

HASAP NEWS

ACORD'S HIV and AIDS SUPPORT AND ADVOCACY PROGRAMME
NEWSLETTER NO. 1

Battling the HIV Pandemic: Strengthening and scaling up ACORD's response

The devastating impact of the HIV/AIDS epidemic on development, especially in Sub-Saharan Africa, is no longer debatable. This reality has prompted ACORD to strengthen and scale up its work on HIV/AIDS across Africa. In addition, ACORD is developing approaches, strategies and interventions aimed at mainstreaming HIV/AIDS into all its development work. ACORD's approach recognizes that the rapid spread of the HIV epidemic is not only associated with health, but with other factors like gender inequalities, poverty, social disruption and social exclusion.

The launch of HASAP

In 2001, ACORD held the first strategic planning meeting involving representatives of programmes in all the regions to discuss the aims and functions of the HIV/AIDS Thematic Programme. This meeting paved the way for the establishment of HASAP - the HIV/AIDS Advocacy and Support Programme, which was officially launched in order to co-ordinate and provide strategic direction and support for the work of ACORD programmes in the field of HIV and AIDS. HASAP's overall purpose is to enhance ACORD's capacity to fulfil its overall mission of reducing the spread and mitigating the impact of the epidemic.

To this end, a functional support office was established with a Programme Manager, Programme Support Officer, Research and Advocacy Officer, and Finance/Administrative officer. The office, currently located in Kampala, is responsible for providing technical support, facilitating information and experience sharing and coordinating research and advocacy in all ACORD Programmes.

At the strategic planning workshop, which took place in Kampala in September 2002 and was attended by participants from programmes in 12 countries where ACORD is working, agreement was reached on the key areas for research and advocacy to be taken forward by HASAP, namely: Rights based issues; tackling stigma and discrimination; access to health services; and mainstreaming HIV/AIDS. Some preliminary

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discussions on the development of an organisational HIV workplace policy also took place.

Editorial

Welcome to the first edition of HASAP News – ACORD's new quarterly HIV/AIDS Newsletter. This is an initiative by the ACORD HIV and AIDS Support and Advocacy Programme (HASAP), the institutional arm of ACORD's HIV/AIDS thematic programme. Our aim is to enhance information sharing among ACORD programmes and partners in HIV/AIDS work.

This issue covers a brief update of HASAP activities, current programming activities and research and some views and thoughts from ACORD staff in the field, based on their day to day experience of working with a communities.

In addition, the edition includes information on recent campaigning initiatives in the UK and elsewhere and on recent research in the HIV/AIDS field.

Through the newsletter it is hoped that ACORD's programmes and partners shall further strengthen the existing sense of togetherness; a collective force against the HIV/AIDS epidemic!

We thank all those who have contributed articles to this newsletter. The newsletter is your voice to be heard within and outside ACORD so please contribute to the subsequent series.

We believe together we can make it happen; fight the spread and mitigate the impact of HIV/AIDS on us and ours.

Together in the struggle!

HASAP News

Update of HASAP activities since September 2002

Since its formal launch last September, HASAP has been involved in a number of activities aimed at supporting individual programmes and taking forward the work of the programme as a whole. These include:

In line with the agreed strategy based on learning from experience, in January 2003, HASAP commissioned a research on ACORD Tanzania's experience of mainstreaming HIV/AIDS into its development work. This research will help ACORD to develop a common understanding of mainstreaming and will be used as a basis for developing programming guidelines for all ACORD programmes. It will be published as a Case Study

and translated into French and Portuguese for distribution to all programmes by August 2003. A dissemination plan and advocacy strategy is also being prepared

As part of its technical support function HASAP provided on spot and long distance technical guidance to programmes ranging from recruitment and induction of programme staff, development of context-specific HIV/AIDS strategies and the development of and documentation of research studies. Programmes visited by HASAP staff include: Burundi, Botswana, Mozambique and Rwanda.

HASAP also developed a flier to provide information about ACORD's HIV/AIDS work. This will help programmes and other ACORD partners to gain a common understanding of ACORD's work on HIV/AIDS, and provide a framework of operation for the programme activities.

During this period, HASAP has developed working relationships with Oxfam International around our common interest in improving understanding of 'mainstreaming' resulting in securing some financial support for the documentation of ACORD's experiences in mainstreaming in Tanzania. HASAP was also instrumental in establishing close collaboration between Oxfam GB and ACORD's programme in Angola, and in developing a partnership between Concern International and ACORD Kinshasha for a community based HIV/AIDS capacity-building programme.

HASAP has been taking forward the process of developing an HIV workplace policy within ACORD. We have been collecting programme feedback on discussions around the Discussion Document circulated in Kampala. In the meantime, we have been collecting more information about the policies and experiences of other organisations, such as Oxfam, the International HIV/AIDS Alliance, ActionAid, MSF and others. In London, ACORD is a member of a new Working Group looking at HIV Workplace policies, which is part of the UK Consortium on AIDS and International Development. The Working Group has met once so far and promises to be a very useful forum for sharing ideas and experiences.

HASAP is also in the process of developing a database which will provide regularly updated information on all programme activities, to provide centralised information on all activities, as well as serving as a tool to facilitate fundraising.

A draft Advocacy Strategy has also been developed, which will soon be circulated for comment from all programmes and all relevant the departments within the ACORD Secretariat.

HASAP Announcements

We have 2 important announcements that will require action from all programmes. So, please take careful note:

Mainstreaming Workshop

HASAP's annual workshop will be on the theme of mainstreaming. The workshop will provide an opportunity to present a comprehensive case study of ACORD Tanzania's experiences. These will be used to provide training in mainstreaming, sharing experiences and influencing change.

Workshop spaces are scarce, so we will be asking each area programme to select only one participant who will commit to sharing their experiences at area level. Details will follow in the next few weeks.

Venue: Bagamoyo, Tanzania

Dates: 15th –19th September 2003

Programme survey of HIV workplace issues

At the September meeting, one aspect of mainstreaming we will be discussing relates to the development of ACORD's HIV Workplace Policy. In order to ensure that proposals developed reflect the experiences and priorities of all programmes, we will be developing a short questionnaire that will be sent to all programmes in the near future. This will entail the involvement of all programme staff and we very much hope that all programmes will endeavour to respond.

HIV/AIDS Programming in ACORD

Following the inception and launching of ACORD's HIV/AIDS theme and strategy, different ACORD programmes have embarked on a process of reviewing their HIV/AIDS initiatives and developing strategies for future operations, based on the tri-model of prevention, care/ support and impact mitigation and research as a basis for improving the programme development process and informing advocacy .

Below is a short review of where some of the different programmes are in the process of developing their HIV/AIDS work.

Tanzania

The Lake Victoria Area Programme (LVAP) covering North West Tanzania and South West Uganda, was developed after a series of planning workshops attended by staff from ACORD Mbarara, Karagwe, Mwanza, HASAP, and the Programming Directorate. The Area Programme aims to enhance the capacity of civil society to mitigate the socio-economic impact of HIV/AIDS and promote sustainable interventions in the community through networks and collaboration with the district authorities.

Botswana

ACORD - Botswana is located in Okavango, a tourist area in the North West District of Botswana, with high rates of HIV linked to tourism, population mobility and the prevalence of certain cultural traditions and practices, such as polygamy, infidelity, wife inheritance, traditional puncture marks, and traditional home deliveries. Infection rates for pregnant women throughout the Sub-

district ranges from 35.8 to 40.6% (2001 sentinel surveillance). Men are almost equally affected. The rising mortality rate in the productive sector of the population leaves children and older people in an extremely helpless situation.

Despite the efforts of government and a range of institutions, the infection rate is still escalating and behaviour change is slow. In addition to awareness-raising, the government is providing support through various programmes providing home-based care, food, orphan support and anti-retro viral therapy for the general public and pregnant women. However, there has been surprisingly low take-up of these services, largely due to the widespread stigma and discrimination that continues to prevail.

ACORD's programme is aimed at promoting the socio-economic empowerment of the rural poor and marginalized through natural resource management and community capacity-building, including work around HIV/AIDS. ACORD works in partnership with the to implement coordinated and complementary strategies for responding to the epidemic.

The main objective of the HIV/AIDS programme is to increase awareness and reduce stigma and discrimination. It also seeks to enhance the impact of HIV/AIDS responses at all levels through the development of coordinated and complementary strategies based on multi-sectoral partnerships. To accomplish its objective ACORD emphasizes building partnerships and networks with other actors from the village, to the District level and National levels. At the village level, ACORD has promoted the establishment of HIV/AIDS committees known as Village Multi-Sectoral Committees (VMSAC). At the District level, ACORD works in partnership with the District Multi-Sectoral AIDS Committee (DMSAC). And at the national level, ACORD has developed partnerships with the National AIDS Coordinating Agency (NACA), the Botswana Network of AIDS Services Organization (BONASO) and the Botswana Council of Non-Governmental Organizations (BOCONGO). ACORD has also initiated the formation of an NGO coalition that encompasses all NGOs in the Okavango and Ngamiland. The Coalition is a forum for sharing ideas, planning and improved networking in the local Districts.

In December 2002 HASAP and the Programming Directorate facilitated a strategic planning process for ACORD Botswana and this helped to generate ideas for the next programme phase. These include: care and support for PLHAs; addressing stigma and discrimination; supporting other organizations to mainstream HIV/AIDS; and strengthening the capacity of village and district multi-sectoral AIDS coordination committees.

Burundi

In December, 2002, HASAP facilitated a one-week strategic planning workshop for ACORD Burundi staff, in Bujumbura. The meeting reviewed past

activities and devised new strategies for mainstreaming HIV/AIDS issues in the programmes. A three-year strategy with a focus on community empowerment, partnership building and gender-related HIV/AIDS issues was developed and is being discussed with other relevant stakeholders before it is implemented.

ACORD Burundi is in the process of developing a partnership with Action Aid in a bid to develop a Capacity building programme for social action and equal access to prevention and treatment of HIV/AIDS infected persons.

Rwanda

In Rwanda, ACORD's HIV/AIDS activities focus on poverty alleviation for PLHAs, increased community responsibility and responses to HIV/AIDS, and research. ACORD has received finances from ActionAid's SIPAA (Support to the International Partnership Against AIDS in Africa) programme to implement a programme that will empower households headed by children and women to deal with the effects of HIV/AIDS. In May, the programme will also host the David Glass Ensemble, a UK-based theatre company using innovative methodologies for working with alienated and traumatised children to help them find their voice and communicate their views and responses to the issues that affect them, such as HIV/AIDS, conflict and poverty. It is hoped that a collaboration between the company and ACORD will be developed in partnership with other local actors.

DRC

ACORD Kinshasa is working in partnership with Concern Worldwide, to develop a programme to address some of the major factors that facilitate the spread of HIV and to improve care and support for people infected and/or affected by the disease. The programme will support HIV/AIDS testing, counselling and care for people living with HIV/AIDS (PLHAs and training of private health care providers and mid-wives in improved waste management and disposal, safe blood transfusion, referral techniques and adequate sanitation. The programme will also support income generating projects for PLHAs.

Northern Uganda Area Programme (NUP)

The conflict in Northern Uganda that has ravaged the region for over a decade has resulted in massive population displacement and the rapid spread of the HIV virus. In response, the ACORD programme, which covers the districts of Gulu, Moyo, Kitgum, Pader, Adjumani and Nakapiripirit in the Karamoja region, has developed an integrated HIV/AIDS strategy based on the understanding that HIV/AIDS is a multi-faceted problem that demands a multi-sectoral response involving all actors. This strategy includes intensified behaviour change communication, the provision of improved care and support for the infected and affected, the scaling up of community level responses to the epidemic and the mainstreaming of HIV/AIDS into all aspects of the programme. During 2002, intensified rebel activities resulted in closing off access to most of ACORD's programme operational areas and the

forced evacuation of many ACORD staff areas. However, owing to ACORD's long-standing experience of working in a conflict situation and its commitment to supporting people, even in such difficult situations, it was still able to implement a number of activities. These include:

- The establishment of formal partnerships with three community groups and a local institution
- Awareness-raising through radio talk shows, messages on T-shirts, etc.
- Distribution of HIV/AIDS test kits and condoms
- Identification of 200 PLHAs
- Training of 80 intended beneficiaries of AIDS start up funds.
- AIDS start up funds for 58 individuals
- Completion of a research study in Nakapiripirit on the relationship between pastoral ways of living and the spread of HIV/AIDS.
- Completion of two case studies on the livelihoods and coping mechanisms of PLHAs.

As commented by Lanyero Grace Pamella, HIV/AIDS Project Officer in Kitgum/Pader: *"It is during such trying times that marginalized people need our support. To abandon our work would imply going against our fundamental goal of combating social injustice."*

Mozambique

As the HIV prevalence in the country continues to escalate at an alarming rate, the Mozambican government has put HIV/AIDS high up on its development agenda. This provides a favourable backdrop for ACORD and others keen to respond to the crisis. At its recent strategic planning meeting aimed at establishing the new Mozambique Area Programme, HIV/AIDS featured prominently in the discussions. A critical review of current work, facilitated by HASAP's Research and Advocacy Officer, found that, while ACORD's work in the area of HIV/AIDS is both innovative (for example, the Documentation and Information Centre, which produces a regular Newsletter and provides internet facilities for young people) and influential (for example, ACORD represents Niassa Province on the National NGO Coordinating Body of the National AIDS Programme), there is still scope for further improvement and expansion. It was agreed that one of the main strengths of ACORD is the use of participatory methodologies, such as Stepping Stones, Reflect and Forum Theatre and that additional resources should be channelled into building on what has been learnt and sharing these lessons, both within Mozambique and internationally through the Internet and other means. There was some discussion about whether ACORD should initiate new interventions in one of the Central Provinces in the country where HIV/AIDS prevalence rates are highest (up to 28% in some cases compared with under 10% and 7%, respectively in the 2 provinces where ACORD works). It was concluded that ACORD should consolidate its existing work, rather than expand into new areas. Moreover, new road expansion, tourism and investment initiatives in the country are

likely to result in a rising incidence of HIV in the current programme areas. In the coming years. In addition, it was noted that while the existing emphasis on awareness-raising and prevention is appropriate given the current stage of the epidemic in the country, it will soon be necessary to develop care and support interventions to respond to the growing number of AIDS patients and their families in the country.

Eritrea

ACORD Eritrea has started recognizing HIV/AIDS as an issue that should be mainstreamed within its programmes. As a starting point, small scale HIV/AIDS awareness is being carried out in the communities where the programme operates. Later this year, Eritrea is planning to work with HASAP to develop a more comprehensive strategy for dealing with the growing problem of HIV/AIDS.

Voices from the field

HASAP encourages programmes to share their experiences, and below are some of the experiences that ACORD staff would like to share with a wider audience.

Supporting the role of traditional healers in addressing HIV/AIDS in Botswana

In Botswana, as in the most resource-constrained countries in Sub-Saharan Africa, traditional healers (THs) and traditional birth attendants (TBAs) have traditionally been the first port of call for health care and treatment for the poor. TBAs and THs usually live within the locality of their clients and, in addition to being readily available, they provide cheap consultation and treatment services. However, many conventional health care workers are prejudiced against these traditional practitioners on the grounds that their practices are sometimes unhygienic and, as a result, some have prevented them from gaining access to information that would enable them to improve on the service they provide.

The role of TBAs and THs in the Okavango Delta has been seriously underplayed by such prejudices, such that their contribution to response to the HIV/AIDS epidemic can be described as “*polished diamonds buried into deep soils*”.

“I no longer practice my skills as a birth attendant. If I have to do it, I only do so for my children, but nowadays they too try to go to clinics to be delivered by nurses. Even women from the village go to clinics. I was usually invited to clinics to assist the nurses but they are no longer interested in my services.”

Despite this growing trend, THs and TBAs are still very popular and widely used in the absence of conventional medicine. While it is true that some traditional practices and beliefs may aggravate the spread of HIV infection, many have proved willing to adjust their practices to minimise the risk of infection. In the face of the limited conventional

health care services available to poor people in the Okavango delta and so many poor countries, what is better - to let these traditional practitioners carry on providing their services with limited knowledge, or to harness them as a valuable resource in the fight against HIV/AIDS?

The gap between conventional and traditional medicine should be narrowed through the sharing of information, knowledge and experiences and Governments should develop strategies that involve traditional healers and Traditional Birth Attendants in HIV/AIDS prevention, care and treatment activities.

Margaret Morris
HIV/AIDS Officer- ACORD Botswana
Ngamiland West Participatory Development Initiative

HIV/AIDS-related stigma and discrimination in local community groups: A case study from Oruchinga Valley, Uganda

The urgent need to mainstream HIV/AIDS in all programme activities as a means of combating stigma and discrimination vividly occurred to me during a meeting with a women's tank construction group in Oruchinga valley, Mbarara district, Western Uganda. This group is one of the local community organizations that have been trained by ACORD through its water development programme to be responsible for the construction and maintenance of rainwater harvesting tanks. The programme has provided an accessible and hygienic source of water for households in Oruchinga valley.

Towards the end of the meeting, the Chairperson of the women's group sought advice from me regarding one of the elderly members of the group who was a sickly widow, with 4 young orphans under her care, the eldest being nine years old and unable to fetch water within a distance of six kms. The widow failed to contribute the mandatory 40,000/= Uganda shillings (\$20 dollars) for tank construction. In my role as facilitator, I requested the members of the group to discuss the matter.

One of the members of the group proposed that the widow be given her three months contribution since she was unable to raise the contribution to the tenth member of the group. This provoked lengthy and heated debate, which was interrupted by an elderly woman who noted that their member's problem was their problem. Using proverbs she further stressed that it could be her today and tomorrow another person. Her observation caused a hushed moment among the members and the lady who had proposed the sacking of the widow begged to withdraw her statement. The whole group was awakened to the fact that it was their responsibility to help the elderly and sickly widow. It is at this time that she most needed support and care! After some discussions and cost calculations, it was realized that the widow could remain a member of the group at a minimal cost, if members increased

their monthly savings. Her home was nominated for the next tank to be constructed.

This experience is a clear example of the effect the HIV/AIDS epidemic has on enhancing stigma and discrimination. It is evident that effective HIV/AIDS prevention cannot be realized unless silence about the epidemic is broken. It should be the cardinal role of all actors to break this silence by challenging the myths, fears and prejudices surrounding HIV/AIDS through mainstreaming it in all their activities. This will enable all the people including the infected, affected and at risk to collectively contribute to fighting its spread.

Najuna John
Development Worker
Oruchinga Valley Rural Development Program
Mbarara Uganda

Working with the youth to prevent the spread of HIV/AIDS: Lessons from Gulu, Northern Uganda

Recognising that young people are among the most vulnerable to HIV/AIDS, the Northern Uganda Programme is carrying out HIV/AIDS prevention activities targeting young people. To this end, the programme is working closely with young people organized in alliances and associations and with groups in primary and secondary schools and colleges. In Gulu, this has been found to be an effective way of reaching out to youth and constructively channeling their zeal and energy.

Achievements to date:

- In the last quarter of 2002, a period of three months, up to 6000 students/pupils participated in *Schools Debating Competitions*.
- More than 20 schools in the municipality have been reached through sensitizations (*School HIV/AIDS talk*).
- About 8 schools have been able to participate in the *HIV/AIDS School Quizzes Competitions*.
- Students in one of the primary schools in the area were able to educate their peers through songs, drama, poems etc on HIV/AIDS.

As a result of these activities, young boys and girls now visit ACORD Offices frequently for straight talks/young talks. Older boys also come for condoms, but girls come mainly for information about their reproductive health, in particular about menstrual cycles.

Lessons learnt:

- Young people are very inquisitive and workshops provide a good forum for interesting discussions about some of the questions they raise.

"I want to know whether the sperm and ovum are HIV free"
"Is it true that there are people who never catch the virus even if they sleep with infected persons?"
"They always say that when you use a razor blade used by an infected person you get AIDS. How does the virus remain alive on the blade?"
"You say that HIV is transmitted from a person to a person, how come at our school a step mother came to visit her step daughter

and dropped her infected blood in the food and the step daughter got the virus?"

- Young people are more likely to participate actively in AIDS talk shows if they are run by their peers, rather than adults. As one student commented:

"When my fellow school mates heard us debate on Radio Four about AIDS the other day, they said they were so interested. In fact they said it was better than the AIDS talks we had in school, because the AIDS talk makes us feel as if we are being lectured on wrong behaviour"
(Adong, Gulu College School)

- Young people get bored very easily, lose concentration very easily and hate monotonous events. They like lively events, such as drama, debates and dances.

- In order to have an impact on youth attitudes and behaviour, educators and counselors need to understand and respect them.

One of the main challenges of working with young people is being able to keep up with their adrenaline levels! Remember they are as curious as an African Baboon! Young people ask!

Harriet Akullu- HIV/AIDS Officer
Northern Uganda Area Programme

ACORD Research

*A number of programmes have embarked on research that has been used to develop sustainable and effective programmes. Below are highlights of the major findings and recommendations drawn from recent studies conducted in some of ACORD's programmes. **The full reports can be accessed from HASAP or the respective country programmes.***

- [HIV/AIDS in Rwanda : findings from an ACORD research \(2002\).](#)

ACORD Rwanda conducted a study on HIV/AIDS in a conflict situation. The objectives of the study were to establish the level of knowledge, attitudes and practice of the people in relation to HIV/AIDS and factors that facilitate the spread of the epidemic.

Key findings

- Knowledge of the means of transmission and prevention of HIV/AIDS is generally high, but males are better informed than females.
- Cultural practices like widow inheritance, polygamy and forced marriage that facilitate the transmission of HIV/AIDS are still prevalent
- HIV prevalence is high in rural, as well as urban areas.
- Misconceptions about HIV transmission exist, such as the belief that HIV can be transmitted through mosquito bites or sharing the same toilet and cooking utensils.

- Stigma and discrimination and the existence of negative attitudes towards people living with HIV/AIDS are widespread.
- Limited coping mechanisms have been developed by communities to respond to the epidemic.
- Defilement and early marriage are widespread
- Socio-economic factors force some people into unsafe sex.

Recommendations :

- Increase HIV/AIDS awareness through drama, films and videos
- Build and support community efforts in response to the AIDS epidemic
- Advocate for the extending of HIV testing services nearer to the people
- Promote networking and collaboration with other stakeholders
- Support IGAs for PLHAs and household members

As a result of the research, RWA 12, the programme that supports the reinforcement of the socio-economic rights of women and girl heads of households, is carrying out HIV/AIDS awareness-raising campaigns using drama, songs and poems.

□ BOTSWANA'S KNOWING AND DOING RESEARCH (2001/2002).

In Botswana, ACORD conducted a study on knowledge, attitudes, practices and behaviour on HIV/AIDS in Ngamiland West.

The objective of the study was to assess levels of correct knowledge about HIV/AIDS and the extent to which the people hold on to myths regarding the epidemic.

The study also looked at the attitudes and behaviours that increase the risks of infection and the levels of people's knowledge of the services available that are intended to reduce the rates of infection.

The research was carried out by community facilitators selected by communities themselves. The selection was based on gender and age to enable people to relate freely within their peer groups. The preparation of the community facilitators involves a one-week training in facts about HIV/AIDS and facilitation and ACORD provides mentoring until they are comfortable enough to run workshops by themselves. After completing the research, some of the community facilitators were selected to facilitate HIV/AIDS activities, especially running awareness-raising workshops on facts about HIV.

Key findings

Results from the study indicated that;

- Communities acknowledge the need for collective efforts to respond to the epidemic.

- Issues of sexuality are not openly discussed. 79% of respondents said they could not easily discuss sex with their partners.
- Condom use, particularly among the older men 65+ is very low and women cannot initiate its use in a sexual relationship.
- There is limited information on HIV/AIDS among the influential community elders, like traditional healers and TBAs. Yet they play a major advisory role in communities.
- Practices that have a high risk of infection, like sharing of skin-piercing instruments, are widespread in the area.
- Myths and taboos are widespread.
- There is limited awareness of services available to the infected and affected.

Recommendations

The study concluded that there is a need to:

- Sensitise communities about the available government services and how they can be accessed.
- Dispel the myths about the epidemic through sensitisation workshops.
- Reduce stigma and discrimination and sensitise communities about the need to support PLHAs.
- Provide home-based care and support
- Provide information through commonly used and respected fora such as the churches, mosques.
- Provide start up funds for income-generating activities to support the infected and affected.

□ SOCIO-MEDICAL SURVEY IN JUBA, SOUTHERN SUDAN

This study was commissioned by ACORD in April 2002 in order to provide information about people's attitudes and behaviors in relation to HIV/AIDS, assess the social, economic and psychological impact of HIV/AIDS on PLHAs and their families and identify possible additional interventions for ACORD and potential partners in Juba town.

Findings

Results from the study indicated that;

- There is a high rate of infection estimated at 3.5%
- Significant prevalence among soldiers, lactating mothers and volunteers.
- No cases of cross-infection amongst carers of PLHAs.
- Males are more vulnerable than women.
- High level of knowledge of HIV/AIDS
- Females are the main and sole carers of PLHAs.
- Despite the increasing number of orphans, few NGOs are providing support.

Recommendations

There is a need for:

- political commitment as a major prerequisite effective intervention programmes on HIV/AIDS
- Intensification of advocacy activities
- Increased coordination of activities
- Strengthened partnerships.

HIV/AIDS Roundup: international debates and campaigning initiatives

This section of the Newsletter is aimed at providing readers with information about some current debates and campaigning initiatives at the international level. With so much going on, we have to be extremely selective. We would welcome the reactions and thoughts of readers on any topics covered in this and future editions of the Newsletter.

Unsafe medical practices are as significant as unsafe sex in the spread of HIV

Controversial recent research by Dr. David Gisselquist and others, which was published in the March 2003 issue of the International Journal of STDs and AIDS, challenges current assumptions that the spread of HIV in sub-Saharan Africa is primarily through heterosexual transmission, claiming that studies show that transmission is mainly through unsafe medical procedures, such as blood transfusions, the re-use of sterile syringes for vaccinations, deep muscle injections and so on. In the start of the 1950s Africans experienced a massive increase in medical injections: the average person in the developing world receives approximately 1.5 injections per year, 50% of which are unsafe. The places where there are more health centers in developing countries, are often the places with the highest prevalence levels of HIV, i.e. Zimbabwe, Botswana. The researchers argue that the international community's preconceptions about the sexuality and promiscuity of individuals from Sub-Saharan Africa has led international development bodies to concentrate on HIV prevention via heterosexual transmission rather than concentrating on all possible means of transmission. They argue that sexual behavior does not show as much partner change in Sub-Saharan Africa as models have assumed, nor do they show differences in heterosexual behavior between Africa and Europe that could explain major differences in epidemic growth.

To counter these arguments, others have argued that there are many socio-economic factors linked to sexual transmission that can account for the rapid spread of infection in Sub-Saharan Africa. For example, the prevalence of transactional sex in Sub-Saharan Africa, particularly among conflict-affected countries; the common use of sexual violence and force as a weapon of war during conflict; the growing market in child sex trading in the region, such as South Africa: according to a recent UNHCR report, children from Angola, Mozambique, Senegal, Kenya, Ethiopia, Uganda, Eastern Europe and Thailand are being lured or kidnapped into South Africa to sell sex.. Other factors are related to poverty in general. For example, lower immunity levels due to poor nutrition

and cases of other diseases and infections, such as malaria, TB and dysentery, make individuals in developing countries more susceptible to HIV/AIDS.

At the end of the day, whatever line one takes, the important lesson to be drawn from these debates is that there is never only one way of understanding or addressing a problem. As the researchers argue, while the promotion of safer sex must remain a priority in addressing the spread of HIV/AIDS, new interventions may also be required to minimize risk from other modes of transmission.

Are You HIV Prejudiced? This is the slogan of the first ever-national public awareness campaign to challenge the stigma and discrimination associated with HIV in the UK. ACORD is supporting the campaign, which was launched in London on 17th March by the National AIDS Trust (NAT), one of the UK's leading policy development and advocacy organizations on HIV/AIDS issues. The event, which was hosted by the UK All-Party Parliamentary Group on AIDS and attended by MPs, government officials, NGOs and others, challenges the common assumption that stigma and prejudice are less widespread in the advanced industrialized economies of the North. The London launch was followed by regional launches in other towns in England. The campaign, funded by the Department of Health and supported by a mass media campaign designed by Saatchi and Saatchi, is a good example of effective collaboration between the voluntary, public and private sectors.

"We believe that the campaign can assist, not only in getting people to think about their attitudes to HIV and AIDS, but also their own levels of knowledge about the virus and the disease," said Derek Bodell, Director of NAT. "It is important that we raise the level of understanding. By ending ignorance, we'll end prejudice."

The campaign is based on a twin-track strategy aimed both at tackling prejudice and protecting the rights of HIV positive people through legislation that places HIV-related discrimination on a par with other forms of discrimination, such as those based on gender, race and disability. Despite many differences, there are also many similarities in the experiences of HIV positive people in the UK and Africa and there are valuable lessons to be learned from the UK approach. For more information about the campaign, you can visit the campaign website at www.nat.org, which will be regularly updated to include all the latest developments.

Supporting Female-Controlled Methods: The Global Microbicides Campaign

Apart from the female condom, microbicides are the only method for preventing HIV transmission that can be controlled by women. While condoms are still likely to provide better protection against HIV and STDs than microbicides, the advantage of microbicides is that they can be used by women whose partners refuse condoms. It has been estimated that millions of HIV infections could be averted if microbicides were used by even just a

small proportion of women who would otherwise have unprotected sex. Another significant advantage is the development of microbicides that protect against HIV and other STIs while not preventing pregnancy. As yet, microbicides are not available as they are still being tested and the earliest they might become publicly available is 2007. One of the problems is lack of funding: none of the big pharmaceutical companies are investing in them. because of the low profit returns. The Global Campaign for Microbicides, officially launched in 1998 at the X11 International AIDS Conference in Geneva, seeks to raise awareness and mobilize political support for increased funding for microbicide research, female condom and cervical barrier methods. As part of a recent EU-funded initiative, a UK and Ireland Campaign for Microbicides has been established to play a key role in the European arm of the Global Campaign. ACORD is a member of the UK Campaign and will endeavour to support its efforts to lobby the UK Government to continue and increase its support for the development of microbicides and seek to influence the international bodies, such as the EC and G8.

In March this year, the Bill and Melinda Gates Foundation announced a grant of \$60 million to the International Partnership for Microbicides (IPM), the largest grant ever made to support microbicide research. This positive development has been warmly welcomed, but has also provoked calls for increased funding for female condoms. It was noted that \$60 million would buy the world roughly 150 million female condoms, compared with only 12 million distributed during 2002.

CONFERENCES, WORKSHOPS/ SEMINARS AND FORTHCOMING EVENTS

- **2nd International Youth and Student Conference on HIV/AIDS**, 9-13th June, 2003, Nairobi. For further information, contact Conference Secretariat: E-mail: ihcsa@iyca.org; Web: www.iyca.org/esasya.htm
- **South African AIDS Conference 2003**, 4-8 August, 2003, Durban. For more information, contact Tild Reyneke on (012)4812059 or E mail: tildar@samedical.org. Web: <http://archives.healthdev.net/af-aids/msg00603.html>
- **HASAP Annual Workshop: The theme is Mainstreaming**. Bagamoyo, Tanzania, 15-19 September, 2003. Further details to be announced.
- **13th International Conference of HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA)**

21st-26th September 2003 in Nairobi, Kenya. Venue: Kenyatta International Conference centre. For more information, contact: E-mail: icasa2003@todays.co.ke or Web: www.icasanairobi2003.org

- Launching of the **ACORD Global Programme**, 21-24 October, Nairobi. The theme is: "*Development through Social Justice- alliancing for change in Africa*".

RESOURCES

BOOKS/ NEWS LETTERS/ TRAINING MATERIALS

Gender and AIDS

A number of new resources have recently become available in this area:

Resource Packet on Gender & AIDS is a CD Rom produced by UNAIDS containing a set of tools to illustrate the role that gender plays in the global HIV/AIDS pandemic. Although the Packet was designed specifically for use by health development practitioners and policy makers, it can also be useful to a variety of audiences. The packet contains three separate components:

The **Gender & AIDS Almanac**, which offers a gender-focused overview of important topics related to the prevention, transmission and care of HIV/AIDS; seven **Gender & AIDS Fact Sheets**, which present and illustrate key points from the Almanac; and six **Gender & AIDS Modules**, which provide practical guidelines to field practitioners on various aspects of conducting gender-sensitive HIV/AIDS work. Topics covered include: gender and poverty, gender-based violence, the female condom, female sex-workers, working with men, sex and youth, reducing young girls' vulnerability, best practices/programmes that work and a gender-sensitivity checklist.

The components can be used independently or in conjunction with one another to address the gender-related needs of people at risk for, living with, or affected by HIV/AIDS. The packet can be obtained free from UNAIDS at unaids@unaids.org or www.unaids.org.

- **UNIFEM**, in collaboration with **UNAIDS** has developed an online resource centre and web portal on the gender dimensions of the HIV/AIDS epidemic **Gender and AIDS**. It will provide a range of information, materials, debates and practical tools, links to other quality websites on gender and HIV/AIDS, as well as a place for the global community to sharing insights, materials, research and best practices: www.GenderandAIDS.org.

Gender and HIV/AIDS: Cutting Edge Pack

produced by BRIDGE, an organisation that supports gender mainstreaming in development, based at the Institute of Development Studies, Brighton, UK. The pack contains an Overview report and a Supporting Resources collection with information about key texts, case studies, tools, guides and organisations. It can be downloaded from BRIDGE's website: www.ids.ac.uk/bridge

ACT now!; a resource guide for young women on HIV/AIDS

(UNIFEM and AWID – the Association for Women's Rights in Development), 2002) This is a useful guide. It contains information written in an accessible style explaining why HIV/AIDS is an issue for young women; provides information about international agreements and conventions establishing their rights; and suggestions on how to go about planning an HIV/AIDS workshop. For more information, [contact: unifem@undp.org](mailto:unifem@undp.org) or see UNIFEM's website: www.unifem.undp.org

❑ Sexual Exchange

A quarterly release newsletter published by Southern Africa AIDS Information Dissemination Services (SAfAIDS) and the Royal Tropical Institute. Focuses on issues pertaining to sexual and reproductive health.

www.kit.nl/exchange

❑ Striking To the Heart of the Matter

Atlantic centre for Excellence for Women's Health. 2002. This book presents selected readings on HIV and Gender.

❑ Gender Mainstreaming in HIV/AIDS

Taking a multi sector approach)
It is a manual that offers a number of case studies from developed and the developing countries, which illustrate how programmes that promote HIV prevention by addressing gender and other social and economic factors that increase people's risk of the infection are more likely to succeed in changing behaviour.

Miscellaneous:

The Global Fund

Information about all Global Funds grants in the 2nd round of the Fund in January 2003, including access to background documentation regarding each approved and rejected proposal, can be found in: www.aidsplan.org

Monitoring the Declaration of Commitment on HIV/AIDS

Guidelines on Construction of Core Indicators (UNAIDS, Geneva, August 2002):

The Declaration of Commitment, signed by 189 member UN countries in June 2001 established a number of goals and targets to be achieved within specified timeframes. A commitment was also made to regularly review progress in achieving these goals. To facilitate this process, UNAIDS has developed a set of core indicators to be used for this

purpose. This could be a useful tool for any programmes planning to do any advocacy around this issue. To obtain free copies, contact UNADIS at: unaids@unaids.org

Resource kits

❑ The Fountain Youth Survival Kit

This is a kit that comprises of a teacher's resource handbook, two students resource books and several story books by some of Uganda's most celebrated novelist.

Website: www.fountainpublisher.com

HIV Workplace policies and practices:

❑ Federation of Uganda Employers Workplace Based HIV/AIDS Education Programme

Programme that aims at curtailing the spread of HIV/AIDS amongst the labour force. The project is geared towards creation, facilitation, adoption and maintenance of HIV/AIDS risk free behaviours as a strategy for behaviour change.

Website: www.employers.co.ug

❑ "Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual."

(International Labour Organisation (ILO), February 2003. This manual is an education and reference tool for training, a framework for social dialogue and a guide for action to limit the spread and impact of HIV/AIDS in the world of work.

www.ilo.org/public/english/protetction/trav/aids/

❑ Global AIDS Alliance: a new website aimed at encouraging global citizen involvement in action to stop global AIDS by helping people to remain informed. The web site is designed as a portal leading to a diverse range of existing AIDS and debt campaigning groups.

www.stopglobalaids.org

Tell us what you think!

This is the first edition of the HASAP Newsletter and we are very open to your comments and suggestions on how it could be improved and anything else you would like to see covered in future editions. Remember, this is for you, the readers, so please do let us know what you think!

This newsletter was put together by the members of the HASAP Team: Dennis Nduhura, Programme Manager; Ellen Bajenja, Programme Support Officer; and Angela Hadjipateras, Research and Advocacy Officer. Editing and design by Sylvia Mwachuli, Funding and Communications Officer in Nairobi.