 Facing the Challenge

HIV/AIDS and its gender perspective is therefore an age long concern and several gender focused organisations such as the Society for Women and AIDS in Nigeria SWAN have worked hard at various levels to ensure that gender is mainstreamed into HIV/AIDS prevention projects. Their concern is evidence based because reality has confirmed that the HIV/AIDS epidemic is no respecter of any person and everybody is at risk. It is not a new public health issue but it is so important that no country can afford to rest on its oars in its response to the HIV/AIDS epidemic. On April 29 2009, a group of concerned organisations participated in a validation conference at the Valencia Hotel Abuja. It was jointly organised by United Nations Fund for Women UNIFEM and a women’s rights and gender focused Non Governmental Organisation Women Aids Collective WACOL. The theme of the conference was ‘Promoting a Gender Equality and Human Rights Sensitive Policy Environment in the Nigerian HIV/AIDS National Response.’ In a press interactive session, Tolupe Lewis-Tamoka, the Country Manager of the United Nations Fund for Women UNIFEM reviewed the country’s policy response to the HIV/AIDS epidemic.

The National Strategic Framework

She observed that the major policy was the National Strategic Framework NSF which articulated the Country’s response to HIV and AIDS for the period 2005-2009. She stressed that ‘the NSF is the product of a national consultative process, involving different stakeholders-government sector ministries, CSOs, organizations of men and women living with HIV, and faith based organizations. The participation of women, their organizations and gender experts contributed to the emergence of one of the best national response framework in Africa, in terms of gender analysis and incorporating strategies and targets.’

Gender and the Strategic framework

Dr. Lewis -Tamoka outlined the gender related objectives of the NSF which ‘identifies women as a priority group to be targeted by programmes under the framework, including through the use of behavioural change communication (BCC). Objective three of the NSF is to “increase access to gender-sensitive prevention, care, treatment and support services”. The strategies for achieving the objective include the improvement of access, and affordability of reproductive health services, and the development of a condom policy and strategies for increasing condom use. The NSF also calls for the promotion and implementation of gender-sensitive community and home-based care services, as well as strengthening of the health sector.'
Objective four of the NSF commits stakeholders to support non-health sectoral responses including provision of economic empowerment to vulnerable groups, and expansion of education and agricultural sector responses. The legal, cultural and economic factors that contribute to gender inequality in the country need urgent attention if the objectives and targets of the NSF are to be achieved. She said the implementation of the NSF requires a multi-sectoral and multi-disciplinary approach the basis of the NSF itself. Implied in this and running through the NSF is the recognition of gender inequality and that empowering women and addressing women's rights concerns as a strategy towards the prevention, control and management of HIV and AIDS needs a multi-sectoral approach.

Incorporating Human Rights into Policies
On the issue of incorporating human rights approach in the NSF Tolupe Lewis observed that Nigeria has several relevant policy documents. She said this provided the basis of the broad-based multi sectoral policy review initiative currently being implemented by UNIFEM with support from the Nigerian AIDS Responsive Fund of the Canadian International Development Agency (CIDA). The overall aim of the project is to promote the emergence of a coherent policy environment for the achievement of the human rights-based targets of the NSF. To achieves this, the project is being implemented at the national level and in states - Bauchi, Taraba and Cross Rivers. The project is also working very closely with the National Commission for the Control of AIDS (NACA) the Gender Manager and its Gender Technical Committee to integrate gender equality concerns into the organisation's structure, programme and processes. She said a desk-review of the relevant policy instruments in the health, education, agriculture and the law sectors was conducted, to assess the extent to which they facilitate the implementation of the NSF.

Filling the Policy Gap
The UNIFEM Country said the review process has been able to identify those aspects of the policies that require reform. A broad range of stakeholders have met to interrogate the report and validate it against current realities on ground. The findings and recommendations also form the basis for a national advocacy campaign to promote the reforms that would bring the sector policies in line with the goals of the NSF. The review has identified significant gaps in the responsiveness of the sectoral policies to the gender and human rights objectives of the NSF.

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Rwanda: Barakabaho Foundation Brings Hope to HIV/AIDS Orphans from allAfrica.com
Kigali — Hope and living positively has been established among victims of the HIV-Aids within certain communities in Eastern Province. This has been made possible through interventions by Barakabaho Foundation an NGO which is financed by Christian Aid International.

Barakabaho is a Kinyarwanda word that can be translated literary as, "Let them continue to live". One of its core values is addressing the interrelationship between HIV/AIDS and poverty. HIV/AIDS orphans are the main concern of the foundation. Other orphans however, are also catered for to an extent.

"We mainly help HIV orphans by giving them hope for the future. There is no doubt that the pandemic is related to poverty. The orphans need to be given life skills to avoid a cycle of the disease, Bishop Birindabagabo Alex, of Gahini Anglican Church and the brain behind the Foundation said.

The issue of HIV/AIDS is exacerbated by people's standard of living. The disease cripples economies to the individual level. By the time the parents die, they leave nothing for their children. It is therefore, imperative that the orphans be given life skills to start life a fresh.

"Apart from helping orphans to adopt and adapt behavioural changes, we help them to afford the minimum required nutrition. We view it as a human rights issue", Pastor Nsimiyimana Thadeo, of Byumba Anglican Church Dioceses said. Barakabaho Foundation’s values on the pandemic have been echoed by several scholars on the international scene.

"Poverty is the foundation of many of our problems. It is no coincidence that Africa has the highest poverty rates in the world and accounts for the largest share of the world’s AIDS cases. So there is a very close inter-relationship between poverty and HIV/AIDS. Poverty contributes," Dr. Samba, Africa regional director, World Health Organization said.

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"Rwanda: Barakabaho Foundation Brings Hope to HIV/AIDS Orphans" continued, from page 2

Interestingly, the Foundation developed a different approach to control the spread of the disease known as -SAVE, breaking away from the much discussed ABC. "The Christians leaders never felt comfortable with the common approach; A-abstain, B - be faithful or use C-use of condom otherwise collectively known as ABC. SAVE was thus adopted," Mama Karire, one of the founders' long time serving official said.

SAVE approach is a multidimensional model. It involves behavioural change and cultural flexibility, to accommodate the new demands to fight the disease. It is further interesting to note that the new approach, calls for people to circumcise as a scientifically proven way of reducing chances of infection.

**Success stories**
Typical successful stories are hereunder narrated by two cases; one by Namahirre Josian, 22 and the Mulinda Glatien family.

I am (Namahirre Josian) so happy today. I had undergone so many problems to the extent that I never expected to recover. God, through Barakabaho Foundation answered my cries, when not even my father or mother was near me. I have managed to educate my sisters and brothers, and look forward to going to school soon myself. I have a big modern banana plantation that does not offer us food only, but also money to buy other things, and save for the future.

We also own a hybrid cow and are constructing a big house for ourselves. All these achievements came when we had lost hope for life. After the death of our parents, I remained the leader of the home by virtue of my age. I am the eldest. Orphans like me should not lose hope-time may bring joy to you at some time. But what I should quickly advice vulnerable orphans like me, is to desist from any behaviours that may push them into catching the HIV/AIDS. The family of Mulinda Glatien and Kankuyo Clementine is also all smiles, after a long time miserable life. "We (the couple) are so much different after the sensitzation and help we got from the Foundation. We never knew anything to do with family planning. Today we are spacing our children, a thing that is helping us to feed them well. Of course, the cow we got increased our happiness, "the couple told this reporter. They added that consequently they are able to get milk from the cow they received which has enabled them to manure their fields, hence increasing our overall domestic production.

"The HIV/AIDS pandemic will find it hard to penetrate our family. We have decided to be faithful to each other, "the couple added confidently.

**Challenges**
The efforts of the Foundation like any other are not immune from challenges. HIV risk perception in relation to peer pressure and drug abuse behaviour among adolescents has been the Foundation's great challenges. Despite the efforts on ground, adolescents continue to practice unsafe sex.

"I gave birth when I was about 24 years old. The father of this baby disappeared to Uganda and I have never seen him again. I live a lone in this hut you see with my kid. I do not even have money to feed it," Alphonsina Mutesi, 16, said. Teens pregnancy shows that they do not practice safe sex, yet it is the leading cause of human immunodeficiency virus (HIV) infection globally.

Young people under the age of 25 are doomed if such trend is not reversed. HIV/AIDS will continue to spread rapidly, like wild fire, in the Province and the country at large. The issue of HIV/AIDS in Rwanda and elsewhere in the world cannot be handled in isolation. The interrelationship is inevitable. Barakabaho Foundation is therefore, getting it right by handling the two together.

Alleviating poverty among the orphans, and sensitizing them against morals that exacerbate the HIV/AIDS pandemic, should be given its due concern.

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Militaries unite to fight HIV from plusnews.org

DAKAR, 9 July 2009 (IRIN) - Military forces from 20 countries in West and Central Africa have launched a regional HIV network to share information on combating HIV within their ranks and communities, following the example of other military-led efforts to fight the spread of HIV.

“We need to harmonize our interventions,” army captain Sami Kambiré from Burkina Faso told IRIN. “Without this network, what we have now are disparate strategies. We need to learn from one another what is working? What is not? Why?”

A number of studies on HIV prevalence rates among sub-Saharan Africa’s armed forces have shown higher rates than in civilian populations, with the notable exception of Ethiopia’s forces. The three-day conference to launch the Regional HIV Network of Military Forces in West and Central Africa, ending on 9 July, presented armed forces’ efforts to fight HIV in the region, best practices in fighting AIDS in Africa and a panel discussion on HIV and security.

Nigeria
Simeon Ekanom, coordinator of Nigeria’s Armed Forces Program of AIDS Control, told IRIN Nigeria’s government has recognized the heightened risk for HIV infection among soldiers. “We are more mobile, far from our families then the camps.”

The head of one of Nigeria’s state committees on HIV/AIDS told IRIN in August 2008 that both rebels and armed forces were committing rape in the Niger Delta conflict zone. Returning soldiers had an HIV infection rate twice as high as that of the general population, according to a recent study conducted by the Nigerian Civil Military Alliance to combat HIV/AIDS. The average nationwide HIV prevalence rate in Nigeria was 3.1 percent in 2008, according to UNAIDS.

In 1999 the Nigeria-based Pan African Committee of Military Medicine found Nigerian armed forces had double the possibility of contracting HIV within three years of joining the army. But Nigeria’s armed forces representative Ekanom told IRIN the situation has improved, though data remains scarce for HIV infection rates in the military. “Behaviours are changing. We go into the camps and talk to soldiers one-on-one. In groups, they do not internalize the message and think they could never get infected.”

The United Nations Security Council adopted a resolution in 2000 identifying HIV infection in defence forces as a threat to international peace. In 2001 a UN document raised the concern “the UN itself may be an unwitting agent for the spread of the [HIV] virus around the world” through its peacekeepers.

Ghana
Jane Ansah, a doctor with Ghana’s armed forces, told IRIN soldiers who test positive for HIV are not deployed. Ghana has up to 6,000 soldiers serving in five peacekeeping missions, said Ansah. During a presentation in Dakar at the network’s launch, Ansah explained how soldiers were provided condoms in the military barracks, to which Senegal’s Minister of Armed Forces, Becaye Diop, asked: “But by giving them condoms, are you not encouraging promiscuity?”

Ansah replied men will be approached by sex workers whether or not they have condoms. New recruits who test positive are not admitted into the armed forces, Ansah told IRIN. “We have gotten a lot of criticism over our ban.” A similar ban in South Africa was overturned by the courts in 2008.

During one of the events at the launch, Senegalese male soldiers acted out a seduction scene with local women, insisting on the men's right to sex because they were “protecting the women and improving safety,” to which the women – hands on hips – responded in unison: “AIDS will only leave us more insecure.”

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