Lessons Learned for Effective Community-Based Stigma Reduction Programming in Tanzania

The experience of Kimara Peer Educators & Health Promoters Trust: Pfiriael Kiwia
Acknowledgments

- Kimara Peer Educators
- International Center for Research on Women (ICRW)
- Muhimbili University College of Health Sciences (MUCHS)
- Family Health International (FHI)
- Pact
- USAID
- MAC AIDS Global Funds
Kimara Peer Educators (KPE)

- Community-based organization
- Founded in 1992
- Functioning in a high HIV prevalent peri-urban community of Dar es Salaam, Tanzania
  - National HIV prevalence 7%
  - Dar-es-Salaam 10.9%

KPE Activity Areas

- HIV prevention, information dissemination, care and support to people living with HIV
- Capacity building of local emerging NGOs and CBOs on HIV and AIDS Programming
- Participation in stigma research and linking it to communities for effective HIV response
- Networking and collaborating
Program Background

- KPE was one of 50 stakeholders involved in the development of a research-based stigma-reduction tool, the *Understanding and Challenging Stigma: A Toolkit for Action*

- KPE received a REACH program grant (USAID funded through PACT) to begin stigma-reduction activities in Kinondoni Municipality from 2003-2005
Kimara’s approach to stigma and discrimination (S&D)

- **Level 1:** Focus on staff & volunteers within the organization and key community leaders (Balozi) through a training using a Kiswahili version of the *Toolkit for Action*

- **Level 2:** Build community mobilization and sensitization through outreach programs dealing with S&D and promoting non-tolerance
Level 1: Participatory Training

- Trained 56 KPE staff and volunteers, 24 PLHAs, and 10 Balozi leaders as S&D trainers

Training results
- Increased understanding of S&D
- Provided space for self-reflection
- Built skills on how to use *Toolkit for Action*
- Developed action plans to incorporate S&D into ongoing activities
Level 2: Building Community Support

- Trainers build community awareness
  - Community based outreach sessions for information dissemination
  - Home based care visits evolved into home based group meetings
  - Balozis held meetings with residents in their neighborhood & with peer Balozi
  - Distribution of simple brochures
  - Special focus on PLHAs and counseling group convened at Kimara Office
Lessons learned

- Increased awareness of HIV-related stigma can occur in a relatively short amount of time using exercises in the Toolkit for Action

- However, time and space are needed for self-reflection and discussions
Lessons Learned

- Social change requires building on the change of individual community leaders (e.g. Balozi and faith leaders)
  - Slowly builds a focused network of anti-stigma advocates
Challenges

- Changing stigma takes times
  - S&D are deeply rooted
  - HIV causes fear

- Sustained change requires committed resources
  - Essential to scale-up stigma reduction work
Recommendations

- **Start at home**
  - Front-line workers and people living with HIV need to be trained
    
    *It was difficult to recognize stigma without the training (KPE staff)*

- **Work with key people in the community**
  - Champions for stigma-reduction & reach a wider community
    
    *Educating others on S&D is no longer a problem for me. This is because of the training that I received on S&D. (Balozi)*
Recommendations

- Use the *Toolkit for Action*
  - Simple, flexible participatory tools & exercises
  - Easy to use and adaptable with multiple groups (e.g. FBOs, Health care workers, Home based care providers, children, young people, NGOs, etc)
Stigma is Actionable!

Communities are ready and open to change!