Glocon

…the Global and Local Community Conversation

WEEK 8
Zimbabwe: Tshelanyemba (near Bulawayo), and Harare
14th-19th April, 2012

Foreword; appreciating, encouraging and sharing local community story

Zimbabwe is the seventh country for Glocon. This is a synthesis of 8 local community stories, adding to 17 other local community stories so far. Each community location has a synthesis so that we can accumulate insight on local and global patterns of community response and transfer, and organisational adaptation. The 'themes and sub themes that matter to us' are the core of the Glocon learning. We offer sincere thanks to local and country hosts, and to the local communities, which show us the future.

The ***background to Glocon*** is described in the concept note, on the Affirm website.

See www.affirmfacilitators.org; www.facebook.com/glocon.affirm; www.facebook.com/Glocon Participants

From beginning March, the first Glocon Update is available through the www.affirmfacilitators.org website, the facebook page, and facebook group. Email robin@radermail.net to receive the Glocon Update directly tom your email address

Key Sections

Glocon team members

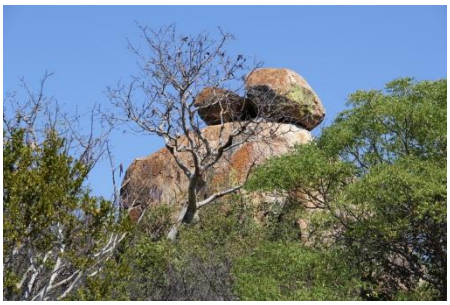
(left to right)
Ben Bofu, Stuart Mungate, Alison Campbell
Ian Campbell, Gift Moyo, Siboniso Nyathi

…and friends…

(left to right) Tendai Meda, Tambudzai Jeremiah, Thaddeus Shipe

Glossary

TSA-The Salvation Army
GP-Glocon Participants
SALT-Support and Learning Team
HBC-Home Based Care



Background

An HIV program design visit in 1991 stimulated community counselling with many local communities linked with the Salvation Army Tshelanyemba Hospital. A system for home based care (HBC) was established in 1994, and it is still happening 18 years later. These program efforts combined to stimulate reflection and action on behavior change by communities. Affected by drought, poverty, political and economic problems in the country, and, from 2008, accelerated exodus of young people to South Africa for work, followed by their re-entry back home when sick due to HIV. Local commitment to family-based prevention is even stronger now than in 1994.

Day 1 and 2-Saturday 14th April, 2012/Sunday 15th April 2012-greetings and process discussion

Greetings with hosts Ben Bofu and Stuart Mungate. Clarification of purpose, to revisit local communities in the Tshelanyemba area, near Bulawayo, after HIV related visits of 1991 through to 2005; to thank, encourage, and share progress in response to HIV and other concerns.

The Glocon team agreed to debrief at the end of each local community visit, to track the 20 year community journey with HIV, key determinants, and outcomes.

Day 3-Monday 16th April

Visit to Sinkamaswe community, where gold is mined and the worst drought in 20 years is causing cattle owners to move livestock to the Matopos (rocks) area in search of grazing land. The dry bed of Tshatshani River is dug for water.

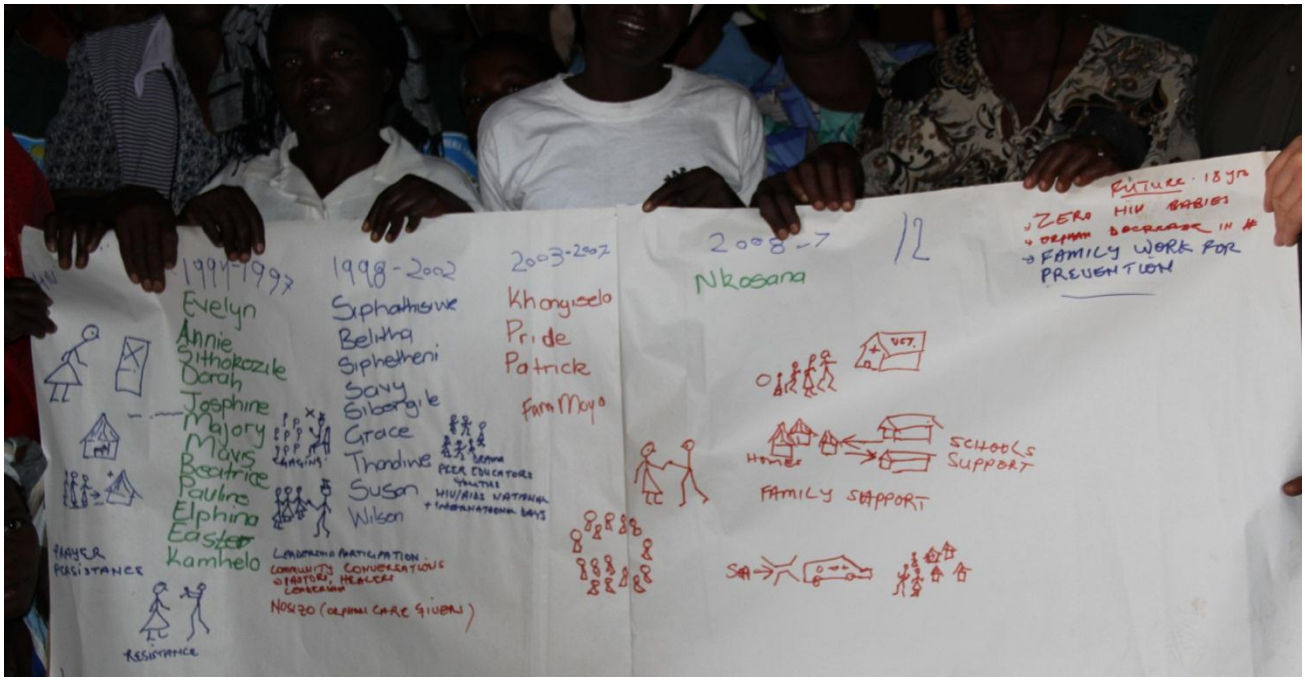
Gift Moyo and Siboniso Nyathi took with the Glocon team to meet 24 home based care workers from several villages. A good number of them have been involved since 1994. We met in the home of a family that is caring for grandchildren living with HIV.

Nosizo is the name for orphan care --many care givers got involved through Nosizo –Gift

Stuart – *We cannot love God and hate our neighbor or relative. Every disease has its own time, so do not lose heart. God is still here*

Timeline from Tudi I area (villages of Sinkamaswe, Emhlonhlweni, Sigaba, Tudi I)

In the beginning (1994-1997) people were denying HIV, blaming witchcraft, and it was difficult to enter homes. We persisted, prayed, and entered wherever people were willing.



*Later, **(1998-2002)** it was the community leaders who resisted, but we continued including them, meeting and talking with them, until most of them understood HIV and risk, and some joined us.*

*In the third period **(2003-2007)** almost everyone was open to receive carers. Condom use was still a big challenge especially for men. We had many campaigns and discussions with different groups until minds were opened and men saw the benefits of being tested, and the services available.*

***Now (2008-2012)** the people accept HIV and testing, many are on ART, fewer are dying because of the treatment buddy system.*

(Treatment is decentralized and community participates in identification and referral)

One challenge is that children whose parents have died with HIV drop out of school because grandparents cannot afford the fees.

Now we have young people who go to South Africa for work, come back sick, and talk witchcraft as though they have not heard about HIV. This is our big challenge.

The community educates each other, to contact the home based care workers. We are working in the families, so that families can educate their children before they go to South Africa.

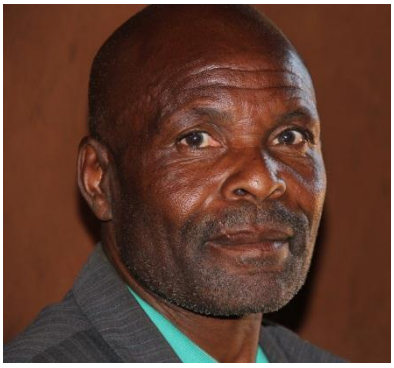
In future we hope for the time when no babies will be born with HIV, and the number of orphans is reduced.

There must be a time when grandparents can take a rest. -Stuart

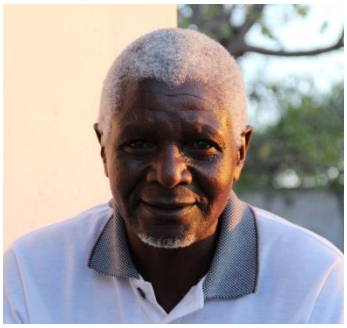
We hope that your work in families will bear the fruit of prevention -Alison

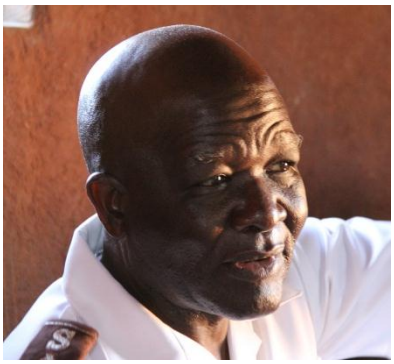
Day 4-Tuesday 17th February

15 caregivers from four villages met in the home of Mama Simaleni, the chairperson of caregivers in the area of Sun Yet Sen. The village head Mr Ncube came and joined the discussion.



Ben- *the history of HIV has been my concern as well as yours. We are seeing a new challenge in our place, of young people going out of the country for work and returning sick. We have heard that this is also happening here; sometimes bodies are brought back because they have died before reaching home.*



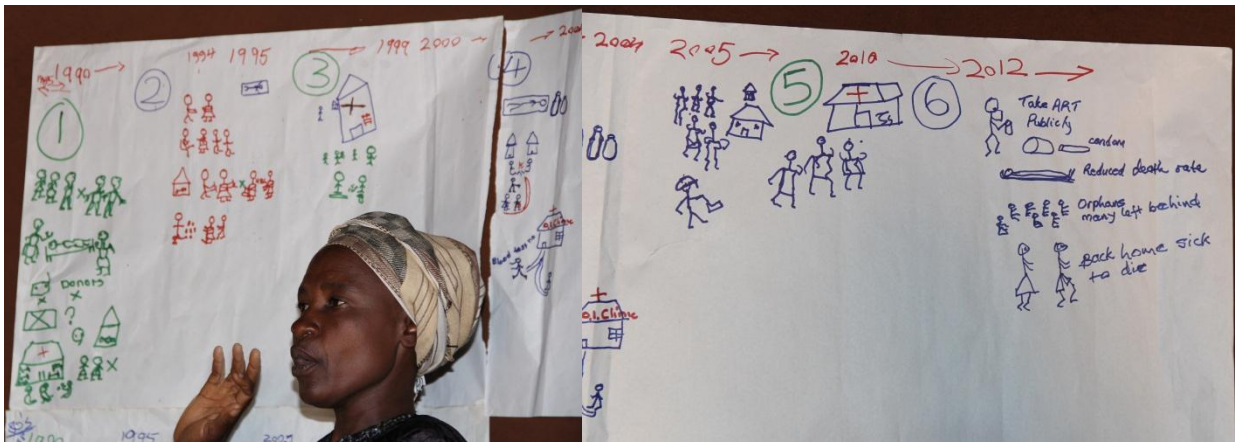


Stuart- *what teaching do we give to our young people before they go to South Africa?*

Alison- *we remember your community was a pioneer of community counselling in those early years*.

Ian- *African community is connected and RELATED. Never lose this – it is the gift of Africa to others.*

Timeline and Transfer

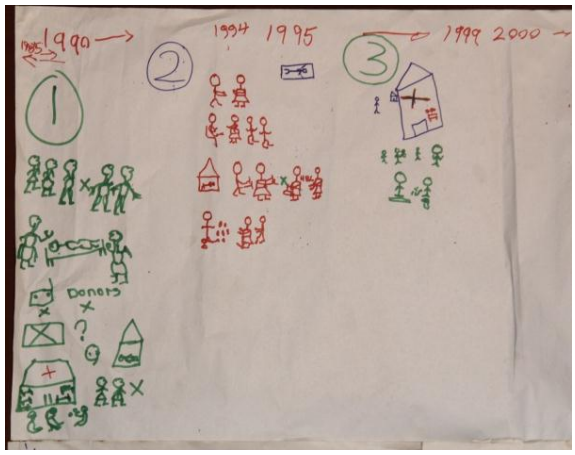


(1)1985-1990 (right)

There was no light in the community when this started. We spoke at the traditional court, though some men did not want to hear, and would leave the meeting. We began to care for the sick. Traditional healers faced with AIDS would diagnose slow poison. Discussion began.

–Simeleni

(2)1990-1994 (below) *Community formed strategies to help people understand about HIV –we used drama groups as an aid to discussion* –Siponiso

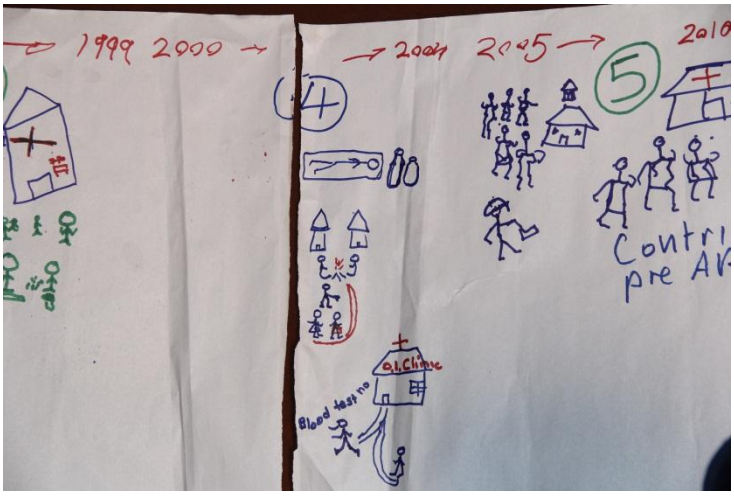


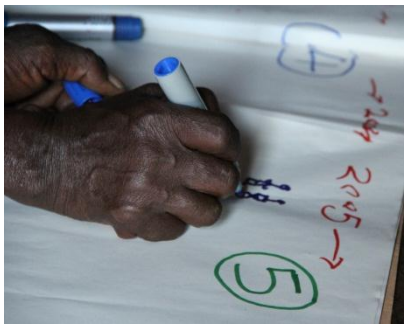
(3)1995-1999 (left)

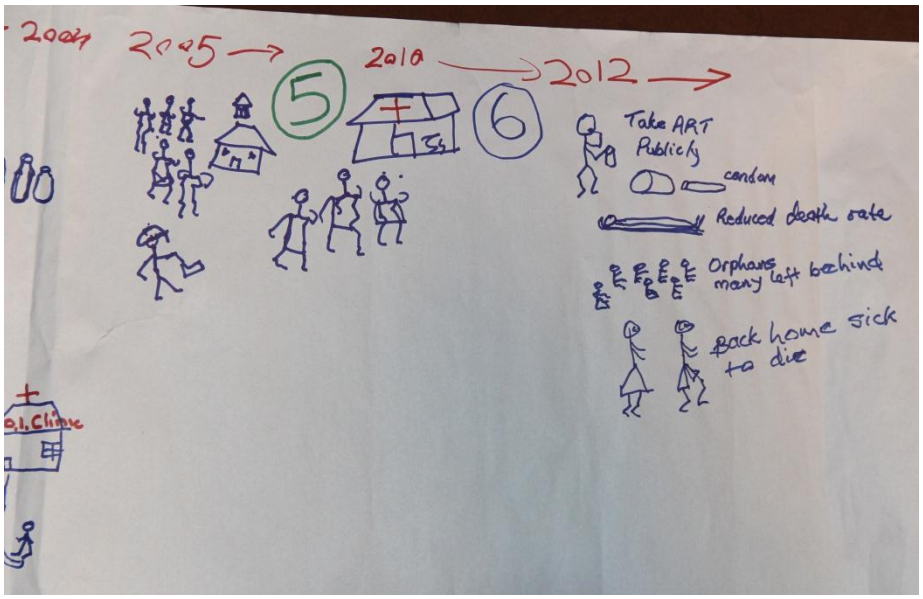
Many deaths, misconceptions, and risks. Healers diagnosed spirits, to be chased out by a type of dancing, even while ill – people would faint from dehydration. –Esnate

(4)2000-2004 (right)

Lots of people were dying, some ART was available but not affordable. Few went for counselling and testing. We kept discussions going. –Enelis







(5)2005-2009 (left)

Community discussion was strong. People were going to clinic and becoming healthy, choosing to be tested. – Sinanzeni

(6)2010-2012 (left)

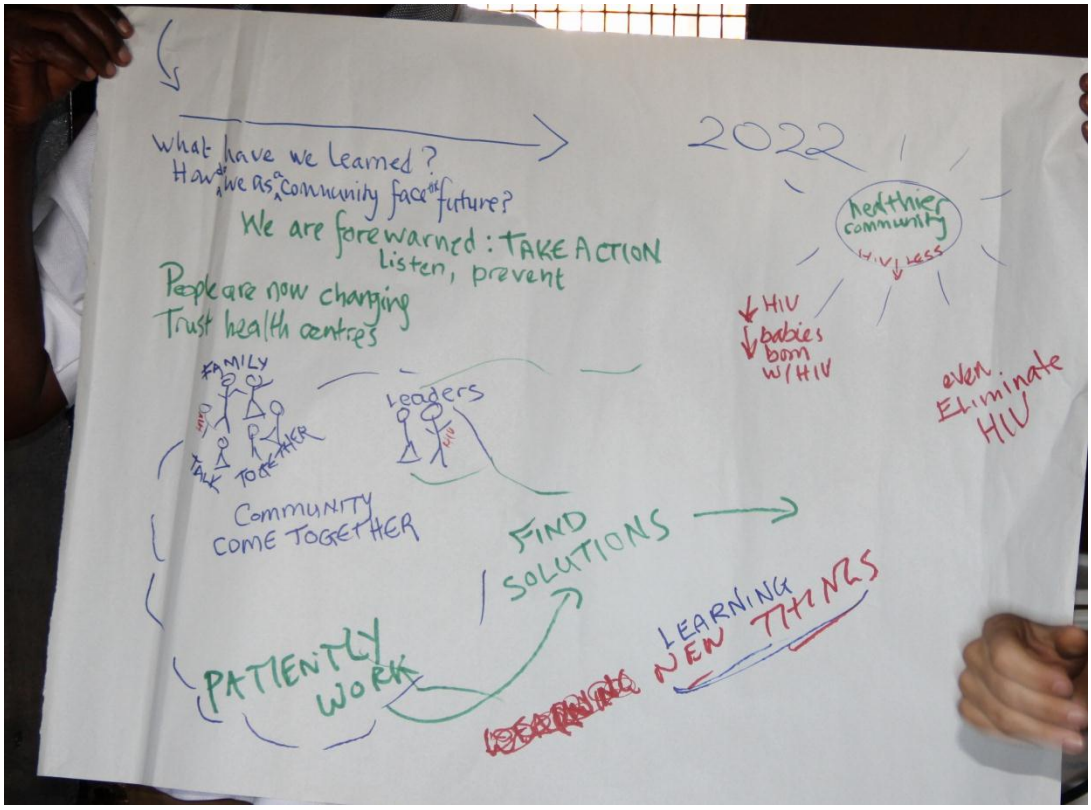
The *community is more supportive than ever before. We still face major challenges of orphans and children born with HIV. And now young people are going to South Africa and returning to die. They get support and care from their families, the home care team and health centres*. -Mr Ncube, head of the area

What have we learned and how do we now face the future?

How can this good atmosphere of caring help the community to strengthen prevention?

Community has not always supported, leaders have not wanted to change traditions. But if we continue to come together we will find solutions, even to the time when HIV can be eliminated. -Siboniso

If we want change we must be patient – we have been working for so long, and only now see results, with leaders fully supporting. –Regina

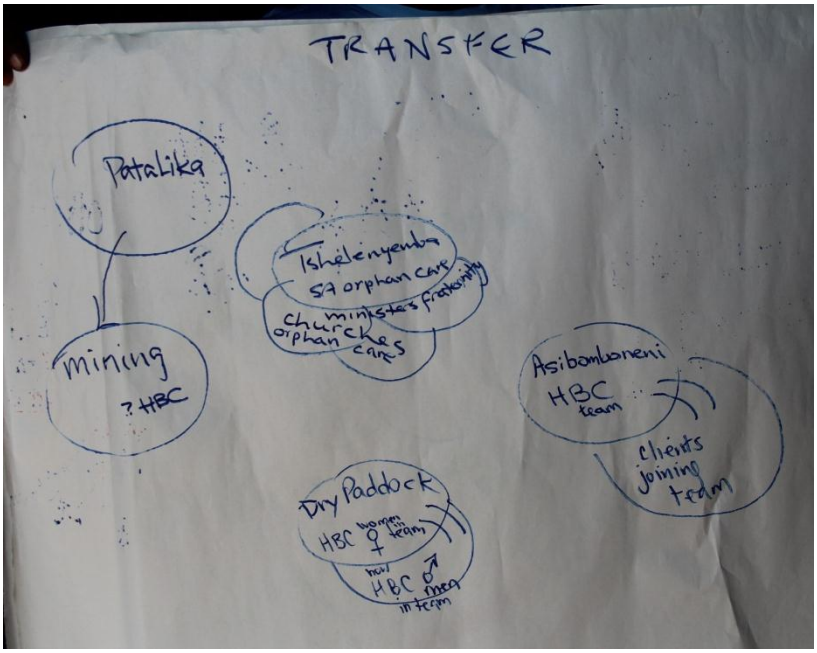


As home care team we focus on caring for others; now we need to focus on our own families, then spread out to other families. –Esnath

Looking at the journey we have walked, from a time of death and dying all over, now we come to a time when it is better. We are almost coming to our destination. –Anna

Transfer: What kind of influence have we had on others?

You have been encouraging us as we reflect. We need to encourage each other as a community. –Mama Simeleni



I have been very challenged. I looked at my own family, and what of my neighbours? I need to do more for prevention. –Shiponiso

Influence begins and is built in neighborhood, within close families, where people share stories and experiences which stick into their hearts. -Ben

Youth need a movement with the support of the elders. –Ian

Movement happens through informal structures. - Stuart

Our visitors, who came long ago, came back to see us only because they want to see us healthy. It means that we need to encourage each other and work together to fulfill the vision.
–E. Ncube (village head)

Going deeper: themes and sub-themes that matter to us

Note that each visit will add to the analysis of some or one main theme

Indicators of movement(s)

- Local community initiated action, self -assessment, and transfer
- Invitations back home
- Community to community transfer
- Adaptable organizational strategies
- Spiritual and faith motivated initiative
- Children, youth, family, adults, elderly: Inter-generational accompaniment

Week 8-Tshelanyemba, Matabeleland, Zimbabwe:

Personal reflection, action, learning, and transfer is the crucial element of authentic movement. Structures are not sufficient. A network of HBC will help distribute ART-but will not reliably or fully demonstrate authentic care by presence which is the underpinning of prevention consciousness. Care is not care unless mutuality is felt and expressed. I matter, as does my family and friend, as does my neighbor. We affect each other, so it is emotionally, spiritually, and logically inconsistent to imagine that sidestepping painful personal obligation is possible.

Re-awakening has happened-of possibility and opportunity and necessity of the Tshelanyemba local communities to meet with their youth before they go to South Africa, to relate, to reassure, to affirm continuity of family belonging, to love, and to commit to being a place of reference, of home, of spiritual guidance, and of identity.

Care to change

- Ownership
- Home, suffering, hope, neighbourhood
- Caring presence which motivates expanding change

Transfer

- Community to community
- Global SALT
- Leadership acknowledgment

Faith foundations

- Caring by being with
- God present in situation in grace
- Responding to loss, pain –pathways to trust, faith, hope

Facilitation team

- Organisational transition
- Discovering shared concerns with partners (common ground)

• Community as lifestyle • Mentoring by participating
Learning from local experience (SALT) • Humility-disposition and character • Connecting local community and organizations • Facilitating movements • Based on strengths