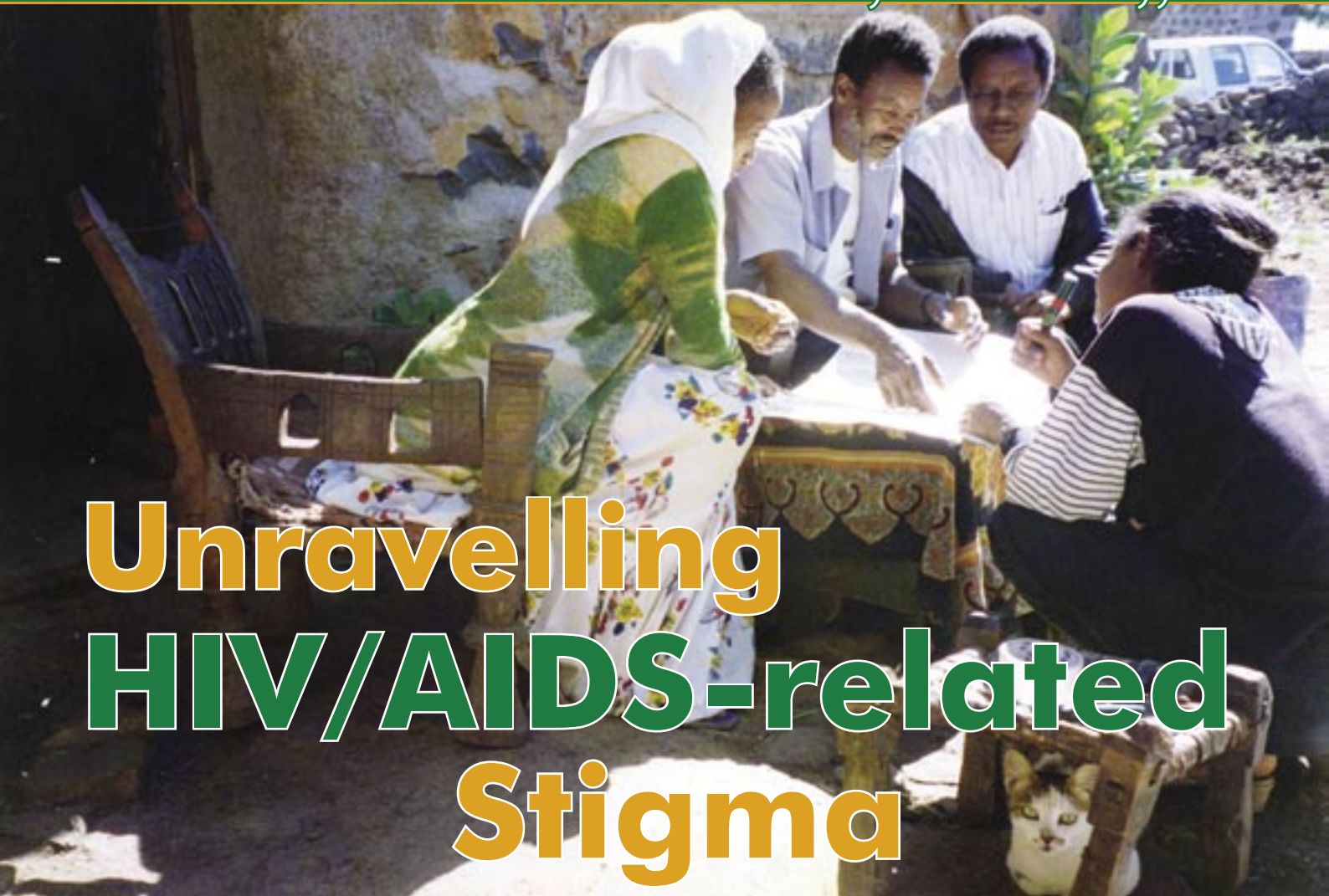




Together In The Struggle



Unravelling HIV/AIDS-related Stigma

A young girl came to us for counselling. She is 23 years old and HIV positive. She complained that her parents maltreated her after telling them the results of her HIV test. After being interrogated by her parents about who might have infected her, she told them that she had had sexual relations with three people. She had not used a condom with any of them and did not know which one of them might have passed on the infection.

From that day on, her father took the following radical measures:

- She was moved to a separate room away from her brothers
- Her clothes are washed separately from the rest of the family
- There are daily family meetings where she is abused & insulted by her father in the presence of her brothers.

Her father's attitude has severely affected the girl's psychological state. She feels frustrated, has suicidal tendencies and has lost a considerable amount of weight. She has also stopped attending counselling sessions despite efforts to encourage her.- (the HIV/AIDS Nucleus of the South Angola Division of the Angolan Armed Forces)

(continued on page 3)



Editorial

Millions of people have been infected with HIV since its onset two decades ago. In the absence of effective treatment and care, these too will join the ranks of many more millions of people who have died of AIDS.

With such a serious threat to mankind, who is safe? Who is immune and out of the danger zone? Who can confidently stand and point a finger? Young and old, rich or poor, male and females, black, white or coloured alike, none is immune; none is safe.

Stigma & Discrimination are some of the greatest enemies of the fight against HIV/AIDS. This issue of ACORD's HIV/AIDS Newsletter aims at sharing some of the causes and effects of stigma in a number of African countries where ACORD operates. We also look at ACORD's research work on this theme and the current debates going on in the HIV/AIDS scene globally. In ACORD, we believe that it is through such a sharing process that various people and actors can gain a deeper understanding and appreciation of the magnitude and dynamics of HIV/AIDS related stigma and discrimination, and thus develop the necessary commitment to fight it in their respective settings.

ACORD believes that together with those infected and affected by HIV/AIDS, we can speak out for their rights to life, equal treatment and opportunities in spite of their condition.

We hope that experiences shared in this newsletter will contribute to the current debates and responses on stigma and discrimination, and possibly inspire others to take actions that will help to create a stigma free environment.

As usual, the editorial team will appreciate your honest feedback on issues raised in this newsletter.

TOGETHER AGAINST AIDS

THE TEAM: Dennis Nduhura, Angela Hadjipateras, Ellen Bajenja & Amanda Onapito have put the newsletter together, with logistical support from Paul Muhwezi.
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(continued from page 1)

This voice represents millions of people in the world today who continue to suffer under the pressure of being infected or affected by the HIV/AIDS epidemic. Many are unable to share their pain because there is no one to listen. They have been subjected to stigma and discrimination.

Stigma and discrimination still prevail despite the fact that the epidemic has been around for over two decades now, and their effects continue to impede effective responses to the HIV/AIDS epidemic. Stigma is described as a reputation often attached unfairly to an individual that more often influences the way they are perceived or how they perceive themselves in any setting. Discrimination refers to the action usually taken as a result of the prevailing stigma, which often ends up in unfair treatment, subjecting the affected individual to feelings of guilt, shame and isolation.

Stereotypes, prejudices and the prevailing social inequalities directly reinforce stigma and discrimination. These include inequalities in gender, economic status, ethnicity, strong beliefs held about sexuality and the tendency to refer to specific categories of the population as at risk due to their predisposition and behaviour like the commercial sex workers, men who have sex with men, and women/ girls.

Stigma and discrimination against people infected and affected by HIV/AIDS often occurs in various settings, ranging from the family to the workplace, and is a clear violation of their rights. "It is deeply rooted in individual and societal attitudes and is reflected in behaviours that seriously undermine both the rights and dignity of those affected." "Unravelling the Dynamics of HIV/AIDS-Related Stigma and Discrimination: the Role of Community-Based Research – Case Studies of Northern Uganda and

Burundi" by Angela Hadjipateras

In the family, an institution known so far to be the best option for care and support for the ill, People Living with HIV/AIDS (PLHAS) are often faced with incidences of unfair treatment and utterances resulting in part from the emotional, physical and economic strain they cause to their relatives. In households women often take the bulk of the blame for the illness, either as transmitters or careless parents who did not advise their children who are infected. Women as mothers, often feel the guilt of having passed on the infection to their unborn children. Stigma within families presents a very complex situation that has so far been very difficult to address.

Within communities, households with infected members may be subjects of discussion in the social gatherings making the family members feel isolated and ashamed.

Within workplaces, employees

"AIDS is a war against humanity. We need to break the silence, banish stigma and discrimination and ensure total inclusiveness within the struggle against AIDS. If we discard the people living with HIV/AIDS, we can no longer call ourselves human."

Former President, Nelson Mandela.

with or suspected to be HIV positive may not access the benefits for staff like career advancement, promotion and learning exposures, and in extreme cases this has been a cause for termination of employment.

To date, significant progress has been made in terms of developing strategies to prevent and control the spread of HIV, and mitigate the effects of HIV/AIDS. For instance, HIV vaccine trials are underway, ARV drugs are becoming more affordable and available in some countries, and children born from HIV positive mothers can now be protected from infection. However, all these services can only be effectively utilized in a stigma free environment that allows PLHAs to boldly approach the service providers for support without any feelings of fear, shame and guilt.

Creating such an environment requires a clear understanding of the dynamics underlying stigma and discrimination, and then developing appropriate responses to stem it. In some countries, after years of concerted community mobilisation and sensitisation, stigma is beginning to ebb but this is not reason for complacency. The active involvement of the infected, affected and the entire community in such a process cannot be overstated.

Factors that fuel stigma and discrimination. Include but are not limited to;

- **Lack of accurate knowledge on how the epidemic spreads**
- **Gender and cultural issues**
- **Religious teachings**
- **Taboos surrounding sexuality**

ACORD/HASAP Update

The ACORD HIV and AIDS Support and Advocacy Programme, 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 at the local, national and international levels. This is done through research and advocacy, technical support and information sharing. This section provides snapshot information on what has been done so far this year in order to meet its objectives.

Production and dissemination of Case Studies on Stigma and Discrimination

HASAP worked with the Research Officers in the Northern Uganda and Burundi programmes to produce the Case Studies based on research carried out with communities to explore and deepen understanding of the causes and manifestations of this problem. The publication was launched at the Bangkok International HIV/AIDS Conference. The findings of the research were also used as the basis of a workshop presentation at an international conference hosted by Cordaid on 12th May in The Hague. The conference, entitled: The Infected Community: HIV/AIDS and Stigmatisation was attended by a wide range of individuals and organisations from all over Europe, Africa, North and South America and Asia. Reference was also made to ACORD's research in a newspaper article written by HASAP's Research and Policy Officer published on the opinion page of one of the leading Dutch daily newspapers a few days after the conference. Articles and short write-ups of the reviews have also been sent for publication in the

SAFAIDS Newsletter and in Sexual Health Exchange, the Newsletter of KIT (The Royal Tropical Institute). The publication can be downloaded from ACORD's website (see under 'Reports'). The Case Studies will be available in Portuguese and French in August and September, respectively.

Integration of Gender into Community Based HIV/AIDS Responses

This Comic Relief funded project, which is being implemented in South Angola, Tanzania and Northern Uganda, began activities in April. The project is aimed at assessing the potential of the Stepping Stones methodology to bring about lasting change in gender relations and mobilize community-driven action and advocacy. HASAP's Research and Policy Officer visited the programmes in Northern Uganda and Angola in April and June, respectively, to discuss and assist with the research planning process. An International Advisory Committee including representatives of other NGOs using Stepping-Stones, (Action Aid, Christian Aid, Save the Children, the International HIV/AIDS Alliance and VSO) and others with relevant knowledge and experience, was convened and had a first meeting in London in May. A regular Update will be produced by HASAP providing information on progress, observations and challenges to date.

ACORD HIV/AIDS Workplace Policy

ACORD's Human Resource Manager, who will take the responsibility for policy implementation and liaising with programmes regarding the policy, is currently reviewing the Workplace Policy. HASAP will take the lead in raising funds. The Workplace Policy was also discussed at the ACORD Finance Workshop

in Dakar in July. Other steps taken to explore ways of funding and implementing the Workplace Policy within ACORD include a meeting with one of ACORD's insurers to discuss ideas for including HIV/AIDS within our insurance policy and a meeting at Oxfam to learn about Oxfam's strategy and experience to date with implementing its own HIV Workplace Policy introduced in 2003. In addition, the Working Positively guide for NGOs, which contains an ACORD Case Study and was first launched on World AIDS day 2003 in the House of Commons in the UK was re-launched with an accompanying CD ROM at the Bangkok Conference.

HIV/AIDS in the workplace research symposium in Johannesburg, South Africa

At the end of June, Angela represented ACORD at a symposium on HIV/AIDS in the workplace research in Johannesburg, South Africa. She presented a paper "Stigma: an impediment to effective implementation of an HIV/AIDS workplace policy", based on the N. Uganda experience. The symposium was aimed at drawing together research that has been carried out on HIV/AIDS in the workplace and putting it into a public domain (refer to a detailed article under Research and Advocacy section).

Civics world assembly

HASAP participated in the Civics World Assembly held in Gaborone, Botswana from 21st – 25th March 2004, organised for civil society organisations. This assembly aimed at strengthening the activities of civil society organisations in the fight for a just world. Organisations were invited to participate in discussions on topical issues. ACORD, through HASAP facilitated an open forum under the theme "The whys and hows of the HIV/AIDS epidemic in Africa". The forum's discussions were



as a result of ACORD Botswana's research findings for a study on the implementation of PMTCT and ARV services: the role of NGOs, which was conducted in the Okavango delta in the North western region of the country.

ACORD had a booth where information from ACORD secretariat, Botswana, Eritrea and HASAP was displayed as well as being distributed to delegates of the Assembly.

UK Strategy on HIV/AIDS

In May, DFID launched an official consultation to get input into the development of the UK Government's new HIV/AIDS Strategy. ACORD submitted a written response commenting on the government's proposals and putting forward recommendations based on its experience.

Ngorongoro HIV/AIDS Programme

Dennis, HASAP's programme manager, together with Donald Kasongi, the Programme Director for LVAP, participated in 2 consultative meetings on the proposed Oxfam Ireland and DANIDA funded HIV/AIDS work among the Masai pastoralists in Tanzania. ACORD is expected to take a lead role in implementing some of the initiatives of this programme.

Generic Training Package on HIV/AIDS Mainstreaming in Development Organisations

HASAP has completed the writing of a training manual on mainstreaming HIV/AIDS. This package will be tested in the ACORD Eritrea programme before it is disseminated widely. To this effect, a workshop has been scheduled for July in Asmara, Eritrea.

CDRN mainstreaming workshop

Ellen, HASAP's Programme Support Officer, together with Harriet Akullu from the N. Uganda programme

facilitated a three-day workshop on HIV/AIDS mainstreaming for three organisations namely; Community Development Resource Network (CDRN) and Tripartite Training Programme (TTP) from Uganda and TRACE from Tanzania. These organisations are involved in organisational development activities and sought HASAP's assistance in building their capacity on mainstreaming of HIV/AIDS.

The workshop was a success and HASAP has since formed partnerships with all three organisations.

Support to Trans Psychosocial Organization (TPO)

The HASAP Programme Support Officer participated in a workshop organised by TPO to draft a training manual for carers of Orphans and Vulnerable Children. The manual is being developed by TPO Uganda on behalf of UNICEF.

Programme manager's trip to Rwanda

The Programme Manager visited the ACORD programme in Rwanda from 2nd-7th May 2004. The aim of the visit was to get a deeper understanding of the context in which ACORD works in Rwanda and to analyse the strategies used, the

progress made and identify possible solutions to problems encountered by the programme and to identify possible sources of funding. Dennis met with a number of partners in Rwanda and with groups that have been direct beneficiaries of ACORD's HIV/AIDS work.

Staff retreat

HASAP's technical team joined the staff of ACORD Secretariat based in Nairobi and London at the Kenya School of Monetary Studies on the outskirts of Nairobi from the 2 -7 February for the 2004 Staff Retreat. The week-long retreat reflected on the strategic and operational issues facing the organisation and attempted to identify possible points of action to deal with these issues.

Dennis presented the recommendations of the HIV Workplace policy. There was a general consensus that the policy was vital to ACORD, since it is consistent with the values of the organisation. The retreat agreed that the areas of awareness raising and prevention, staff protection and the creation of a stigma-free environment are important. Issues of care and treatment and confidentiality were also highlighted as important.





“Drama for Change”: tools for working with communities on stigma and discrimination

In April, Michelle Frost, an actress with experience of using ‘role play’ and other related drama tools to work on a range of difficult issues, accompanied HASAP Research and Policy on her visits to the Northern Uganda and Burundi programmes in order to test whether such tools can be used to deal with the issue of HIV/AIDS-related stigma and discrimination. In Northern Uganda, she first introduced and tested them with ACORD staff, partners and an association of PLHAs based in Gulu. In Burundi, the tools were presented and discussed in a one-day workshop attended by several youth drama groups working in partnership with ACORD Burundi, and also a number of well-known young actors who appear on a very popular TV soap opera every week! A number of the tools tested, were found to be very effective in building trust and openness and creating a supportive and relaxed space in which people were able to bring up painful experiences of stigma and to support each other in looking for ways of challenging and changing such behaviours. Michelle produced a mini-manual – “Drama for Change” – containing a description of each of the tools. This has also been translated into French. A demonstration video filmed during the workshop in Burundi has also been produced by HASAP to accompany this small manual. Please contact Angela (angelah@acord.org.uk) for the manual.

One PLHA says, “It is better for your legs and arms to be cut off and you become a beggar rather than living with HIV/AIDS”.

: Joint publication on HIV/AIDS : internal mainstreaming with : Concern Uganda

: HASAP, together with Concern : Uganda is holding discussions on : the possibility of publishing a joint : publication on : HIV internal : mainstreaming, : drawing : from the : experiences of : both Concern : and ACORD. : The team is : now trying to : secure funding for : this initiative and is quite optimistic : about the available opportunities.

: Synopsis

: A synopsis containing information : on ACORD’s HIV/AIDS work has : been circulated to all programmes : via the Internet. This synopsis : contains information on the specific : interventions that programmes are : undertaking, including their target : group and methodologies used. The : synopsis also indicates research that : has been carried out by different : programmes. The synopsis will : be updated biannually and is set : to become a regular feature of : HASAP’s activities.

FUNDING SUCCESSES

Niassa, Mozambique

ACORD Niassa successfully secured funding to the tune of \$250,000 for HIV/AIDS mainstreaming between July-December 2004 from the National AIDS Control Council I Mozambique to address HIV/AIDS among internally displaced people.

ACORD’s programme in Eritrea received £9000 from HEKS for the People Living With HIV/AIDS (PLHA) who are actively participating in micro credit and training activities within ACORD’s programme. Bravo!!

HASAP has been awarded institutional-building grant of 200,000 euros over a three year period by Cordaid Netherlands.

Mwanza, Tanzania received - 24,254 from Comic Relief for Integration of Gender into community based HI/AIDS responses for a 2-year period.

N. Uganda Area programme received Ushs141,32,000 from The Ministry of Health in Uganda under the Global fund for Tuberculosis, AIDS & Malaria for a period of 18 months. This project will be implemented in 6 districts in Northern Uganda.

Lake Victoria Area Programme will receive - 60,000 from Oxfam Ireland and Tsh 65,000,000 for the implementation of HIV/AIDS interventions in the Masaai Pastoralist in Tanzania. Between September and December 2004.

PROGRAMME Updates

This section includes information from the field programmes regarding the latest events in their HIV/AIDS work.

Lake Victoria Area Programme

During the period March- June 2004, ACORD's Lake Victoria Area Programme (LVAP) has been involved in implementing a number of activities including:

- Formation of HIV/ AIDS civil society networks:

As one of its milestones, the LVAP facilitated the formation of district HIV/ AIDS networks in Bukoba, Biharamulo, Geita, Ilemela and Karagwe. During the process of facilitating the establishment of networks, ACORD staff conducted needs assessment ranging from training, organisational capacity and strengths. The aims for the establishment of district HIV/ AIDS civil society networks were:

- To provide a forum for sharing/ dissemination of information (and research findings) and exchange of experiences among the network members to improve their AIDS competence.

- To strengthen institutional and organisational capacity of network members for sustainable HIV/ AIDS programming in the district

- To develop an advocacy strategy for influencing policies on HIV/ AIDS while addressing gender, human rights and poverty as crosscutting issues in prevention, control and mitigation of its impact in the district

- To build a supportive environment for network members in working in partnership with district authorities and donors for sustainable HIV/ AIDS programmes and access to resources



- ACORD organised a three – day workshop for Karagwe District AIDS Control Network (KADACONET). The main agenda of the workshop was to review National Policy on AIDS, National Multisectoral Strategic Framework and developing a strategic action plan for KADACONET members.

- **In Biharamulo,** ACORD in collaboration with SHDEPHA+ (a national association of PLHAs) facilitated the formation of a district association of People Living with HIV/ AIDS. The association known as "UWABI" was inaugurated during the racing of Uhuru Torch in the district. Uhuru Torch team leader congratulated ACORD for the initiative undertaken in the district and recommended that other NGOs emulate it.

Implementation of the project on Integration of Gender into Community based HIV/ AIDS responses

- In April 2004, the Mwanza programme started implementing a two – year project funded by Comic Relief. The project, using Stepping Stones methodology has an overall goal of "reducing vulnerability to HIV/ AIDS, especially among young girls, through challenging gender subordination and developing and strengthening the capacity of community structures to provide and/ or advocate for integrated prevention and gender sensitive services". The project has conducted a Stepping Stones refresher training for ACORD staff and partners, a one – day workshop for Stepping Stones Advisory Committee members and identified community facilitators. In early July 2004, ACORD will conduct a KAPB study in the four villages involved in implementation of the project.

Eritrea

- ACORD, working in the central, southern and Anseba zones of Eritrea, has integrated HIV/ AIDS awareness raising, and capacity building in its activities which involve services like savings, credit, livestock insurance and life insurance for their clients who are mainly rural and semi-rural based. They aim to prevent the spread of HIV/AIDS and mitigate its impact through research and advocacy. This has been done by carrying out extensive campaigns monthly, with the objective of increasing the public awareness and creating an open and safe environment to allow individuals to make appropriate decisions about their sexual relations and reproductive health. This is done in collaboration with local governments and with other NGOs.

At the national level, ACORD-Eritrea supports BIDHO (challenge) association of people living with HIV/AIDS. BIDHO was officially established in January 2002, with the noble idea of organising people living with HIV/AIDS (PLHA) to work for their support and play an important role in the fight of this epidemic. ACORD Eritrea recognises that the greatest challenges to the epidemic are prevention and care of the already infected part of the population and is committed to being supportive to BIDHO.

In 2004, ACORD-Eritrea has offered various forms of assistance to the people living with HIV/AIDS and is preparing to open a special window to help those who are affected/ infected. Organisations like HEKS and EU (European Union) are ready to fund this new initiative. ACORD-Eritrea went on to respond to HIV/AIDS by applying rights based approaches in to practice by taking a critical out look at its own organisational structure and functions. This helps the organisation





to provide the staff with participatory tools for capacity building and generating new opinions about preventing HIV/AIDS.

ACORD's programme in **Rwanda** is implementing a social action project to reinforce the community's mechanisms to prevent the further spread of HIV/AIDS among vulnerable groups in Rwanda. Their niche is to engage the poor citizens in a collective effort to eradicate the socio-cultural practices, which are likely to accelerate the spread HIV/AIDS in rural areas.

Among others activities, the project is encouraging women and girl heads of households (WGHH) to know their sero status by providing the transport to the VCT centres and paying the testing fee. The project also provides inputs and basic tools for the households. Specific support is given to WGHH who find themselves HIV positive. This support includes providing them with drugs to treat opportunistic diseases and linking those who are pregnant to hospitals. ACORD also gives them basic training in management and marketing techniques to boost their Income Generating Activities (IGAs).

In order to minimise HIV-related stigma and discrimination, the project aims at promoting positive practices and attitudes including providing support, care and love to PLHA; involving PLHA in awareness raising activities through oral testimony so as to break the silence; lobbying for an increase in the number of VCT centres; involving the community leaders in the fight against HIV-related stigma and discrimination; and lobbying for a law against stigma and discrimination.

Lessons from the implementation of the activities demonstrate high levels of stigma and discrimination towards women and girls who have tested positive. IN response to this,

ACORD has made a deliberate effort to encourage the levels of awareness through drama. ACORD is also lobbying for the support and care of PLHAs, especially those from WGHHs.

Sahel 1

The Sahel 1 programme is in the process of developing an HIV/AIDS strategy for each of the countries in the area programme, namely Mali, Burkina Faso, Guinea and Mauritania. The main issues to be addressed by the strategy include stigma and discrimination; risky behaviours; persistence of harmful cultural attitudes and practices. Key strategies for addressing these problems include: awareness-raising and sensitisation using a range of methodologies, including Stepping Stones and counselling; establishment of community health associations; creation and/or revival of networks for information-sharing and co-ordination of activities; development of information materials specifically aimed at addressing stigma; establishment of community monitoring mechanisms to increase government accountability in relation to use of HIV/AIDS funds; and inter-country exchanges

The programme has just published a study focussing on the socio-economic reintegration of over 300,000 'Burkinabes' returnees from the Ivory Coast. The study was based on action research and aimed at understanding the problems faced as the basis for developing an appropriate strategy for meeting the immediate and longer-term needs of these communities. One of the areas examined by the research was awareness of and vulnerability to HIV/AIDS. Key findings include:

- Lack of access to accurate information

- High vulnerability (e.g. very low level of condom use)
- Widespread stigma (e.g. 60% said they would not share clothes of an PLHA).

Burundi: Establishment of a Rights 'Observatory'/Network

Research carried out by ACORD looking at the causes and consequences of HIV/AIDS-related stigma and discrimination was completed in April 2004 and a workshop, bringing together representatives of local and international NGOs, PLHA associations, government ministries, members of the National Assembly and a representative from the Presidency of the Republic was organised by ACORD to feedback the findings and stimulate discussion. At this workshop, a proposal was put forward to set up an 'Observatory of the Rights of People Infected and Affected by HIV/AIDS' whose functions would include promoting awareness of the rights of PLHAs and providing support to those who have been victims of discrimination. A number of organisations, including NGOs and PLHA associations volunteered to form a nucleus that would meet again in order to explore this idea more fully. To date, this Nucleus has met twice. The first meeting focussed on the mission and key objectives of the Observatory and the second one on its structure and management undertaking advocacy around the rights of PLHAs. The network brings together 14 organisations, including the main association of PLHAs in Burundi. It was agreed that ACORD Burundi should serve as the Co-ordinating Agency in the first phase of the Project prior to its establishment as a broader network.



Voices from the field



This section highlights some of the real life experiences of people in the field and the responses ACORD staff and other actors have taken in combating stigma and discrimination.

Tanzania

We feel stigma, and can show the way towards non-discrimination of PLHA: Women living with HIV/ AIDS in Mwanza, Tanzania.

By Paul Datus



When people knew that I was sero positive, I started to experience community rejection, finger pointing and labelling. My children were isolated from playing with neighbour's children and customers who used to buy pancakes from my kiosk avoided it. Community based rejection is one of the worst form of discrimination and denial. There is little done by the people who don't feel how we feel of being discriminated. Women living with HIV/ AIDS should stand firm to advocate for their rights as stigma is still high in the community!

A voice of woman living with HIV/ AIDS, Mwanza, June 2004

In January 2004, an association of 63 Tanzania Women Living with HIV/ AIDS (TAWOLIHA) entered into partnership with ACORD's Lake Victoria Area Programme to jointly address situations of stigma and discrimination as depicted in the above narration.

TAWOLIHA recognises that discrimination, stigmatisation and denial (DSD) is embedded in existing gender imbalances compounded by social, economic and political power. TAWOLIHA underscores the fact that rights based approach empowers women in building a positive self - image and self - confidence, developing their ability to think critically, building group cohesion and; decision - making and action processes hence lessening DSD.

Description of ACORD's intervention against DSD

ACORD and identified partners held a one - day workshop that analysed the strength, weaknesses, opportunities and threats (SWOT) to associations of Women Living with HIV/AIDS. The noted challenges were lack of "one voice" and shared vision among the Women Living with HIV/AIDS. The AIDS civil society organisations supporting Women Living with HIV/AIDS were only providing social support such as nutritional support, home visits, treatment of opportunistic infections and referral to hospitals, counselling and legal aid. ACORD then organised a one - day workshop for Women living with HIV/ AIDS

ACORD follows the following steps in facilitating the empowerment process of women living with HIV/ AIDS to address discrimination, stigma and denial (DSD) in the community:

- Mapping of potential partners
- Identifying challenges of DSD
- Mobilisation of women living with HIV/AIDS
- Training women living with HIV/ AIDS on human rights, referrals and development of advocacy strategy
- Linking women living with HIV/ AIDS to local networks and city multi sectoral committee
- Conducting advocacy meetings and addressing rights of women living with HIV/AIDS in wards and at the district levels
- Monitoring and review of activities
- Re-planning sessions

The key lessons learned by ACORD in dealing with DSD include, but are not limited to, the following:

- Listening to the experiences of women living with HIV/ AIDS is very critical as they build their self



image and self confidence and ensuring that they have access to fora in which they can express themselves help to challenge DSD.

- Transformation of the gendered nature of DSD is a critical precondition for empowering women living with HIV/ AIDS.

- Lessening of DSD in the community promotes openness and informed discussion among women living with HIV/ AIDS hence increase their visibility in the community while reducing social discrimination.

Northern Uganda Area Programme

Stigma and discrimination among children affected by conflict and HIV/AIDS

By Sunday Abwola



Okello, 10 years and Adong, 8 years are orphans who lost both parents. Their mother passed away due to HIV/AIDS and their father and brother were brutally murdered by armed men in 2000. Since then, three different families have fostered them. However, they felt that they could not cope with this and decided to make their own home as a child headed household in one Internally Displaced Camp called Mucwini in Kitgum District where ACORD has a field base.

When asked how easy it was to describe the trauma, stigma and discrimination they experience, Okello said, *"I cannot leave my sister anywhere because we are poor and her chance of getting a wealthier person is not there, I am, as well not ready to have a wife soon but will one day get a lady from a poor family so that we can have a common vision."*

The girl on the other hand had this to say, *"The remarks I heard from relatives and neighbours indicate*

that my mother died of HIV/AIDS, I nursed her until her last breath, I have some fears for my own health status,"

She broke down tears running down her cheek murmuring some quiet words, *"Who can take a sick lady for a wife?" that is why my brother and I decided to stay together or die together... Please don't ask me any more."*

These oral testimonies were documented from Northern Uganda where the children were born, grew up and are living in the same environment; witnessing armed conflict that has lasted for 18 years.

There are three key issues that emerge from this testimony; loss of self worth, hostile immediate environment and unfriendly external environment. These children feel their future will never improve. They are suffering from cruel deprivations, are frightened, isolated and living in their own world. They do not visit their relatives who are just as poor as themselves.

Such instances of trauma, combined with stigma and discrimination are becoming more common, and present daunting challenges to organizations like ACORD.

ACORD with its educational support to Orphans and Vulnerable children is supporting these children through their local partners/CBO. This includes supporting them to access education and/or community polytechnics. ACORD is also constructing for them a traditional house and providing them with non-food items to help improve on their sanitation and hygiene.

Fighting stigma and discrimination through community-based institutions: the case of Kamubeizi POCA in Mbarara, south western Uganda

By John Najuna

Kamubeizi Parish Orphan Care Association (POCA) started in

1998 with the main objective of supporting orphans and vulnerable children in the parish. The POCAs are composed of PLHAs and children from households affected by HIV/AIDS. The POCAs received training from ACORD on group dynamics, facts about HIV and AIDS and resource-mobilization. Following this training, the POCAs formulated by-laws to guide their operations. These laws included provisions, among others, on how to handle members' contributions, the estate of the deceased and care for orphans.

During the year 2000, a female member of POCA died, leaving behind 3 orphans, the eldest being a boy aged 14 years. While the group continued supporting the 2 children with fees, books, clothing and social guidance, they were looking for a responsible relative who could look after the orphaned children. The eldest son missed the opportunity of attending school, as he had to attend to his younger brother and sister.

With ACORD's support, this child headed household accessed a rainwater-harvesting tank through the group for which they contributed at their own pace. This was purposely to lessen the burden on schooling, fetching water and to reduce the incidence of water borne diseases in the home. Penelope, the leader of Kamubeizi POCA narrated *"We did all that so that the children would be protected, grow and survive to adulthood."*

This year, John (18 years) felt that he was mature enough to get married. He approached the POCA members for advice, because to him they were the only "parents". The POCA members appointed someone to visit the home of the girl and research to find out whether the identified girl would be a suitable wife for John. After the group was satisfied with the character of the girl, the POCA group advised the couple to go for voluntary counselling and



testing. Negotiations for marriage were finally held between POCA and the girl's parents. The POCA has now assumed the role of the parents and they are now planning a wedding party for John and his beloved one.

Lessons learnt:

- Community based interventions for HIV/AIDS are the basis for effective strategies for care, support and fighting stigma and discrimination in relation to orphans and vulnerable children.
- Trust can be more easily established between orphans and community structures to facilitate support than links with no community structures, and such trust is the beginning of building sustainable responses to the needs and rights of vulnerable groups.

Stigma and discrimination against PLHAs in Kingabwa, near Kinshasha town, DRC
By Hortense Bulungu Pemba



ACORD began working on HIV/AIDS awareness raising in Kingabwa in September 2003 after first carrying out a KAPB study. This study showed that many people are afraid of declaring their status on account of fear of stigma and discrimination. ACORD has been providing psycho-social support to a group of about 40, predominantly female PLHAs. However, stigma remains rife and most of those who develop AIDS die in social isolation, rejected by friends and family.

ACORD is trying to find ways of tackling this problem. On World AIDS day last year, which had as its slogan: 'No to stigma, discrimination and the rejection of PLHAs', ACORD brought together close to 300 people to hear the testimonies of PLHAS who spoke about how they

are perceived in their communities. The first PLHA told the story of how she had wanted to become a nun. However, the right to become a nun is dependent on being HIV negative. So, when her result came out positive, it was sent to her and sent her back to her village without even letting her set foot in the convent. She went to see her boyfriend to ask him if he might be responsible for her misfortune. He threw her out without any moral support. For several months, she lived clandestinely. After a while, she took a hold of herself and set up an HIV/AIDS association. She is planning to become a pastor and asks herself: is it not good to become a priest and preach about HIV/AIDS regardless of ones own HIV status?

Among the crowd gathered, were some HIV positive women known to ACORD. They had been encouraged to follow suit and give their testimony, but they did not feel capable of doing so because there were many people they knew present. However, they did agree to speak up outside the village where no one knows them. ACORD will of course be there to provide moral support.

Rwanda: Women facing Stigma
By Chris Nzabalinda

Women and Girl Headed Households (WGHs) with HIV/AIDS are being stigmatised and discriminated against and denied access to services on the ground of their sero status by their families and communities. There is a lot of finger pointing and blaming, and this places them in an inferior position within the community such that some members of the community even refuse to purchase commodities like clothes from people who are HIV positive. In some cases, HIV positive people have been chased

away by their families. The Stigma levels are so high, that even those who are known to have taken an HIV test and have not a made a public declaration about their status are labelled HIV positive. The fact that men, youth and married women perpetuate this gossip makes the situation worse. There have been instances where those who have declared themselves positive have been refused insurance cover and have failed to get bank loans. Discrimination against HIV positive persons goes as far as the local leadership. A good case in point is when the association of PLHAs solicited support from the district and were just ignored with no encouragement whatsoever. As a result, there is a general fear among the population of testing for HIV, let alone declaring their status. HIV positive people have opted to join support groups that are far off from their communities to avoid being identified as HIV positive.

Children and young people face similar treatment. Many of them were orphaned as a result of the genocide killings, HIV/AIDS or other factors. Some of them were infected through sexual abuse during the period of genocide in Rwanda. As a result they are discriminated at school too.

Stigma and discrimination has had adverse effects on the struggle to mitigate HIV/AIDS since there is a general fear of addressing HIV/AIDS issues, minimal support to both the infected and affected, and ultimately self stigmatisation by those affected with HIV.



Research & Advocacy

Research and advocacy in ACORD aims at improving the quality of programming as well as influencing policy thinking and practice. This section highlights some of the research and advocacy initiatives in ACORD.

HIV in the Workplace: Research Symposium

HASAP's Research and Policy Officer, Angela Hadjipateras attended the HIV in the workplace research symposium, which was held at WITS University in Johannesburg, South Africa from 29-30 June 2004 where she made a presentation based on ACORD's experience of implementing an HIV Workplace Policy in Northern Uganda. (To obtain copies of her paper, email Angela on: angelah@acord.org.uk). In this article, she reports on some of the main highlights of the discussions.

The symposium aimed to bring together people from the private, governmental and non-governmental sectors to share their research around the issue of HIV in the workplace, focussing in particular on the challenges for HIV/AIDS workplace responses. The following are some of the main issues that emerged from the various presentations and discussions in the working group and plenary sessions:

- Relative absence of Workplace Policies: Only 25% of organisations in South Africa have HIV workplace programmes, primarily large multi-nationals: 90% of large companies, compared with only 13% of companies employing fewer than 100 employees. However, the majority of workers in South Africa are employed in small firms and are, therefore not

covered by workplace policies. This was attributed in part to the low visibility of the problem: despite high levels of HIV prevalence, it is only now that significant numbers of workers are moving from being HIV positive to developing AIDS. In addition, the business case for providing ARVs is weakened by the abundance of labour availability, so that replacement of the workforce is perceived by some as a cheaper option. Currently, there are fears that the government's landmark National Treatment Action Plan announced in August 2003 aimed at providing universal access to ARVs for South Africans will result in fewer firms offering ARVs, even though the current infrastructural capacity to roll out the programme country-wide is extremely weak.

- Low take-up and weaknesses in terms of implementation: The low take-up of ARVs and VCT, even in larger companies providing such benefits, was the subject of many of the presentations. For example, Anglo-American offers free VCT and access to ARVs for its workers. But out of over 139,300 workers, only 1,008 are accessing ARVs (as against an estimated 30,000 who would be eligible) and only 10% have taken up the offer of VCT. Fear of discrimination is thought to be a key factor accounting for low take-up, as well as lack of monitoring by the trade unions. In general, the picture emerging from most of the research presented at the symposium was that, even where policies and programmes exist, not enough attention is paid to follow-up and implementation. For example, in Anglo-American, the drop-out rate is 20%. For the most part, even where policies exist on paper, their implementation in practice is very weak. An Oxfam survey of partner organisations in 3 Southern Africa

countries (South Africa, Zambia and Zimbabwe) also found that while 44% of organisations surveyed had a workplace policy, very few of these were actually implementing the policy.

- Stigma and discrimination: Issues around stigma and discrimination came up time and time again as a primary concern in relation to access to the implementation of workplace policies and access to services and treatment in general. Despite strong legal protections, HIV-based discrimination in the workplace remains widespread. The differential impact of stigma and discrimination in the workplace was also highlighted. A Population Council/Horizons study found that women expressed stronger fears of stigma within the workplace and that stigmatising attitudes are more common among men than women. The need to take account of the different experiences and perceptions of men and women was noted, as well as the importance of encouraging openness, whilst at the same time respecting confidentiality.

- The role of HIV positive people: One workshop session focussed specifically on GIPA – the Greater Involvement of People with HIV/AIDS – and was addressed by a representative of the GIPA initiative within UNAIDS. In this session, the tendency to use PLHAs in a tokenistic way was noted. In many cases, PLHAs are expected to become in-house 'experts' on all HIV/AIDS issues and to act as advocates for the rights of infected employees, but they are not provided with any training. This issue was highlighted in the personal testimony provided by a female PLHA who spoke of her experience of disempowerment in a company where she was employed on account of her HIV status and eventually ended up resigning



because she could not cope with the inhuman demands placed upon her.

The need for donor funding for NGO Workplace programmes: One of the main conclusions reached by a study of Oxfam partners in Southern Africa commissioned by Oxfam in 2004 was that lack of resources is the major factor that hinders implementation of workplace policies by partner organisations. While 88% of the organisations surveyed said that HIV/AIDS has had a major impact on their own service-delivery capacity (for example, one small organisation lost 3 out of 4 employees to AIDS in the space of a year), the scope of both prevention and awareness and care interventions for their own staff is very limited. 66% of organisations did provide some awareness raising, but this tends to be very irregular and/or one-off. Only 33% provided condoms for their staff. The survey report recommends that resources should be made available by donors to cater for the internal workplace policy needs of agencies. It concludes that the current 'AIDS denial' tendency and short-term funding approach on the part of many donors risks seriously undermining partner efforts to effectively respond to the HIV crisis and new strategic approaches, including longer-term funding for programmes is urgently required.

Some concluding thoughts

After two days of listening to a wide variety of research presentations and participating in discussions focussing on the major challenges of implementing HIV workplace policies, I felt convinced that ACORD's own approach to date, which has sought to involve a

wide cross-section of staff within ACORD has been the right one. In fact, my presentation on Northern Uganda's experience generated a great deal of interest and many people came up to me afterwards wanting to discuss aspects of the issues raised and asking for the text of the full presentation. In addition, the relevance of HASAP's current focus on supporting programme efforts to address the issue of stigma and discrimination, not only in communities, but within the staff as well, is strongly backed up by experiences within the business and government, as well as NGO sectors. I was left feeling all the more convinced of the critical importance of following through with the implementation of the policy and the need to have faith that, with good will and perseverance, the many obstacles, primarily linked to resource constraints, can and must be overcome.

"My father-in-law chased my three young children and myself, and confiscated the properties of my deceased husband. My father-in-law said that I was the one who infected his son. I experienced family rejection and felt that it was violation of human rights. TAWOLIHA is a rights association through which we can advocate on our rights, as we deserve respect as human beings."

A voice of Mageni, a woman living with HIV/AIDS, Kiloleli Street of Mwanza

Unravelling HIV-related Stigma & Discrimination in Northern Uganda and Burundi

Following on from the positive experience of documenting ACORD's experience of HIV/AIDS mainstreaming in Tanzania, HASAP has just published a new Case Study based on research carried out by ACORD in Northern Uganda and Burundi to explore the nature of HIV/AIDS-related stigma and discrimination and ways of addressing it. Research respondents included those directly affected and the choice of research methodology was aimed at promoting responses at the level of communities on the grounds that they are the best placed to come up with feasible and appropriate answers for tackling the problem.

In Burundi, the research was carried out using a semi-structured questionnaire and focus group discussions and in Uganda, it was based on in-depth interviews and focus group discussions.

Research findings

The research findings presented a stark and depressing picture of the situation in both countries. Stigmatising attitudes and discriminatory behaviour were found to pervade all spheres of life from the home, the family, the workplace, the school, and health settings and in the community at large. This was just as evident in Uganda, where HIV/AIDS has been high on the public agenda for well over a decade as in Burundi, where





the government has only recently recognised HIV/AIDS as a serious development issue.

Because HIV is associated with 'immoral behaviour' and sexual promiscuity, people with HIV are often blamed for their condition and denied the sympathy and support given to people with other life threatening diseases. These forms of victimisation disproportionately affect women and girls and these are compounded by gender-based discrimination. People with HIV also experience neglect and lack of care, even within their own homes. They are also frequently excluded from community gatherings and feasts. The children of people living with HIV/AIDS are subjected to cruel teasing at school and excluded from games and social interaction with their peers. These stigmatising attitudes tend to be internalised by people living with HIV and can have serious adverse consequences on their emotional, as well as physical health. Stigma also deters people from being tested or even using condoms for fear of being 'branded' as HIV positive.

Besides being socially excluded and marginalised, both studies revealed that many people living with HIV are systematically denied their basic human rights, such as the right to health, housing, education and employment protection. For example, there were cases of people being turned away from hospitals or health centres and denied treatment on the grounds that it is not worth "wasting scarce beds and medication" on people "condemned to die". There were also cases reported of employees summarily dismissed or denied access to training and employment opportunities once their HIV status has been discovered. AIDS widows are particularly vulnerable to

violations of their inheritance and property rights. Orphans are also frequently denied their right to schooling and their adoptive parents sometimes unlawfully appropriate their inheritance.

The research identified the following key factors that contribute to the incidence and perpetuation of stigma and discrimination: ignorance and fear; cultural norms and values; some religious teachings; the absence of legal sanctions; lack of rights awareness; the design of government and NGO programmes; and inaccurate and/or irresponsible media coverage.

Community responses

In both countries, the research process triggered strong responses at the level of communities where the research was carried out, but also within local leadership structures and other groups and organisations involved in responding to HIV/AIDS at the local and national level. In the first place, the research has helped to raise awareness of the problem and has strengthened broad-based commitment to finding ways of addressing it. That in itself, is a critical first step. In terms of strategies identified, the need for increased awareness and access to information was stressed, as also the need for legislation and enforcement mechanisms to promote and defend the rights of people living with HIV/AIDS (PLHAs). The research also highlighted the need to rethink the design and delivery of programmes aimed at supporting PLHAs and their families and carers. Assistance targeted at these groups was found to give rise to resentment, thereby often aggravating the problem of stigma and discrimination and undermining efforts to support them. Thus, awareness-raising and capacity-building should also

be directed at policy-makers and programme managers in order to enhance the effectiveness and take-up of both prevention and care services provided. Finally, the importance of challenging gender bias and discrimination that compounds the effects of stigma experienced by women and girls was also stressed.

Key lessons

- The importance of involving communities in the analysis of the problem and development of responses: Community involvement not only ensures that community perspectives and experiences are reflected in the analysis of the problems, but also enhances the sense of ownership of and hence, commitment to seeing through the responses developed. The use of gender-sensitive participatory methodologies to ensure all groups within communities are represented, in particular, those directly affected – PLHAs and their carers and family members - is a critical precondition.
- The use of research as a tool of awareness-raising: the research process itself helps to heighten awareness of stigma and discrimination, which is the starting point for attitude and behaviour change.
- The role of research in mobilizing action: Following on from the research, a number of concrete initiatives have been developed to address the problems. In Uganda, steps were taken to establish a by-law banning discrimination and in Burundi, a network has been established bringing together local and national NGOs and representatives of PLHA Associations to promote and defend the rights of those infected and affected. These



initiatives will in turn help to generate increased awareness thereby creating a self-perpetuating cycle of reflection -> awareness->action.

Conclusion

As highlighted by these case studies, a comprehensive response is required to address the complex causes and multi-dimensional consequences of stigma and discrimination. Laws to protect the rights of people living with HIV/AIDS are required, but these must be backed up by other measures as identified in the research recommendations.

The report of this research called "Unravelling the Dynamics of HIV/AIDS-Related Stigma and Discrimination: the Role of Community-Based Research – Case Studies of Northern Uganda and Burundi" can be downloaded from ACORD's website: www.acord.org.uk. Hard copies of the booklet can be ordered from ACORD's London office: angelah@acord.org.uk

Research on Links between Gender Inequalities and the Spread of HIV/AIDS in Burundi

The overall objective of this research, which was carried out as part of the Action Aid/SIPAA project was to analyse the links between gender inequalities and the spread of HIV/AIDS and to propose appropriate approaches for reducing the vulnerability of women and other disadvantaged groups with respect to HIV/AIDS. The research was based on the collection of first-hand data through face-face-questionnaire-based interviews, focus

group discussions and interviews with key respondents. In all, a total of 304 people were interviewed – 134 women and 170 men and about one third of the total were young boys or girls. Secondary data, such as the government's National AIDS Control Plan, gender policies, and so on, were also consulted. The research provided evidence of clear links between HIV/AIDS and gender inequalities, which result in:

- increased vulnerability of women and young girls due to economic dependence, social subordination, and so on
- increased burdens placed on women as carers of the sick, elderly, orphans, and so on.
- Unequal access to information, services and treatment (for the most part, women have less access, but in some cases, such as for example access to VCT and awareness-raising, women have greater access than men)
- Increased stigmatisation of

women, because they tend to be blamed and branded as promiscuous or prostitutes.

In effect, HIV/AIDS result in further reinforcing gender inequalities creating a self-perpetuating cycle of HIV/AIDS vulnerability and gender inequality.

The study also analysed the weaknesses in current responses:

- Lack of awareness and/or prioritisation of gender perspective on the part of HIV/AIDS officials within government departments, etc
- Lack of skills
- Weak representation of women in decision-making positions
- Lack of male involvement in awareness-raising and prevention programmes
- Lack of negotiating power on the part of women in sexual relations
- Lack of gender perspective in response strategies
- The study makes a series of recommendations for addressing these weaknesses and strengthening existing responses with a view to breaking the cycle of gender inequality and HIV/AIDS vulnerability.



Burundi



Socio-Economic aspects of HIV/AIDS In Kassala, Eastern Sudan



The study was conducted by ACORD in its areas of operation, which include Kassala town, refugee camps, squatters in the town and displaced camps. The study

reflects on the socio-cultural aspects of the HIV/AIDS pandemic, and an assessment of the general awareness and knowledge about it.

The study aimed at helping ACORD and its partners understand the socio-cultural aspects of the disease and identify the most appropriate interventions.

The study used various quantitative and qualitative methods, including conducting of a literature review, as well as a field survey through use of questionnaires, individual interviews, group discussions and direct observations.

One major finding of the study is that the general/public awareness about the HIV/AIDS among the surveyed samples in Kassala town was still very low (5%), although the majority of the interviewed respondents (97%) claimed to have knowledge about the disease.

Non-Sudanese respondents (refugees) revealed a relatively higher level of awareness about the disease, for they are more exposed to the media of countries like Eritrea and Ethiopia where authorities are formally recognising the existence of the disease and have taken concrete steps (through media and education) to raise the public awareness about it.

Many misconceptions about the disease and the infected persons

were identified. For example, some persons believe that women are the sole transmitters of HIV, and so they resort to having sex with men. Some people also view the infected persons as those who look physically frail in appearance. Due to some cultural taboos, members of some tribes can never donate their blood even to their close relatives but they resort to buying blood from other donors who may be infected.

Many issues were identified as factors that might trigger the creation of a favourable environment for the spread of the disease. These are the existence of high mobility population groups (refugees, displaced, log-distance truck-drivers), groups with high-risk sexual behaviours (female sex workers (FSWs) and men who have sex with men (MSM), lack of reproductive and sexual awareness, high-risk alternative sexual practices (e.g. light and anal sex), unsafe

common practices (cutting, FGM, tattooing, piercing), low level of awareness (of individuals, officials), situations of poverty and economic inability, public efforts/procedures, and sensitivity and lack of awareness of officials.

Based on the findings and the above-listed factors, the study has recommended partnership and joint work among the identified potential partners. The recommended interventions could include three main interrelating themes, namely: awareness raising (to challenge negative attitudes, behavioural change), community risk reduction, and counselling activities. The study also recommends an establishment of a "Voluntary AIDS Network - VAN" in Kassala.

"I lost my home and property because I was accused of bringing a disease that killed my husband and our youngest child. I now live with my younger sister."
Widow aged 35.



HIV Roundup

World Bank Regional Treatment Acceleration Project (TAP)

On June 18th, 2004, the World Bank Board approved a grant of US\$60 million in support of a regional program which aims at scaling up access to HIV/AIDS treatment in three African countries: Burkina Faso, Ghana, and Mozambique. The World Health Organisation (WHO) and the United Nations Economic Commission for Africa (UNECA) will provide technical and project co-ordination support to facilitate an inter-country learning process. "The project will test the feasibility of scaling up ongoing HIV/AIDS treatment initiatives using a combination of public/private/NGO partnerships to serve the most vulnerable groups while each country strengthens its health system", said Michael Azefer, a member of the World Bank's Task Team Leader (TTL) for the project. The Regional HIV/AIDS Treatment Acceleration Project (TAP) is the first World Bank-funded project to focus primarily on HIV/AIDS treatment in Africa.

Launch of UK's strategy for tackling HIV and AIDS in the developing world and AIDS Portal, a new information resource for posting NGO research documents in collaboration with DFID

On 20th July, after consulting with NGOs and others over several months during the first half of 2004, the UK government launched its new HIV/AIDS strategy on HIV/AIDS. To underline the government's commitment to listen to PLHAs, women and young people, 3 out of 5 people on the panel were women and one represented a group of youth fighting HIV/AIDS in Namibia. One of the three women was Alice

Welbourn, author of the Stepping Stones manual. The inclusion on the panel of a prominent HIV/AIDS researcher – Alan Whiteside – and a representative of MTV, also signalled the government's view of the importance of research and collaboration with the media and the private sector in tackling HIV/AIDS.

In response to a question about the UK Government's view on the role of abstinence in HIV/AIDS prevention, Gareth Thomas, Under Secretary of State for International Development, stated that the government's position emphasizes the role of choice and noted there was deliberately no mention of the word 'abstinence' in the 72-page strategy document.

As part of its new strategy, the UK Government has committed itself to increasing AIDS funding to at least £1.5 billion over the next three years, including a doubling of UK funding for the Global Fund. In line with the high priority attached by this government to tackling poverty in Africa and prioritising HIV/AIDS issues, the strategy document claims that the UK government will "Make AIDS a centrepiece of our Presidencies of the G8 and EU in 2005 and focus on AIDS at high-level UN General Assembly events, in the context of our strong commitment to Africa."

The strategy has been welcomed by most development organisations in the UK although some feel that the level of UK support for the Global Fund is still far too low. On the other hand, NGOs are encouraged by the apparent readiness of the government to take account of the views of the voluntary sector, as proven by the incorporation of many of the ideas and suggestions put forward during the consultation process into the final strategy document. This has also

been underlined by a new initiative established earlier in the year, with the launch of the AIDS Portal, a new knowledge and information resource that will link NGO and DFID staff working on HIV/AIDS related issues in development countries. This resource will be co-ordinated by the UK consortium on AIDS and International Development. It provides a valuable opportunity for NGOs, such as ACORD, to make their research accessible, not only to the UK government, but also to a very wide range of international NGOs based in the UK.

Launch of the Global Coalition of Women and AIDS

- The Global Coalition on Women and AIDS is a new initiative made up of activists, government representatives, community workers and celebrities, that seek to stimulate concrete action on the ground to improve the daily lives of women and girls. Launched in London on 2 February 2004, the Global Coalition on Women and AIDS "is not a new organization but a movement of people, networks and organizations" with four key goals: to raise the visibility of issues related to women, girls and AIDS; to catalyse action to address those issues; to facilitate collaboration at all levels; and, to scale up action that will lead to concrete, measurable improvements in the lives of women and girls. It aims to be a global, inclusive movement seeking to support, energise

"I no longer go to school because my father says he has no money for wasting on a son who will die soon." Youth School drop out infected with HIV/AIDS



and drive AIDS-related programmes and projects to improve the daily life of women and girls. It seeks to build global and national advocacy to highlight the effects of HIV and AIDS on women and girls and stimulate concrete, effective action.

Its efforts will focus on preventing new HIV infections among women and girls, promoting equal access to HIV care and treatment, accelerating microbicides research, protecting women's property and inheritance rights and reducing violence against women. A Southern Africa Regional Task on Women, Girls and AIDS has produced a report on the situation in 9 countries in the region, which was due to be launched in South Africa in August. The Coalition is also focusing on violence issues in situations of post-conflict, focusing on Rwanda, Mozambique and the DRC.

A representative of the Coalition, who addressed a meeting at the UK AIDS Consortium, highlighted the central role of research and documentation of best practice as a basis for scaling up best practice. The Coalition, therefore, provides a potential avenue for dissemination of some of ACORD's own research focusing on issues affecting girls and young women. Alice Welbourn, author of Stepping Stones, is on the Steering Committee. She is also on the new International Advisory Committee of the Stepping Stones research project funded by Comic Relief and is already proving to be a very useful point of contact between ACORD and the Global Coalition by drawing attention to the Tanzania Case Study to all the Coalition Steering Committee members.

For more information, see the Coalition website: www.womenandaids.org

Conferences & Resources

Conferences

7th Annual Staying Alive

10-12 September, 2004. Atlanta, Georgia, USA.

Theme is Advocacy, Attitudes, Persons living with HIV/AIDS and Support groups

This is a positive leadership summit and survival training for PLHA.

Email: StayingAlive@napwa.org for more information or call 202.898.0414 extension 5696, or visit www.napwa.org

Uganda National AIDS conference: 3rd Partnership Forum organised by Uganda AIDS Commission

22nd-25th November 2004, at the International Conference Centre, Kampala Uganda.

Short Courses

Training of Trainers in HIV/AIDS Community-Based Care and Support

4 to 22 October 2004, Nairobi, Kenya

This three-week course will provide programme officers with hands-on skills in care and support delivery to those infected and affected by HIV and AIDS and the transfer of these skills to others through effective training. Ultimately the course aims at improving the quality of life of those infected and affected by HIV and AIDS.

For more information, contact CAFS at Pamstech House, Woodvale Grove, Westlands, PO Box 60054, 00200 Nairobi, Kenya; tel: (254-20) 4448618; fax: (254-20) 4448621; e-mail courses@cafs.org; Web site: www.cafs.org/courses_2004.html

Managing HIV/AIDS Programmes

15 November to 10 December 2004, Nairobi, Kenya

This four-week course is designed to equip programme managers with skills to design, manage, implement, and evaluate HIV and AIDS interventions. This course is structured in 15 modules: (1) Basic facts of HIV and AIDS; (2) Behaviour Change Communication; (3) Targeted HIV and AIDS interventions; (4) Understanding your organisation; (5) Understanding management; (6) Developing your managerial skills; (7) Team building; (8) Policy development; (9) Strategic planning; (10) Programme design and development; (11) Financial management; (12) Learning organisations; (13) Facilitation skills; (14) People management; and (15) Building strategic alliances in HIV/AIDS.

For more information, contact CAFS at Pamstech House, Woodvale Grove, Westlands, PO Box 60054, 00200 Nairobi, Kenya; tel: (254-20) 4448618; fax: (254-20) 4448621; e-mail courses@cafs.org; Web site: www.cafs.org/courses_2004.html

Resources

HIV Stigma Toolkit: Understanding and Challenging HIV Stigma: Toolkit for Action, CHANGE, September 2003

This toolkit was designed as a participatory learning tool for NGOs, community groups and HIV



educators to raise awareness and promote actions to challenge HIV stigma and discrimination. Based on research in Ethiopia, Tanzania and Zambia, the toolkit is a resource collection of over 125 participatory educational exercises. The exercises are organised under 8 Modules with topics, such as 'Sex, Morality, Shame and Blame', 'Coping with Stigma', 'Understanding Stigma faced by Children' and 'Moving to Action'. *The Toolkit can be downloaded from the Change website: www.changeproject.org. Copies can be ordered from the CHANGE project, Academy for Educational Development, 1825 Connecticut Ave NW, Washington DC 20009-5921. Email: changeinfo@aed.org*

Women, Children and HIV: Resources for prevention and treatment (3rd ed., July 2004)

"Comprehensive library contains key resources on HIV infection in women and children." Copies of the CD-ROM can be obtained by contacting gshiv@chi.ucsf.edu Web: www.womenchildrenhiv.org.

Resource Kit for HIV/AIDS Programming 2003, UNICEF Copies of the CD-ROM can be obtained by contacting UNICEF, HIV/AIDS Section, 3 UN Plaza, NY, NY 10017, USA. E-mail: nyhq.hiv aids@unicef.org Web: www.unicef.org/aids

Website

The Commission for Africa has announced the launch of their web site where interested parties will be able to keep up to date with the Commission's work, take part in online discussions (currently under construction) or simply find out more about Africa. As well as online discussion on the web site, people can also find details of how to contribute to the work of the Commission through consultations, public meetings and other events. Web: www.commissionforafrica.org

NAM has re-launched its award-winning website. The re-launch has been in time to cover the key issue of HIV treatment in developing countries that has been the most hotly debated topic at the 2004 XV International AIDS Conference, which was held in Bangkok last month. Web: www.aidsmap.com

CD-ROM

'Working Positively: a guide to NGOs managing HIV/AIDS in the workplace' is now available on CD-ROM. Background information on the guide is available on the Consortium website. Copies can be requested by contacting the Consortium office. Web: <http://www.aidsconsortium.org.uk/Workplace%20Policy/workplaceintro.htm>

International Community of Women Living with HIV/IDS (ICW): Vision Papers

- #1: HIV Positive Young Women
- #2: Access to Care, Treatment and Support (ACTS)
- #3: HIV Positive Women, Poverty and Gender Inequality
- #4: HIV Positive Women and Human Rights
- #5: Participation and Policy Making: Our Rights

The five Vision Papers for advocates are 8 pages each in an A-5 format.

Web: www.icw.org/tiki-read_article.php?articleId=94

Directory

Directory of Associations of People Living with HIV/AIDS, July 2004 "Sponsored by USAID, this 2nd edition was produced by The Synergy Project in collaboration with the Global Network of People Living with HIV/AIDS and the International Community of Women Living with HIV/AIDS. The directory testifies to

the critical role played by people living with HIV/AIDS, who are crucial to building supportive networks, promoting knowledge on healthy living, and advocating for appropriate care and treatment services." Web: www.usaid.gov/our_work/global_health/aids/Publications/docs/hiv aids directory.pdf

Research Reports

Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia, ICRW, 2003

This research was carried out jointly by the International Centre for Research on Women (ICRW), in partnership with organisations in Ethiopia, Tanzania and Zambia between April 2001 and September 2003. It was aimed at investigating the causes, manifestations and consequences of HIV and AIDS-related stigma and discrimination in sub-Saharan Africa. It then uses this analysis to suggest programme interventions. The report can be downloaded from the website of ICRW: www.icrw.org

Mo Kexteya – Reduction of Stigma and Discrimination Related to HIV/AIDS in Mexico, National Institute of Public Health (INSP) of Mexico, June 2004

This report presents the findings of the first phase of project aimed at better understanding the causes and consequences of HIV-related stigma and discrimination in Mexico. It contains an action plan to address: internal stigma, stigma within the gay community, monitoring public policy, addressing stigma in the health services, workplace policies in multinational companies and the development of stigma reduction interventions with trade unions and the media.



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ACORD, an African led international NGO, works in over 18 countries in sub-Saharan Africa to promote justice for the most marginalised groups. HASAP, the HIV/AIDS Support and Advocacy Programme, established in 2001, aims to enhance the quality and impact of ACORD's HIV/AIDS programmes through technical support, the strategic coordination of research and advocacy initiatives, information sharing, networking and alliance building with other actors.