SPECIAL REPORT ON HIV/Aids

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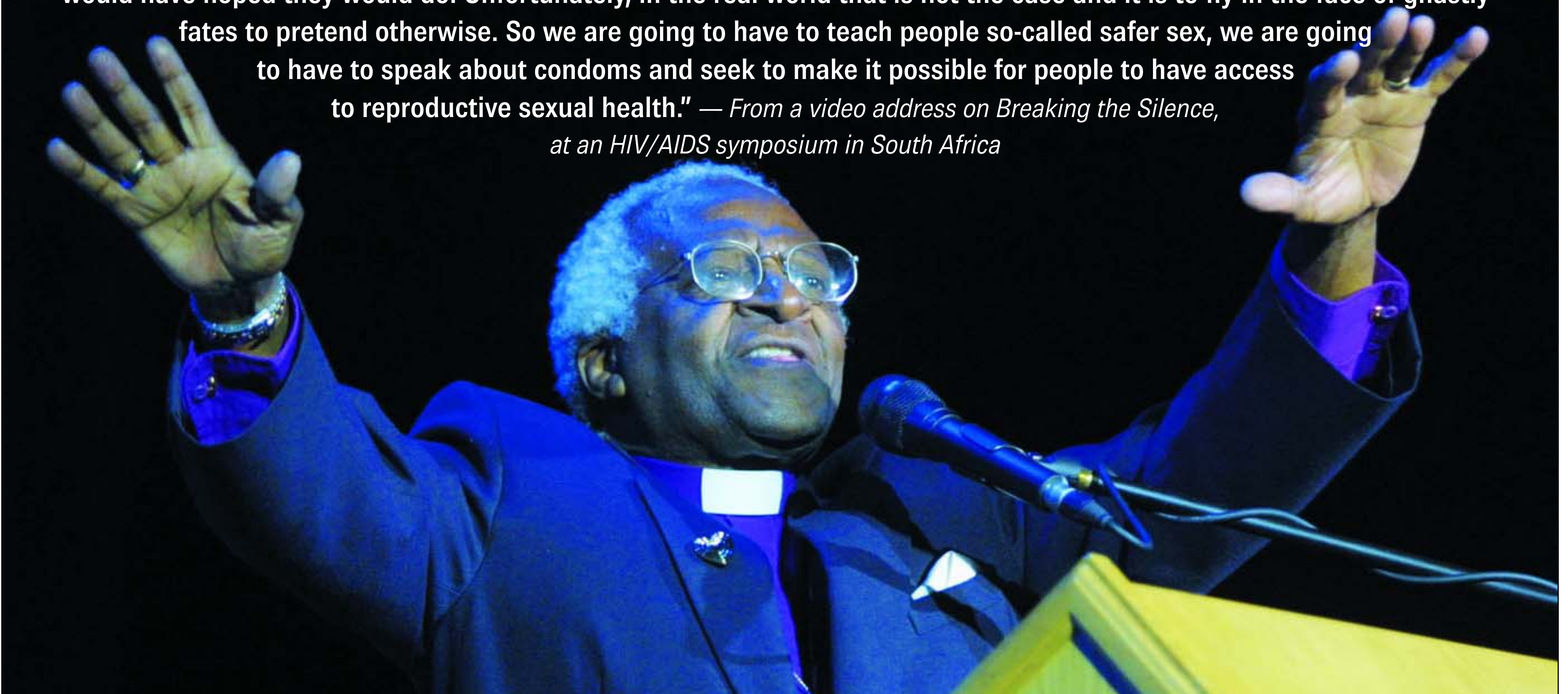


What Archbishop Desmond Tutu says:

"In an ideal world, we have hoped that everyone would be responsible about sex . . . that everyone would behave as we would have hoped they would do. Unfortunately, in the real world that is not the case and it is to fly in the face of ghastly fates to pretend otherwise. So we are going to have to teach people so-called safer sex, we are going to have to speak about condoms and seek to make it possible for people to have access to reproductive sexual health." — *From a video address on Breaking the Silence, at an HIV/AIDS symposium in South Africa*

SUNDAY TIMES, JOHANNESBURG

GHANA

The Church, condoms and compassion

By Eunice Menka

CLERGYMEN may have ditched their militant stand over HIV/Aids for a more compassionate approach, but they are adamantly holding on to their opposition to condoms as a means of preventing infection.

In a communiqué to Vice-President Alui Mahama in mid-November, the leaders of major religious organisations said they would speak more openly about sex from the pulpit and encourage their leaders to accept people living with HIV/Aids, besides continuing with their messages on abstinence and fidelity.

This new position comes as a welcome relief for health professionals and other stakeholders who have long complained of the attitude of some churches and faith-based organisations that routinely condemned people living with HIV/Aids as immoral.

But the main challenge for health professionals and groups working with non-governmental organisations still remains how to convince the churches to embrace condoms in the fight against the pandemic.

Says Samuel Aboagye-Mensah, general secretary of the Christian Council of Ghana: "There are still grey and unresolved areas which would not make it possible for the churches to give in to condom use as a means of HIV prevention."

Few people are willing to stir the hornet's nest and the member churches on the council have settled on activities and education around abstinence and faithfulness. "Sections of the Christian community would not understand or accept the condom messages," says Aboagye-Mensah. "Besides, we are really doing more to keep the youth occupied and, for the moment, our focus is on helping people living with the disease."

Health professionals argue, however, that this stance will not help the country deal with the rise in HIV/Aids. Over half a million Ghanaians are infected with the virus. It is pointless, they say, for churches and faith-based organisations to speak about morality and ignore the condom issue.

They contend that when churches preach their anti-condom creed and rail against HIV prevention programmes that even remotely appear to promote condom use, they fail to appreciate the fundamental principles of risk reduction and health promotion.

Some churches have, however, approved the use of condoms in anti-Aids programmes. A couple of years ago, six Christian denominations in Zimbabwe unequivocally stated that condoms could be used within the family to prevent transmission. About 39 church leaders made the announcement at a workshop in Kadoma, 140 kilometres southwest of Harare. Zimbabwe is among some of the countries worst hit by the pandemic.

But Malawi's Council of Churches says, however, that government efforts to promote condom use are immoral. Augustine Musopole, secretary-general of the council, is on record accusing the government of Malawi, which is in the throes of a massive crisis, of encouraging promiscuity by making available hundreds of thousands of condoms. According to the clergyman, research indicates that condoms are not 100 percent effective against HIV. His solution? Abstinence and strict monogamy.

The Catholic Church, in turn, has spearheaded a massive international campaign

Turn to Page 2

UGANDA

Saving children from the worst

By Margaret Nankinga

ABOUT 30 women sit on the floor with their children at the Johns Hopkins University/Makerere University research centre. Each holds a mug of porridge and a bun. They eat as if their very lives depended on it. All is quiet, except for a few babies who are either crying or gurgling with satisfaction.

They are part of research on Nevirapine, a drug used in preventing mother-to-child transmission of HIV/Aids. The women and children have come for review, advice and medicine. Since having regular meals is critical to mothers suffering Aids, the research institute also provides them with meals.

Philippa Musoke, principal research centre investigator of Nevirapine, says: "We enrolled 645 women in the study of Nevirapine versus AZT in labour. Only about half of the women (310) received Nevirapine. Their babies are doing fine except for those who were HIV-infected despite the intervention. Children with HIV die sooner than the rest. But our infant mortality rate and under-five mortality rate is high, so even some of the HIV negative children have died."

The researchers have been following the children and mothers for tthree years and have recorded no major side effects of Nevirapine. They say the drug reduces the chance of transmission through breast milk during the time that it is in the circulation of the baby — two to three weeks.

About 30 percent of mothers who have HIV infect their babies. One of the problems is that some women and children develop resistance to the drug after a dose. Nevirapine crosses the placenta to the foetus.

At 14 to16 weeks, 13.1 percent of infants who received Nevirapine were infected with HIV, compared with 25.1 percent of those in the AZT group.

"We give guidance and counseling to the HIV-positive people," says Betty Musoke of the Aids Information Centre at Mengo Kisenyi in Kampala, "but we refer pregnant womento hospitals where they can get Nevirapine."

Nevirapine is also significantly cheaper than AZT. It is given as a single dose to the mother and child while AZT has to be administered at the onset of labor and every three hours during labour.

Nevirapine can easily be stored at room temperature, an advantage in hot countries like Uganda, where hospitals have poor hospital storage facilities.

KENYA

Unsafe injections cause increase in HIV rate

By Betty Muriuki

Unsafe medical practices as much to blame as unsafe sex

HIGH HIV/Aids infection rates have fuelled the belief that Africans are more promiscuous and immoral than the rest of the world, but a new report suggests that unsafe medical practices may be as much to blame as unsafe sex.

The October 2002 issue of the Royal Society of Medicine's International Journal of STD & Aids says that an exhaustive review of data does not support the assumption that over 90 percent of infections in African adults is through heterosexual means. In fact, they say, heterosexual transmission could account for only one-third of the infections and unsafe medical procedures, including use of contamination injections and blood, could play a bigger role than has been previously acknowledged.

According to David Gisselquist and his team of researchers, surveys among African couples find low rates of heterosexual transmission, just like in the developed countries. At the same time, several studies report HIV infection in African adults with no sexual exposure to HIV and even in children with HIV-negative mothers.

The new report is likely to put in the spotlight the preventive strategies being pursued in Africa, with greater emphasis on medical procedures that do not meet the standards for sterilization, safe blood, stopping the use of unsafe needles and related issues, such as unsafe abortions.

Global statistics from the World Health Organisation estimate that unsafe injections cause an estimated 250,000 new HIV infections each year — about five percent of all new infections — and that most of these occur in South Asia ad Africa. The researchers argue that these estimates "may be an order of magnitude too low". In Africa, they say, many studies show that 20 to 40 percent of HIV infections in adults are actually associated with injections.

The report has generated a great deal and comment. Unsafe medical practices, analysts argue, are among the consequences of poverty in Africa — which, to a large extent, have been exacerbated by World Bank and IMF policies that have forced reduced spending on health care.

In Kenya, patients in many public hospitals are required to buy their own needles and syringes. Some medical centers even ask patients to bring their own gloves. Yet not all patients can afford the Sh10 ($0.8) it costs to buy a needle and syringe. It often boils down to a choice between medical supplies and food, probably the main or only meal of the day. It is common, therefore, for needles to be re-used or shared to cut down on costs — and they are unlikely to be sterilised each time.

Recent related studies have concluded that the average person in the developing world receives1.5 injections per year and that the proportion of those that are unsafe is greater than 50 percent.

Injection technology has developed considerably since the Eighteenth Century, moving from glass syringes that require sterilisation with each use to plastic disposable syringes designed to be discarded after single use.

Compelling as its arguments seem, the Gisselquist team acknowledges that more research is required on the relationship between HIV infection and unsafe medical practices. Until the researchers have concrete data and analysis to back their case, this line of reasoning is likely to invite a great deal of skepticism.

One disbeliever is Mark Kline, who is emphatic that, in Africa as much as every other continent, unsafe sexual practices and behaviour are overwhelmingly the predominant risk factor for HIV transmission.

"Certainly, blood safety and proper use and sterilisation of needles and syringes are important issues, but they pale by comparison to sexual transmission as a current risk for HIV transmission in Africa," Kline told *Africawoman*.

Musicians in Ghana unite in a performance to encourage the public to show compassion to people living with HIV/Aids at the launch of Ghana's Reach Out campaign.

Church, condoms and compassion

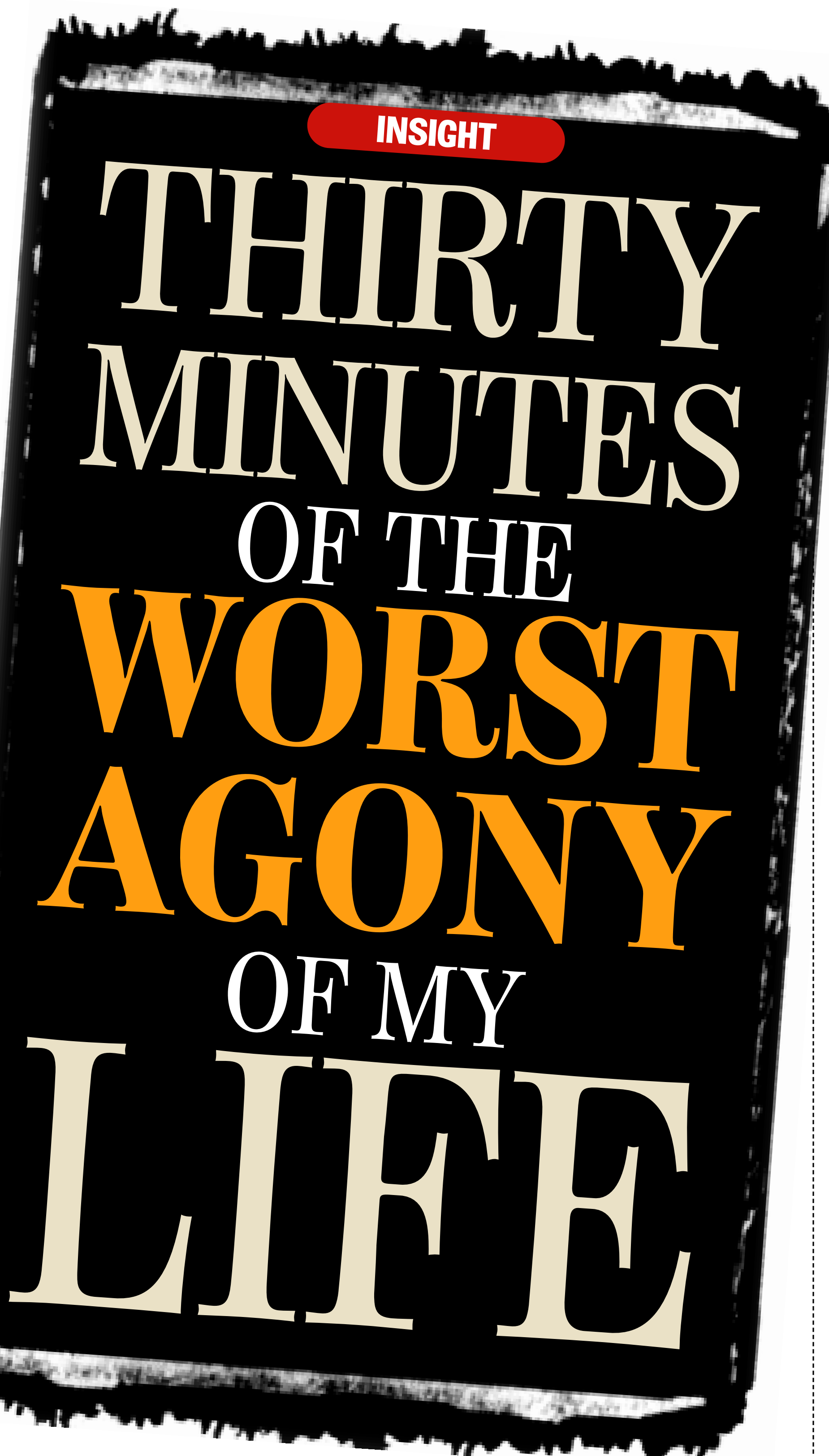
From Page 1

against condoms. At the Preparatory Committee for the International Conference on Population and Development (ICPD+5) Special Session of the UN General Assembly in March 1999, the Holy See delegation delivered a statement that read, in part: "Nothing is to be understood to imply that the Holy See endorses abortion or has in any way changed its moral position concerning abortion, contraception, or sterilisation or the use of condoms in HIV/Aids prevention programmes."

Even though the churches will have nothing to do with condoms, it is good news that they will actively work against the mistreatment of people living with HIV/Aids. Doing away with stigmatisation and discrimination, which is the theme of the 2002 World Aids Day.

Sekyi Amoa, director-general of the Ghana Aids Commission, has meanwhile, urged faith-based organisations in Ghana to stop branding people living with HIV/Aids as sinners and immoral persons. "Religious leaders have a crucial role in offering care and support to people with the disease," he adds.

Speaking at an advocacy workshop in Accra organised by the Council of Independent Churches, Amoa said linking Aids to the theology of sin had worsened the plight of those infected and affected with HIV. "An environment of stigmatisation could lead to HIV-infected persons to hide their status and infect others," Amoa says. "Churches and mosques should use the messages of compassion in the Bible and the Koran to encourage those suffering Aids to live a fruitful life."



By Ruth Gabi, Zimbabwe

For four months, I hesitated. Finally, I sought the advice of three friends. "Why should you go for an Aids test and stress yourself out?" Sheila shot back. A friend from my teaching days, Sheila was in her early forties and getting fatter by the day. "And what would you do about it even if you knew?"

I had no answer to that. "Just live and be happy," she continued. "Life is too short to worry about such things. As for me, I will not go for an Aids test, if only to spite our family doctor. He wants to use me as a guinea pig. When I went to him with a sore throat he told me to go for an Aids test. But when my husband went with the same complaint, he merely gave him prescription."

Mary, in her mid-fifties and with two daughters at university, chose to be neutral. "The issue is not knowing whether or not you are HIV-positive but to live well and not worry about too many things. Just eat well and look after yourself. For all we know, we may all be positive. "

Zenda. my long-time friend from university and a single mother, was more pragmatic. "Listen," she said, "you will go for the test when the time is right. Time will send you. In the meantime, make sure you protect yourself. As for me, I never sleep with my boyfriend without a condom and I check physically every time to see that he is wearing one."

For years, I had looked at the HIV/Aids crisis in Zimbabwe from a distance – that is, until I came face to face with the problem. My husband of 18 years suddenly lost half his weight towards the end of 2001. By the beginning of 2002, he was looking ancient. And, as if that was not enough, he shaved his head, donned long white garments and joined one of the many emerging "Glory Alleluia" churches that go up the hills every weekend for all night prayers.

Whenever our teenaged children expressed their concern, he took it as an opportunity to evangelise. He closed himself up in his newfound "salvation" and took to chanting lengthy prayers, surrounded by several versions of the Bible.

I began worrying seriously at the beginning of February. My hair was thinning and falling fast. The children joked about it, saying my head was now the Kalahari Desert. I had never had much hair. In fact, I was often referred to in Nyanja as uja alibe sisi, meaning "that one with no hair", when I was in secondary school in Zambia. To cover the bare patches on my head, I took to wearing headscarves.

In March, I started suffering night sweats and heart palpitations. I would wake up at midnight drenched. To try and steady my heartbeat, I would shut my eyes and meditate. The palpitations and night sweats continued for weeks. Frantic by now, I confided in Jane, a woman I met at the city council swimming pool where I took my 14-year-old son for lessons. "Jane," I began cautiously, "would you go for an Aids test?"

"Never," came the reply. "I trust my husband completely. I am the only woman he sleeps with."

Tall and slim, Jane often dressed in denim jeans and spoke freely of sex. "David is so afraid of Aids that he wouldn't dare dangle 'it' anywhere near another woman," she said, laughing.

The crux came in May. I fell sick. Despite no signs of injury, I was left breathless as spasms of pain shot through my left leg from the base of my foot to the hip. I was partially immobile for days. I hobbled around on my toes and suffered excruciating pain all night long. I lost five kilogrammes that week.

This is it, I thought. I am going to watch myself disappear and become a skeleton. Too afraid to consult a doctor, I had sleepless nights and often woke up to examine my body to see where I had lost the most weight. Sick with worry,I would read Dickens' Pickwick Papers until the early hours of the morning. I got to know Mrs Gamp so well that I could even afford a weak smile now and then from my sunken eyes and cheeks. Ignorance of my HIV status was taking its toll on me. I was now the perfect picture of misery and could not even bear looking at myself in the mirror. So afraid was I of myself that I became my own living nightmare.

I had to know my status in order to continue living a worthwhile life. I made the decision one Sunday morning as the church service was ending. I looked at the time. It was 10 o'clock. There, looking at the green and blue stained glass church windows behind the young and enthusiastic priest, I made a vow: I would know my HIV-status by 10 o'clock the next day.

I was surprisingly calm as I ran my errands in town on Monday, May 22. I dropped off a story with my editor at The Herald and the radio at the electrical shop for repair. I left town at 9.15am and drove to Wilkins Infectious Diseases Hospital on the outskirts of the city.

It was all pleasantries from the staff as I paid the $50 for the test and I was led into the counsellor's room at 9.30am. The counsellor, in her early thirties, introduced herself and asked me not say my name but to give her my mother's first name. She was warmly dressed and the heater in the room was on. I, on the other hand, had on only a skirt and blouse and yet I was sweating. I told her I was hot and she switched off the heater.

"Now I am going to ask you some questions," she began. "If some of them are too personal you can just tell me to skip them." She read something that sounded like a charter about confidentiality. I hardly listened. All I wanted was for the test to be over and done with.

I rattled off the answers to her questions. Age: 48. Children: Three teenagers. Sexual partners: One. Method of protection: Condoms. Reason for requesting test: Loss of hair and weight. Method of coping with stress: Reading.

For fear of prolonging the interview, I didn't tell her that my husband had not used condoms twice and I was worried. "Now, I will take a little bit of blood and we will know the results in 10 minutes," said the counsellor, pricking my left thumb. I was too numb with worry to tell her to take it from my right thumb, as I am left-handed.

"You can go to the waiting room," she said, putting the slide on a table full of gloves and syringes. I said I preferred waiting where I was. I did not have the energy and courage to stand up before I knew my status. Even if I had wanted to go out, I don't think my body would have obeyed me. It didn't belong to me any longer.

I watched the minutes tick by on the wall clock. I looked at the bit of blood on the slide that would decide my fate. I tried not to think, but I kept thinking. "What if..." I had to stop thinking. I picked up a pamphlet titled Nutrition Guide for People with HIV and began reading. The least I could do was prepare myself.

The counsellor returned at 9.45am. She picked up the slide and circled something on a form. I looked at her anxiously and tried hard to read her face. It was completely impassive. She then came and sat opposite me. "The results are negative," she said quietly. I looked at her in disbelief. As the word "negative" finally registered, tears of gratitude welled up in eyes. "Thank you," I said, looking her in the face. "You are very brave to be doing this every day."

"It was also very brave of you to come," she said, smiling. At five minutes to 10, I left Wilkins Hospital New Start Centre. I walked through the waiting room in a haze. I vaguely saw three men and a woman waiting in line to see the counsellor.

"My husband of 18 years suddenly lost half his weight towards the end of 2001. By the beginning of 2002, he was looking ancient. And, as if that was not enough, he shaved his head, donned long white garments and joined one of the many emerging "Glory Alleluia" churches that go up the hills every weekend for all night prayers"

EDITORIAL

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Africawoman is produced by 40 women journalists from Uganda, Kenya, Zimbabwe and Ghana who meet in a virtual newsroom once a month. The information produced is then linked to community radios throughout Africa to reach grassroot women.

Let African women live

This issue of Africawoman is dedicated to a subject that is as tragic as it is pervasive. HIV/Aids is devastating not only in the number of people it takes to the grave but also the destruction of a way of life for those left behind.In the articles in this edition, you will read of the pain of families ripped apart by HIV/Aids; you will feel the fear associated with an illness that takes away parents and leave children either in the care of elderly relatives well beyond child rearing or children left all on their own in the world.

More than anything else, HIV/Aids has brought out into the open the aspects of culture and traditions that have often meant that African women have little or no power of negotiating safe sex.

Even though they may live in a regime that means they must accept that their men will not be monogamous, these same women often bear the brunt of social prejudice that is quick to apportion blame to them. And just as quick to throw them to the wolves when they fall ill or they become widows.

Traditional practices such as early marriage and female genital mutilation, once upheld as the only way to keep women chaste and pure, are these days blamed for exposing girls to infection. High poverty levels in many African countries have done their part in ensuring that women have no control over their lives.

Many girls who drop out of school with little knowledge and skills often have no choice but to get into commercial sex or relationships with older men — probably explaining the high infection rates among young women aged 15-19.

The theme of this year's World Aids Day is Stigmatisation and Discrimination: Live and Let Live. It would be very simple for us to just get on with our business and let everyone else be.

Yet the lives of far too many African women are hemmed in by so many social restrictions, when they have so little power to change laws, policies and practices. Nothing illustrates the need for African women to demand the freedom to "live and let live" more than the HIV/Aids pandemic.

Enough of the bloodshed

The ugly incidents linked with this year's Miss World beauty pageant raise fundamental questions to do with human rights. Two hundred needless killings are unacceptable in a world guided by the rule of law. Yet, if the fundamentalists had their way, two more women would boost the death toll.

In many ways, the contest was always going to be difficult to stage in Nigeria. First, there were the boycott threats over the stoning to death sentence handed down to Amina Lawal for having sex outside marriage. Then came the street fights between Muslims and Christians and, finally, a fatwa on ThisDay journalist Isioma Daniel, who is now in exile in the United States for alleged blasphemy.

It would be easy to blame Miss World for all these developments, but it is our levels of tolerance and democratic values that are on trial here. The key words are freedom of opinion and expression — which are enshrined in Article 19 of the universal declaration of human rights. Spilling any more blood over this matter would be a travesty of justice.

Africawoman
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Violence stalks the land – and women pay price

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Womena and children bear most of the burden of HIV/Aids.

UGANDA

Do this in memory of our mothers

By Joan Mugenzi,

AT the fourteenth International Aids Conference held in Barcelona, Ugandan activist Beatrice Were was one of a core group of people desperately in demand. Though frail and easily tired, Were moved from working sessions to press conferences and planning sessions.

This was vintage Were. It's been 11 years since she left Africa to push the agenda of women living with HIV/Aids at the international level, but it is all in a day's work for the executive coordinator of the International Community of Women Living with HIV/Aids based in the United Kingdom.

Back in Uganda, Were fought hard to see that the needs of poor women living with HIV/Aids were met. Because of her efforts, over 15,000 women now come together under the umbrella organisation National Community of Women Living with HIV/Aids.

It has been a long journey for Were, who took the brave step of having the HIV/Aids test after her husband died of meningitis. A positive result came as shocking news to the social work and social administration undergraduate with two children, whose dream was to become an academic.

She also had to deal with relatives who wanted their brother's property, arguing that Were was not legally married. She fought this battle too and triumphed. It is then that it occurred to her: "How about the widow who has low levels of education?"

Says Were: "I knew where to go. I could articulate things. Lawyers did not intimidate me. In the process, I thought about widows who are illiterate, poor and had no relatives."

She started going for treatment and counseling at Nsambya Hospital, three kilometres south of Kampala, Uganda's capital. This set her creative juices flowing again. She recalls that three-quarters of the women at the hospital were poor women. They needed other social support services. And, during her interactions with them, she realised that a number of them knew that testing positive was not the end of the world. When she started as a social worker at the hospital, she used her experiences to create a common platform to share experiences.

Out of this emerged the Memory Project, which focused on teaching women to open up to their children, who are taught the facts of life at an early age and prepared for life without their parents.

The Memory Project was initiated to minimise the pain and suffering that children endure after the death of their parents. The focus is on communicating with children through the long incubation period of HIV infection, keeping records of family histories, alerting children to their vulnerability and working on secure plans for the future.

One of the key issues on Were's mind right now is free treatment for women and the dilemma they face as they make decisions that affect their lives. At a satellite conference for infected women in September 2001, Were observed that even when looking at drugs that have come on the market, the decisions that women are faced with are difficult and can spark off a great deal of emotional pain.

She was specifically talking about the prevention of mother-to-child transmission programme that gives women short course treatments like Zidovudine (AZT) or nevirapine. "The thought of passing on HIV to one's child, even when they are taking the drug is shattering," she told the New Vision, a Uganda newspaper. "There is also a big fear that women will go out and have babies left, right and centre. We now have to deal with more questions than ever before. Every new finding is a challenge."

It is exactly the kind of situation upon which she thrives.

SOUTH AFRICA

McLintock's home of compassion

Have for children with AIDS

Sparrow Village, a home for abandoned children, in Johannesburg, South Africa.

By Edith Kimuli, Uganda

SIX THOUSAND babies are dumped every month in South Africa – some go hungry, some die. Some are abandoned in hospitals while others are abandoned on streets. And a few are lucky enough to land at Johannesburg's Sparrow Village.

The Reverend Corine McClintock's Sparrow Village, is a haven for children with full blown Aids and other abandoned children. Adults with Aids also find refuge in the Village which McClintock founded in 1992.

Left: Nel Lynette,a doctor at Sparrow Village. Centre: the Reverand Corine McLintock. Right: Lynette with one of the children

The centre – registered in the apartheid years as a guest house – has 43 nursing staff, three professional nurses and three doctors. Its job is to accept the people others reject – and increasingly that includes HIV negative children.

The Aids stigma is so big in South Africa many mothers dump their babies when they realize they themselves could be infected with the Aids virus. Even though some of these children turn out to be free of HIV.

According to Nel Lynette, co-director of Sparrow Village, "some children test positive because of anti-bodies from their mother's blood, but later they test negative."

Mothers with a high viral load usually pass the HIV on to their new babies as the infant passes through the mucus in the birth canal.

But the child's status can convert to negative within the first six months of their lives.

The necessary anti-body test costs $20 but the more appropriate Polynerase Chain Test (PCR), costs $90. The PCR tests scrapings tissue like the lining of the mouth and is much more accurate.

So sometimes healthy children are treated with those who have the virus. "We do not turn away people, we refer them to other institutions," says 72-year-old McClintock.

Some of the children have been adopted, others have been settled in homes where Sparrow staff can help look after them.

But it is clear that although the Reverend has never had labour pains she enjoys looking after children. Even though the death of four people in her home every week devastates her.

According to Lynette, the pathetic state of the children sometimes gets her very depressed.

Lynette says that at the home the victims learn not to worry about every little thing. "One little girl died, I told her go home to Jesus he's waiting for you …"

The village started with 25 people and now houses over 800. "They arrived one by one, shared their lives with us, absorbed all the life and love that they could give and receive, then left us one by one," says Lynette. Fifty- one people died at the house last year alone

The quick spread of Aids in South Africa has been attributed to the mining industry, which separates families for long periods, a high rape rate, low education and poor Law enforcement.

AIDS ravages education in Africa

The United Nations has warned that HIV/Aids is killing teachers faster than they can be trained, making orphans of students and threatening to derail efforts by highly infected countries to achieve education for all. It warns that a new global education strategy is needed to curb further infections, reports **Anne Mugisa** from Uganda.

The UN has released sobering statistics of teachers' HIV/Aids mortality. In the Central African Republic, 85 percent of teachers who died between 1996 and 1998 were HIV positive, dying on average 10 years before they were due to retire.

On the surface, HIV/Aids may look just like another cause of death, but the biggest casualty of the disease is emerging on the African continent – the education system.

With the destruction of this vital component of development, everything else can fall apart.

The UN says it's a development crisis, because research shows a good basic education is one of the most effective and cost-effective means of preventing spread of HIV. But the disease itself is killing off key players in the education system namely the teachers, the pupils and the parents supposed to pay for the education.

In Zambia 1,300 teachers died in the first 10 months of 1998 – twice the number just two years earlier. In Kenya, teacher deaths trebled in the four years to 1999. Over 30 percent of teachers in parts of Malawi and Uganda are thought to be HIV-positive, 20 percent in Zambia and 12 percent in South Africa.

That means countries like South Africa and Botswana are seeing a reversal of hard-won educational gains, according to the UN.

"Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach," said |Peter Piot, Executive Director of the joint UN Programme on HIV/Aids (UNAIDS). "HIV/Aids and education is a challenge for Policy makers in both education and AIDS, but its message speaks to everyone touched by the epidemic-teachers, education administrators, school children, young people out of school, adult learners and community leaders living in a world with AIDS," he said.

It's getting worse. Half of the World's 15,000 new infections every day occur among 15-24 year olds. Young people like Nichola Birungi, 12, one of 16 orphans living with their grandmother Omukaikuru Abwoli in the Western Uganda district of Kabarole. Abwoli has six children, two teachers, who have died of AIDS over the years since the mid 1980s.

Last January Nichola became the latest primary school drop-out in her family following her father's death.

The World Bank has warned that governments should intensify education plans to get 115million boys and girls into primary school by 2015 if the world was to have any hope of blunting the spread of the epidemic.

The UNAIDS Interagency Task Team on Education met in New York last October and released a new action plan on HIV/Aids and education. They say more than 113m children aged 6-12, are out of school in developing countries, two thirds of them girls. Of those who enter school, one out of four drop out before attaining literacy. And at least 55 of the poorest countries were unlikely to achieve universal primary enrollment by 2015 even before the HIV epidemic struck. Twenty-eight of these countries are also among the 45 worst hit by HIV/Aids.

According to the Ministry of Education of Uganda, HIV/Aids related absenteeism is rife in schools especially for the girls who are also more vulnerable to HIV infection than the boys. The children are forced out of school when their parents or guardians fall ill in order to care for them and assume other domestic duties and as the family income falls girls are the first victims of the need to save income.

GHANA

What comes first: human rights or innocent lives?

Researchers say it's dangerous for country to be complacent

By Golda Armah

ALBERTA Hunuu died a lonely woman. Her husband divorced her soon after she was diagnosed with HIV/Aids. Only 35 and a talented fashion designer, she died a pauper because she had spent all her money on medical expenses.

Speaking two weeks earlier, Hunuu told a group of visiting students: "It was so soul destroying watching myself waste away when I could do nothing about it."

Her husband and his family would not even allow her to visit her children. She had been condemned out of hand as an adulterous wife, even though no one seems to find out if her husband was also HIV-positive

"Anecdotal evidence suggests that there has been a sharp rise in the number of women thrown out of the marital homes because they have tested positive for HIV ", says Gloria Ofori Buadu, executive director of the Federation of Women Lawyers-Ghana.

Many of these women are unable to sue for upkeep from their husbands, who generally do not consider it necessary to have the HIV/Aids test. According to FIDA sources, they are more likely to dismiss the possibility on the grounds that they would instinctively know if they were infected.

Ghana is also grappling with cases of people who deliberately infect their spouses. It is only at the point of death that such spouses confess.

Says Buadu: "We are demanding a law to compel spouses to disclose their HIV/Aids status to save people from being deliberately infected by their partners. The law should compel spouses to provide for their infected partners and also provide protection for workers living with the disease."

Though the right to information is one of the pillars of the African Human Rights Charter, it is one that is widely ignored. The HIV/Aids crisis also raises questions to do with privacy and ethics, but Buadu argues that these should not be respected at the expense of the spouse's right to protection.

The dilemma is compounded by Ghana's National HIV/Aids and Sexually Transmitted Infections policy, which says: "Mandatory testing highlights discrimination, creates fear, resistance, and is also counter-productive to the aims of HIV/Aids prevention, and does not help control the epidemic."

Sakyi Amoah, director-general of the Ghana Aids Commission, argues that compulsory disclosure will not help reduce stigmatisation and discrimination against people living with HIV/Aids.

Half a million HIV/Aids cases have been reported in the local health institutions since 1986. Initially, the ratio was six females to one male but this dropped in 2000 to two females to one male. Though the prevalence rate is 3.6 per cent, there are fears that there might be a knock-on effect from neighbouring countries that have a rate of more than five percent.

Some researchers have suggested, however, that it is dangerous for Ghana to be complacent about the low rate.

The reported cases, they argue, may represent only 30 per cent of actual cases in the country since most Ghanaians are more likely to seek help from traditional healers and prayer centres rather than hospitals.

The Ghanaian government has already pumped $60 million into programmes to control the spread of the disease, but still has some way to go towards the $120 million required. By March next year, Ghana will start producing three anti-retroviral drugs for the management of HIV/Aids. Nigeria and Cote d'Ivoire are already doing so. Cote d'Ivoire has six treatment centres offering anti-retroviral drugs at reduced rates, through the HIV Drug Access Initiative of UNAIDS and the Ministry of Health.

Though significant investments have been made in the campaign against HIV/Aids, the true battle remains at the social level, where stigma and discrimination is fuelled by the belief that the disease is the result of immorality.

The Love Life Stop Aids campaign, a presidential initiative launched two years ago, is aimed at creating a compassionate and supportive environment for those infected with HIV/Aids. The theme of the second phase of the campaign is "Creation of Caring Communities" and is targeted at religious groups.

Most people who consider themselves pious tend to perceive the disease as divine punishment. Should a congregation admit to having members living with HIV/Aids or be seen to be "unduly concerned" about the disease, it may be considered an admission that it is immoral and weak in the faith it professes.

Whereas a law to compel spouses to disclose their HIV/Aids status has its virtues, especially in Africa, where families shy away from disclosing the cause of death of relatives for fear of being stigmatised, it will be an uphill battle for FIDA.

KENYA

Keeping a nation's hope alive

By Grace Githaiga

THE image of 15 year old Mary* has remained etched on my mind since I watched her on television three years ago, narrating her experience of how she had come to terms with her HIV/Aids status. It hit me because she was so young, in form two and barely understood the implications of her condition.

On being told she was HIV positive, she saidd "Ehe, nilishikuwa na shock kuskia niko na hii ugonjwa! (I was shocked to learn that I am suffering from this 'disease'!), but you could tell that the reality had not sunk in. Mary is just one woman in the 15 to 24 age group living with this condition at the start of her reproductive years.

A USAID press release says that infection rates among young women in many parts of Africa are at least twice the rates among young men. In certain areas of Kenya and Zambia, teenage women have HIV prevalence rates of 25 percent compared with 4 percent among teenage men.

According to Karungari Kiragu, a researcher with Johns Hopkins University, the reason more young women are infected than young men include physiological factors and traditional cultural practices that add to their risk. "Because of their status, young women in many African nations feel powerless to refuse sex or even to ask for a condom to be used." There is also this myth that young women are less likely to be HIV positive and therefore men are choosing younger sex partners.

Some teenage girls are also choosing older men or "sugar daddies" as sex partners to get gifts or pocket money. A myth also persists among some men that having sex with a virgin can cure AIDS. This practice has particularly been seen in South Africa.

An advocacy Officer with Agency for Cooperation and Research in Development (ACORD) Opiyo Makoude, recently found that at Primary School level in the Kwale District of Kenya, there are still many myths associated with HIV/Aids. For example some of the pupils interviewed believed mosquitoes are a source of transmitting HIV/Aids, while others thought that sitting next to a person with HIV/Aids, would mean automatic infection. Secondary school students, by contrast, are sexually active and aware of the facts about HIV/AIDS. But still 'behavior change is so slow'. Several admitted to having sex without a condom, although aware of the implications. But still, Makoude believes the answer is more and more information: "particularly for girls who may be lured by older men'. Education in decision-making and negotiation skills, especially from peers, would help young women to protect themselves from unwanted sexual relationships and to ensure use of condoms when they are sexually active.

A UNAIDS report confirms that in Zambia, new surveillance data from the capital Lusaka show that the proportion of pregnant girls aged 15-19 infected with HIV dropped by almost half over the past six years. This holds out hope that Zambia might follow the course charted by Uganda, where a decline in infection rates in young urban women heralded the turnaround in the epidemic. Uganda's nationwide rate of adult HIV prevalence has now fallen to just over 8% from a peak of close to 14% in the early 1990s.

Achievements like these keep hope alive by proving that the world is not powerless against HIV/Aids.

GHANA

Love more powerful than medicine

By Charity Binka

HABIBA Alhassan sounded desperate: "I am happy to be alive, and I want to live longer to look after my two children," she pleaded. But no one had the power to grant the 35-year-old woman's wish. In October, she died after a 10-year battle with HIV/Aids.

The mother of two teenage children, Alhassan had every reason to live. She was beautiful, brilliant, energetic, assertive and full of ideas. At Tamale Secondary School in northern Ghana, her teachers believed she had the potential to go on to university. But, in her third year, she was sent to join her aunt in Accra in preparation for marriage to an old man who had another wife in neighbouring Togo.

Tthe marriage was not a happy one. Her husband kept her a virtual prisoner at home, fearing he would lose her to a younger man. Two children later, she fled to Burkina Faso. "I found true love there — at least, that's what I thought," she confided to a friend. She soon fell pregnant and learnedthat she was also HIV-positive. The baby lived for only nine months.

She returned to Accra and, turfed out of her aunt's house, moved from one friend to another. Sometimes she found herself in the streets and at lorry stations, where she and other women took refuge.

Bernice Heloo, executive director of Pro-link, a local NGO working with people living with HIV/Aids, said: "I met her in the last years of her life and she was a joy to be with. Even when she was not feeling well, Habiba would not admit it. She was ever ready to be of service. Most of the times we talked about other things and not the disease.

"But the discrimination she suffered was intense. Habiba would be by the roadside all day looking for transport to town, but no driver would pick her. They would stop, take a close look and drive off. But this never deterred Habiba. Even if she had to walk to get to where she was going, she would do so."

Heloo has opened her home to many other women living with the disease. "Love is more powerful than any medicine we can give them," she says simply. But she also thinks the women can only be helped if they open up. As she puts it: "They have to help themselves by asking for help."

Unlike many others, Alhassan died in the arms of her relatives. The aunt who had earlier rejected her took her back and nursed her until she died.

Throwing money at AIDS is not the answer to problem

By Charity Binka, Ghana

A recent visit to three communities in Dormaa District, on the border of Ghana and Cote d'Ivoire, confirmed my worst fears — there is no escaping HIV/Aids, which has spread to virtually all cities, villages and hamlets. Yet we are all trying so hard to wish the disease away.

I was in the district with a team of experts from ActionAid who were on a reconnaissance mission preparing for a study on how people and households cope with the disease. The study will look at the income and expenditure patterns of affected and infected individuals and households.

My heart still bleeds long after my visit to Kofi Badukrom, Bebianeha and Benekrom. I cannot erase the images of people suffering from the disease but who cannot talk about it for fear of stigmatisation.

Some are weak and need constant attention, yet they do not have the courage to disclose their status even to spouses and close relatives offering intimate care. A husband does not want his wife to know that he has HIV and a wife, who is dying slowly, would rather keep it a secret from the husband. Some sufferers refuse to accept laboratory results while others simply refuse to return for the results after they are discharged from hospital.

Those who have HIV but still look healthy pretend nothing is wrong and have sex without taking precautions, spreading the virus further. Even when it is obvious that someone has the disease, no one dare ask. As one of the chiefs put it: "We can tell who has the disease by the way the person looks, but we dare not ask." But another chief simply saw

The face of the epidemic is increasingly female as the numbers of those infected equal those of men.

POINT OF VIEW

HIV/Aids as "one of the numerous diseases that one is bound to suffer from once one is born".

It is terrifying indeed to know that people are literally "toying" with death because communities in Ghana are not ready to accept that HIV/Aids is real and anyone can be infected — including that big man or woman, that MP, that seasoned journalist, that doctor, that renowned lawyer, musician, actor, actress and that prominent chief with many wives. Families quietly bury their beloved ones who die of Aids, announcing to those who care to listen that he or she was cursed with a strange disease.

A Ugandan health economist who was on the trip summed up the seriousness of the situation when he said: "I feel really sad that people in Ghana are still at the denial stage. This is where we were more than 10 years ago. Everybody pretended the disease was not there. We just talked about it but did nothing about it. The consequences were devastating."

Ghana is sitting on a time bomb and something has to be done beyond seminars, workshops and conferences. The fact that HIV is contracted mainly through sex makes it even more delicate subject. Sexual escapades are not activities easily spoken of in public. Indeed, the greatest challenge is breaking the silence over the disease.

Throwing money at HIV/Aids is clearly not enough.

Also important is the issue of support and care. It is only when those who are infected are sure of care and support that they will come out of the closet. When people begin to accept the fact that the disease can afflict anyone, regardless of status, they will come forward for voluntary testing and counselling.

This is why the work of Christian Health Association of Ghana stands out so vividly. The association is at the forefront in providing care and support for selected communities and has trained 30 volunteers in the Dormaa District to give solace to people living with HIV/Aids.

Referred to as "friends of the sick", they used to be called "friends of the people living with HIV/Aids" but people would not accept them into their homes because of the stigma. These volunteers spend their time and money taking care of HIV/Aids suffers, who otherwise would have been abandoned. The sufferers are not willing to disclose their status to the volunteers. But they are more than willing to receive the needed support from the volunteers.

The work of these volunteers is valuable indeed in an area that is not well endowed in health services. They make a strong case for community involvement in HIV/Aids control. For one, some of those infected have started opening up as a result of the confidence they have in the volunteers. They are known in every home and every door is opened to them. As one of them rightly pointed out, "once people are assured of care and support, they will open up".

The conferences, workshops and campaigns on condom use are all very useful. But even more effective is giving HIV/Aids a human face and giving hope to sufferers. What is important is accepting the situation and learning to live a responsible sexual life to check its spread.

Even more heart warming is the news that with proper care, a person with full-blown Aids can reduce their viral load and carry on with their lives. And that is the message of the volunteers. More than 90 percent of Ghanaians have heard about HIV/Aids. Unfortunately, this knowledge has not been translated into behavioural change.

The silence surrounding HIV/Aids is alarming. It is like sitting on a time bomb. We have a moral responsibility to each other: To live and let live, just as this year's theme for World Aids Day put it.

ZIMBABWE

AIDS leads to increase in mental health ills

By Ruth Gabi

FOUR times a year, Shamiso Mudepu travels 80 kilometres from her home in Bindura to the Harare Psychiatric Unit to collect her dose of anti-depressants. This year, the 50-year-old has suffered two relapses and had to be admitted in hospital.

The first, in May 2002, was triggered by the death of her eldest son, who left a young wife and two children. He had been ailing from an Aids-related illness. He used to help his parents with the inputs they needed for farming.

The second relapse came in August, when her 16-year-old daughter Lynette was made pregnant by one of the young assistants of the many self-styled n'angas (witch hunters) who traverse the country sniffing out so-called witches and evil spirits. Her husband, Jacob, accuses Mudepu of "selling" their daughter for cash to buy bread and sugar for her older sister, who is bedridden and suffering from tuberculosis.

For a fee, the witchdoctors claim to cleanse families that have suffered a spate of Aids death. At a weekly death rate of 2,000, few families have been left untouched by the pandemic. With all the ill fortune dogging Mudepu, her husband's relatives now say evil spirits from her original home have possessed her.

Zimbabwe is in the grip of an economic crisis, with the inflation rate at 132 percent, and families are having a hard time of it caring for ailing relatives.

"Aids has had adverse effects on every section of the population," says Elizabeth Matare, executive director of the Zimbabwe National Association for Mental Health. "This has resulted in an increase in mental health problems."

At least one in every four people in the country suffers a mental health problem, adds Matare, who is also the vice-president of the World Federation for Mental Health's Africa region. With only seven qualified psychiatrists, at least 72 percent of the people turn to traditional healers.

In most African societies, mental illness is considered a cultural rather than scientific problem. Mental illness is believed to be the result of bad spirits and goblins — and the larger part of the population has little faith in the ability of psychiatrists to deal effectively with the spirit world.

Matare's organisation has stepped up a campaign to get MPs to amend the Mental Health Act of 1976. This means people will be able to call on police to help them institutionalise a mentally ill relative. As it is, managing a mentally ill patient is considered a domestic matter.

The medicine Mudepu takes causes unpredictable mood swings and she often sinks into long periods of vacant silence. "Many people have very lonely lives these days," says Prisca Munonyara, director of the Aids Counselling Trust. "Stigmatisation is a challenge that needs to be addressed urgently. When a patient dies, support group coordinators are sometimes called and told 'your colleague is dead and we do not know what to do with him or her'."

While Mudepu has retreated into a world of her own, trained nurse and mother of two Julia chose to take an overdose of sleeping tablets. Sinking ever deeper into depression and increasingly distraught at her husband's extramarital affair and her HIV-positive status, she decided to end it all. When her husband discovered her body on their marital bed, the baby was still sucking her breast.

She was widely condemned. "How could she kill herself over a mere girlfriend?" asked a colleague. "Now the girlfriend has all the time to enjoy herself with the husband."

But, as it turned out, this was a case where there were going to be no clear-cut winners. Four years down the road, the widower — a medical doctor — died of Aids.

UGANDA

Locked into poverty and suffering

Little hope of treatment for most working women with HIV/Aids

Young women in Africa are more likely to contract HIV than any other group. UN figures show infection rates among teenage women in sub-Saharan Africa are over five times higher than rates for teenage males. And half of all HIV infections worldwide occur in women in Africa. Women are also the poorest members of society – dirty workplaces can leave them vulnerable to more infection. and prostitution can be the only way for an HIV positive woman to earn money to keep her family. The prevalence of rape makes all women vulnerable – yet the social status of working women is rarely raised when HIV rates re discussed, says Uganda's Alice Emasu

Janet, 30, returned from Malera trading centre at 7pm, greeted her mother and handed her smoked fish for dinner. Thirty minutes later, the fish trader excused herself and went to "rest" in her nearby hut. She told her mother not to invite her for dinner, as it would disrupt her sleep. She was found lying dead on the rough floor the next morning.

Janet's death has raised a lot of dust in her village. "Why did the old woman sell Janet's only goat without her consent," asked mourners. Moses Okello, a local councillor said Janet had bought and kept the goat for her mourners to eat at her burial. Many blamed the 83-year-old woman for contributing to her daughter's suicide by poison.

Josephine Naluwu, a neighbour, revealed that Janet had endured many problems. She watched as some of the men who raped her died of Aids. Her husband and parents shunned her after learning she had HIV/Aids. Finally, her life was just too much to cope with.

Janet is not alone. Mariam Mukibi, 38, a mother of two, lives in Jinja, in Eastern Uganda, where she is employed as a tailor at a local training centre.

Mariam volunteers' information about her HIV/Aids status to whoever asks. "Auntie, I'm going to die. I see my life has ended now. I do not have money to buy food for the family and we have gone hungry for two days. I'm not worried about the fact that I have Aids. What worries me most is my inability to feed and educate my children."

Mariam earns Sh50,000 a month (approx US$25). But sometimes she works for over three months before getting paid.

When this happens, Mariam hawks used clothes after her working hours, which means walking long distances with heavy loads of clothes on her head or back, working long hours and retiring to bed after midnight — exactly what a woman with full blown Aids should not be doing, according to Peter Olonyo, a medical expert in Kampala.

He argues that in Mariam's current condition she needs to eat well, have enough rest, visit medical staff regularly for counseling and to treat opportunistic diseases.There is no chance of that for Mariam.

Rose Nassanga, the director of women and youth affairs at the National Organisation of Trade Unions in Uganda, says most women — especially in rural areas — are locked into low-income situations which, in turn make them vulnerable to high HIV/Aids infection risk.

"Female-headed households are most vulnerable to poverty. Women are likely opt for prostitution as a survival strategy which opens them to risk of HIV infection".

For most working women with HIV/Aids, especially in Africa, there is little or no hope for treatment. Advances in preventing mother-to-child transmission currently benefit the child, not the mother caring for the child. Lack of proper sanitation and shelter at work can mean many women are exposed to opportunistic infection like diarrhoea, which can shorten their life span.

"The unfortunate thing with HIV/Aids is that one needs money, and for most women, they simply do not have the money," Nassanga says. That is why she is urging trade unions in Africa to give women education on HIV/Aids in the workplace.

"This will entail trade unions organising workers in the informal sectors where the biggest percentage is women," she says, adding that trade unions will also have to start genuine campaigns to outlaw sexual harassment at work.

The rapid spread of HIV/Aids among women and girls has revealed shortcomings in the way governments have tried to tackle HIV/Aids as a health issue first and foremost, ignoring social reasons for its spread and gender issues.

ZIMBABWE

Polygamists defy the threat of HIV

By Regina Nyirenda

THE average Zimbabwean may be better educated and exposed to international trends, but men marrying two or more wives is still in vogue — it is proof that one is a man; as for women, it is just a matter of buttressing one's security.

Ester Kandiro, 37 and a vendor in Bulawayo's Ascot shopping centre, argues that men should be allowed to marry at least two wives since there are generally more women than men. According to 2001 estimates, there are at least two women to every Zimbabwean man.

"Other women, too, would stop snatching other women's husbands. It's a known fact that women outnumber men, so what are single women supposed to do? I for one would not mind settling down with a married man as long as I can go home and call him my husband," said Kandiro.

But Enesi Mhlope, a sales executive, says women who become second or third wives are only setting themselves up for the danger of contracting HIV/Aids. "Women should be responsible for their own health and their own lives and stop being dependent on unfaithful men. We, as women, should stand up for our rights. If your husband marries a second wife, you should not just accept it, you should refuse to be exposed to a health risk."

Although Zimbabwe has made great strides in other spheres of life, the issue of mistresses and extra wives remains rooted in everyday life. Even as a son is buried, having died of HIV/Aids, the relatives are thinking of handing over his wife to a brother who is already married. While some women have stood up against being inherited by a brother-in-law, others have been forced into these unions due to lack of financial security.

Rose Mutera, a faith healer, believes it is unacceptable for men to be polygamous. She adds that polygamy promotes jealousy and witchcraft among the women involved and that offspring of polygamous relationships rarely get along. "While the women are busy fighting for the man's attention, the children have to fight for equal treatment and their father's love. It also becomes easier to spread HIV/Aids," said Mutera.

Traditionally, polygamy was an acceptable way of expanding the domestic labour required for farming. It was also a means for getting more sons. The first wife was usually consulted and at times even suggested that the man marry one of her sisters.

Consulting the first wife reduced the possibility of conflict and meant that the other woman would be immediately welcomed into the family circle. The first wife made the rules and the rest had to channel their requests to her if they had any material needs. The children were raised together and encouraged to get along.

"Polygamy is an old practice used to top up the workforce by men, but times have changed and there is no need for big families now, especially in the light of the dreaded virus and the burden of educating so many children," says Ndumiso Gumede, a national soccer administrator.

But herbalist Ephraim Mlapisane vehemently supports polygamy. "Polygamy is very natural; there is nothing wrong with it. It was practised long before the West brought this one-woman thing. In the past, only men with big hearts married more than one wife," he said.

As long as women continue to value a man by their side at whatever cost, the HIV/Aids pandemic will continue to kill more women than men. By this year, there were 800,000 Zimbabwean men living with HIV/Aids and 1.2 million women.

ZIMBABWE

With a new start, some hope

By Sibongile Ncube

AUXILLIA Chimusoro was the first Zimbabwean woman to openly declare that she had Aids, going on to spearhead a movement to demystify the disease. Before her death in 1998, she had opened up a whole new front in fighting the stigma that dogs those infected with HIV.

Her chosen path was not easy. In fact, her passionate campaign for the human rights of those living with HIV was matched almost in equal measure by the resentment of her family and friends — the people she expected to give her the support she desperately needed.

Today she is remembered for helping people with HIV/Aids form support groups.She helped found of the Zimbabwe National Network of People living with HIV/Aids, the bedrock of social marketing tools such as the Voluntary Counseling and Testing Centres.

Chimusoro also inspired other Zimbabwean women to go public and help destigmatise the disease.

In her contribution to the "Positive Voices" series produced by SafAids, a woman identified only as Tarisai says: "Knowing that I have Aids has made a lot of people look at HIV from another angle. Before they would link HIV with prostitution, to promiscuity, to death, to punishment from God, to being sick. Now they have changed because they know me and they know I am none of those things. It has changed their language, the way they talk about HIV.

"It has made them realise that they too could be HIV-positive because I am like them. It has helped other people come to terms with being positive. Before, they thought the door had to be shut to HIV-positive people. This is one reason why people didn't get tested."

The testimonies of these two women and others led to the birth of New Start Centres widely known as Voluntary Counselling and Testing Centres. These centres have come up with an innovative and urgently needed social marketing programme that aims to motivate healthier sexual behaviour and prevent the spread of Aids.

It is estimated that one in every three Zimbabwean adults is HIV-positive; there are more than 2,000 new infections every week and close to 2,000 people die from Aids-related illnesses weekly.

In an effort to respond to the desperate situation, the Zimbabwean Ministry of Health and Child Welfare, Population Services International (PSI) and USAID Zimbabwe are working together to manage a national voluntary HIV counseling and testing network.

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