For a long time now, since the advent of the AIDS pandemic in the world and more specifically in Africa, the onerous task of educating the public on prevention, care and even sometimes treatment has more often than not fallen on the shoulders of PLWHAs. Often through giving testimonies, PLWHAs, have played a significant role in raising the levels of awareness of people in Africa. This notwithstanding, questions are emerging as to whether this is the right and/or the best way to proceed in the fight against HIV/AIDS in Africa. Many have argued that in fact this is tokenism bordering on functional rather than interactive participation of PLWHAs which does not seem to recognize PLWHAs as equal partners in the war against HIV/AIDS on the continent.

This argument has posited that functional participation is where the populations of those infected and affected by the epidemic, have been mobilized into groups or associations to meet some predetermined goals for instance realizing the GIPA principle, recognition of children’s rights to be heard in any proceedings that concern them etc. On the other hand, interactive participation involves the PLWHAs, as well as other vulnerable groups in society, in joint analysis that leads to action plans which reflect their needs. This form of participation can only be realized if the capacity of the PLWHAs and these susceptible groups is strengthened.

It is important to note that other than PLWHAs, this epidemic has crippled and affected all categories of society, leaving many vulnerable groups susceptible to infection. It is mandatory to sufficiently involve these groups in order to effectively win the battle against HIV and AIDS.

Lending credance to this argument, in a recent talk to ACORD headquarter staff in...
A warm welcome to you, our readers, to this seventh edition of the HASAP Newsletter with the theme: “Raising Voices!”

As the AIDS epidemic continues to affect societies hitting at the most vulnerable groups like the OVCs, widows, PLHAs, the military, among others, actors have not been idle. World wide, several initiatives have been embarked on in various sectors to address the impact of the epidemic on the vulnerable categories of the population. Varied as they may be, these initiatives aim at contributing to effective and lasting solutions to the effects and impact of the epidemic. The central tenet to sustainability of these initiatives and responses is the active participation of the vulnerable groups; raising their voices and views on policies, thinking and practice.

This newsletter edition highlights some of the work done by ACORD and its partners to RAISE the voices of the marginalized in different countries in order to achieve its fundamental goal – augmenting the levels of Social Justice for the vulnerable populace within the African continent. In it, we explore the achievements made in raising voices of the most marginalized, and challenges faced by different groups that have been rendered susceptible to HIV and are vulnerable to AIDS by virtue of their position in society.

“Giving a voice to these marginalized persons, including PLWHAs, therefore goes beyond just giving them space to advocate for their rights in so far as HIV and AIDS goes, it means deliberate efforts at enlightening them about other related factors that impact on their lives and their crusade against the pandemic especially in Africa. It means engaging them not just on AIDS specific interventions but widening the scope to rope them into other relevant and popular campaigns that together with the war on AIDS could build up the requisite synergy to make this fight sustainable and winnable.”

The various issues featuring in “Raising Voices” range from the predicaments of Burundian Commercial Sex Workers, and what has been done through the efforts of ACORD to help them become less susceptible to HIV, to the tools that have been used to address the plight of OVCs in Western Uganda resulting from studies carried out by ACORD. We also examine the impact of Stigma and Discrimination on the lives of PLWHAs, as well as those that are not infected, and its role in fueling the spread of HIV/AIDS throughout the continent. In this issue, there are also highlights of ACORD’s work amongst the demobilized combatants in one of the longest civil wars in Angola.

We hope that in addition to providing good reading, “Raising Voices” will also stimulate discussion on how ACORD and partners can strengthen the involvement of the marginalized in processes that affect them.

We would like to thank those contributors to this edition without whom this kaleidoscope of work expressed on these pages would not be possible.

Together in the struggle!

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Nairobi, Asunta Wagura, a leading PLWHA activist in Kenya wondered aloud: Why is it that we mostly leave it to people living with HIV and AIDS (PLWHA) to talk about HIV and AIDS? How come it has somehow become the responsibility of PLWHAs to teach the world about it, talk about people getting tested, protection methods and how to live a healthy life by ensuring that if you are HIV infected you live positively and if you are not, protect that status quo? Clearly this was a tip of an iceberg showing the frustration that in fact PLWHAs face in discharging this supposedly predetermined role.

This type of expression should make HIV/AIDS intervention programming gurus sit up and start thinking on how best to engage PLWHAs, as well as those susceptible to the virus by virtue of their position in society, in the fight against HIV/AIDS in Africa. Particularly, since we need to maintain the momentum and scale up meaningful interaction of those affected and infected with other stakeholders in the war against HIV/AIDS on the continent. In recognition of this fact ACORD recently organized a workshop under the auspices of the World Social Forum in Nairobi on HIV/AIDS, Food Sovereignty and Trade whose agenda was to explore the linkages of globalization, EPAs, trade, food sovereignty and their impact on the war against AIDS in Africa. It also aimed at enlightening organizations working with PLWHAs (people living with HIV/AIDS) and other groups vulnerable to HIV/AIDS to take an active role in fair trade campaigns and join hands with other organisations in voicing their concerns over unfair trade rules. In addition it also sought to sensitize activist organisations involved in fair trade campaigns, stop EPAs, end poverty and food sovereignty to see their campaigns through an AIDS lens, as it remains a major threat to development in Africa.

Speaking during this workshop that was attended by WSF delegates from around the world, a panelist Asunta Wagura herself a PLWHA for the last two decades expressed shock that they, in the AIDS sector, knew nothing about Economic Partnership Agreements yet they definitely were going to impact on their lives and on the war against HIV/AIDS in Africa. She called on the mainstream anti-EPA actors to involve them by building their capacity to widen their horizon of understanding of other social, economic and even political factors that impact on the war against AIDS in Africa.

This candid revelation was in deed testimony of how the HIV/AIDS fight has been restrictedly dealt with in isolation of other issues that have a major bearing on the success or loss of this fight. It therefore behooves stakeholders to underscore the linkages of HIV/AIDS to other sectoral issues that may have a bearing on a sustained fight against this pandemic in Africa. For this reason, we are calling on all organisations working with PLWHAs and other HIV/AIDS susceptible groups in Africa to seek to get involved in popular campaigns against poverty for instance, against unfair world trade and support debt cancellation among others. In the same vein, leading activist organisations should deliberately go out of their way to bring on board other organizations working with PLWHAs and other marginalized groups into their planning sessions not only for the PLWHAs to enlighten themselves but also for these organisations to get to understand the plight of PLWHAs and get a chance to educate themselves as well on how to tackle their campaigns from an AIDS stand point. It was therefore very refreshing as well as challenging when in the ACORD workshop at the WSF a woman farmer from Zambia gave a very moving perspective of how in her capacity as a peasant she would suffer a double tragedy if EPAs were implemented. ‘I would first loose my livelihood as my agricultural products would be forced to compete against cheap farm produce from Europe which enjoy subsidies but more importantly those in my community would never have the capacity to access the right nutrition to sustain ARV uptake even if they were free,’ she lamented.

Giving a voice to these marginalized persons, including PLWHAs, therefore goes beyond just giving them space to advocate for their rights in so far as HIV and AIDS goes, it means deliberate efforts at enlightening them about other related factors that impact on their lives and their crusade against the pandemic especially in Africa. It means engaging them not just on AIDS specific interventions but widening the scope to rope them into other relevant and popular campaigns that together with the war on AIDS could build up the requisite synergy to make this fight sustainable and winnable.
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.

**Kampala Work Place Policy Meeting**
The three day meeting was graced by participants from different ACORD country programmes in the region namely Burundi, Ethiopia, Rwanda, Sudan, Tanzania, Uganda, and Cordaid partner organizations as well the ACORD Secretariat. The regional workshop was held in June 2006 with the aim of, among other things; bringing on board all persons/organizations in attendance to appreciate the importance of having an HIV/AIDS workplace policy. Although some organizations had already developed guidelines and work plans for addressing HIV/AIDS at their workplace, most still had challenges ensuring that their respective managements acknowledge the impact of HIV/AIDS on their workforce.

Other than raising awareness of the programs on the importance and relevancy of the implementation of the workplace policy in ACORD programs and partners, this workshop helped to kick start the Work Place Policy process in these programs. Plans were made by the programs for the implementation of the workplace policy during the workshop.

**Mainstreaming HIV & AIDS into food sovereignty programme workshop, Ndjamen, Chad**
The HIV/AIDS mainstreaming workshop was held in Ndjamen Chad from 26th to 29th September 2006. The overall aim of the workshop was to introduce and orient ACORD programs and partners in the Sahel 2 region (Chad, Cameroon, Nigeria) firstly on the fundamentals of mainstreaming HIV/AIDS (why and how) in their development programs and more especially in the food sovereignty programs being currently implemented. The workshop which was facilitated by HASAP’s Program Support Officer and ACORD Tanzania’s Country Director, raised many issues including the need to think of strategies that address HIV/AIDS in food insecure regions of West Africa.

**HIV/AIDS mainstreaming workshop in Maputo, Mozambique**
This took place from 26th – 29th November 2006 in Maputo, and was attended by ACORD Mozambique and ACORD Angola.
Staff members. It was facilitated by HASAP’s programme support Officer, Mrs. Ellen Bajenja and the Tanzania Country Director-Mr. Donald Kasongi. The workshop was multi sectoral and included participants from media houses, associations of PLWHAs as well as ACORD staff members.

XVI International AIDS conference, Toronto Canada

This annual event was held from the 13th – 18th August and was attended by the HASAP Programme Manager and the SAN! Uganda Country Coordinator.

Some of the areas highlighted at the conference include:

i) The important role that nutrition plays in the fight against HIV/AIDS
ii) The need to train staff (strengthen health care services and facilities)
iii) The need for more resources to be put into PMTCT
iv) Circumcision to be used as a way to prevent HIV/AIDS
v) Youth to be included in program design
vi) The need for more resources to be put into the fight against HIV/AIDS – and a call to G8 countries to seriously address these issues
vii) The need to actively include PLWHAs as active partners in the global fight against HIV/AIDS
viii) The positive results coming from the research on use of microbicides as a HIV/AIDS preventive measure

Various contacts were also made at the conference for possible partnerships with ACORD and HASAP.

Building a sustainable network for institutional learning on HIV/AIDS related stigma and discrimination in Tanzania and Uganda

ACORD HASAP and OXFAM KIC (Knowledge Infrastructure with and between Counterparts) Project

In recognition of the role stigma and discrimination plays in fueling the HIV/AIDS epidemic, HASAP is currently in the early stages of the implementation of a project supported by OXFAM Novib in which the best practices used by ACORD and OXFAM Novib (and its affiliates) partners in Tanzania and Uganda to counteract stigma and discrimination faced by PLWHAs shall be documented and shared. The principal objective of the project is to institutionalise learning by setting up a web-based forum of exchange for members of the existing OXFAM KIC portal. The portal will enhance exchange of experiences (both positive and negative) and best practices in Uganda and Tanzania for purposes of learning about the dynamics of stigma and discrimination and how their impact can best be mitigated.

World AIDS Day, 1st December 2006

This year’s world AIDS Day (WAD) had the theme “accountability” which HASAP used in its advocacy message that targeted policy and decision makers including State Ministers, Embassy delegates, World Bank representatives etc in all ACORD’s countries of operation. Country Programs then provided feedback about which organizations had
During the last quarter of the year, ACORD/HASAP carried out a number of studies within the African Region as part of its research function. These include:

- Access to ARVs in Mozambique, and Tanzania. This research examined the issues faced by PLWHAs in Tanzania and Mozambique with regard to treatment and successfully provided findings that are grounds on which interventions can be made to address this problem.

- Parish Orphans Carers Associations (POCAS): Community Based Response to HIV and AIDS impact on households in ACORD area program, Mbarara district, Uganda. This study demonstrated the high success rate of community initiatives as well as outlined the challenges being faced by community groups that provide care and support for HIV and AIDS widows and orphans.

- Participatory action research on Stigma and discrimination in ACORD Tanzania. This study established grounds for the need for interventions in Tanzania to address stigma and discrimination faced by PLWHAs.

Participatory Research: A Tool for Raising Voices of the Voiceless in Western Uganda

Najuna John, HIV/AIDS Focal Person, ACORD Mbarara -Uganda

Participatory research methodologies when used appropriately can generate a pool of rich information that can be used to address the real need of the voiceless. Those affected and infected by HIV/AIDS have constantly changing needs and requirements which vary according to their different backgrounds. Research must, therefore, be carried out in order to assess these needs, and not make assumptions based on theories or past trends as is commonly done by some researchers.

Participatory research methodology actively involves the population under investigation i.e. OVCs, widows, and affected and infected communities. This method avoids research being carried out on irrelevant issues as is often the case. For instance, in November 2006, ACORD Mbarara-Uganda in partnership with UNICEF organised focused group discussions in 18 Parishes found in Isingiro district with an objective of assessing the real needs of HIV/AIDS orphans and vulnerable children in affected households. In these FGDs, a lot of very useful information was generated:

- The orphans revealed that they were not schooling due to failure to provide the necessary school requirements like development fund, and scholastic materials. Because of these reasons, they faced discrimination from teachers and fellow pupils.

- Children from child headed families disclosed that they lived in collapsing houses and lacked essential commodities such as access to water etc.

- The aged in affected households observed that they have problem accessing water from distant sources in addition to caring for young orphans — (Note that Isingiro is an area in Western Uganda facing serious water shortages.)

ACORD documented the findings that were disseminated at the sub county level.

The reason for the dissemination was to draw the attention of the leaders who are the decision makers and planners, in order to address the real needs of the OVCs and their carers as were identified during the FGDs. The dissemination enabled the sub-county leadership to consider the needs of the orphans and the affected households. Budgets were prepared and presented to the UNICEF county programme through the district administration for support. As a result of this intervention, 22 households of child...
headed families and twelve households of 
HIV affected families were provided with 
building materials and with 12 roof tanks. 
In the same programme, ACORD with the 
support of Ford Foundation and UNICEF 
organised sensitization workshops for school 
stakeholders with an objective of addressing 
the plight of orphans and vulnerable children 
in schools.

During the dissemination session of a report 
on the impact of community based responses 
to HIV/AIDS on households, an orphaned 
child, GIBSON NUWARINDA, aged 14 was 
introduced as a child household head who 
was looking after his 5 siblings. On hearing 
this, the people who were gathered for the 
dissemination session were touched and 
gave financial contributions.

Gibson's case was identified through the 
research intervention that was carried out. 
Similarly, the research enabled identification 
of many vulnerable people whose voices 
would never have been heard. These results 
are attributed to the use of participatory 
research methods that rather than being 
extractive are action and advocacy oriented 
making the community primary beneficiaries 
and consumers of the research.

Dissemination is also highlighted as a crucial 
step in the research process as it provides 
accountability for what has been achieved 
and is an indicator that the research was 
conducted not only for purposes of use by the 
implementing organization and partners, but 
for an even broader audience.

**Study on The Impact 
of HIV Infection On 
Security And Human 
Rights in Burundi**

**By: Diane Mpinganzima, ACORD Burundi**

In her quest to make a substantial 
contribution in Civil Society’s response, 
ACORD in partnership with Oxfam 
International used the transverse HIV/AIDS 
integration approach in development and 
humanitarian programmes in Burundi since 
the year 2004. This approach can not be 
better evaluated than when information 
on the risk, vulnerability and the impact of 
HIV/AIDS on the beneficiaries is written up 
and published. As a result of this, a study was 
undertaken in 2005. Its general objective 
was to compile information on the situation 
of HIV/AIDS in the area of intervention with 
clear instructions and directions on how to 
fight against HIV/AIDS, a transverse theme in 
the programmes in order to limit the impact 
of HIV/AIDS.

More specifically, this means:
- To identify the knowledge, attitudes 
  and the practices linked to HIV/AIDS of 
  beneficiaries of two partnering projects 
  of Oxfam International: CAPAD and 
  Ligue ITEKA
- To evaluate the risks and the 
  vulnerability of beneficiaries in relation 
  to HIV/AIDS as well as the mechanisms 
  adopted by the community to combat 
  HIV/AIDS.
- To evaluate the impact of HIV/AIDS on 
  food security and conditions of living of 
  households and on human rights
- To identify the needs of the community 
  regarding the reduction of risks and 
  vulnerability in relation to HIV/AIDS

**Methodology**
The study was carried out based on 
documented work: doing an institutional 
analysis and on the basis of studies in 
three areas. The interviews held with the 
coordinators of the organizations and those 
concerned with rights of PLWHAs and the 
facilitators of federations and peasant and 
focal groups in relation to beneficiaries.

**Principal findings :**
- The level of knowledge of HIV/AIDS 
  by beneficiaries of the two partners 
  in 01 has increased relatively, with 
  knowledge moderately higher for 
  certain aspects of HIV/AIDS than others.
- The risk factors to vulnerability are 
  numerous and are of different types: 
  mainly poverty and poor conditions of 
  living
- Widows and orphans and the youth are 
  the targeted groups due to their high 
  vulnerability to the HIV virus
- The rights of PLWHAs are constantly 
  violated
- Food security is compromised by the 
  HIV plague. This serves as a testimony 
  of the disappearance of certain cultures 
  and the profound change in the way 
  of life - peasants now survive on small 
  business ventures and other activities 
  that put them at risk of contracting this 
  deadly virus
- The attitudes of people not infected 
  with the virus towards PLWHAs are 
  found to be favorable and positive in 
  theory, but practically, stigma and 
  discrimination in the work place is often 
  reported by the victims

**Conclusions/Lessons learnt**
One of the lessons learnt is the existence of 
communities living with immense needs 
in the public health sector. They are given 
minimal support and require to be given 
training, equipment and substantial finances 
essential for their work.

A number of rights are violated, namely 
rights to confidentiality and privacy. The 
attitudes and awkward behaviour exhibited 
towards some of the infected people is not 
always the result of cruelty or bad intentions. 
Fear constitutes the biggest barrier in 
communication, conduct and co-existence 
between those living with HIV/AIDS and 
those that do not.

Regarding the issue of violation of human 
rights, discrimination is always rife and 
manifests itself in many different forms, even 
if it is difficult sometimes to give material 
proof of certain forms of discrimination. 
The rights that are most often violated 
take the form of physical attacks (like rape) 
the right to shelter, to work and to the 
inheritance of property etc. Consequently, 
due to lack of means to ventilate their 
tribulations, these victims lose their rights 
to health care, schooling and to social 
participation etc.
received their WAD advocacy message. Below are various summaries of the work being carried out by ACORD Angola to mitigate and alleviate the impact of the HIV/AIDS epidemic amongst the vulnerable populace.

By: Maria de Fatima, ACORD Angola

“Former militants in Bié, Angola, benefit from HIV/AIDS and STI trainings”

Former army officers were sensitized on the dangers of STIs and HIV/AIDS. The training on STIs and HIV/AIDS was held for these former militants in 5 communities of Bié, a district in Angola. The purpose of these trainings was for the groups to in turn sensitize the communities on how to prevent HIV/AIDS and STIs. At the end of the training sessions, the trainees expressed their gratitude for the training and felt more equipped to train and sensitize their community members on how to fight against HIV/AIDS.

“Accomplish”

“Accomplish” was the slogan for the 2006 World AIDS Day in Angola. In Huila, the network of organizations fighting against HIV/AIDS prepared an extensive program to commemorate this day. Several commissions were created for each World AIDS day activity - ACORD was part of the Operation Stop Commission. The role of Operation Stop, was to mobilize resources for ASPALSIDA (Association of People Living with HIV/AIDS) whose peak was the World AIDS Day. Besides the Operation Stop, a March and a Vigil also took place on that day.

“Congratulations ACORD!”

A project with the name “prevention of HIV/AIDS and Malaria in Cunene (Angola) using Stepping Stones” was proposed by ACORD to HAMESET, a project under the Ministry of Health for the prevention of HIV/AIDS, Tuberculosis, and Malaria. An estimated 352, 000 USD was officially handed over to ACORD in Cunene on World AIDS day for that purpose.

“Provincial committee for the fight against AIDS in Cunene, promotes experience sharing and exchange”

ACORD recently participated in a regional meeting for the exchange of experiences amongst actors involved in HIV/AIDS work in Cunene, south of Angola and Ohangwena, north of Namibia. The purpose of the meeting was to make an analysis of the HIV/AIDS situation in the region as well as draw up regional strategies.

“ACORD contributes to the reduction of the spread of HIV/AIDS in Luanda”

The Northern Unit of the ACORD Area Program in Angola, Sedeada in Luanda, continues to facilitate the establishment and support of community groups. During the year 2006, in the Municipal district of Cazenga, a province of Luanda, 5 communities were established for the purposes of sensitization in this municipal

Impact of peer education in prevention of HIV/AIDS in the workplace in OXFAM International partner organizations, Burundi

By: Diane Mpinganzima, ACORD Burundi

Peer education was used as a strategy by ACORD to socially integrate HIV/AIDS in 8 OXFAM international partner organizations. The advantages of this approach are attributed to the fact that the peer educators are trained to encourage their peers by proposing to them some good behaviour pattern models, information that they need and support in the processes of taking decisions and making healthy behaviour choices. The study carried out in 2005, amongst the beneficiaries of the joint OI programme for the integration of HIV/AIDS in Burundi, showed adoption of positive attitudes amongst more than 70% of employees.

Objective:

• Make rules and policies in the workplace that are favorable, and take into consideration, issues related to HIV/AIDS and its prevention
• Reduce the impact of HIV/AIDS at the institutional level
**Methodology**

- Management sensitization day to ensure adherence to the HIV/AIDS programme at the workplace
- Identification and training of 95 peer educators of which 53 were men and 42 women
- Developing of a guide for the peer educators for the prevention of HIV/AIDS at the workplace
- Programming of days of sensitization in each organization
- Production and distribution of IEC materials (posters, leaflets and calendars) to increase knowledge about HIV/AIDS

**Results**

- 256 sessions were organized and held in order to enhance information exchange on HIV/AIDS related issues
- 568 employees and their families (960 spouses and 1704 children) participated in these meeting sessions
- 8 HIV/AIDS workplace policy documents were developed and signed by the officers responsible in the respective organisations
- 120 employees went for VCT
- 38016 condoms were made available in dispensers and utilized
- 10 employees were referred to the appropriate associations and are currently on ARVs

**Conclusion:**

The involvement of heads of institutions was an invaluable aspect in the realization of the HIV/AIDS workplace programme. The commitment of beneficiaries of the programme (the employees) must be sought at all implementation stages of the HIV/AIDS mainstreaming workplace policy. It is very important to give the responsibility of fighting against HIV/AIDS in the workplace to peer educators chosen by their colleagues to ensure confidentiality and to equip them with the appropriate training. The fight against HIV/AIDS is worth the effort made in the promotion of the workplace policy because the paid employees have a hard time finding time outside of the work schedule for meetings and sensitisation sessions on HIV/AIDS, whereas there continues to exist many gaps in the information given to development NGO employees, but also a lack of a supportive attitude by some employers in cases where for instance an employee is found to be HIV positive. It is thus important to strengthen prevention action and fighting of HIV/AIDS, reduction of stigma and discrimination, and the promotion of accountability because of the unspoken fear and ignorance amongst employees about the pandemic that retard the fight against HIV/AIDS in the workplace.

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**Prevention of HIV/AIDS amongst Commercial Sex Workers through income generating activities in Burundi**

By: Diane Mpinganzima, ACORD Burundi

ACORD, through CECM (Coopérative d’Epargne et de Crédits Mutuels – Mutual Saving and Credit Bank), Burundi, provided a loan scheme for women with multiple sexual partners (Commercial Sex Workers – CSWs) as a means of reducing their vulnerability to HIV/AIDS and at the same time, use this opportunity to address gender and HIV/AIDS related issues. The association of commercial sex workers called Garukiraho (meaning ‘Stop there’) began with 30 members but currently has only 12 active members within the age bracket 18 to 45 years. The members were facilitated by ACORD to form a microfinance association and are occupied in the income generating activities such as the production and the selling of palm oil in the markets, which had a big impact on the levels of their participation in commercial sex work. “I am at the market all day and I do not have the time or the energy to go stand at the road looking for clients” One former CSW said. Ever since the micro finance organisation was set up, some of the ladies experienced direct benefits which were as follows: (i) 4 out of 12 tested for HIV/AIDS (ii) they are better informed about HIV/AIDS, protection methods and how to live positively if diagnosed HIV+ (iii) they spend more time in the organization than with their clients (iv) they have adopted 0% tolerance to
unprotected sexual relations: “Because we know that if they refuse condoms, there must be a reason behind” one of the CSW volunteered.

But the progress has not been that uniform as one CSW opined: “ACORD helps us to leave prostitution in order to spend our time on income generating activities but there are problems and some amongst us are not able to completely stop prostitution because it (prostitution) translates into quick and hard cash that we are in need of.”

None the less the advantages outweigh the disadvantages as one Social worker explained:

“Before, one could find them in a bar waiting for clients but now they are busy with other things, within the framework of the credit organization, the situation is better. There are also indicators that they use the condoms provided to them since they no longer have unwanted pregnancies like before.”

The majority of these women want to completely stop commercial sex work. Hence there is a real potential of having optimal impact with very little effort – this means a bit more support and training.

Lessons learnt:
- Identifying and working with the most vulnerable and the most marginalized can permanently reduce the impact of HIV/AIDS in their lives
- It is possible to attain a change in risky behavior practices by the vulnerable population through initiating income generating activities with even minimal financial support
- Commercial sex workers who lack any other economic opportunities can be able to stop completely this occupation at once given psycho-social-economic support

By Janah Ncube:
ACORD Gender Thematic Manager

On December 1, 2006, the World focused on HIV and AIDS and in our office, we took the space and time to commemorate the day. We had a big lunch, AIDS awareness regalia was circulated to staff and a discussion was held. An extremely courageous woman: Asunta Wagura who is the Executive Director of Kenya Network of Women with AIDS (KENWA), an organisation of Kenyan Women living with HIV and AIDS, and some of her team members, spent the afternoon with us to talk about HIV and AIDS and the impact it has had on their lives. She asked us a resounding question; why is that we mostly leave it to people living with HIV and AIDS (PLWHAs) to talk about HIV and AIDS?

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How come it has somehow become the responsibility of PLWHAs to teach the world about it, talk about people getting tested, how we protect ourselves and our health and ensure that if you are HIV infected you live positively and if you are HIV negative you protect that status? Everyone has the responsibility to talk about this virus that has desecrated our communities and for many of us, our lives. Most Africans have been affected by this menacing virus and thus we have to make it our business to keep discussing and dialogue about it and how we can conquer it. However the curse of stigma has exacerbated and in many instances had a counter effect to the progress achieved by those standing up to fight it. Out of the many insightful things Asunta said, I resolved at that moment that I would share this experience:

Sometime in the middle of 2006 a friend who was searching the internet came across a news report that was highlighting a presentation I had made in 2003 at a think-tank meeting on the possible futures of the Southern African region. Facts show that the most desecrated region in the world by HIV and AIDS is southern Africa and the most affected people are women due to their physiology and their disempowerment based on gendered roles, responsibilities and identities. My intention in this meeting was to bring the issues, contexts and status of women of Southern Africa into the centre of our discussions. Thus before I went into the core of my presentation I illustrated a profile of a woman who could easily be found in the various countries of the region. I asked my audience to imagine a pregnant woman walking from a clinic 3km away, carrying firewood on her head, with a baby on her back and a daughter clapping her hand grappling with the devastating news of discovering she is HIV infected. I went on to tease out the challenges women face using this imagined, yet typical woman. The news report my friend came across however was written in a manner that identified me as a brave African woman living with HIV and AIDS. The writer misunderstood my illustration and took it to have meant me. When my friend highlighted this particular article I can not even begin to explain the panic and bewilderment I went through.

I was terrified to think that people who had read that article were left with the impression that I was HIV positive. To say I was angry and mad is an understatement of what I felt. I was so concerned about what others thought, how this mistake could have seriously messed up my profile, image, prospects and perceptions about me. Of course I got the organisation responsible for the mis-reporting to correct the story within 48 hours which was done with profuse apologies. For 3 years there has
been this mis-fact about me on the internet which could have conjured all sorts of perceptions about me. All the stereotypes, the negativity we levy on those living with this virus dominated my mind. Despite the fact that I thought I am so progressive on such matters, when it hit me at a personal level, I exhibited the contempt many of us are not willing to confess we have for those HIV infected. Listening to Asunta reminded me of this incident and how we always think HIV is someone else’s problem and don’t see it as our own. It reminded me how we relate in pity with those suffering from HIV related sicknesses yet we know no one ever desires sicknesses yet we know no one ever desires pity because there is no dignity in pity. It showed me how we respond to those who have the HIV virus.

The problem with stigma is that it is rooted in the people around us and our own self-reflection based on our socialisation. Stigma is about the perceptions, stereotypes and expectations that others have about us and our behaviour. One might accept that they have the HIV virus but their family and community may levy upon them their baggage that says ‘it’s your fault, you deserve it’. My issue with the article on the internet was not based on the fact of whether I was HIV infected or not, that was beside the point, the issue was on what has been said about me and who may have read it and what they thought of me and whether they knew me or not. This is a challenge to myself and to others that we need to examine ourselves with regards to our relation and engagement with the HIV virus.

We need to examine our beliefs that inform how we relate to those who live with it and who may be sick due to related diseases. Community leaders have a high responsibility in demonstrating leadership when it comes to the issue of stigma. We all have been affected by this virus one way or another and it is about time we confronted it openly and directly. We all need to take responsibility for the high levels of HIV and AIDS in our continent and realise we are part of the problem when we allow stigma to dictate how much we engage with matters relating to sex, promiscuity, disempowered women who can not negotiate for safe sex in their relationships, violence in the home and our communities etc. However one fact remains, as long as high levels of stigma remain in our societies, the battle to fight HIV and AIDS is still a long way off as stigma incubates it. Because the fear that many have to find out their status or to disclose their status is based on knowing how badly, negatively and wrongly they will be responded to by their family and social networks. The stigma that surrounds HIV and AIDS is a curse we have to banish in this generation to save the next generations.

Fighting HIV/AIDS in North Sudan

By Ilham-Osman, ACORD North Sudan

ACORD North Sudan works in Khartoum, the capital city of Sudan, Kassala and Red Sea (Eastern Sudan). The HIV/AIDS Theme implements its activities to realize four interrelated specific objectives namely:

i) Ensure the social and economic rights of women and men living with HIV/AIDS

ii) Reduce the risk of HIV infection among women and men in the reproductive age group, and children.

iii) Build the capacities of local organisations working in HIV/AIDS

iv) Ensure appropriate HIV/AIDS sensitive policies and improve political commitment

To address these objectives, different strategies and methodologies are used including

Main activities to ensure the rights of people living with HIV/AIDS include:

1. Provision of psychological counseling for women and men living with HIV/AIDS

2. Provision of skills and business management training for PLWHA and their affected family members.

3. Provide educational support to children affected by HIV/AIDS (orphans and children of PLWHAs).

4. Provide institutional support to PLWHA Care Associations through covering management costs (rent of office, incentive for a part time secretary and communication costs), as well as providing them with equipment e.g. computer, printer, etc.

5. Provision of training in strategic planning, management, leadership, advocacy, human rights, and managing micro finance.

6. Provision of grants to the PLWHA Care Associations to be used as micro credit for the association members.

7. Covering travel and accommodation fees for representatives from other parts in Sudan to attend annual assembly meeting of the PLWHA Care Association to meet the legal condition of registration by HAC (Humanitarian Aid Commission).

8. Organizing advocacy campaigns and seminars with policy makers to ensure the rights of PLWHA are anchored in policies.


10. Involvement in all phases of project cycle:

   a) Identification of problems and priorities: Through meetings and
consultation with PLWHA Care associations and their members
- Project design: Through the participation of representatives from the Sudanese People living with HIV/AIDS Care Associations in planning meetings-
- Implementation: Selection of beneficiaries, provision of micro finance
- Involvement in all awareness raising and advocacy campaigns.
- Monitoring and evaluation: Attend monthly stakeholders’ meetings for monitoring, reporting and feedback to ACORD on the progress of micro finance intervention.

HIV/AIDS Work place Programme: An ACORD Kenya Perspective

By Ms. Margaret Wamukoya, ACORD Kenya

After the official roll-out of the work place policy, the secretariat appointed a focal person to take lead in implementation of the policy.

As a start, condoms (male & Female) were made available to staff in the office. Initially condom dispensers were placed in the wash room where more people would access them more freely but were faced with some challenges. The building that houses ACORD is owned by the church and the management could not agree to this.

For this reason, condom dispensers were placed at the reception where they are accessed by both staff and other visitors as the matter is pursued with the building management.

From the start, there were mixed reactions to the condom issue from staff. Some of the comments made were:
‘We are promoting immorality’
‘People should stick to their partners and be faithful’.
‘What will visitors think of “US” as the condoms are in the reception area.’
However some staff welcomed the move as ‘better late than never’.

From these statements, it is discernible that different people in the society are still holding on to culture or religious believes that are retrogressive to the fight against HIV/AIDS. It is therefore imperative that to increase awareness of the pandemic as most staff feel it doesn’t concern them yet it is now a known fact that ‘if you are not infected you are affected’.

In order to help improve the lives of PLWHAS ACORD in Kenya identified a group called ‘Majengo widows and orphans red ribbon awareness group’ who make red ribbons and condom dispensers and sell for a livelihood. Dispensers and ribbons were purchased from this group and also advised interested parties to purchase from them.

Other groups are being identified with whom ACORD could network with and share information. So far the Executive Director of Kenya Network of Women with AIDS was invited to talk to staff on the World AIDS day as part of the larger programme of networking.

Finally, it is acknowledged that there has been generally a positive response and use of condoms. Initially, most staff as well as visitors were shy but with time most have gained courage and now openly pick them up for themselves and even for their friends and family members. Awareness of the existence and use of female condoms has also improved.

Promotion of Rights of PLWHAs in Northern Uganda

By: Abwola Sunday, Technical Advisor HIV/AIDS- ACORD Uganda

With support from FORD Foundation, ACORD Uganda facilitated Gulu district forum of PLWHAs network to conduct needs assessment exercise among PLWHAs in four sub counties.

The District PLWHAs Network found that people living with HIV/AIDS have almost similar problems in the different areas that they visited. The exercise was purposely done as one of the strategies to promote the participation of the PLWHAs in needs identification in order that the development agencies that deliver HIV/AIDS services in the district can better serve PLWHAs.

It was realized that HIV intervention services are based on project periods in almost all the sub counties. The HIV/AIDS service providers support specific interventions and there is no provider that provides comprehensive HIV/AIDS service.

Services provided are externally supported therefore leaving people at the risk of lacking services in certain periods. However, the PLWHAs appreciate the work of stakeholders who serve them.
The media was involved in this advocacy campaign. For instance, all the 3 Local FM stations give free airtime to PLWHA network once a week for the latter’s advocacy work.

The Common Challenges among PLWHAs in Northern Uganda

The problem of Sexual & Gender Based Violence (SGBV) is not being addressed in almost all the project interventions by HIV/AIDS stakeholders in Uganda.

HCT (HIV Counseling and Testing) is not equitably distributed in most of the IDPs, some areas do not have easy access to this service.

In all the sub counties visited, SGBV is not being addressed yet PLWHAs reportedly suffer from SGBV in their homes..

It was also noted that ARVs are not easily accessed by clients who have qualified for the treatment due to inadequate ARV dispensation in Gulu District.

Lack of nutritional support for people living with HIV/AIDS makes PLWHAs more vulnerable to the side-effects of ARVs which in turn exacerbate defaulting.

Stigma and discrimination still persists and certainly affects quality service especially at the health unit where the PLWHAs are seen as burdensome by health workers (as they ‘increase the work load’).

At the community level, some caretakers tend to neglect the bed ridden clients due to poverty. Caretakers complained of clients who give demands that they can not meet.

Communities are yet to fully appreciate the concept of positive living making integration of PLWHAs into society a bit difficult. It was also noted that educational support to children of people living with HIV/AIDS was nonexistent.

The existing NGOs and CBOs that are operating at community level are alleged to mismanage resources meant for people living with HIV/AIDS, some mobilize resources in the name of PLWHAs but immediately they access those resources, they divert them for their own use.

Poverty is highly rampant among PLWHAs leading to poor conditions of living. This is especially deplorable since ARV uptake requires that one has at least some source of income to meet other transaction costs even if ARVs are free.

This is coupled with lack of knowledge on the available IGAs (Income Generating Activities) and even the IGA management skills PLWHAs also fail to receive quality home based care services due to poor facilities and lack of skills in this area among the current providers.

Men’s involvement in PLWHA care and support is indeed a challenge as well not to mention that few men have openly declared their HIV sero status compared to the women hence they still find it hard to identify themselves with this pandemic. Perhaps this is especially because couple counseling is not yet entrenched in the communities.

Recommendations made by PLWHA network members during the assessment

- Men living with HIV & AIDS should be encouraged to volunteer for counseling services and to access ARVs.
- Community members should be encouraged to access VCT services to promote positive living.
- Encourage PLWHAs to join post test clubs for sharing information and experiences.
- PLWHA network members should strengthen and encourage couple counseling.
- Community leaders should create an atmosphere for dialogue between family members of PLWHAs and their relatives.

- Regular visits should be made by stakeholders to follow up and encourage model couples.
- PLWHAs should be supported to initiate IGAs to improve their household income.
- Legal framework should be provided on commercial sex workers.
- Strengthen condom education and distribution to reduce the vulnerability to HIV/AIDS infection.

Raising Voices Of People Living With Hiv And AIDS In North Western Tanzania - Emerging Lessons

Lessons from the two decades in confronting HIV in Tanzania indicate that the bottom line for effective responses should bear the voices of People Living with HIV and AIDS. Any response, at any level of intervention, from prevention through care and treatment to impact mitigation, must acknowledge the need for full participation of those directly affected.

ACORD’s work in Tanzania in the early 2000 up to 2006 has focused on exploring the social, economic and cultural dimensions of the rights, roles and responsibilities of People Living with HIV/AIDS in the institutional and community settings. The broader focus is to contribute to improvement in policies and practices of people and institutions in
ensuring responsiveness to specific needs of those directly affected by HIV and AIDS.

Tanzania is among the 42 countries that are signatories to The Paris AIDS Summit Declaration (1994) recognizing the inclusion of People Living with HIV and AIDS as key stakeholders at all levels of decision making and in delivering the continuum of AIDS related interventions from prevention to care and treatment.

It is estimated that Tanzania had 2 million people living with HIV by the end of 2006. About 55,000 people living with HIV were accessing anti retroviral treatment by December 2006, while the target for end of 2007 is to reach 150,000 eligible individuals. Associations and networks of PLWHAs exist at local district and national levels. Most associations are inclusive of both men and women, while women associations are on the increase. The increase of networks has seen disharmony among the associations, largely due to failure to manage group dynamics.

The communities of PLWHAs acknowledge policy changes the country is striving with towards formalization and popularization of right based approach to AIDS through alignment of responses to ensure participation, inclusion and equity. PLWHAs are represented in Council Multi Sectoral AIDS Committees in Local Government, in Civil Society Networks and in the Tanzania Commissions for AIDS.

Participatory reflections organized by associations of PLWHAs in the Lake Region of Tanzania and facilitated by ACORD on the responsiveness of state and non state actors to the rights of PLWHAs identified the following lessons:

- There is limited understanding of rights and special needs of People Living with HIV and AIDS.
- Institutional efforts to nurture partnerships between duty bearers and associations of PLWHAs are lacking sufficient resources and capacity strengthening strategies.
- The decision making processes are still exclusive of PLWHAs in determining, prioritizing interventions and support strategies.
- Governance systems entrusted with guiding the responses are weak and not linked to accountability norms in supporting PLWHAs and their associations characterised by absence of performance standards.
- Support systems are not designed to respond flexibly in managing expectations of PLWHAs and their networks.
- The lack of systematic learning on...
processes and outcomes in delivering policy and methodological support for enabling networks to perform the expected responsibilities.

- The conventional relationship between networks of PLHWA and support institutions assumed to be that of total recipient and total provider respectively.
- Stigma and discrimination continue to be a key challenge across communities.
- Weak cross and joint learning amongst support institutions and networks of PLWHA renders knowledge management ineffective.
- There has been limited participation of the media as relay institutions for information and experience sharing in popularizing right-based approaches to HIV and AIDS.
- There is growing fear of elitism in the networks of PLWHAs, resulting into fragmentations of alliances and various forms of social exclusion amongst the beneficiaries of support.
- Support systems have not sufficiently considered the various dimensions of equity, particularly gender, age and levels of vulnerability.

- Feeling of desperation featuring in groups of PLHWA leading to a focus limited to better health with little consideration of self-esteem and positive self-image.

These lessons signal paucity in upholding space for rights and entitlements of PLWHAs, and therefore diminish the chances of raising their voices.

AIDS is a development issue, and therefore should be considered within the broader development frameworks at local and national levels. In articulating the future support to PLWHAs and their networks through institutional responses, frameworks that contribute to rights-based interventions will continue to be critical. In considering the future scenarios for building effective support to PLWHAs and their networks, the following recommendations are inescapable:

- It is a fait accompli that the demand for support to PLWHAs individually and through their networks will continue to grow, and therefore support institutions should enhance preparedness through accelerating learning and alliance building.
- Mobilization of motivated leadership in advancing the rights-based approach agenda in supporting PLWHAs and their networks has to be upheld, alongside the increasing participation of media houses in brokering information on what works.
- There is an urgent need for addressing barriers for scaling up, including human resource capacity and mobilization of sustainable sources of financing local level interventions.
- The current architecture of resources contribution at all levels offers little hope of resource preparedness. Future capacity for delivering effective support at community level will depend on the current will of duty bearers to invest in expanding and sustaining care and treatment.
- There is an urgent need to move from the broad dialogues to contextual understanding of stigma within local settings and institutional set ups.
- Align the partnerships basing on thorough understanding of rights and responsibilities of all groups in the institutional relationships.
- Ensuring that there are communication strategies jointly agreed to facilitate the reciprocal flow of expectations and strategic information amongst stakeholders.
- Promoting connectedness of networks of PLWHAs should be considered to be an important ingredient in capacity strengthening.
- Support institutions should devote sufficient resources (time, learning) to understand the context in which support to networks of PLWHAs is provided.
- Drivers of partnerships should be carefully managed. Partnerships based on resource flow to PLWHAs without clear outcomes may only be responsive to needs and damaging to self-esteem.

“...Unless the People Living with HIV & AIDS themselves herald their voices and are listened to by policy makers and service institutions, decisions related to rights and entitlements of PLWHAs will continue being made without them...”

- Carolina Kabika, Chairperson, Tanzania Women Living with HIV/AIDS, Mwanza, December 2006
Two trials looking at the HIV prevention benefits of male circumcision have been halted early, after researchers found that the operation was cutting HIV transmission rates in half.

The belief that circumcision could help to prevent HIV transmission has been around since the 1980s. Numerous small scale trials have found it to have positive effects over the years, but it wasn’t until a large-scale trial by the French Agence Nationale de Recherches sur le SIDA found that circumcision cuts transmission rates by 60% in South African men, that scientists felt they had clear evidence to support their ideas.

No-one is entirely certain why circumcision offers protective effects, but it may be due to the way that the head of the penis hardens after the foreskin has been removed. The layer of cells on the underside of the foreskin (known as Langerhans cells) have also been found to be particularly susceptible to HIV infection, so their removal may well reduce the risk of HIV transmission.

The latest trials, conducted by the US National Institutes for Health, show slightly less dramatic cuts in transmission rates than the South Africa trial, but still provide definitive proof that circumcision can help to stop HIV infection. The first, conducted amongst men aged 18 to 24 in Rakai, Uganda, showed a reduction in infections of 48%, while the second, carried out amongst men aged 15-49 in Kisumu, Kenya, showed a 53% drop. For ethical reasons, both trials were stopped early so that all participants could be offered circumcision.

While male circumcision has the potential to dramatically reduce the transmission of HIV (a study in PLOS medicine in July 2006 predicted in could prevent nearly 6 million infections over the next twenty years), there are very real fears that it could also have negative effects.

With a serious lack of healthcare workers in many of the countries where HIV prevalence is highest, there is a danger that men could seek the operation from people with no medical training. Unsafe circumcisions carry the risk of infection, scarring and blood poisoning, and if a non-sterile knife or scalpel is used, there is a small possibility that HIV, hepatitis or another blood-borne infection could be passed on. If men attempt to have sex before their wound has healed, this may also increase the risk of HIV infection.

Many are worried that an emphasis on circumcision could also cause men to abandon condoms and increase risky sexual behaviour in the belief that the operation offers complete protection against HIV. In fact, condoms remain a far more effective way of preventing transmission if used correctly. It is also not clear whether circumcision protects against other sexually transmitted infections and, unlike a condom, it cannot prevent pregnancy.

Both UNAIDS and the World Health Organisation have warned that while the results of this trial are very encouraging, circumcision should not be seen as a ‘magic bullet’.

“Male circumcision should never replace other known effective prevention methods and should always be considered as part of a comprehensive prevention package,” the WHO stated in a press release, adding that a comprehensive package included, “correct and consistent use of male or female condoms, reduction in the number of sexual partners, delaying the onset of sexual relations, and HIV testing and counseling.”

For an overview of the current trials, and the advantages and disadvantages of male circumcision as an HIV prevention method, see AVERT’s HIV and circumcision page:

http://www.avert.org/circumcision-hiv.htm

(PLOS Medicine, ANRS 1265 Trial, Nov 2005; PLOS Medicine, Impact of Male Circumcision on HIV, July 2006; WHO press release, 13/12/06; NIH Press Kit)

Hunger the next big enemy in war on AIDS

A community evaluation of access to HIV prevention and treatment and human rights protection

Circumcision definitively proven to cut HIV transmission
December 2006
replace drugs as the biggest need. At the AIDS conference in Toronto, Canada, Stephen Lewis, special U.N. envoy for HIV/AIDS in Africa, called the lack of funding for food “madness.”

The experts say health workers in the Third World must view food security as being no less important to a person’s health than the right drugs and regular checkups. Without adequate nutrition, AIDS sufferers cannot absorb the drugs needed to slow the virus. As in Israel’s case, side effects from taking the pills without food can lead patients to neglect treatment.

“When you have the meds and don’t have the food ... then the bigger problem becomes food security,” said Harvard University professor Dr. Paul Farmer, founder of Partners in Health, a pioneering medical mission in Haiti’s highlands that gives free treatment to thousands.

Worldwide, an estimated 3.8 million people with AIDS needed food support this year, possibly rising to 6.4 million by 2008, according to the World Food Program.

For more information see http://www.msnnbc.msn.com/id/15607479/

Resources

Positive Developments

A manual for people living with HIV which has been hailed as a critical resource for the development and sustaining of grass-roots support and advocacy initiatives for people living with HIV/AIDS.

The manual emerged from the collaboration and experiences of hundreds of people with HIV/AIDS from all over the world. It was designed to help people living with HIV/AIDS become involved, establish or redirect their own groups, improve their capacities, or share their abilities with others.

The manual is also useful for leading workshops and for trainers and facilitators who have been running groups for some time or who are helping others set-up their own groups.

For more information, see: http://www.gnpplus.net/cms/article.php/Positive_Development

Or contact:
GNP+ Central Secretariat
International Coordinator, P.O. Box 11726, 1001 GS Amsterdam, The Netherlands, Tel.: +31.20.423.4114, Fax: +31.20.423.4224
E-mail: infognp@gnpplus.net, web site: http://www.gnpplus.net

Generic Training Guide and Handbook on HIV and AIDS mainstreaming

These useful resource manuals are a result of HASAP’s vast experience in the training of Facilitators and Development workers of different levels all over the African continent on how to mainstream HIV/AIDS. Its generic quality and explicative terminology makes it easy to use in all contexts.

More specifically, the Generic Training Mainstreaming Guide is a step by step manual for facilitators and trainers and incorporates four concepts in HIV/AIDS mainstreaming: HIV and AIDS as a developmental issue, human rights, internal and external mainstreaming, partnerships and participation. Whereas The Handbook gives information that supports facilitators using ACORD’s Generic Trainers Guide on HIV & AIDS Mainstreaming. It is designed for trainers in development work who facilitate other organizations to effectively respond to HIV & AIDS using the mainstreaming approach. Voice and Visibility: Frontline perspectives on how the global news media reports on HIV/AIDS.

Twenty-five years since the first news stories on HIV surfaced, media outlets are still struggling to report news on HIV/AIDS accurately, with depth and sensitivity—especially in developing countries that are most affected by HIV.

HIV/AIDS and Food and Nutrition Security from Evidence to Action

By Stuart Gillespie and Suneetha Kadiya

The review serves as a valuable resource for institutions struggling to confront the implications of HIV/AIDS for food and nutrition-relevant policies and programs. Drawing on a detailed evidence base of over 150 studies encompassing various disciplines (including nutrition, economics, epidemiology, and sociology), it builds a picture of what is known about the interactions between HIV/AIDS and food and nutrition security, and what this knowledge implies for food- and nutrition-relevant policy.

Conferences

The 1st East African Health and Scientific Conference and the 33rd Medic Africa International Exhibition

Venue: Serena International Conference Centre, Kampala, Uganda
Dates: Wednesday, 28th to Friday, 30th March
RESOURCES, Publications & Conferences

2007
Theme: RESPONDING TO HEALTH CHALLENGES IN EAST AFRICA
Sub themes: Human resources for health and quality of care
- Linking health research to policy and practice
- Combating emerging and re-emerging diseases
Organized under the auspices of the East African Community by the Uganda Ministry of Health, Uganda National Health Research Organization, and the Uganda Medical Association, with the support of FSG Communications Ltd, London, England, UK

The first meeting is being coordinated in Kampala through a committee headed by Professor Emmanuel Kaijuka, Commissioner of Health Services at the Ministry of Health in Uganda. But prior to this committee being established there had been a series of wide ranging meetings attended by senior figures from throughout the region, to brainstorm what the subject matter should be. A website has been set up to provide essential information on the meeting: www.eachhealthconf.org

Registration to attend any of the conference sessions will be a flat US$30 (or equivalent) and there will be no charge to just visit the Medic Africa exhibition.

For further information, please contact:
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International Conference on AIDS and STIs in Africa, ICASA 2007

The History Behind ICASA
As the premier scientific and community conference on HIV/AIDS in Africa, the ICASA affords hosting countries the opportunity for raising mass awareness about the epidemic among its populace.

It also presents an avenue for experience-sharing, capacity-building and progress review for HIV/AIDS workers at country and regional level as well as a means of generating political support and resource mobilization for the campaign to stop the epidemic.

How did it begin?
With participation at recent editions averaging between 4000 and 6000 participants from within and outside Africa for the week-long duration, the ICASA is also an opportunity for boosting tourism potentials of the host country.

The story of ICASA begins with the formation of AIDS society in Africa which began in 1988 when scientists met in Stockholm, Sweden and decided to form a group of eight people to meet and exchange views.

A year later, the same met in Marseilles, France and decided to that the Society of AIDS in Africa should hold the ICASAs meeting in African countries and not in the West.

The first ICASA conference was held in Arusha, Tanzania in 1988, switched to the West in 1989 with a number of meetings alternating between Europe and North America.

Then moved back to Africa in Kinshasa, DR Congo, then Zaire in 1990.

Personalities credited with the formation of the ICASA are Prof Mbuk from Senegal, Prof Soyinka, Nigeria and current President of ICASA 2005, Dr Damet from Cote d’Ivoire, Dr Owili, Kenyan and Dr Mpele and Dr Karenganyi from Dr Congo, Prof Hamny from Tanzania, Prof Latek and Prof Luo from Zambia and Prof Latif from Zimbabwe.

Then there are Prof Salema, Prof Fakia from Sudan, Prof Mkubiri from Tunsia among others.

Hosting right for the conference traditionally alternates between Francophone and Anglophone African countries.


Issues
The story in the war against HIV and AIDS begins with Uganda’s success story that began emerging at the 9th International Conference on AIDS and STD in Africa (ICASA) when the country played host to ICASA in Kampala.
Lots of results from studies released at the conference indicated that AIDS epidemic began to level off in urban areas, with rates among women, especially those who are pregnant, continuing to climb steadily in the outlying semi urban areas.

In addition, a high prevalence and sizable rate of new infections were noted occurring among militaries.

It was also from the 9th ICASA onwards when the need for political commitment for success on the war against the scourge began. The world was then told that political will was the reason behind the success of Uganda and Senegal.

Early and sustained commitment by President Yoweri Museveni and President Walde to HIV prevention were thought to have caused the sustained decline of HIV prevalence in Uganda and Senegal.

But while the Heads of government began joining in chest thumping in some noted successes, activists however began to draw attention to the needs of people living with HIV and AIDS.

Two years later, at the 10th ICASA in Abidjan, the Government of Senegal drew the world’s attention to its own domestic success. A vigorous Information, Education and Communication and STD control programmes began to be formulated from the 10th ICASA onwards.

Information that enlightened on the policy towards female sex work was then began and is credited with avoiding a major HIV epidemic in Senegal, albeit with their real impact beyond major cities and urban centres.

At the 11th ICASA in Lusaka in 1999, the successes were confirmed and the doubters silenced.

At the 12th ICASA in Ouagadougou, Burkina Faso, Africa’s attention was on Zambia. The national prevalence of HIV in Zambia was clearly on the decline. Between 1994 to 1998, HIV prevalence among urban adults in Zambia fell from 28.5 to 26.2 per cent and in rural areas from 12.1 to 11.7 per cent.

Although this was not an impressive change, impressive, however was the decline in HIV prevalence among urban teenage girls from 28.4 percent in 1993 to 14.8 percent in 1998.

While previous attempts from the initial ICASA conferences aimed at bringing heads of governments on board to the fight against HIV and AIDS, the 11-13th ICASAs however brought in the youth more than any other ICASAs before.

Youth peer action was practically invented in Zambia by the Family Health Trust. If another success is to be celebrated at the 11th ICASA, then it was the thousands of dedicated volunteers, hundreds of small community organisations outside the governments’ machinery.

The Lusaka conference also was the first real point where medics started thinking out of the box” as it were when they for the first time, allowed strong participation by traditional medicine healers when traditional healers were given a parallel session under the aegis of the Association for the Promotion of Medicine (PROMETRA) founded in Dakar, Senegal, earlier to respond to the need of promoting traditional medicine.

This year, the ICASA Conference will be held, from the 9th-14th December 2007 in Gabon. Details of how to register are yet to be announced. HASAP will provide details on this as soon as they are made available

Did You Know??

- There is now very strong evidence that circumcised men are about half as likely as uncircumcised men to acquire HIV through heterosexual sex.
- There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments.
- According to the Centers for Disease Control and Prevention, approximately one in four people in the U.S. infected with HIV do not know it.
- Stigma surrounding HIV/AIDS is a major contributor to the spread of the disease, resulting in people believing they are not at risk for HIV, and thus not taking appropriate responses to the disease (e.g. discussing HIV/AIDS with a partner, using condoms, getting tested). For those living with HIV/AIDS, stigma makes it difficult to maintain treatment or disclose their status to partners.
- More than a million people in the U.S. are now living with HIV/AIDS, the highest number since the beginning of the epidemic.

AIDS Quiz

How long has it been since the first case of HIV/AIDS was reported???

The winners of this quiz will be featured in the next edition of this newsletter.

Answers to be sent in before 30th June 2007 to:

ACORD- HASAP
Plot 1272 Ggaba Road
P.O. Box 280 Kampala, Uganda
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.