PlusNews
The HIV/AIDS News Service

Southern Africa

Angola - Lesotho - Namibia - Mozambique- South Africa - Swaziland - Zimbabwe

HIV/AIDS and Communities in Crisis Project
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In times of crisis or disaster, humanitarian workers and governments need an accurate account of events and situations on the ground. An information service that focuses on a daily basis on humanitarian issues in Africa, Asia and the Middle East, IRIN seeks to satisfy that need. Our aim is to bridge the information gap between decision makers, humanitarian workers and the people they are trying to help.

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PlusNews

inside this issue

Introduction

This PDF is a compilation of selected articles produced by IRIN/Plus*News* exploring issues around HIV/AIDS and populations of humanitarian concern in Angola, Lesotho, Namibia, Mozambique, South Africa, Swaziland and Zimbabwe.

Crisis-affected communities have the right to access HIV services on the same basis as general populations. But they also have special needs requiring innovative programming in circumstances that can be operationally very difficult.

IRIN/Plus*News* is part of a DFID-funded consortium of nine UN agencies seeking to expand the provision of HIV prevention, treatment, care, and mitigation services to an estimated 200 million people of humanitarian concern.

Through this project, IRIN/Plus*News* aims to raise awareness by:

- Providing sustained coverage on HIV/AIDS and crisis-affected communities
- Highlighting programmatic responses and best practice
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- Challenging stigma surrounding HIV/AIDS and vulnerable populations
- Working in partnership with media organisations to help journalists improve coverage of crisis-affected communities

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ANGOLA-ZAMBIA: Refugees return home armed with the knowledge of HIV/AIDS prevention

Young Angolan refugees awaiting repatriation from Zambia.
Credit: Jason Hopps/IRIN

MAYUKWAYUKWA REFUGEE CAMP, 8 November - Four years after a ceasefire ended decades of civil war in neighbouring Angola, Zambia is still home to more than 25,000 Angolan refugees awaiting repatriation. Zambia's HIV/AIDS prevalence rate is about 18 percent; in Angola it is around 4 percent. The challenge is how to keep Angola's relative low rates of HIV/AIDS in check.

About 170,000 refugees have already gone home, some having fled the fighting in the 1970s. They are returning to a country where war-induced isolation has helped dampen HIV infection.

The situation poses an acute problem: Will peace and the reopening of the country mean a jump in prevalence levels? The problem is aggravated by Angola's low rates of knowledge about HIV/AIDS - what the disease is and how to avoid it.

In Zambia the International Organisation for Migration (IOM) and the Christian Outreach Relief and Development (CORD) have developed a wide range of programmes aimed at educating Angolan refugees about the dangers of HIV/AIDS, which has killed millions across southern Africa.

"When the refugees return to Angola they often face discrimination because the locals assume they will be carrying HIV or other diseases," said Elizabeth Barnhart of IOM. "The refugees need to empower themselves and be able to talk intelligently about the problem, and to overcome the fear they will encounter. Beyond that, they should be in a position to pass on to fellow Angolans what they have learned in Zambia."

Delivering the safe sex message, wiping out the stigma and myths concerning HIV/AIDS, are part of all activities at Mayukwayukwa camp.

Dozens of excited children gather in front of a television set as the sun sets on this ramshackle camp in western Zambia, home to thousands of Angolan refugees.

When the first feature of the evening flicks across the screen, the children hush each other and fall silent. The cartoon shows a group of boys who want to play football - but they don't have a ball. Refusing defeat, they collect packages of condoms, roll them together and use that instead. When the condom ball breaks, the game is definitely over.

It's hard to say whether the message is getting through, but the children laugh and clap at the cartoon regardless. For many, the short film is their first, gentle lesson in safe sex and the dangers of HIV/AIDS.

The training also encourages them to pass on their knowledge when they return home to Angola, where they will be integral to rebuilding the communities they were forced to abandon.

The younger refugees - both boys and girls - are encouraged to participate in a football league, where safe sex and HIV/AIDS are discussed before and after matches.

Farming skills taught by a Peace Corps volunteer are peppered with lessons in nutrition and general health, while literacy training and health workshops help build awareness of HIV and other diseases. For the sexually active, condoms are readily available and freely distributed.

"All these programmes are designed to prevent the spread of HIV in the camp and to educate those who are not infected," said CORD spokesman Chola Musonda. "We believe the messages about HIV will flow into the community here, and back into Angola when they repatriate. If myths about the disease can pass from person to person, why not the truth?"

When Lucas Savier, 43, and a married father of two, fled Angola for Zambia in 2000 he knew nothing about HIV, except that it was a disease that could kill. An eager student at health classes run by the IOM at the Mayukwayukwa camp, he now teaches others.

"Prevention is very important, you should not be doing unprotected sex," Savier said. "You should not use the same

razorblades as other people, but AIDS can't be caught from drinking from the same glass or from hugging somebody. It's crazy what some people think."

Although the IOM did not provide exact numbers, partly because testing is voluntary, it said the level of HIV in the refugee camps was "extremely low". The crucible of the camp has provided a scenario where the poor and largely uneducated can be taught how to avoid the disease.

"The refugees have dealt with the problem by acknowledging it," said Barnhart. "In the videos they watch others facing the problem and realise it is something that should not be hidden because of shame. When they go back to Angola, prevention will be the weapon they take with them."

LESOTHO: Testing campaign struggles to get off the ground

Inside a testing tent at the launch of the Know Your Status campaign in Quthing District. Credit: Kristy Siegfried/IRIN

QUTHING, 20 October - Ten months after its official launch, Lesotho's ambitious plan to take the offer of an HIV test to every village and household in the country has yet to get off the ground.

The original goal of the 'Know Your Status' campaign was to give everyone over the age of 12 the option of HIV counselling and testing by the end of 2007, but it has taken months of groundwork to prepare communities, local health centres and volunteer health workers.

Universal testing may not sound like an unrealistic proposition for Lesotho, which has just 1.8 million people, but in the context of a severe health worker shortage and its largely poor, rural population, many of whom can only be reached on foot or by horseback, the obstacles are considerable.

The campaign has received technical support from the World Health Organisation and financial backing from the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the United Nations Development Programme and the Global Business Coalition on HIV/AIDS, but much of the US$12.5 million needed to carry out testing has yet to be raised.

Even with the finance in place, there are concerns that a sharp increase in patients seeking treatment - the expected result of the testing campaign - could overwhelm Lesotho's already ailing healthcare system.

"The biggest challenge will be whether the health system is able to absorb people adequately for post-test support," said Nthati Lebona, the campaign's newly appointed coordinator.

Volunteers Will Carry Campaign

The key to the success or failure of Know Your Status lies with the volunteers, who will do the testing. So far 720 have been recruited, a long way from the target figure of 3,500. "We're covered for the critical areas, so we'll see how far that takes us. If we can't train 3,500 volunteers, we'll make do with less," said Lebona.

Last week, the southern province of Quthing became the third of Lesotho's 10 administrative areas to launch the testing phase of the campaign with an event in the village of Mphaki, high up in the mountains. Members of the national health department made the four-hour journey from the capital, Maseru, to address an audience consisting mainly of school children and tents were erected for testing.

Those doing the testing had also travelled from Maseru. The volunteers recruited to do the outreach work that is to form the backbone of the campaign, had only begun their 10-day training programme the day before.

"We're still putting the infrastructure in place," said the health department's media officer, Lenka Sello. "We're going slowly to give government the chance to scale up treatment. Except for places in the mountains that have no roads, there should be no place that people have to travel more than two kilometres to get ARVs [antiretroviral drugs]."
According to Lebona, 14,000 people are receiving ARV treatment through the government programme, but the WHO estimates that around 58,000 people need to begin treatment.

"So far, people are quite happy with the campaign because we're bringing service to their door," Lebona said. Testing has not reached any one's door yet, although the two-year awareness campaign that preceded the initiative appears to have convinced more people to visit their local clinics to be tested. Lebona estimates that around 100,000 people have been tested in the past two years.

Volunteers Await Funding

Mafeteng District, about 70km south of Maseru, celebrated the launching of its campaign in August, and completed the volunteer training and community mobilisation phases several months ago. According to several volunteers PlusNews spoke to, the only thing preventing them from going out to the villages to begin testing was a lack of funding for transport, tents and rapid testing kits.

"We've been preparing the villages where the clinics are ready to offer treatment," said Qenehelo Sebusi, 25, a volunteer from Mafeteng. The process involves consulting with village chiefs and community members to determine whether they want testing to take place door-to-door or in a centrally located tent. Communities can also choose whether they want the testing to be conducted by local volunteers or, in the interests of confidentiality, by volunteers from elsewhere.

"They keep saying, 'when are you going to start?' because it is now three months since we talked to them, but now the money is not there and we don't know what the problem is," said Sebusi.

Dr Limpho Maile, head of the government's HIV/AIDS directorate, told PlusNews there was enough money for essentials, like test kits and tents, but conceded a shortfall for supporting volunteers with stipends for transport and food.

"We've submitted requests to foreign donors, and the finance ministry is preparing to give us some contingency funding for the stipends," she said. "Most are going to be working in the villages where they live, so they won't need much money for transport but they'll receive a 250 Maluti (US$33) a month stipend."

For now, Sebusi and some of the other volunteers are using this waiting period to practise their counselling and testing skills at Mafeteng Hospital's HIV/AIDS clinic. Most were taking part in the campaign after the experience of losing family members to AIDS, or because of their own HIV-positive status. They did not expect payment, but expressed frustration that they have so far received no support, even in the form of meals.

"We're motivated because we want to help people," said Sebusi, "but we can't help if we're hungry."

The Great Testing Debate

Financial and logistical challenges aside, there are those who question the wisdom of the universal testing endeavour. The initiative has helped fuel the ongoing international debate about the most appropriate approach to HIV testing. Most countries in the region still follow a model that puts the onus on individuals to seek out and request an HIV test.

The persistent social stigma associated with HIV has led to an emphasis on confidentiality and extensive pre- and post-test counselling, designed to protect human rights. But increasingly, doctors, experts and activists in the field of HIV are arguing that these special protocols contribute to the "exceptionalisation" of HIV, further stigmatising the disease.

Others, including former US President Bill Clinton, take the view that in a country like Lesotho, where one in four adults are believed to be infected, universal testing is imperative. "The whole idea is to treat this as a public health problem, not as some source of shame or disgrace, and to keep as many people alive as possible," he said in March.

The Know Your Status campaign includes an awareness-raising component to tackle stigma and educate people about HIV before the offer of a test is made. Volunteers are also supposed to provide pre- and post-test counselling, but the line outside the testing tent in Quthing moved too rapidly for the counselling to be anything but perfunctory.

Campaign coordinator Nthati Lebona believes volunteers should determine when counselling is wanted and needed. "Human beings differ, so we should be flexible about counselling. Some might say, 'Just test me.'"

But Matsepo Lepelesana, of Positive Action, the local AIDS group, said a more uniform approach to counselling is needed if it is to be effective. She also argued that simply having ARVs in place does not add up to adequate post-test support. "Before you go onto the ARVs you have to have information, and I have a concern about whether these people, before and after they test, will receive enough information."
How truly voluntary the testing will be is another concern. In a society where village chiefs still command considerable authority, said Lepelesana, their involvement in the campaign may have the effect of making some community members feel obliged to test.

However when the campaign is eventually implemented, it seems certain that international donor agencies and other countries in the region will be following it closely.

Jim Yong Kim, former director of the WHO's HIV/AIDS department, has predicted that the initiative could yield a 80 percent to 90 percent testing uptake, in which case it could be as effective in reducing HIV infections as a moderately effective vaccine. If he is right, it seems likely that other countries will adopt more proactive testing strategies.

LESOTHO: 'Expert' patients lighten load for clinic staff

"Expert" patient Miriam Phoofolo is helping to alleviate the pressure on overburdened clinics.
Credit: The Clinton Foundation

MASERU, 18 October - Seated at a table recording blood samples in a tiny, overflowing waiting room at Phoholong HIV/AIDS Clinic, about 40km from Maseru, the capital, Miriam Phoofolo could be mistaken for a nurse, but she is in fact a patient.

How to provide care and treatment to the estimated one in four adults living with HIV in Lesotho, in the context of a severe health-worker shortage, demands creative solutions.

An approach being piloted by the Clinton Foundation's HIV/AIDS Initiative is to train HIV-positive patients like Phoofolo to assist overworked doctors, nurses and pharmacists with tasks like filing, taking vital signs and counselling patients on how to take their antiretroviral (ARV) medication.

The 'expert patient' initiative was launched a year ago to coincide with the Lesotho government's efforts to decentralise delivery of free ARVs from hospitals to local health centres. Phoofolo is one of 10 expert patients in the country, but if the experiment proves a success and additional funding can be found, the programme could roll out to clinics nationwide and even provide a model for other countries in the region to manage similarly high health worker to patient ratios.

According to Dr Mphu Ramatlapeng, the Clinton Foundation's country director, there are just 40 practicing physicians, most of whom are foreigners and don't speak the local Sesotho language, for Lesotho's 1.8 million people, including an HIV-positive population estimated at 288,000. The country does not have a medical school, and those who train in neighbouring South Africa or elsewhere rarely return. Locally trained nurses are lured to countries with better pay and working conditions.

Phoholong means 'a place where people are saved', but the clinic has just one nurse, one nurse's assistant and one doctor, who is only available in the afternoons, to care for 995 HIV-infected patients. "It's not enough," says Lucy Tseka, one of the nurses.

Phoofolo began working at the clinic in December 2005 after joining the rest of the staff on a 10-day training workshop in managing ARV treatment. The training, combined with her experience of living with HIV for the past 10 years and taking ARVs for the last two, have made her indispensable.

"Miriam helps us with weighing the patients, taking temperatures, filing, counselling and translating for the doctor when I'm not around," said Tseka. "She's helping a lot - I couldn't manage without her."

Phoofolo receives a small stipend of just 500 Maluti (about US$65) a month from the Clinton Foundation, but after several years of being too sick to work and having to depend on her family, she is glad of the income and the opportunity to share her experience with others.

"I decided to work here because I want to encourage other people who are HIV positive that life continues and we have to live positively ... I'm always telling them where I'm coming from and how many years ago I learned my status."

Denise Thomas, coordinator of the expert patient programme, describes patients like Phoofolo as a "natural fit" for helping to alleviate the pressure on overwhelmed HIV/AIDS clinics. "Patients are getting better [on ARVs] and wanting to share their stories," she said. "Expert patients are morale boosters to clinics; they're living success stories."

The experience is also often empowering for the expert patients. Most have been unemployed and value the income and the credibility the position gives them in their communities. "They become advocates and they're sought out," said Thomas.

A nurse who worked with AIDS patients in her native Vancouver, Canada, Thomas came to Lesotho in November 2005 as part of a second initiative of the Clinton Foundation that matches experienced doctors and nurses from overseas with local health workers at newly opened ARV clinics, and mentored Tseka through her first two months of prescribing ARV treatment. At the time, the clinic was providing ARVs to just six patients.

"We were really new at the time," recalls Tseka, "so she helped me with organisation of the clinic and some questions I had. I went for a workshop before we established the clinic, but I didn't know things practically."

By the end of the mentorship period, 67 patients were receiving treatment. Ten months later, the figure is 400.

In its first year the clinical mentorship programme has brought 37 doctors and nurses from Europe, Canada, the US and other African countries to volunteer for up to 12 weeks at new ARV sites. Thomas, who now coordinates the programme in addition to the expert patients initiative, said the eventual goal was to create enough local expertise to recruit mentors in Lesotho.

LESOTHO: OVC situation needs urgent action

Better care sought for orphans and vulnerable children.
Credit: WHO/UNICEF

JOHANNESBURG, 11 October - Lesotho's Department of Social Welfare says more must be done to address the needs of orphans and vulnerable children (OVC).

Limakatso Chisepo, director of the department, told PlusNews that talks should be translated into interventions relevant to the plight of thousands of children.

"It is fine to say, 'yes, we are rolling out treatment to HIV-positive children', and that we are engaged in talks to make social grants available to those people providing foster care, but are we actually doing enough?" Chisepo asked.

Only 857 of about 22,000 HIV-positive children are accessing treatment at 57 sites in Lesotho.

Chisepo was also concerned about the amount of time spent by government officials on approving the 'National Policy for OVC', on which there had been no progress since 2004.

"I do feel that senior government officials involved in reviewing the policy could pick up the pace. We need laws that protect the rights of these children when it comes to their health, care and treatment," said Sefora Makepa-Tsiu, the UN Children's Fund (UNICEF) Social Policy Officer in Lesotho.

Without the proper policy and laws in place, the estimated 180,000 OVC might also become the targets of various forms of abuse, Makepa-Tsiu said.

Private institutions registered with the government had 414 beds, but the government did not provide any orphanages or shelters.

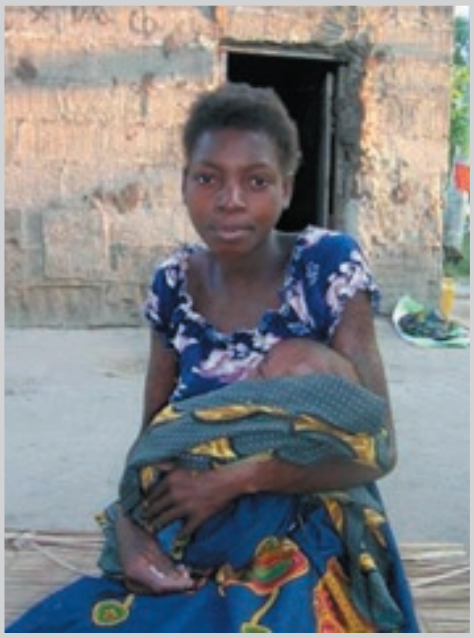
"It is time for the government to join forces with those NGOs already making some headway in addressing the plight of these children, to stop the occurring abuses," Makepa-Tsiu.

In an effort to register and track the movement of both OVC and their foster caregivers, UNICEF has been working closely with the Department of Social Welfare to develop an electronic database of all OVC in the country.

"We need every bit of support we can get if we are to make a noticeable difference in the lives of the children, who have already lost so much," Chisepo said.

The Department of Social Welfare is looking forward to some US$15 million from the European Union to boost its existing efforts.

MOZAMBIQUE: WFP halves rations for the hungry



Teresa Antonio and her hungry baby.
Credit: Ruth Ayisi/IRIN

MAPUTO, 10 November - A funding shortfall of more than 70 percent has forced the United Nations' World Food Programme (WFP) to halve its rations to hungry Mozambicans, ahead of the critical "lean season" between harvests, when food stocks generally run out. The cut has come at a critical time, when food is at its scarcest and most expensive.

The food aid agency urgently requires US$10 million to feed 460,000 people between now and March 2007, when the next harvest is due. WFP currently assists 292,000 vulnerable people, but a 77 percent shortfall in funding has deprived hundreds of thousands of half the ration of cereals and corn-soya blend they have been using to stave off starvation.

"We are very concerned, because we are not talking about small numbers: some 240,000 people have no food security; half of those people are living in arid areas where they cannot farm; they have nothing. And now we are about to enter into a period of emergencies, with possible cyclones and floods. We should have stockpiles of food in case of emergencies," said Paulo Zacula, Director of Mozambique's National Disaster agency (INGC).

Karin Manente, WFP Acting Country Director in Mozambique, told IRIN, "By this time, we have usually pre-positioned food stocks in areas that become inaccessible during such emergencies." She added that due to the huge shortfall, some WFP-supported activities might have to be discontinued or suspended during November unless new donations were received.

The reason for the shortfall in donor funds could be partly due to the fact that Mozambique has had a better harvest than in previous years. Preliminary results of the 2006 assessment indicate that food security and nutrition improved substantially. The country produced 2.3 million mt of cereals, including carryover stock, compared to a national requirement of 2.6 million mt.

"Although WFP scaled back its activities, we continue to focus on pockets of food insecurity. We are currently making appeals to the donor community both here and abroad," said Manente.

Teresa Antonio, 27, a resident of Beira, capital of the central province of Sofala, is among those directly affected by the cut in rations. She was close to tears as she tried to soothe the hungry baby cradled in her emaciated, rash-covered arms.

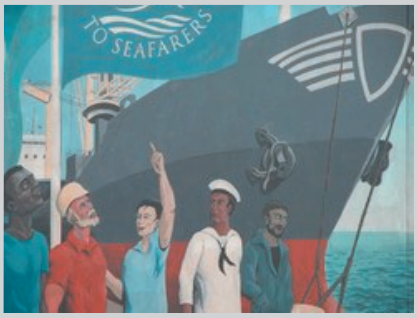
"I have no money to buy milk for my child," said Antonio, who is living with HIV and is on antiretrovirals. A representative of the local Association of People Living with HIV and AIDS, who are given WFP rations to distribute each month to members suffering food shortages, has promised to help her but warned that there are too many in her situation.

Beira has the highest HIV/AIDS prevalence rate in the country, with at least 26 percent of its adult population infected. Nationally, the prevalence rate is 16.2 percent and rising.

Christaine Rudert, Health and Nutrition officer with the United Nations Children's Fund (UNICEF), was also concerned about the impact that the cuts could have on her agency's programmes. "We could see an increase in the numbers of severely malnourished children, who will then need therapeutic feeding, which, although it is not in short supply, is much more expensive than food rations."

The disaster agency's Zacula said Mozambique had taken action to reduce its dependence on food aid. In March this year, the government approved a $40million disaster management plan covering the next 10 years, with the aim of reducing the number of people dependent on food aid by 10 percent per year. The initiatives include providing at least nine cu.m of water for drinking, and 500cu.m per family for irrigation.

NAMIBIA: Walvis Bay harbour gives HIV an international passport



Foreign fishermen are not properly informed about HIV/AIDS.
Credit: Kanya Ndaki/IRIN

WALVIS BAY, 8 November - When fishermen arrive in the port city of Walvis Bay in Namibia, flush with money after months at sea, they don't have to go far to spend it. The small town's harbour area is littered with discos and nightclubs catering to the foreign trawler men who sustain the entertainment and commercial sex industries.

Strategically located halfway down the coast of Namibia, with direct access to principal shipping routes, the deep-sea port of Walvis Bay is dominated by the fishing industry. Commercial fishing and fish processing is one of the fastest-growing sectors in the Namibian economy.

The Trans-Caprivi and Trans-Kalahari highways also link Botswana, South Africa, Zambia and Zimbabwe - countries with HIV infection rates that are among the world's highest - to Walvis Bay, which has an estimated HIV prevalence rate of between 25 percent and 30 percent, making fishermen and truck drivers particularly vulnerable to HIV/AIDS.

October is a quiet month in Walvis Bay: the government has declared it a 'no fishing' month - or 'downtime' as the locals call it - so that fish stocks can recover. Fewer vessels arrive in the harbour, and trucks do not pull up to the gates as frequently.

The Manica Group of companies, with its headquarters in Walvis Bay, takes advantage of the lull in business to conduct AIDS education among its local workers. The Walvis Bay Multi-Purpose Centre (MPC), a local community-based NGO, is often invited to discuss HIV testing. Bernhard Kamatoto, who is HIV-positive and the MPC's community mobiliser, spoke to a group of over 20 men about living positively with the virus.

Kamatoto received a lukewarm response, with most of the men only interested in the free condoms and the attractive female counsellor from the Multi-Purpose Centre. It was lunchtime in the deserted harbour, and the workers had just finished unloading cargo from a large vessel, so an hour-long discussion on HIV/AIDS was not uppermost in their minds.

Manica employee Erastus (last name withheld) told IRIN/PlusNews that although this was his first AIDS awareness meeting, he didn't need the information - it was the "sea-farers with all the money" who should be receiving these messages.

Local fishermen prefer to spend time at shebeens.
Credit: Kanya Ndaki/IRIN

The Red-light District

Just outside the harbour gates, the Mission to Seafarers building offers recreational facilities to up to 200 foreign fishermen a day. According to a staff member who asked not to be named, the mission hands out condoms "like sweeties", but because they usually came from countries with low prevalence, foreign fishermen were not properly informed about HIV/AIDS and not always receptive to practising safer sex.

According to a report by Namibia's Institute of Public Policy Research (IPPR) on the dynamics of HIV risk behaviour in Walvis Bay, trawler men were the bridge linking high- and low-risk regions of the world, potentially connecting Chinese housewives with commercial sex workers and her clients in Walvis Bay.

Having received no HIV/AIDS education prior to their arrival or during their stay in Namibia, most of these fishermen have low levels of HIV/AIDS knowledge, and local AIDS educators are unlikely to use their limited funds on foreign nationals or obtain permission to board international ships, the report said.

When the mission closes its doors in the evenings, the next stop for seafarers, who have spent months prohibited from drinking alcohol and with little to do, is the 'red-light district', a strip of clubs and 'back rooms' lining a street just a short walk from the harbour.

Club Lokolos, one of the more popular hangouts, is busy despite the fishing 'downtime'. As the dance floor slowly fills and the music gets louder, a group of Chinese men at a table in a quiet room in the club watch a young sex worker dancing suggestively with a Ukrainian trawler man. None of the men speak English, but according to a group of commercial sex-workers who are regulars at the club, language is not really a barrier and hand gestures provide enough communication. Negotiating condom use, however, was difficult, and they admitted it was easier to agree to not use condoms.

"The foreign fishermen simply tell them that HIV/AIDS is not a problem for them because they don't have HIV in their country," said Lisias Kashati, coordinator of the Social Marketing Association's Corridor of Hope project in the Erongo Region, one of Namibia's 13 administrative districts and where Walvis Bay is located.

Kashati told IRIN/PlusNews that as part of the Corridors of Hope project, which targets sex workers and truck drivers, he conducts regular workshops and has struck up a good relationship with many of the women. Sex workers were generally better informed about the pandemic, he said, as they were not as mobile and could be reached by prevention efforts, but they were still vulnerable to violence, and alcohol and drug abuse.

Local Fishermen Also At Risk

Although local fishermen have had much greater exposure to HIV education and awareness campaigns, they were still at risk, as the interventions were irregular and often inadequate, Kashati pointed out.

Distrust of vessel owners and management also caused Namibian trawler men to be wary of such initiatives, the IPPR report said. Local fishermen often have negative attitudes toward safe sex, despite being well informed about HIV/AIDS. Some are of the opinion that paid sex is unprotected sex, the report commented.

High levels of alcohol abuse in local communities, and their risky lifestyles, have contributed to high HIV prevalence rates among local fishermen, who are usually permanent residents of Walvis Bay. They tend to spend more time onshore than foreign fishermen, and prefer to visit some of the 400 shebeens (unlicensed bars) estimated to be operating in the local township of Kuisebmund.

MPC conducts regular shebeen outreach campaigns in the township. Doris, the Zimbabwean owner of the 'Why Not Pa-Centre Bar', had invited the NGO's Bernhard Kamatoto and another colleague to give a short talk on HIV/AIDS prevention but a banner advertising VCT services outside the pub was deterring many regulars.

Her clientele is mixed: locals, Angolans seeking work, truck drivers and the "big spenders" - local fishermen. "I like these guys [fishermen] because they don't have to wait for end of the month to spend money. As soon as the ship comes in, they are here at my place," she told IRIN/PlusNews.

Besides a few young girls and a group of boys playing pool, very few customers were coming in. "They don't want to hear about condoms when they are drinking," Doris said, shrugging her shoulders.

"I always advise everybody who comes in here to use condoms but, in a poor place like this, if a girl can find someone who will take care of her and he doesn't want to use a condom, what can you do?"

NAMIBIA: Reaching targets despite great obstacles

Poverty and alcohol abuse are widespread problems in the township.
Credit: Kanya Ndaki/IRIN

WINDHOEK, 30 October - Namibia has become the poster child of global treatment access efforts because it is one of the few countries to have exceeded its target in the World Health Organisation's (WHO) campaign to put three million people on anti-AIDS drugs by the end of 2005.

When WHO launched the '3 by 5' initiative, not much was expected of the small southern African country, struggling to cope with one of the world's highest prevalence rates and an overburdened health system.

The treatment programme was launched in 2003 and the government has rapidly scaled up treatment since then. By April this year all public hospitals were providing antiretroviral (ARV) drugs. With about 24,000 HIV-positive Namibians accessing the medication through the state, the country is meeting 50 percent of its treatment needs - according to national figures, 52,000 people require anti-AIDS medicines.

"Namibia is doing very well in rolling out ARVs ... in three years [it] has reached impressive numbers of people, and this includes their PMTCT [prevention of mother-to-child transmission] programme," UNAIDS country coordinator Salvator Niyonzima told IRIN/PlusNews.

But it was now time to take a "cold hard look at financial sustainability", he said, as financing for the treatment programme has largely rested on funding from the Global Fund to fight HIV/AIDS, TB and Malaria, and the US President's Emergency Plan for HIV/AIDS (PEPFAR).

Another growing concern for activists and healthcare workers is keeping all these people on treatment. Figures for adherence to treatment are still high - 90 percent - but in a country facing high levels of unemployment and alcohol abuse, the government could not afford to be complacent, warned Johan Gamatham, treatment literacy programme officer for Lironga Eparu, an association of people living with HIV/AIDS.

Beneath the hype

Tucked away in the maze of corridors of Katutura Hospital, in a historically black township of the capital, Windhoek, is the recently renovated modern Communicable Disease Clinic. This HIV/AIDS facility treats 8,500 adults and 660 children, and is viewed as the country's "centre of excellence", according to the hospital's head of internal medicine, Dr Ishmael Katjitae, who also sits on the country's ARV rollout technical advisory committee.

However, the ARV clinic is not an accurate reflection of what was happening in the rest of the country. Most of Namibia's health facilities serve rural areas and are not as well staffed and equipped, said Dr Angelo Madjarov, who had been working in Oshakati, in the north of the country.

Patients attending the clinic don't consider themselves any better off. A few kilometres away, in another part of Katutura, a support group run by AIDS Care Trust, a local nongovernmental organisation (NGO), is holding its Wednesday meeting. Most of the members access treatment at the hospital.

Inevitably, with 64 percent of people accessing ARVs nationally being women, the group is largely made up of unemployed women and many have brought their children. Martha Aluene, 34, who has appointed herself the group's spokeswoman, says week in and week out the dominant themes of their discussions are transport and food. "The hospital is too far, and what can we do but walk - we don't have money for [public] transport and we don't have income to buy food."

Aluene's seven-year-old daughter is also on treatment. "When you are on this medication you always want to eat, sometimes she [her daughter] will even go to the neighbours and ask for food," Aluene laughed sheepishly.

Her daughter does not know she is HIV-positive and used to pester her, repeatedly asking Aluene when they would stop taking the medicine. "I told her if we stop, we will die. Now she doesn't ask me any more. I don't know how I will tell her. Maybe when she is nine, because she will be able to understand better," Aluene said.

Poverty and alcohol abuse were widespread problems in the township, said Dr Elenice de Klerk of the hospital. "Our counsellors are making an effort to keep record of the common reasons for defaulting [on treatment], and we know this is one of the major causes."

Shebeens (unlicensed bars) in the country's townships and informal settlements mushroomed when new and more lenient legislation was passed in 1998, replacing the strict liquor laws of the former apartheid era. Small drinking outlets were legalised, as was the sale of homemade brews like the popular 'tombo' and 'ashipembe'.

Aletha Kaposambo, a treatment supporter with Lironga Eparu, commented that with tombo being easily available and cheap, she had encountered many HIV-positive people "who end up stopping their medication and start drinking heavily, because it is the only thing they can do".

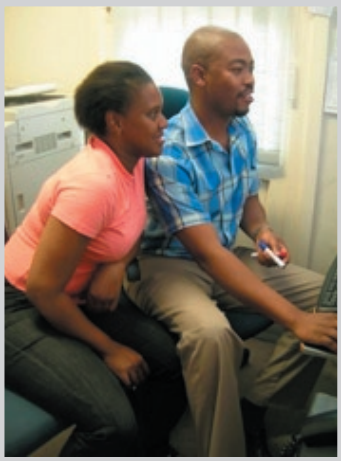
Any interruption in treatment can lead to the HI-virus becoming resistant to the medication, hastening progress towards AIDS. "It's clear that we need to take a closer look at resistance patterns and treatment adherence," said UNAIDS country coordinator Salvator Niyonzima, who called for government to strengthen treatment literacy efforts and address food insecurity.

Internal migration also made it difficult to track patients, as many attending Katutura's AIDS clinic had come to Windhoek from rural areas seeking work and often return to their rural homes without their medication, De Klerk said.

Dr Angela Mushavi, a paediatrician at the clinic, believed that a more pressing problem was the lack of human capacity in the health sector. "We need to decompress the congestion ... it doesn't bode well for adherence. If people have to wait in long queues to get treated, they might not be willing to come back".

Despite these obstacles, a lot had been done. "We reached the '3 by 5' target through a joint effort between government, development partners and ordinary HIV-positive Namibians," said Dr Madjarov. "These people budgeted money for transport and got themselves enrolled on the programmes, even with other concerns on their minds, such as work and money."

SOUTH AFRICA: Research is discounting myths about orphans



Mandisa Cakwe and Clive Mavimbela in the ACHWRP office in Newcastle.
Credit: Gretchen Wilson/IRIN

NEWCASTLE, 10 November - A few years ago Prof Timothy Quinlan was hearing horror stories about delinquency and abandonment among AIDS orphans that would spell trouble for their future social acceptance.

"The anecdotes were that orphans do less well at school than children who aren't orphans," said Quinlan, research director of the University of KwaZulu-Natal's Health Economics and HIV/AIDS Research Division (HEARD). "Other anecdotes were that orphans often engage in riskier behavior - like smoking, taking drugs or engaging in sexual activity at a younger age than other children - and that they are a particularly vulnerable segment of the child population."

Sub-Saharan Africa continues to struggle with the profound and complex impact of HIV/AIDS, including an estimated 12 million children under the age of 18 who have lost one or both parents to the disease, according to an August report by the UN Children's Fund (UNICEF). By 2010, the figure is expected to climb to 15.7 million, warned the report, 'Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS'.

The 'Lord of the Flies'-like vision of AIDS orphans, of an isolated and forgotten generation, has called much-needed attention to the crisis. But hard data - quantitative evidence from children - has been scarce.

"At the time, there was no research with children - though there was a lot of research on or about children - on their welfare in the context of HIV/AIDS," Quinlan said. "And there was no quantitative research with children to test some of the anecdotal evidence that was emerging with NGOs [nongovernmental organisations] and child welfare advocates."

In 2002 HEARD collaborated with the Center of International Health and Development at Boston University to launch the Amajuba Child Health and Wellbeing Research Project (ACHWRP). From a field office in Newcastle, in South Africa's eastern KwaZulu-Natal Province, ACHWRP is conducting a study to measure the differences in social welfare between orphans and non-orphans in a region with a rampant HIV/AIDS epidemic. The idea is to investigate how children and their caregivers manage changing families, and whether the commonly held assumptions about orphans hold weight.

So far, what they've found is surprising. "According to the first stage of our research, there is no significant difference between children, based on their orphan status," Quinlan said. Orphaned children are doing as well in school and engaging in the same level of risk behavior as their non-orphaned counterparts.

Instead, he said, orphaned and non-orphaned children alike are made especially vulnerable by poverty. "In the context of HIV/AIDS and poverty, the welfare of children is not necessarily going to change just because of HIV/AIDS; the welfare of a child can be very bad just because the parents are poor."

HIV and Poverty Create Problems of Enormous Magnitude

ACHWRP's research is being conducted in the Amajuba District Municipality of KwaZulu-Natal, where a cluster of coal-mining and steel mill towns is located. The area is home to about a half-million people in and around Newcastle, the main urban centre, which, like many South African towns, is steadily urbanising. Yet 56.8 percent of Amajuba's residents live in poverty, according to a 2004 report by the provincial premier's office.

Amajuba is also at the heart of the HIV/AIDS pandemic. Estimates vary, but a 2005 study found 39 percent of women attending antenatal clinics in the area had tested HIV-positive. Orphans are usually taken in by grandparents or aunts or uncles. It's this conflation of poverty and HIV/AIDS that makes Amajuba an important area for research.

ACHWRP's field researchers regularly interview a sample of 725 iziZulu-speaking orphaned and non-orphaned children aged nine to 15, as well as their parents or guardians, in households in semi-urban, informal and rural areas. Researchers ask a battery of questions to assess the child's economic and social welfare, from family income to the amount invested in each child.

The first phase of the study uncovered universally high levels of poverty, but found no significant difference in how the extended kin cared for children in a household, whether or not they had lost a biological parent.

"That makes sense because of the nature of the extended-kin structure, which is set up in such a way that children are

taken care of by extended family members," said Dr Busi Nkosi, senior researcher at ACHWRP's Newcastle field office. "One of the stereotypes is to expect this dirty and half-naked kid, and that's not necessarily the case. In looking at orphans and vulnerable children it's hard to give a typical definition, because poverty compounds the whole thing."

While a second round of the study has not been fully scrutinised, Nkosi said early analysis corroborated the initial findings. The results suggest that various notions - including 'poverty' and 'AIDS orphans' - need to be better understood to more effectively coordinate government and NGO responses.

Financial Constraints Impact Child Welfare

Caregivers of orphans as well as non-orphans are deeply affected by the high unemployment and poverty in Amajuba. According to the 2001 government census, 60 percent of households in the district earn US$110 or less per month, and nearly a third of all households had no income whatsoever. For some, government social welfare grants are the primary source of income. Extended families with and without orphaned children often make ends meet with a monthly pensioner's grant of $112 or monthly child grants of $26.

"You find some households solely depending on the grants," said ACHWRP researcher Mandisa Cakwe. "That's how the grandmothers use their money these days. Rather than focusing on themselves, they look after - and share the money with - the grandchildren."

This is the case in the Sibisi household in the rural area of Dicks, about 10km from Newcastle. Eight children live in a cluster of houses with their great-grandmother, mothers and aunts. In all, the household counts on the pensioner's grant of $112.

"It's only grandmother who gets the grant, and that's for food and school fees and clothes - everything," said Jabulile Sibisi, who is raising her sister's and cousin's children with her own.

Sibisi said she and her sisters were careful to show love to all the children, including those who had been orphaned. All the children go to school and everyone eats and lives together.

"It's hard, but I try. Sometimes we have no money, and [the children] want some things [we can't afford]," Sibisi said.

Not surprisingly, the factors that render children orphans often impact on the household's economic welfare. For example, medical bills and funeral expenses can wipe out a family's financial resources. At the same time, Quinlan and others say more research is needed to assess orphans' psychosocial welfare. However, ACHWRP's research suggests that it is difficult to separate HIV/AIDS as a factor in a child's economic and social welfare from sheer poverty.

Integrated Research Framework Has Local Impact

In this context ACHWRP uses what's called a "methodology of integration". In addition to empirical research, the project works with government departments, traditional authorities, NGOs and police to improve interventions for child welfare in the area.

"There's a lot more than we're doing besides conducting research," Cakwe said. Before ACHWRP established an office in Newcastle, the team met with existing organisations dealing with orphans and vulnerable children.

"We wanted to introduce ourselves and get feedback and advice from them," Cakwe said. "That's why we're really successful in what we're doing. We laid the ground really well."

Last year ACHWRP hosted a conference for all groups dealing with child-related issues to minimise duplication or gaps in local services. ACHWRP also created a referral system with local government departments. When a researcher interviews a family that appears to qualify for a government grant, they contact the social welfare department for fast-track assessment.

"It's a small step, but it's making a difference," said Nkosi, who also sits on the Newcastle AIDS Council.

ACHWRP has made a difference in the community's response to orphans' welfare, according to Mbali Kubheka, a social worker and HIV/AIDS coordinator at the Department of Social Welfare office in Madadeni, a township near Newcastle.

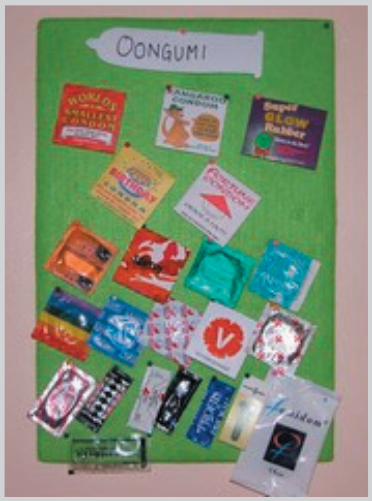
Kubheka said the referral service has boosted awareness of government services. "There are two times as many applications for foster care grants this year as compared to last year," she said.

As a social worker overseeing about 280 households, Kubheka acknowledges that she's seen the orphan crisis

skyrocket in Amajuba in recent years. However, she emphasised that orphans tended to be well-cared for in their extended families.

"In my caseload, my orphans are studying," said Kubheka. "Of course, there are always the minor problems of your average teenager, but in my experience I've never known an orphan to drop out of school."

SOUTH AFRICA: Radio, TV and print have positive impact on AIDS - study



Study shows that increased condom use is encouraged by media AIDS campaigns.
Credit: Hayden Horner/PlusNews

JOHANNESBURG, 8 November - A new survey in South Africa has proved the positive effect of media campaigns in raising HIV/AIDS awareness.

The study by four organisations, including the Johns Hopkins Bloomberg School of Public Health's Centre for Communication Programmes, covered more than 8,000 people across the country and examined how exposure to more than 20 media initiatives had shaped their behaviour.

"It [the survey] shows for the first time that interventions through radio, TV and print have had a profound effect on increased condom use and HIV testing," Dr Warren Parker, executive director of the youth drama series Tsha Tsha, told IRIN/PlusNews.

Parker was confident that at least half the people tested nationwide for HIV over the past year had been influenced by the campaigns.

According to the findings of the survey, Tsha Tsha - with an audience of 14 million - has shown a significant impact on condom use and HIV discussion and testing, while another popular youth programme, Soul City, which reaches 70 percent of the nation's 45 million people, has had a marked influence on stigma reduction.

However, Parker warned that gaps remained in terms of the lack of a common message shared by both the government and civil society organisations in the fight against the pandemic.

Although the government has consistently drawn international criticism for its lukewarm commitment to orthodox AIDS interventions, a recent two-day AIDS congress signalled a new spirit of cooperation with non-governmental organisations in combating the pandemic.

In addition to being poised to present its new anti-AIDS action plan over the coming months, the government has announced a tender for the implementation of its troubled communication programme, Khomanani ('come together').

Khomanani had also been acknowledged as one of the AIDS awareness campaigns that have had an effect in modifying sexual behaviour.

Parker and his survey partners are taking their findings on the road to encourage the implementation of multiple media communication campaigns in current national policies on AIDS.

SOUTH AFRICA: Slow anti-AIDS care being felt in KwaZulu-Natal

JOHANNESBURG, 30 October - For many HIV-positive people in South Africa's Embo area, southwest of the port city of Durban, accessing treatment at public health facilities is as difficult as navigating the steep and muddy paths between their homes.

Pausing briefly to catch his breath up the hill to a patient's house, Leonard Gcabashe, a local pastor and community caregiver, recalled the many times he had tumbled down the paths while carrying people who were too sick to walk.

"My van only goes as far as the paved roads will allow, and then I go the rest of the way by foot, sometimes for dis-

tances of 1.5km. It doesn't seem like much, but when you carry a grown man or woman on your back, it can be very tricky," he told IRIN/PlusNews.

Gcabashe, who began volunteering his time after his brother and sister-in-law died from AIDS-related illnesses in 2005, noted that patients were sometimes reluctant to take up his services due to the poor level of care offered at some hospital and clinics. "Some patients are treated so badly, that they choose to stay home until they die."

Death Outpaces Treatment

Weakened by AIDS-related tuberculosis (TB), Raymond Hadebe, 48, had decided against his weekly visit to one of the hospitals in the area, where he is monitored for adherence to his TB medication and treated for loss of appetite resulting from his depleted immune system.

Embo: HIV-positive people still struggling to access treatment.
Credit: Hayden Horner/PlusNews

He claimed that nurses feigned concern when the unit's doctor was on his rounds, but patients were neglected once the doctor had left for the day.

"Some nurses even get drunk while on duty. We are burdens to them, and those patients with diarrhoea are left to soil ourselves. I would rather die at home with the little pride I have left, instead of putting myself through that," said Hadebe.

Poor infrastructure, as well as health worker shortages, are often described as obstacles to improved care and treatment at government facilities, but a local activist claimed "this excuse is wearing thin".

AIDS lobby group, Treatment Action Campaign (TAC), said it has been at logger-heads with the health department over its slow roll-out of ARVs.

"The problem is not availability of ARVs, but rather a lack of ARV sites, especially in rural and semi-rural areas like Bothas Hill, [of which Embo is a district]. People from these parts usually have to travel distances of up to 25km to access treatment when they can afford to travel to the hard-to-reach and over-crowded sites," TAC provincial organiser, Lihle Dlamini, said.

Between April and June this year more than 31,000 people nationally were on waiting lists for the life-prolonging drugs, according to the public health department. But Dlamini suspected the number was much higher, as 1,371 people were waiting for drugs at Mahatma Ghandi Memorial Hospital alone, just one of more than 50 operational sites in the province.

UNAIDS has estimated that 5.5 million of South Africa's 43 million people were living with HIV by the end of 2005, and almost 1,000 related deaths occurred every day.

"I conduct at least three funerals at my church during the week, and another three or four on any given Saturday - and this is not counting those funerals at the number of other places of worship in the area. It's not said out loud, but I suspect most of them are AIDS-related," Gcabashe said.

In addition to increasing the number of ARV sites across the country, Dlamini recommended that government urgently look at ways of increasing the number of trained staff at its treatment sites.

SOUTH AFRICA: Young women falling into AIDS trap

JOHANNESBURG, 27 October - High-risk sexual behaviour has become common practice among young women and girls struggling to make end meet in the semi-rural Embo area of South Africa's KwaZulu-Natal Province.

Zandile Shange, an AIDS educator with the Hillcrest AIDS Centre Trust, a nongovernmental organisation (NGO) operating about 15km north of Embo, expressed concern that young people, lured by the "fancy lifestyles" portrayed on television and in magazines, were placing themselves at risk of HIV infection.

She told IRIN PlusNews that her awareness talks at schools had made her realise the extent to which some girls would go to feed siblings after their parents had succumbed to AIDS-related illnesses, or simply to get desired items that indicated affluence and social status.

"Although poverty in the area is an issue, due to breadwinners dying of AIDS, they [young people] also feel pressure from friends who have both parents and can afford luxuries like mobile phones and labelled fashion items," she said.

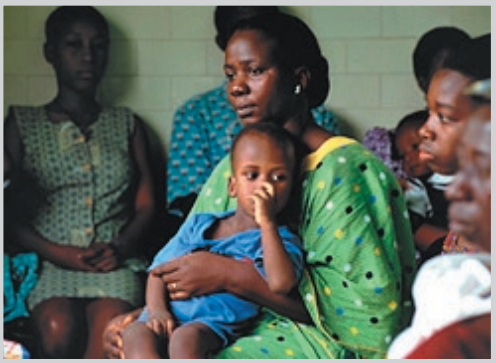
Girls as young as 15 were deliberately falling pregnant to secure a monthly social grant of US$24, while others exchanged sexual favours for the financial comfort offered by employed or wealthier older men, commonly known as 'sugar daddies', Shange added.

Sugar daddies usually had multiple sex partners, putting their wives at risk of infection, as was the case with Phumzile Mkhize, 43 and a mother of four, who uses her experience of living with AIDS to educate young girls in the community.

"My husband was very popular with the young ladies because he was earning well. I left my job to raise a family and relied on my husband to put food on the table. When I tested positive in June last year, after becoming ill with hepatitis, I was shocked because I did not expect it from a marriage," she said.

According to Mkhize, the prospect of 'lobola' - the traditional bride price - made marriage an attractive financial proposition to families with one or more daughters in an area where most people struggled to find work.

Officials at the Hillcrest AIDS Centre Trust cited other cultural practices as factors contributing to the vulnerability of women to HIV infection.



Social and economic influences are fuelling AIDS rates among KZN women and girls.
Credit: Bristol-Myers Squibb

"A virgin bride will generally afford her family a heftier price during lobola negotiations. But I have heard, during my discussion groups at schools, that young men use this knowledge to coax virgins into having anal intercourse as a means of maintaining their virginity," said Shange.

She feared that because anal intercourse posed little risk of pregnancy, some girls might also be engaging in it without using a condom.

The South African Medical Research Council (MRC), during its recent clinical trials into the effectiveness of vaginal microbicides at eight sites around KwaZulu-Natal, found a prevalence of more than 43 percent among women receiving voluntary counselling and testing at Embo in preparation for the trials.

"Of the 1,800 respondents tested for HIV, 783 were positive. Although this figure is indicative of a worrying upward trend among women in this and other areas where we conducted our research, it was not necessarily representative of the situation of all women in these communities," said Prof Gita Ramjee, director of the MRC's HIV Prevention Research Unit.

She warned against women in the trials becoming the target of stigma and discrimination as a result of the media sensationalising the purpose of the research.

Her team was presently conducting very intense Phase III human trials on microbicides, which hoped to establish the efficacy or strength of the product as an HIV prevention tool for women, Ramjee said. Since 2004, up to 12,000 women have participated in the trials and the first results were expected to be published in 2007.

Applied before sex, vaginal microbicides are substances that could potentially kill, neutralise or block HIV and other sexually transmitted infections.

"Even an efficacy rate of between 35 [percent] and 50 percent would be viewed as successful for the time being. However, at this level of efficacy, women would be advised to always use the product together with condoms," she said.

Ramjee was confident that an effective microbicide would be the best defence for women against the spread of HIV.

SOUTH AFRICA: AIDS fight picks up pace in a Durban township

Some of the staff and volunteers running the Blue Roofs Clinic.
Credit: Hayden Horner/PlusNews

JOHANNESBURG, 23 October - The 'Blue Roofs Clinic' in Wentworth, on the outskirts of South Africa's east-coast city of Durban, is difficult to miss with its giant steel top echoing the colour of its name.

Situated on the former premises of a popular night club, the anti-AIDS initiative seeks to address the needs of HIV-positive people who are slipping through the cracks at public healthcare facilities.

Marion Jacobs, 21 and displaying a number of AIDS-related illnesses, comes to the facility every day so nursing staff can monitor her adherence to recently started tuberculosis (TB) medication.

"If it wasn't for this centre, I wouldn't have known what to do," she told IRIN PlusNews. "I am too weak and don't have money to travel to clinics outside of the community. This place is within a short walking distance from my house."

An ambulance is available for transporting incapacitated patients between their homes and the centre, and with support from international nongovernmental organisations (NGOs), such as Keep a Child Alive (KCA), and the US-based Stephen Lewis and Clinton Foundations, the clinic will soon start providing diagnosis and monitoring, referrals for specialised care, and much-needed antiretroviral (ARV) drugs.

Marion is one of 120 people who have been put on the clinic's ARV waiting list since its official launch in April this year.

However, officials expressed concern that some of the people on the list might not survive the wait. "We are vigorously engaged in ARV procurement negotiations, but fear that most patients won't make it to the point of treatment delivery," said Geraldine Hendricks, South African programme director for KCA.

Most of the patients on the waiting list have dramatically low CD4 levels (which measure the body's immunity), often brought about when people have delayed HIV testing for fear of discrimination. ARVs can boost the immune system, raising the CD4 count.

Already showing tell-tale signs of Kaposi's sarcoma - a cancer of the blood vessels common in people with low CD4 levels - Marion said of her own AIDS denial, "It seemed like my only option in a place like Wentworth, where unemployed people spend their time gossiping about who they think might have AIDS. I even heard of people being beaten, and I also had to think of my 3-year-old son and my fiancé."

Having lost her appetite and a considerable amount of weight, and struggling with a persistent TB-related cough, Marion held down a job until she was too ill.

"I didn't want to believe I have AIDS. You notice the change in the mirror every day but just hope that no one else would too - people can be nasty when they make up their minds about your status. I am very sick right now, but I am confident I will get better with the support I am getting here [at the clinic]," she added.

Hitting at the Root Of The Pandemic

According to the KCA, finding work is difficult for the 58 percent of the community who are jobless, despite the area being surrounded by large factories and the sprawling Engen oil refinery.

Cramped living conditions, high rates of unemployment and poverty-driven desperation have also led to rampant alcohol and drug dependency, fuelling risky sexual behaviour.

"In order to not only treat people who are HIV-positive, but also prevent new infections, we have enlisted the services of a resident social worker, who works closely with patients struggling to overcome their addictions with alcohol and other narcotics," Hendricks told PlusNews.

The clinic will also be working with community self-help groups to provide microfinancing to women dependent on abusive male partners.

"Facilitated by the social worker, women will meet weekly to address their vulnerabilities and discuss topics that include, but are not limited to, domestic violence, small-business creation, prevention for serodiscordant couples [where one partner is HIV-positive and the other is not] and how to care for infected family and friends," said Hendricks.

Helping Free Up The Arv Bottleneck

Wentworth Hospital, about two kilometres from the new clinic, is the first choice of many HIV-positive residents unable to afford the cost of travelling to a treatment centre outside the community for ARVs, but people are often placed on waiting lists for up to nine months and usually die before accessing the life-prolonging medication.

Citing national treatment numbers, Hendricks acknowledged there was a bottleneck in the government's ARV rollout programme.

According to the latest figures from the Department of Health, close to 180,000 people were receiving ARVs countrywide between April and June this year, while more than 31,000 people had been placed on waiting lists for the drugs in that same period.

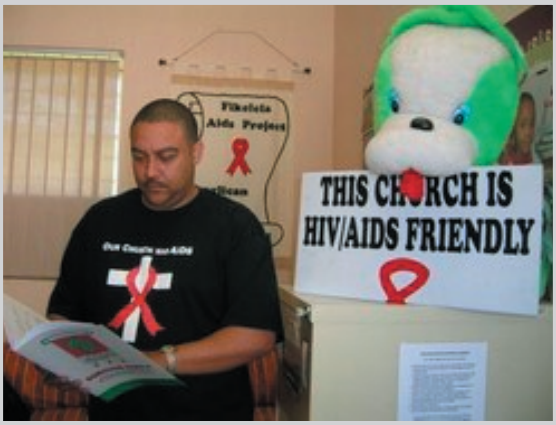
"The Blue Roofs Clinic will be rolling out ARVs as [early] as the first week in November," Hendricks said. "We are set to start with 50 patients on our list, but expect this number to quickly grow as those on lists at government sites, more specifically for Wentworth Hospital, start to transfer. We are confident that our rollout will, to a large extent, help decongest the wards at some of the treatment sites."

SOUTH AFRICA: Faith makes a difference in AIDS care

FISH HOEK, 19 October - When Rev. John Thomas brought churchgoers together to serve people living with HIV/AIDS seven years ago, donations came from individual pocketbooks. Their work created a buzz, and by 2001 donations were pouring in from individual congregations around the world. But few orthodox donor agencies took note, reflecting an ambivalence – and sometimes scepticism – towards faith-based organisations.

"Corporations, major foundations, and government bodies all had a degree of suspicion that 'Actually, all you want to do is proselytize,'" said Thomas, senior pastor of Fish Hoek Baptist Church and founder and chairman of the board of Living Hope Community Centre. "There was a sense that we were about the 'pie in the sky,' or just interested in hallelujah."

But the sentiment has changed in recent years, as faith-based organisations, or FBOs, demonstrate a capacity to deliver services in local communities. South Africa is at the heart of the world's HIV/AIDS pandemic; according to a UNAIDS report issued earlier this year, one in five adults is living with the virus. South Africa boasts thousands of faith-based organisations tackling the fallout – from modest projects launched by individual congregations to multi-million dollar initiatives.



Ashley Petersen is a field worker for Fikelela HIV/AIDS Outreach Programme working around Cape Town, South Africa's second city.
Credit: Gretchen Wilson/IRIN

FBOs do not yet receive universal support within the international aid community; some religious perspectives on HIV/AIDS prevention, particularly around the importance of condoms, clash with orthodox public health approaches. But attitudes towards FBOs are shifting as efforts to contain the epidemic falter.

Living Hope is just one example. Since its inception in 1999, the Christian organisation has become a major service provider in the Deep South peninsula near Cape Town. In addition to hosting a community centre, it manages a home-based care programme with 20 caregivers, distributes food baskets to people living with HIV/AIDS, and provides counselling and prevention education.

Since 2004, it has operated a 20-bed hospice for palliative care, the only one of its kind in the area. In seven years, Living Hope's full-time staff has grown from 5 to 110. Today, the organisation's US $800,000 annual budget is supported by

donations from major international organisations, including the United States' President's Emergency Plan for AIDS Relief (PEPFAR), United Nations Global Fund to Fight AIDS, Tuberculosis and Malaria, and the European Union.

"If you had said to me seven years ago that international bodies would write a cheque to what is in essence a church-based trust, I would have said, 'Never in a thousand years,'" Thomas said. "But we are being funded, because people see our delivery on the ground and our integrity in accounting."

It's also part of a trend, as international donors seek innovative approaches to a regional public health crisis that shows little evidence of slowing down.

"There's currently more of a focus on FBOs and we've been receiving a greater number of questions from different nongovernmental organisations," said Nelis du Toit, manager of the Christian AIDS Bureau of Southern Africa.

"Churches are very connected organisations within communities," du Toit continued. "The church structures have been there for so long, all over the country and in rural areas. Often, while other NGOs and state or governmental organisations [struggle] to get things set up, the churches are there already. Also, I think there is a bit of feeling that other NGOs or even government-related activities are not always very effective."

Faith plays an important role in South African society; according to South Africa's 2001 census, 83 percent of the population identifies as Christian, Muslim, Hindu or Jewish. That's spurring some NGOs to broaden their approach.

"The largest social network on the continent is without a doubt the churches, but from a public health point of view, we've hardly talked to them at all," said Dr Garth Japhet, executive director of Soul City Institute for Health and Development Communications in Johannesburg.

Japhet has designed a new multi-media education project called Heartlines in collaboration with religious groups. Launched in July, Heartlines mobilised congregations around the country to lead conversations about how values shape individual behaviours. According to Japhet, the project's explicit connection with faith groups offers a new opportunity to tackle South Africa's social and public health problems.

"The end point is about social development, but instead of taking HIV/AIDS and just looking at condom use, it looks at partner reduction, it looks at trust," Japhet said.

Institutional Advantages of FBOs

When it comes to service delivery in poor areas, religious institutions can offer advantages over their secular or unaffiliated counterparts. "We can attract all kinds of professional volunteers to the party, who wouldn't come except in the name of Christianity or another faith," said Thomas of Living Hope.

He noted that the organisation operated for the first 18 months solely thanks to retired professionals, including a doctor, community nurse, and bookkeeper. "That degree is fairly unique to FBOs, because there is a sense that 'I want to do this for God, not just for other people.' Whether Muslim or Hindu or whatever, there's this love for God that says, 'I've got to do something beyond myself.'"

The grassroots nature of many FBOs is also an asset when providing services on the ground.

"Every church has its own unique way of setting up their programmes, adapting and moulding themselves to the needs of their communities," said Ashley Petersen, field worker with Fikelela AIDS Project, affiliated with the Anglican Church Diocese of Cape Town.

Petersen noted that of the 132 Anglican churches in the area, 94 have established some sort of community response to HIV/AIDS. Some have created home-based care programmes, while others choose to create food packs for HIV-positive support groups. A few churches focus on income-generating projects. Collectively, the diocese funnels resources to youth education campaigns, and to a township emergency foster care home for 24 children, of whom 13 are living with HIV.

Petersen said ongoing stigma about HIV/AIDS remains a challenge inside the church, just as it is in broader South African society. Part of Fikelela's campaign involves distributing T-shirts and signs that read, "This church is HIV/AIDS friendly," and "Our church has AIDS." He said the shared sense of values of religious institutions can help members to educate one another and generate relevant responses to local problems.

"It's not a one-size-fits-all approach," Petersen said. "We all have the same way of worshiping, but we can adapt to the needs of our communities.

Increasing International Credibility

While local delivery has played a large part in the changing attitudes towards FBOs, some cite policy changes under US President George W. Bush for bolstering the public's perception of religious service organisations.

"George W. Bush has elevated the status of FBOs and given them a degree of credibility," said Thomas. About 40 percent of Living Hope's budget is funded by PEPFAR, the initiative created under Bush's administration. Bush has routinely called for partnerships with religious charities and PEPFAR has regularly funded FBOs worldwide.

In 2005, United States Agency for International Development (USAID) granted US $591 million to FBOs, totalling 14 percent of all grants, according to a March report by the White House Office of Faith-based and Community Initiatives. Overall, the same report said, the US federal government awarded FBOs a total of $2.1 billion, or 11 percent of all competitive social service grants, up 7 percent from the previous year.

Faith's Varying Place in Programmes

While FBOs in South Africa are predominantly affiliated with Christian churches, other faiths have started outreach programmes in local communities. Among all FBOs, the role of proselytizing or spreading overt religious doctrine varies.

"It's not really part of our programme," said Kim Heismann, development and marketing manager of the Cape Town office of MaAfrika Tikkun, a Jewish-led charity organisation in South Africa. "We've tried to have the programmatic activities be relevant to the communities where we're operating."

MaAfrika sponsors a food kitchen in the nearby township of Delft, which serves 300-500 every day, including a weekly project to support those living with HIV/AIDS. It's a project based in a community where most identify as Christian, and local volunteers begin each meal with a Christian prayer and readings from the Bible.

"We've got no Jewish people in the Delft community," said Nasheema Ismail, project coordinator for MaAfrika Tikkun food kitchen. "But when we tell them where the food is coming from, they are very grateful to MaAfrika Tikkun, and they are very grateful that the Jewish community got involved in Delft."

But other organisations, such as Living Hope, explicitly share their faith with the community they serve.

"We are here to share the Gospel of our Lord Jesus Christ in a meaningful way," said interim director Trevor Gray. "We do not lie down that you have to listen to our Bible thumping, although it is part of our ethos. We take the approach that we've got to earn the right to share the Gospel. We're here to share the love of God, and, if necessary, we'll tell them why."

SOUTH AFRICA: Prisons AIDS survey draws mixed reaction

Prison conditions are ideal for the transmission of the virus.
Credir: Eric Kanalstein/UNMIL

JOHANNESBURG, 4 October - South African activists have cautiously welcomed government plans to gauge the impact of AIDS among inmates and prison staff by means of a national survey.

The Department of Correctional Services said it aimed to test 12,500 prisoners and officials over two months in order to design suitable interventions to help stem the pandemic in its facilities.

Although welcoming the announcement, Jonathan Berger, a lawyer at the AIDS Law Project (ALP), said he failed to see how the survey would identify which offenders were in need of antiretroviral (ARV) therapy.

"The survey might be useful in giving a more accurate image of what the HIV prevalence is in prisons nationally, but it will not address the immediate problem of making ARVs readily available to those inmates who might otherwise die," he told PlusNews.

Berger is part of an ALP legal team representing HIV-positive inmates of Westville Prison, in the east-coast city of

Durban, who are trying to obtain speedy access to treatment. Three inmates have succumbed to AIDS-related illnesses since early September.

Only four of the country's 240 facilities are currently accredited prison-based ARV sites: Grootvlei Prison in Free State Province; Pietermaritzburg Prison just outside Durban; Qalakabusha Prison at Empangeni in KwaZulu-Natal Province, and St Alberts Prison in the Western Cape.

The department's deputy commissioner for communications, Manelisi Wolela, pointed out that Westville had also recently received provisional accreditation and would soon be rolling out treatment.

"This is why this survey is so important - it will not only give the department a better understanding of the HIV prevalence rate in the country's 240 places of incarceration, but will also help us sharpen our current anti-AIDS programme," Wolela said.

At present almost 6 percent of inmates are known to be living with the HI virus, but the survey is expected to reveal a prevalence rate in prisons above that of the general public, estimated at 19 percent.

"It will also give us an idea of how the disease has affected our staff. In this way we will be able to implement the necessary interventions along the lines of awareness, prevention, care, support and treatment," he said.

A US$220,000 grant from the US President's Emergency Fund for AIDS Relief (PEPFAR) - a $15 billion initiative for the prevention, care and treatment of AIDS in Africa and the Caribbean - will be used to carry out the survey.

ALP lawyer Jonathan Berger also expressed concern over awaiting-trial prisoners not being included in the survey.

"Usually these younger offenders are not only vulnerable to infection while they wait for up to eight months at a time for court appearances or sentencing, but some are on medication for various ailments, and experience treatment interruptions due to prison procedure. These are issues the survey is not able to tackle," he pointed out.

SWAZILAND: AIDS campaign induces behaviour change

More than 40 percent of Swazi adults are HIV positive.
Credit: Kristy Siegfried/IRIN

MBABANE, 27 October - An aggressive HIV/AIDS awareness campaign has had a positive impact on the sexual behaviour and attitudes of Swazis, a new survey has found.

The study was commissioned by the National Emergency Response Council on HIV/AIDS (NERCHA), with support from the United States Agency for International Development (USAID), and conducted by the Mexico-based research centre, Community Information and Epidemiological Technologies (CIET).

A controversial awareness media campaign, called 'Makhwapheni' - SiSwati slang for illicit lovers - focused on the dangers of having multiple sexual partners. During extensive consultations to prepare for the Second National HIV and AIDS Multisectoral National Strategic Plan 2006-2008, the practice of multiple concurrent sexual partnerships was identified as the key driver of the epidemic, said NERCHA.

The campaign evoked a strong response from people living with HIV, who complained that it smacked of cheap sensationalism, but preliminary data from the USAID survey showed that it had struck home with average Swazis. Almost 90 percent of 2,100 randomly chosen adults had heard of the campaign, and 91 percent agreed with its message that secret lovers increased the risk of HIV infection.

More than 70 percent of respondents felt the campaign could have an impact on the AIDS situation in Swaziland, and even more - 78 percent - felt the message could contribute to a change in their personal sexual behaviour.

"The results are positive. The hardest part of the anti-AIDS efforts has been to convince people to modify their sexual behaviour. The survey shows this is happening," said Daniel Halperin, the USAID Technical Advisor for Prevention and Behaviour Change.

Survey participants, 64 percent of whom were women, up from 54 percent in 2005, said they were having fewer multiple partners this year than last, or were slightly more faithful to their primary sexual partner this year. The effectiveness of AIDS awareness campaigns is reflected in the number of people equating a new sexual partner with an increased risk of HIV infection: 92 percent in 2006, up from 87 percent last year.

According to preliminary data, more Swazis said they would change their sexual behaviour if they were diagnosed as HIV positive, and fewer intended having multiple partners this year.

Fewer Swazis believed casual sex, or sex with teenagers, was appropriate. When asked about people they knew, participants said fewer approved of casual sex. However, more people they knew still found sex with teenagers appropriate.

Derek von Wissell, Director of NERCHA, told IRIN/PlusNews, "The results were very encouraging, in terms of the penetration and understanding of the message. The real test will come when the results of the latest sentinel survey are announced in a month or so. Then we will see whether all the activities and campaigns are changing behaviour and having an impact on the epidemic."

The land-locked kingdom's HIV prevalence stands at around 40 percent.

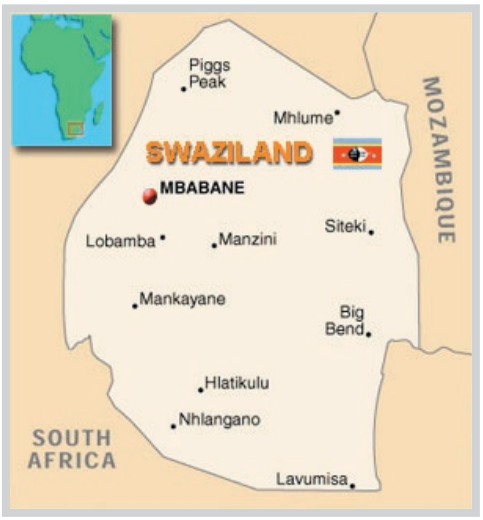
Sex has been a taboo subject for public and even private discussion, which has proved a hindrance to health groups seeking to disseminate sexual information to prevent AIDS.

The USAID survey suggested that the sense of sexual privacy remained. Compared to 2005, a larger number of respondents this year felt that, despite the effect AIDS was having on the nation's economy and social fabric, the matter of sexual infidelity and multiple partners was "a personal matter of no consequence to anyone else".

SWAZILAND: Drug shortage brings resurgence of folk remedies

MBABANE, 29 September - The unavailability of pharmaceutical drugs is forcing Swazis to rely on traditional medicines to alleviate their ailments.

The government, which created the shortages by its failure to issue drug tenders to companies supplying clinics and hospitals, is publicising traditional and herbal treatments as a remedy for its negligence.



"The inability of people to purchase even the simplest drugs, like over-the-counter painkillers, has made us examine the traditional ways," said Nellie Dlamini, a health worker in the central commercial town, Manzini.

Unlike neighbouring South Africa, where traditional medicines and pharmaceutical drugs have become a highly politicised issue, Swaziland's approach to using both has no political baggage.

Gogo Shongwe, an inyanga or traditional healer who has been prescribing indigenous roots and garden herbs for two decades, is encouraged by the official approval of traditional remedies to augment treatments available at clinics and government hospitals, although she has no objection to "Western" medicine and is herself dependent on pharmaceutical drugs for a bladder infection.

"There is nothing new about the use of garlic or eucalyptus to treat ailments, except that they are now written down on the flyers the health motivators are giving to the people," she said.

Most of Swaziland's one million people have mainly relied on traditional healers as primary health providers because

of poor public health facilities, but the drug shortages now mean that there is little other choice.

"This is not about old being better than new, or the opposite. It is about taking advantage of all resources available to us during the current emergencies," said Dr John Kunene, a former principal secretary of the health ministry.

According to UNAIDS, 33 percent of the sexually active adult population is infected with HIV/AIDS - the world's highest rate - and two-thirds of its people, ruled by sub-Saharan Africa's last executive monarch, live on US$2 or less per day. Poverty and a limited but growing distribution of free anti-AIDS medicines have reduced the demand for commercial drugs, but the use of traditional remedies is also encouraged in treating HIV/AIDS-related disorders.

Two Swazi traditional healers - the elder and his apprentice.
Credit: James Hall/IRIN

To combat anemia, one of the conditions suffered by HIV-positive people, the health ministry is distributing flyers that prescribe an iron-rich diet featuring the widely available indigenous spinach called 'umbhidvo'. The endemic plant, which government recommends should be fortified with groundnuts, grows as easily in vacant city lots as in rural areas and is a fixture in many Swazi gardens.

Ginger, another widely cultivated plant, is being touted as a nausea cure for HIV-positive people, with the recommendation that the root be crushed and boiled in water. Other treatments for the same ailment are lemon juice in hot water, or herbal tea brewed from local herbs.

The silver lining to the drug crisis is greater openness between western and traditional practices. "There is a new reciprocal relationship, brought on by the AIDS crisis to be sure, but a good thing that brings both worlds of medicine together," said Dlamini.

Shongwe agrees: "Since time immemorial, we traditional healers have told our patients who suffer from thrush that they must eat fermented milk ['emasi'], with some herbs to make the nourishment more potent. It is well that the Western doctors are now saying this."

The government flyer, 'Medicinal Herbs', which Shongwe showed IRIN, affirms traditional remedies and prescribes garlic as "an antibacterial and expectorant, and to treat hypertension, arteriosclerosis, dysentery, common cold, typhoid and bronchial catarrh."

"We use garlic for this, and also as a way to chase stomach worms away; we use it to treat fevers and blood disorders, asthma, arthritis and rheumatism," she said.

Traditional healers have also used aloe to treat stomach worms. The white juice of the spiky plant, which grows abundantly in Swaziland, is drunk to improve digestion. The health ministry suggests it as a medication for AIDS patients, as well as dandelion and mint, brewed as a tea or chewed.

"Have you ever had a headache that won't go away? Mint mixed with almond oil and rubbed on your temples brings relief," Shongwe said.

These home remedies, once well known by Swazis, have been forgotten as a result of urbanisation and the loss of a middle generation to the AIDS pandemic, leaving young children in the care of grandparents who may be too frail to take their grandchildren to the forests for tutorials on natural remedies.

ZIMBABWE: Undertakers report booming business

Coffin makers are experiencing a booming trade. Credit: IRIN

HARARE, 8 November - One sector of Zimbabwe's depressed economy is experiencing boom times. For those providing services for the dead, business is very healthy.

An area on the western fringes of the central business district in the capital, Harare, has been dubbed 'Death Valley' in recognition of the concentration of businesses like undertakers, coffin manufacturers and funeral insurance companies.

Although the capital has six registered funeral parlours, a further 21 unregistered parlours have sprouted up as a result of high demand for funeral services. Attempts by the authorities to shut them down merely drove them underground and they have reappeared as backyard businesses across the city.

According to the government's National AIDS Council, established to combat the HIV/AIDS pandemic, at least 14,000 people die each month of AIDS-related diseases. Analysts attribute the high death rate to low nutritional levels and limited access to ARVs.

Humanitarian agencies say at least 1.3 million people are in need of food aid, while UNAIDS estimates that one in five sexually active adults is infected with HIV; 83 percent of the country's roughly 12 million people live on US$2 or less a day.

Sebastian Chinaire, of the Grassroots Organisation for People Living with HIV and AIDS, which advocates for the provision of ARVs to HIV-positive people, said "We only have 30,000 people who are receiving ARVs, and yet there are as many as 600,000 people who need the live-saving drugs but we are unable to access them. The government has stopped supplying us with food packs, which were good for those on ARVs, but affected people cannot take the drugs on empty stomachs. We need drugs and food."

Joseph Chinemano, a manager at a 'death valley' funeral parlour, told IRIN that their industry was probably the most profitable in Zimbabwe. "There are not too many players in our kind of work, and with such a high death rate in Zimbabwe ... we are assured of a steady supply of customers."

The economic meltdown since President Robert Mugabe's ruling ZANU-PF government embarked on its fast-track land reform policy six years ago, in which white farmers' land was seized for redistribution to landless blacks, has taken annual inflation to around 1,000 percent - the highest in the world - and unemployment to over 70 percent, with chronic shortages of fuel, food, energy and medical supplies.

Simba Chandada, who lost his job as a carpenter at a large furniture manufacturing company in 2000, has now turned his hand to making coffins in Mbare, a poor neighbourhood in Harare.

"The established coffin manufactures have a disadvantage in that they have fixed prices for their products. I negotiate prices with my clients and can also arrange terms for payment if they have no money to make an immediate payment," Chandada told IRIN.

The undertakers' booming trade is putting pressure on Harare's cemetaries. Harare Housing and Community Services, a municipal department, said in a recent report that the capital's cemeteries, already at 70 percent capacity, were expected to be filled within the next 12 months. This has already occurred in Mutare on the Mozambican border in Manicaland Province, where the two main cemeteries are full, forcing residents to travel to the remaining burial ground 15km beyond the city limits.

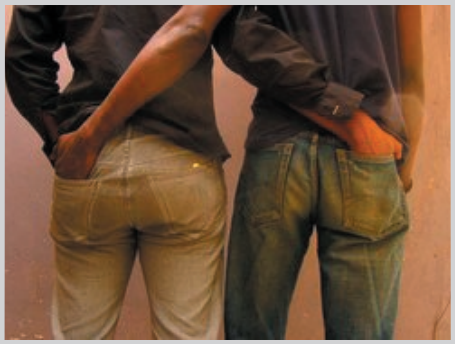
Harare's authorities are considering other ways of disposing of bodies, although cremation runs against traditional burial customs.

"Given the shortages of land for burials, the department of housing and community services is considering the issue of cremation as an alternative and a national debate will be initiated on the issue. There is a critical shortage of burial space and the city is currently taking long-term measures to address the problem and alternative land has been opened up," the community services report said.

Burials used to take place on weekdays but are now also conducted at weekends, providing a lucrative market place to vendors, in defiance of bylaws forbidding such practices in graveyards.

Tina Chikanga, a graveyard vendor and widowed mother of four, said, "There is a big market of mourners who are prepared to buy fruit and cool drinks because of the ... [heat]. I will continue to provide that kind of service as long as I do not have a formal job."

ZIMBABWE: Homophobia raises HIV risk for gays



Zimbabwe's Sexual Offences Act forbids homosexuality.
Credit: IRIN

HARARE, 26 Octoberh - Efforts to address the HIV/AIDS epidemic among Zimbabwe's homosexual population are being frustrated by homophobia in the government and society.

This is according to the Gays and Lesbians of Zimbabwe (GALZ), a national network of 6,000 gay men and women formed in 1989 to champion and protect the interests of the gay community in Zimbabwe.

Men who have sex with men are at high risk from HIV/AIDS, but Samuel Madzikure, GALZ programme manager for health, said the government's attitude towards homosexuals had made it extremely difficult for his organisation to target the gay community with prevention messages.

Zimbabwe's Sexual Offences Act forbids homosexuality and President Robert Mugabe has lambasted gays and lesbians on several occasions, describing them as "worse than pigs and dogs".

"Our government is rabidly anti-gays, and this makes it almost impossible for us to reach out to our membership, some of whom would not want to be known because of the pervasive anti-gay sentiments in government and society in general," said Madzikure.

Tongai (last name withheld), an HIV-positive member of GALZ, said he had experienced great difficulty in accessing treatment and counselling at public health institutions and nongovernmental AIDS service organisations.

"Most AIDS service organisations in this country do not want to be associated with gays. Once they know you are gay, they will not help you - they will try to frustrate you so that you don't come back," he said.

Such discrimination is even more pronounced in public health institutions. "Last year, I was nearly refused treatment at a local clinic because 'I was behaving like a gay'. I was suffering from tuberculosis (TB), coughing persistently. I was finally treated, but they had humiliated me," said Tongai.

Madzikure alleged that the government intentionally excluded gays and lesbians from national HIV/AIDS awareness, prevention and treatment programmes. "If you walk into any government health institution now you will find that there is no information or literature on gays and lesbians."

The Minister of Health and Child Welfare, David Parirenyatwa, refuted these allegations, saying all Zimbabweans were accorded the same status by health institutions. "When a person goes to a health centre, that person is not asked his or her sexual orientation," he told IRIN PlusNews.

Efforts by GALZ to obtain government assistance in establishing the exact number of gays and lesbians infected by HIV have been frustrated, as have their requests to meet with Parirenyatwa.

GALZ's attempts to advertise its services in the media have also met with resistance. The sole national broadcaster, ZTV, and national radio stations have refused adverts by GALZ. Zimbabwe Broadcasting Holdings (ZBH) spokesperson Sivukile Simango refused to comment but an official from ZBH, who requested anonymity, confirmed that it was the organisation's policy not to accept adverts aimed at gays and lesbians.

Many gay people, particularly in rural areas, were unaware of the HIV counseling and education services offered by GALZ, and lacked information on how to protect themselves from the virus. "A lot of gay men in Zimbabwe have died silently through ignorance and multiple stigmatisation of homosexuality and seropositivity. As a result, there is a growing sense of urgency to extend services to this community," Madzikure said.

Chitiga Mbanje of the Centre, a nongovernmental organisation that provides counselling, training and home-based care to people living with HIV/AIDS, confirmed that HIV prevalence appeared to be very high in the gay community.

"Lack of information means they expose themselves not only to AIDS, but to many other diseases. This is a direct result of homophobia in our country," Mbanje commented.

Despite the pervasive homophobia in Zimbabwe, GALZ has seen its membership rise steadily, with about 400 new members joining each year.
"It is apparent that homosexuality exists throughout society, including rural areas," said Madzikure. "Even if Mugabe

does not accept it, it [homosexuality] is there, and it will not go away. We have to accept that it exists, so that we can work together in addressing HIV/AIDS among the gay community."

Chairman of the Zimbabwe National Network for People Living with HIV (ZNPP+), Benjamin Mazhindu, called for legislation on homosexuality to be changed. "What we need to do is fight for a change of laws so that gays are given recognition. Without that, fighting AIDS among homosexuals will be futile."

ZIMBABWE: Another ARV shortage looms

Zimbabwe is experiencing serious fuel and food shortages.
Credit: IRIN

HARARE, 18 October - The government has been forced to hold off putting more HIV-positive people on its treatment programme, amid reports that anti-AIDS drug supplies could run out by December.

"Our problem is that, currently, we cannot put more people on the programme, but we have enough drugs for those already on the ARV [antiretroviral] programme," health minister Dr David Parirenyatwa told IRIN PlusNews.

According to local newspapers, health officials had revealed that the ongoing shortages of ARVs were worsening.

Zimbabwe is going through a severe economic crisis with serious fuel and food shortages due to recurring droughts and the government's fast-track land redistribution programme, which have disrupted agricultural production and slashed export earnings.

The government's response to the AIDS crisis was to declare a state of emergency in 2002, allowing cheaper generic drugs to be imported as well as locally made under World Trade Organisation rules. But Varichem, the local generic drug manufacturer, has been hamstrung by the scarcity of foreign currency to import raw materials to make ARVs.

The country has one of the world's highest rates of HIV infection.

Activists have warned that the lives of the estimated 310,000 people in need of the drugs are at risk. Mary Sandasi, executive director of the Women and AIDS Support Network (WASN), said the government was "sentencing to death" thousands of people living with the virus by restricting the numbers of people who could receive the medication.

"We know that failure to get the drugs means death and nothing else. I can tell you many people are dying now because they have stopped taking ARVs or they never had access to them in the first place," she added.

About 42,000 people are receiving the drugs from state facilities.

Members of the Zimbabwe National Network for People Living with HIV and AIDS (ZNPP+) hope to meet the minister this week to raise their concerns about the shortages, said chairman Benjamin Mazhindu.

Frustrated and angry over inadequate planning to prevent such emergencies, HIV-positive Zimbabweans have threatened to protest if the government fails to provide them with their medication.

"When the political leadership can get money to buy new cars for the army and police chiefs, I wonder if they care about people like us," said ZNNP+ member Collin Munazvo. "That money should be used to buy ARVs for thousands of people dying a painful death because of shortage of drugs."

ZIMBABWE: HIV-positive farmworkers are forgotten

HARARE, 3 October - Little is being done to provide treatment and care for Zimbabwean farmworkers living with HIV/AIDS since the government launched its controversial fast-track land redistribution programme in 2000.

Historically exploited, the chaotic reform programme and a series of bad droughts has deepened the vulnerability of the remaining farm labourers working the land.

On Bryne Farm, about 55km west of the capital, Harare, Lloyd Munapo*, 39, was diagnosed as HIV positive in 2001. He can no longer work and relies on his wife, Anna*, to get by. She is also HIV-positive, but can still join other labourers every morning in the fields.

"If she stays behind taking care of me here, we will both die of hunger. The doctor told me to eat healthy foods, so we have to work for it at all costs," said Munapo.

Farm workers are particularly vulnerable to HIV infection.
Credit: UNESCO

Due to the high death rates on farms, owners now give workers as little time as possible to bury loved ones or tend to the sick, claimed acting president of the Zimbabwe Farmers' Union (ZFU), Jabulani Gwaringa.

"It's now very common on most farms. If you give them [farmworkers] the whole day, production will suffer. It's now only a handful of workers who attend funerals these days, the rest will be working," said Gwaringa, who owns a farm in Mashonaland East Province.

The 1,200ha Bryne Farm, which produces maize, tobacco and cattle, was invaded by former Masvingo provincial governor Josaya Hungwe in 2001, who dislodged the previous owner, David Dobson. About 100 workers still live on the farm.

Anna's monthly earnings cannot cover Lloyd's life-prolonging antiretroviral (ARV) drugs, costing between Z$20,000 (US$80) and Z$25,000 (US$100) a month. The gazetted salary for farm labourers is Z$4,160 (US$16.6), which cannot even buy five litres of cooking oil in a country with an annual inflation rate of 1,200 percent.

Munapo has been on the government waiting list for ARVs since 2001, but has grown frustrated and no longer visits the nearest ARV distribution site in Norton town, about 20km away. "They kept telling me to come the following month and check, until I lost hope," he said.

He is not alone: many farmworkers cannot access treatment or even basic healthcare services, say rights groups. HIV/AIDS prevention campaigns seldom target or reach poorly-educated farm labourers, allowing myths about the disease to go unchallenged.

Gift Muti, deputy secretary-general of the General Agriculture and Plantations Workers' Union of Zimbabwe (GAPWUZ), which represents the interests of about 400,000 farmworkers, said the living conditions of labourers often made them even more vulnerable to the pandemic.

Although Bryne farm has some workers' housing with cement floors and corrugated iron roofing, most live in overcrowded, badly ventilated huts with poor sanitation. The subsidised food rations they used to receive from Dobson were cut soon after Hungwe took over, leaving some workers without enough food.

"The problem is that those who know that they are HIV-positive cannot afford ARVs or the recommended nutritious foods. Some HIV-positive farmworkers only have one meal a day," said Muti.

GAPWUZ distributes condoms in farming communities and regularly holds workshops for farmworkers, encouraging them to be tested for HIV. Despite these initiatives the odds were still heavily stacked against farmworkers, as risky sexual behaviour has persisted.

"There are a lot of unwanted pregnancies and high [numbers of] cases of sexually transmitted infections, clearly showing that they are not using the condoms. A lot of them abuse drugs and alcohol," said Muti.

The Zimbabwe Business Council on AIDS (ZBCA), a coalition of private companies, is undertaking a survey in cooperation with GAPWUZ to establish the extent of HIV/AIDS on commercial and communal farms.

Muti said the general welfare of farmworkers deteriorated after the land invasions in 2001, which displaced white commercial farmers and their workers. The new owners, mostly black Zimbabweans, lack the financial muscle to take care of their workers.

Wilson Nyabonda, president of the Zimbabwe Commercial Farmers' Union (ZCFU), warned that the high prevalence of HIV/AIDS on farms could no longer be ignored, and called for the development of a national programme to address the crisis. "If we fold our arms, the gains of the land revolution will not be noticed," he told PlusNews.

* Not their real names

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