused with the programme and its training. Further, SHARP!'s chances of sustainability are enhanced by its approach that seems to build on the strength of project beneficiaries and participants. SHARP! ran series of training programmes for peer educators and community based organisations. They are trained to carry out the information, education and communication activities.

The flexible nature of the project has enabled it to adapt new challenges and changes. Each stage of SAFE/SHARP! has added a new focus to its activities.

Appendix 2.1

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Appendix 2.2

List and contacts of persons and organisations interviewed

	NAME & ORGANISATION		CONTACT NUMBER
1	Mrs Phoofolo	MoA Nutrition & Economics	09266-327466
2	Dr M. Moteete	LAPCA	09266-326794
3	‘Me Mamokete	SHARP Site Coordinator – Maputsoe	09266-8869587
4	‘Me Gullian Forrest	SHARP Programme Manager	09266-8869587
5	‘Me Masentle Semela	SHARP Coordinator - Ficksburg	9336381
6	‘Me Mamello Mmuleli	SHARP Coordinator – Maseru	09266-8869587
7	Sister Rankali	Ladybrand Correctional Services	051-9242081
8	Nt. Motseki	ATICC	051-4053135
9	‘Me Shirley Mzizi	Dept. Health Ficksburg	058-6230820
10	‘Me Sina	Thaba-Nchu Hospital	051-8732233
11	Mr Boleme	Motheo HIV/Aids Coordinator	051-4472194
12	‘Me Mamokete Hlaele	SHARP Coordinator - Maputsoe	
13	Mrs Sekamane	Mantsopa Local Municipality	051-9242552

Appendix 2.3

Acronyms

AIDS	Acquired Immunodeficiency Disease Syndrome
ATICC	AIDS Training Information and Counselling Centre
CBO	Community based organisation
CHAL	Christian Health Association of Lesotho
DOH	Department of Health
FSDOE	Department of Education
GOL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
LAPCA	Lesotho AIDS Programme Coordinating Authority
M&E	Monitoring and evaluation
MOH	Ministry of Health
NACP	National AIDS Control Programme Office
NAP	National AIDS Programme
NGO	Non-governmental organization
PEs	Peer Educators
PLA	Participatory learning and action
PSI	Population Services International
RC	Resource Centres
SAFE	Sports and Footballers Education project
SFH	Society for Family Health
SHARP	Sexual health and rights promotion programme
USAID	United State Agency for International Development