This year’s World AIDS Campaign advocates for the fulfillment of the UN Declaration of Commitment on HIV/AIDS and subsequent policy commitments on AIDS under the theme “Stop AIDS. Keep the Promise”. The Campaign aims to hold the world community accountable to the commitments they make, while at the same time highlighting the Declaration of Commitment on HIV/AIDS as an important tool for ensuring a comprehensive response to the epidemic. Although this is a well intentioned campaign, the UNAIDS kind of misses the boat not because it quite does not appreciate the magnitude of the problem in Africa, but mostly because it can only do so much as it is beholden to world governments that often are quick to talk but fail to walk their talk.

It is no secret that HIV/AIDS in Africa has disproportionately affected women and the trend among the youth aged 15-25 tips the scales unfavourably against young women. In addition, the African girl child in resource poor settings faces the uphill task of keeping pace amid demands made on her due to her social, cultural and most importantly physiological and economic predisposition. The future for her is very grim and she is faced with tough choices; dropping out of school and getting married; engaging in commercial sex work or taking up a job as a house maid to support her ailing parents or continuing with her education; it is also not in doubt that HIV/AIDS is increasingly becoming a disease of the poor, hence making difficult, but concerted choices that not only increase national economic growth but also tackle equitable development with a deliberate bias towards the poor would make a big difference in the forward match of this epidemic.

It is therefore with regret that over two decades down the line, the UNAIDS through its Policy Position Paper ‘Intensifying... continued on pg 3
Dear colleagues,

Welcome to the 5th issue of the HASAP news with the theme of STOP AIDS, KEEP THE PROMISE.

Although HIV/AIDS has been on the global scene for more than 2 decades, and although several responses have been initiated to address it, the fact remains that HIV/AIDS is still spreading quite unabated, especially in the Sub Saharan Africa Region. Out of 40 million people estimated to be living with HIV/AIDS globally, over 70% of these live in Africa. To reverse this trend, we all need concerted efforts, as individuals, families, organizations, nations, and as a global population. We have no room for complacency if we are to turn the tide of this epidemic. We need responses and initiatives that are mindful of the dynamics related to the spread of HIV such as poverty, gender inequalities, conflict and other forms of social disruptions, marginalization and social exclusion.

ACORD has remained committed to the fight against HIV/AIDS for the last 15 years in over 18 African countries. A number of responses, some country specific and others Pan African, have been initiated reaching even the most marginalized groups of people like pastoralists, commercial sex workers, widows and orphans, refugees and internally displaced people, to mention but a few. Above all, ACORD has also realized that the equation against HIV/AIDS can never be complete without looking at its internal vulnerability and susceptibility as an organization. To this effect, internal HIV/AIDS mainstreaming has now become part of ACORD’s institutional response.

In this newsletter, ACORD has attempted to share some of its HIV/AIDS work that reflects the organization’s commitment to stop AIDS, and mitigate its impact across Africa. ACORD is doing this in anticipation that this might be a source of inspiration for other like minded organizations to join hands in the struggle against HIV/AIDS, and as evidence that it is possible to turn the tide of the epidemic.

As usual, we would like to pay special tribute to all those that are still committed to fighting HIV/AIDS, and more especially those that have contributed articles for wider sharing and learning using this newsletter as a medium.

Together in the struggle- We can stop AIDS if we all keep the promise.

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HIV Prevention’ under Essential Programmatic Actions for HIV Prevention, prescribes measures that would make HIV/AIDS pass as any health related condition requiring only medical/health solutions. It can not be over emphasised that UNAIDS is doing a lot in spearheading the fight against HIV/AIDS across the globe. What however must not be lost is the fact that the overall global socio-economic inequalities as demonstrated through unfair trade that rips African states off their much needed income have a very big bearing on the capacity of these states to pull together resources to effectively implement HIV prevention strategies as prescribed by UNAIDS. Although it is not the intention of this paper to be apologetic on behalf of Africa governments some of which are guilty of corruption, bad governance and outright abuse of trust by their own citizens, it goes without saying that time has come for us to see this epidemic in an economic perspective and act as such.

It goes without saying for instance that provision of anti-retrovirals to a starving but infected population may not achieve the desired results! Similarly preaching prevention messages to uncomfortable girls who may be preoccupied with bad school sanitary facilities is not the way to go.

It is instructive to note that aid to Africa from world financial institutions and developed countries to combat HIV/AIDS and for budgetary support pales in comparison to large amounts of funds that poor African governments use to service foreign debts some of which were incurred in dubious and far from transparent ways. This resource drain from an AIDS and poverty stricken continent, resources that would otherwise have been used to improve the otherwise dilapidated health infrastructure, itself a result of the famous but inhumane Structural Adjustments programmes (SAPs) of the 1980s and 1990s, is to say the least absurd.

Bearing this in mind, it is therefore very refreshing to read from a UNAIDS publication- AIDS and Africa: Three Scenarios to 2025 in which the authors present a set of three scenarios that attempt to answer once and for all the central question: over the next 20 years, what factors will drive Africa’s and the world’s responses to the AIDS epidemic, and what kind of future will there be for the next generation? The scenarios notably address the factors fuelling Africa’s AIDS epidemics including poverty, gender inequality and underdevelopment.

In my view, this type of information is what is required to inform the policy and programme priorities of UNAIDS and other actors throughout the world and in Africa particularly. I would therefore be hesitant, after being in possession of such information, to accept without question the UNAIDS essential policy and programmatic actions for HIV prevention as contained in its August 2005 policy position paper. I would advocate for a radical change in strategy of addressing HIV from a short term to long term perspective by focusing on the underlying factors that fuel the epidemic and stop paying lip service to this fight by focusing on the consequences.

Cover Article was compiled by Jacob N. Wasai, Partnership Development Officer based in the ACORD secretariat in Nairobi.
HASAP aims at promoting learning, both within and outside ACORD, improving responses to HIV and AIDS and strengthening ACORD’s capacity to develop effective partnerships with communities in order to influence thinking, policies and practice through advocacy and research, technical support and information sharing. This section provides snapshot information on what has been done over the last few months in order to meet these objectives.

SAN/IO initiative
ACORD HASAP is currently hosting a 2 year programme on managing HIV in the workplace funded by Stop AIDS Now! (SAN!), Oxfam International (OI), and their partners. The Project, which was officially launched in Kampala Uganda on 7th November 2005, comprises at least 60 participating organizations from all over Uganda. So far, the project has conducted 2 workshops in June and September 2005 with the aim of gaining buy-in among the participating organizations. It is hoped that by the end of the project, all participating organizations would have effectively mainstreamed HIV into their respective workplaces. In order for the project to run smoothly, a project coordinator, Spencer Birungi was recruited in August 2005 and is based in the HASAP office.

Ngorongoro HIV/AIDS comprehensive project among the Masai Pastoralists
HASAP programme manager, Dennis Nduhura, visited the Ngorongoro HIV comprehensive project, being implemented in north western Tanzania in August 2005. This project is an initiative implemented by ACORD in partnership with Oxfam Ireland, ERETO-Ngorongoro Pastoralist and Ngorongoro Pastoralist Project and Ngorongoro District Council with a focus on promoting communication and awareness at community level on HIV/AIDS, contributing to strengthening of institutional responses within the district through the Council Multisectoral HIV/AIDS Committee (CMAC) and establishment of learning on pastoralism-HIV/AIDS nexus.

The objective of his visit was to acquaint himself with the operational environment of Ngorongoro Comprehensive HIV/AIDS Project, review the progress of the project, provide on-site support to the field team in Ngorongoro, meet with key stakeholders especially at the

HASAP UPDATE

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district and ward level, and with civil society organizations, in order to solicit for their support and commitment and identify areas of partnership/collaboration. This visit was conducted together with Donald Kasongi, the ACORD Tanzania Country Director.

The visit was deemed successful as they were able to chart a way forward for the project as well as meet key stakeholders and identify areas for collaboration and partnership.

**Sudan HIV/AIDS mainstreaming workshop**

Ellen Bajenja, HASAP Programme Support and Advocacy Officer was in Khartoum, Sudan during September 2005 to conduct a training workshop on HIV/AIDS mainstreaming in development organizations. The workshop was hosted by ACORD in Khartoum and attended by staff as well as other partner organizations. The workshop objective was to provide opportunities for participants to share experiences on the status of the epidemic, globally, in Sub Saharan Africa and Sudan. In addition, participants acquired an understanding of the different approaches to responding to the epidemic and how they can be adapted in their work. The workshop provided an opportunity for establishing partnerships amongst the actors.

One major outcome was the commitment from all participants to strengthen the networks as a means to respond effectively to some of the challenges like access to ARVs. ACORD in Sudan is committed to leading the process of reviving the Sudan and Kassala AIDS Networks.

**HIV/AIDS Mainstreaming Workshop for the Sahel, West Africa**

In recognition of the need for the two Sahel programmes to more effectively integrate HIV/AIDS within their programme activities and strategy, HASAP, in collaboration with the HIV/AIDS Thematic Coordinator for Sahel 1, Angele Diello, organized a one week workshop aimed at building programme capacities and strategies for mainstreaming HIV/AIDS into their work. The workshop was held between 10th and 14th October in Ouagadougou. It was attended by the Programme Coordinators by the Area Programme Coordinator for the Sahel, the Country Programme Coordinators for Mauritania, Burkina Faso and Guinea, the thematic coordinators for Mali, Chad and Cameroon and another two members of the Burkina staff. The representative of a partner organization working with women in Mali also took part. The workshop covered internal as well as external mainstreaming and also looked at the Social Exclusion Framework as a conceptual model for analyzing HIV/AIDS vulnerability and discrimination. The President of the Burkina country-wide network of PLHA associations (REGIPIV) facilitated a half-day session devoted to discussing HIV-related stigma and discrimination using some exercises taken from the Anti-Stigma Toolkit (which has been translated into French). He also spoke about the work of the Network in promoting the meaningful involvement of PLHAs and their associations in programme planning and design. On the last day of the workshop, the participants put forward some recommendations, both for the Senior Management and HASAP. They called upon SMT to formally adopt the HIV Workplace Policy before the end of 2005 so that it would be easier for programmes to include policy implementation expenditures in the budgets presented to new donors. They also called upon HASAP to organize a workshop for HIV/AIDS Coordinators.
Angola
Dennis, HASAP’s Programme Manager visited ACORD’s Projects in Luanda and Lubango, during October 2005 where he conducted meetings in the areas where ACORD is implementing the Comic relief project on integrating gender into community based HIV/AIDS responses. During his visit, the Angolan team was able to identify areas of the HIV/AIDS work that need to be strengthened especially in the area of mainstreaming of HIV within the organization.

Northern Uganda
Ellen, HASAP’s Programme Support officer was in Gulu district in Northern Uganda to facilitate a process for reviewing ACORD Northern Uganda’s strategic plan on internal mainstreaming and developing a monitoring and evaluation framework for the work place programmes currently being implemented. The two day meeting was attended by the HIV and AIDS Thematic Advisor, the Focal Officers from all the Districts in which ACORD operates. As well as the volunteers. The meeting resulted in the development of a strategic plan on internal mainstreaming for the period 2005-2007, a framework for monitoring activities in the Districts as well as an agreed upon reporting schedule.

The meeting also provided opportunity for all the HIV and AIDS focal officers to collectively review and share information on the on going programming work in the different districts and their link to achieving the programmes goal of “reducing the spread of HIV and mitigation of the impact of AIDS on communities.”
This section highlights some of the HIV/AIDS related activities implemented by ACORD programmes in the different countries in which we operate.

Angola: ‘AIDS, a responsibility for everybody’
By Maria de Fatima Dendo

ACORD’s programme in Angola organised a 2-day HIV/AIDS conference on the theme ‘AIDS, a responsibility for everybody’ for various NGOs dealing with thematic as well as state institutions in Lubango city. The workshop which attracted 75 participants from Angola, Mozambique and Zimbabwe analysed the current situation of HIV/AIDS in the southern region of Angola and designed strategies and approaches for a joint action programme for 2006. Other issues discussed include HIV related stigma and discrimination facilitated by a representative of the Zimbabwean HIV/AIDS network.

In other news, ACORD Angola has embarked on the mainstreaming of HIV/AIDS into their work of reintegrating ex-soldiers into the community. To this effect, ACORD’s field staff received training on HIV/AIDS and sexually transmitted diseases by the Angolan Red Cross. This now makes it possible for the field officers working in Chipindo, Kuvango and Huila provinces to raise awareness on HIV/AIDS in an area that receives no radio and television transmission.

Meanwhile, in Kapangombe and Namibe provinces, there has been a noted increase in the demand for condoms among the Mucubai pastoralists as a result of the HIV awareness raising component of the ‘Stepping Stones’ methodology being applied in the project on integrating gender into HIV/AIDS community responses - a project being implemented by ACORD in Angola as well as in Tanzania and Northern Uganda.

DRC: Addressing HIV among the masses in Kinshasa, Isangi and Kisangani
By Dr. Papy Lusameso and Samuel Yagase

ACORD’s intervention in the Democratic Rep. of Congo begun with interventions on HIV/AIDS commencing in 2001 in the Eastern provinces of Isangi and Opala, as well as in the capital Kinshasa.

During this time, ACORD has engaged in numerous HIV/AIDS awareness activities including a door to door campaign aimed at raising awareness and changing people’s attitude towards people living with HIV and AIDS. This campaign successfully reached 1,500 households within Kinshasa.

In partnership with Concern DRC, and the Central Office of the Kingabwa health Zone, ACORD began a prevention project in that area, which ran from 2003-2005. This first phase of the project aimed at facilitating behaviour change among adolescents, youth, girl mothers and commercial sex workers; as well as providing psychosocial support and impact mitigation through income generation activities for People living with HIV and AIDS.

As a result of this project,

- At least 30 secondary schools now carry out independent awareness raising and training for school children and teachers based on the training provided by ACORD.

- Religious leaders who received training from ACORD have carried out awareness-raising for others. They have also strengthened the support provided to sick patients and also encourage pre-marital HIV testing.

- Sex workers are now engaged in the fight against HIV/AIDS, especially in promoting condom use. They are also actively searching for alternative forms of employment.

- There is a harmonious and synergic relationship between ACORD, the administrative authorities, the health authorities and the community. For example, all took part in joint planning activities during 2005.

- Several AIDS orphans have been taken on by HIV/AIDS structures

- About 100 PLHAs and their families have received psychosocial support and training in management of income-generating activities and, where applicable, medical services and legal support for
defending their rights. In the latter case, there are many cases of people who were previously shut off within their own home, excluded from all form of social life, and who, owing to this support, have rediscovered the meaning of life. In some cases, they have tried to raise awareness of community members residing in the same area by giving their personal testimonies. In their testimonies, they stress the way in which they became infected – linked to occupational mobility and/or trade along the river. They also stress how they have been looked after and supported by their communities following the support provided by ACORD. ACORD also supported excursion at the end of 2004 to exchange Christmas greetings with an Association of PLHAs in the Health Zone of Kingabwa.

This experience shows that the fight against HIV/AIDS in the context of poverty as highlighted above is a question of organisation and harmonisation among the different actors within the community and the administration and leadership. This synergy helps to ensure that the few resources available are effectively targeted and prioritised in the response. Within Isangi, ACORD has been working in partnership with GOVA since 1999 to address issues of HIV and AIDS within the themes of gender, conflict and livelihoods. Isangi is a very remote area with very strong traditional values and practices, one of which is widow inheritance. In Isangi, once a man dies, his wife is inherited by other members of the clan so as to ensure that the children are raised within the family. To this effect, ACORD held a seminar with traditional leaders to discuss this issue as it is related to the spread of HIV/AIDS. Sensitization was aimed at lobbying the traditional leaders to abandon this practice. They held a meeting and decided to abolish officially the practice of widow inheritance.

In addition to this, ACORD together with GOVA has held HIV/AIDS sensitisation seminars within the community, schools and churches as well. In regard to the mainstreaming of HIV and AIDS, ACORD works at 2 levels;

1. Group level; ACORD together with GOVA is working with soldiers who have been using rape as a weapon of war. They have also worked with youth to encourage them to protect themselves against getting infected with HIV.

2. Organization level; ACORD and GOVA are working in partnership to lobby other organisations working in Isangi like CARITAS, BDOM, BDD, GIVA and GIAVU to include AIDS work in the planning activities.

Uganda: Income Generation as a component of HIV/AIDS intervention
By Simon Taban

Mr. Ali Arkangel is a 60 year old counsellor and is the chairperson of the people living with HIV and AIDS association in Adjumani, Northern Uganda.

In 2002, ACORD gave the association of people living with HIV and AIDS a grant of two million Uganda Shillings to improve on their household income through income generating activities.

Arkangel received 121,000 Uganda shillings from ACORD’s grant and invested in selling charcoal. He then decided to purchase 2 female goats from his neighbour who was under pressure to pay a debt and was selling them at 30,000 shillings. After three months, each of the goats gave birth to triplets. The number of goats kept multiplying and by June 2005, he had 29 goats of his own! Arkangel then decided to sell off 19 goats to support three of his children, 2 of whom are in secondary school and one in a primary teachers college.

Arkangel says “Look at this miracle God has done to me! I believe in income generating activity as the only way to keep people living with HIV and AIDS busy, have access to basic needs like balanced diet, sugar, salt, soap, basic school requirements etc to mention but a few, and to help them continue with the struggle against the virus and the disease bringing in hope in our present and future life known as Positive Living”.

His appeal is that, people living with the infection and disease should be encouraged and supported with income-generating activities (IGAs) than being given handouts, which increases our vulnerability hence, reducing our dignity.

Partnership for joint learning on Internal HIV/AIDS mainstreaming in Mwanza City; Mwanza City Council and ACORD in Tanzania.
By Pantaleon Shoki

Following the widespread local government reforms in Africa, Local Government Authorities are becoming the home of development planning and host the locus of power
for comprehensive HIV/AIDS strategic plans.

Mwanza City is on the shores of Lake Victoria in Tanzania. It is the largest city second to Dar es Salaam, an important and perhaps most convenient commercial hub for the three East African states of Kenya, Tanzania and Uganda. With an official population of about 600,000 people, demographers suggest that the city hosts over 1 million people at any one time. The latest HIV prevalence study in Tanzania, conducted during 2003-2004, gives an average of 7% for the country, while Mwanza falls in the bracket of 6-9.9%. The National Policy guides responses to HIV/AIDS in Tanzania. The National Multi Sectoral Strategic Framework for HIV/AIDS (2003-2007) provides strategic directions on implementation of the policy. One of the important elements of the strategic framework is emphasis on mainstreaming HIV/AIDS in the society and government structures. Despite underlining the need for mainstreaming in

both the policy and strategic framework, attempts for implementation are not yet common. Both central government ministries and local government authorities are expected to have made significant progress in internal (workplace) and external (programmatic) mainstreaming, but the reality on the ground offers little promise of practice. Mwanza City Council has moved quickly to establish the Council Multi Sectoral AIDS Committee (CMAC) and the lower committees at Ward and Street or village levels.

ACORD has been in collaboration on HIV/AIDS with Mwanza City Council since 1999, through its Lake Victoria Area Programme. The collaboration, an example of local government-civil society partnership, has been useful for learning with other local governments in the country. Learning visits and peer reviews with other local governments have indicated that the partnership is valuable in building institutional competence for HIV/AIDS.

The partnership has led to identification of issues in the city that need methodological support for strengthening the council response to HIV/AIDS and its impacts. The partnership is now moving to focus on internal mainstreaming of HIV/AIDS in Mwanza City Council. Under this initiative, ACORD will provide methodological support to the City Council to manage the process of internal mainstreaming between November 2005 and July 2006.

It is expected that the initiative will provide lessons for Local Government Authorities on process, factors for success, challenges and policy implications of internal mainstreaming of HIV/AIDS. With financial support from Oxfam International in Tanzania, a 9-month learning period will enable ACORD and Mwanza City Council to document and learn about what drives internal mainstreaming in local government authorities. The process proposed to guide this learning initiative follows a path of:
A comprehensive response to HIV/AIDS in Ngorongoro has been initiated following a series of background studies and consultations between 2003 and 2004 that led to an inception phase of 5-months funded by Oxfam Ireland and hosted by Ereto-Ngorongoro Pastoralist Project.

The Tanzania HIV/AIDS Survey 2003-2004 puts HIV prevalence in a bracket of 4.5-9%, and an average of 5.5% for Arusha Region. The society used to believe in default that HIV/AIDS is a disease of the waswahili or non-maasai. Traditional norms and cultural practices are however signalling eminent threat to this community in times of HIV/AIDS. The growth of both nature and cultural tourism add to the increased interactions between the previously believed to be insulated community and the outside world. Remoteness and vastness of the district are likely to be the factors leading to absence of AIDS focused organisations.

The project is identifying potential roles of individuals, peer groups and community structures in HIV/AIDS related interventions, to define their respective participation. Cultural challenges have been underlined to be critical in ensuring that participatory approaches lead to collective actions. High illiteracy levels among the Maasai call for constant review of methods for Information, Education and Communication.

The ACORD team in Ngorongoro comprises of a Project Coordinator, a Research and Learning Officer, two field officers and support staff.

For more information about the project please contact:
Donald Kasongi, Area Programme Manager: acordtz@africaonline.co.tz
Marcel Kichumisa, Project Coordinator: kichumisa@yahoo.com
In 2001, Heads of State and representatives of governments across the world signed the declaration of commitment to fight HIV and AIDS. In this declaration, various targets and goals were put in place to form the UNGASS declaration of commitment on HIV/AIDS.

By signing this declaration, governments across the world acknowledged the HIV/AIDS pandemic as a global crisis requiring joint efforts to address it. The declaration set out specific commitments that the international community would adapt for their own countries. One general commitment focussed on, ensuring that by the year 2003, countries to have developed and implemented multi-sectoral national strategies and financing plans for combating HIV/AIDS. This commitment included, among other things, engaging partners from all sectors including, the civil society, business, labour, and media as well as people living with HIV and AIDS to address the epidemic in their respective sectors.

The key question/issue we need to reflect on at this stage is: how many countries have actually taken steps towards fulfilling their commitment to stopping AIDS?

A number of African countries have demonstrated this commitment by providing strong political leadership and support for Multisectoral national HIV/AIDS responses. Heads of state in countries like Uganda, Senegal and Togo among others have formed the “AIDS Watch Africa”.

This is a high level peer support structure intended to sensitize heads of state in countries with low or no commitment to realise the danger and begin addressing the epidemic in their countries. Other countries like Burundi and Mozambique have gone ahead to enact laws on HIV and AIDS related stigma and discrimination. However, a lot more could be done to translate these commitments into action. One critical sector where a glaring gap exists is combating HIV and AIDS in the workplaces, both formal and informal, government and non-government. Even in countries that are seen as models in the fight against HIV/AIDS, including Uganda, the workplace has to a large extent received a lip service. The issue of HIV and AIDS is largely seen as a problem ‘out there’.

Yet, addressing HIV and AIDS within the world of work is one of the major areas highlighted in the declaration as stated:

“By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV/AIDS.” (paragraph 49).

Although research has shown that HIV and AIDS has caused an enormous strain on organisational resources through increased absenteeism, lowered productivity, increased costs of health care, and loss of trained and experienced personnel, there has been slow response within organisations. Often, organizations advance the cost implications as a reason for not responding to the impact of the epidemic on employees. However there is a greater cost in NOT taking action.

To effectively respond, organisations need to develop guiding policies and translate them into programmes with adequate funding allocated for their implementation. The implementation of such workplace policies partly calls for the inclusion of HIV awareness and prevention campaigns, support and care for staff infected and affected by HIV and AIDS, as well as creation of a conducive environment that is free of stigma and discrimination within the workplace.

It is important to create a working environment where all the staff are well informed about HIV and AIDS and that those who are affected and infected by it are able to disclose their status and express their views freely without any fear of stigma or discrimination; respect for confidentiality and commitment to making reasonable accommodation for staff who are living with or are directly affected by HIV. In all this gender dimensions should be put into consideration as it is well known that HIV impacts differently on male and female employees.

ACORD, an international NGO promoting development and social justice among the marginalized societies in over 18...
Time has come when HIV/AIDS is no longer seen as a problem for others, but an issue to be addressed by organizations irrespective of the workforce size. It is estimated (UNAIDS 2004 report) that 36-46 million people living with HIV/AIDS worldwide, nine out of ten are adults in their productive prime life. Also, more than 20 million people have already died of AIDS related illnesses since the epidemic was reported and in Uganda a cumulative total of nearly 2.5 million people have been infected. This revelation should be a cause for organizations to worry and think seriously on how to respond to its impact on the workforce.

While Uganda has registered success in the fight against HIV/AIDS due to intensive HIV prevention efforts, leadership commitment to fight the epidemic, the national AIDS multi-sectoral approach that incorporated private-public partnership and promotion of “the ABC prevention model, civil society organizations should not consider HIV/AIDS as a problem for others. They need to deliberately have an internal policy that specifically addresses the problem of HIV/AIDS for their staff.

It is in recognition of the above challenge that STOP AIDS NOW! (SAN) and Oxfam International (OI) undertook an initiative with their counterpart organizations in Uganda to address HIV/AIDS as a workplace issue. The mission of “working together towards a world without AIDS” has focused on addressing HIV/AIDS in the workplace. The two-year project is so far involved in research, advocacy, and leadership trainings on managing HIV/AIDS in the workplace, peer education, networking with organizations and supporting them to develop their own workplace policies. This is done with guidance of the local Project Group (representing participating organizations) with a mandate to guide and periodically review the implementation process. Experience shows that most organizations do not have functional policies on HIV/AIDS in the workplace and

continued on next page
Learning Lessons from Gender Mainstreaming

By Angela Hadjipateras

In September, ACORD in close collaboration with VSO and CAFOID, hosted a workshop on ‘Learning Lessons from Gender Mainstreaming’. The workshop was attended by representatives of 12 international organizations and others with an interest in this area. The workshop drew on lessons identified as part of a DFID-funded enquiry into the lessons learned from the gender mainstreaming experience that might be applied in the field of disability mainstreaming. It was found that many of the lessons from gender can also be applied to HIV/AIDS mainstreaming.

It is now ten years since the 1995 Beijing Conference on Women, which marked the birth of the gender mainstreaming movement. Carol Miller, who, together with Healthlink carried out the review of Gender Mainstreaming, pointed out that one of the major lessons is that mainstreaming is a very slow process and that, if one is not very clear about the main purpose and objectives, there is a danger of moving backwards, rather than forwards.

- It is important, therefore, to be prepared from the outset for a long, drawn-out journey and to try to incorporate into the lessons learned from gender mainstreaming into the organisation’s HIV/AIDS mainstreaming strategies, the chances of moving forward in a positive direction will be increased. Above all, what is needed is a clear consensus around the main purpose and aims of mainstreaming. (For more information and details of the research carried out for DFID contact Angela at angelah@acord.org.uk)

Key lessons include:

- The need for a clear mandate from the top of the organisation (in the organisation’s vision, mission statement and/or strategic plan)
- The need for robust institutional structures to promote the HIV agenda (HIV/AIDS focal persons within Secretariat and field programmes, etc)
- The need for policy-relevant research and information (to feed into global advocacy)
- The need for practical guidelines and tools on mainstreaming
- The need for systems, procedures and indicators for monitoring and evaluating/reviewing progress
- The importance of involving PLHAs and their organizations at all levels

ARVs Research in Burkina Faso

Since mid-2005, ACORD Burkina and HASAP have been exploring ideas for research looking at the factors affecting access to ARVs and the impact of ARVs on the lives and social relations of PLHAs and those around them. Earlier plans to carry out research involving the beneficiaries of a pilot ARV project funded by the International HIV/AIDS Alliance (Projet Orange) fell through. Instead, the research will be carried out in two different sites: in the capital city, Ouagadougou and also in a rural area that is on a truck route and houses a large military base. Partners in the research include ASEIP, a member of the national network of PLHA associations in Burkina (REGIPIT) and SOS-SIDA, one of the leading HIV-focussed organizations in the country. It is hoped that the research findings will provide valuable insights into urban/rural differences in relation to ARV access and service provision that will be of relevance to other countries in the region. The research findings will be presented at the XIVth International Conference on HIV/AIDS and STIs that is taking place in Abuja, Nigeria on 5-9th December. The findings and outcomes of the research will also serve to inform the approach of other countries, which have expressed their interest in carrying out research in this area.
Evidence to Special UK Parliamentary Committee on International Development on Delivery of ARVs

At the end of October, 2005, the House of Commons Committee on International Development initiated a special enquiry aimed at informing government policy in relation to the scaling up and delivery of ARVs, particularly in resource-poor settings. HASAP submitted Evidence to the Committee on the basis of information received from programmes in Tanzania and the DRC. The key issues raised by both programmes was the fact that, outside the capital cities and main urban centers, access to information about ARVs and related services is very sparse and, in many cases, non-existent. Socially excluded and marginalized groups, such as pastoralists and women, are least likely to be able to access such services, thereby rendering them doubly vulnerable. Other obstacles and challenges to ARV delivery, include: the cost of drugs, which in many countries, remain unaffordable for people on low incomes; lack of trained staff within the health services; and the effects of stigma and discrimination, which remain very widespread, particularly in areas with least access to accurate information about HIV/AIDS. Other issues raised include: the donor-driven priorities in many countries resulting in the neglect of prevention in favour of drugs and treatment and the undermining of systems and structures set up to promote greater civil society involvement in local level priority setting. (The full submission will be posted on ACORD’s website)

Independent assessment of the World Bank’s HIV/AIDS assistance from its Operations Evaluation Department

The World Bank’s independent Operations Evaluation Department (OED) is releasing Committing to Results: Improving the Effectiveness of HIV/AIDS assistance, the first comprehensive evaluation of the World Bank’s assistance for HIV/AIDS control, from the beginning of the epidemic through mid-2004. The report looks at the effectiveness of the Bank’s country-level HIV/AIDS assistance defined as policy dialogue, analytic work, and lending with the explicit objective of reducing the scope or impact of the AIDS epidemic. Because the Bank’s assistance is for implementation of government programs by government, it provides important insights on how national AIDS programs can be made more effective. Some of its major findings are:

- World Bank’s assistance has induced governments to act earlier or in focused, cost-effective ways.
- It has helped raise political commitment, create or strengthen AIDS institutions, enlist NGOs, and prioritize activities.
- Political commitment and capacity have been overestimated and need to be addressed continuously.
- Failure to reach high-risk groups has reduced assistance effectiveness and impact.
- Weak monitoring and evaluation and lack of focused country-based research are affecting the effectiveness of national responses.

The report also includes specific recommendations for the next phase of the Bank’s response, in order to help governments use human and financial resources more efficiently and effectively to have an impact on the epidemic.

Please visit http://www.worldbank.org/oed/aids/?intcmp=5223177 to download, request free hard copies, or read more about the evaluation.
Video about HIV-positive African priest now available in French and Portuguese

“ Inspiring”, a “morale booster” and a “source of hope” - these are just a few of the reactions of people who have viewed the video, What can I do?, in many African countries during the past year.

Launched in Kampala, Uganda, in September 2004, the video is designed to address HIV-related stigma, shame, discrimination and denial in churches. It features the Rev. Canon Gideon Byamugisha from Uganda – the first African priest to disclose his HIV-positive status.

Canon Gideon talks on the video about the need for his fellow Christians to do away with judgmental attitudes towards HIV-positive people, and instead to offer them love and support.

The video is 49 minutes long and is divided into short segments on topics such as ‘Coping with stigma’, ‘Why be tested for HIV?’ and ‘Challenges for the church’. It is accompanied by a 48-page facilitator's Guide, to enable groups to explore in greater depth the issues which it raises.

The video is now available in French and Portuguese, as well as the original English. It can be ordered from:

TALC
E: info@talcuk.org
Website: www.talcuk.org
T: +44 1727 853869

Limited quantities of free copies of these materials are available to African organisations unable to purchase them. For enquiries:

Glen Williams, Series Editor, Strategies for Hope
E: sfh@stratshope.org
Telephone: +44 (0) 1865 723078

Positive Health

There are in excess of 12 million copies of Positive Health in circulation in Southern Africa and the book is currently published in 17 languages, with more languages being added every year. Positive Living has been rolled out in about 16 countries around the world for the likes of UN, UNDP, USAID, UNICEF etc.

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Courses

Children and their Carers
The Salvation Army, Chikankata
Date of Course: July 2006
(2 weeks duration)
Venue: Chikankata, Zambia

Gender Training on Policy & HIV/AIDS
Tanzania Gender Network Program
Date of Course: 26 June – 7 July 2006
Venue: Dar es Salaam,
Tanzania
Gender and HIV/AIDS Institute of Development Management
Date of Course: 20 February – 3 March 2006
Venue: Gabarone, Botswana

For further information please contact:
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PO Box 16035, 00100-GPO
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Tel: (254-20) 3871016/3872201/387235/3872129
Fax: (254-20) 3872129
Email: ratn@ratn.org
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ACORD, an African led international NGO, works in over 18 countries in sub-Saharan Africa to promote justice for the most marginalised groups. HASAP, the HIV/AIDS Support and Advocacy Programme, established in 2001, aims to enhance the quality and impact of ACORD's HIV/AIDS programmes through technical support, the strategic coordination of research and advocacy initiatives, information sharing, networking and alliance building with other actors.