ARE WE TURNING THE TIDE?

6th

S.A.H.A.R.A CONFERENCE

28 NOV - 2 DEC 2011

HSRC Human Sciences Research Council

Nelson Mandela Metropolitan University for tomorrow

CONFERENCE REPORT

ARE WE TURNING THE TIDE? 6th

S.A.H.A.R.A CONFERENCE
28 NOV - 2 DEC 2011

ARE WE TURNING THE TIDE ON HIV/AIDS?
THE SOCIAL, POLITICAL AND ECONOMIC LANDSCAPE
OF HIV PREVENTION AND RESPONSE
IN SUB-SAHARAN AFRICA

6th SAHARA CONFERENCE 2011 REPORT

Prepared by:

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Adlai Davids, Witness Chirinda, Zamakayise Swana and Babalwa Booi

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HSRC Human Sciences Research Council

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6th SAHARA Conference 2011 Report

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The HSRC is the administrative host organisation for SAHARA and is hereby acknowledged for providing support related to all funding issues regarding the 6th SAHARA Conference 2011. SAHARA Head Office is housed within the HIV/AIDS STI and TB (HAST) research programme of the HSRC which also plays both a coordination and support role to SAHARA. In particular, the support from the HSRC CEO, Dr Olive Shisana and HSRC Executive Director, Prof Leickness Simbayi; IT Director, Mr Themba Mnisi and Communications Director, Mr Julian Jacobs, deserves special mention.

We thank our SAHARA conference partner, the NMMU, for co-hosting the 6th SAHARA Conference 2011. We acknowledge the support received from the leadership of NMMU in the form of financial, human, organizational and material resources. The NMMU Vice-Chancellor, the Principal of our partner institution, Prof Derrick Swartz, the NMMU Deputy Vice-Chancellor Research and Engagement, Prof Mayekiso, the Patron of the partnership with SAHARA and NMMU, Executive Dean, Faculty of Arts, Prof Velile Notshulwana; Director Student Housing, Living and Learning Programmes, Dr Shuping Mpuru and Deputy Director: ICT Service Delivery, Ms Alison Moller, deserve special mention.

We are particularly grateful to Mr Bertrand Audoin, Executive Director of the International AIDS Society, who chose to grace the 6th SAHARA Conference with his presence which contributed greatly to media and international attention for the Conference.

The Honourable Zanoxolo Wayile, NMBM Executive Mayor, for royally welcoming the 6th SAHARA Conference 2011 delegates to Port Elizabeth through hosting and sponsoring a civic reception held at the Feather Market Centre, a proclaimed national monument since 1980.

The Bayreuth International Graduate School of African Studies (BIGSAS), one of SAHARA's MoU partners, was represented by a delegation of staff and students who were involved in various activities of the conference.

We are also extremely grateful to all our principal, major and ordinary sponsors who, despite the current global economic crisis and a myriad of other funding demands, continued to support the SAHARA conference especially the Swiss Agency for Development and Cooperation (SDC).

We thank the members of the Conference Organizing Committee, Conference Scientific Committee, Conference Programme committee and Conference project committee for their invaluable contribution towards ensuring that the 6th SAHARA Conference 2011 was a resounding success.

We thank regional bodies for their valuable participation in the Conference in unique and yet complementary ways. These organizations include UNDP, SADC, USAID, UNAIDS, MSH, PSI and SAFAIDS

To all VOLUNTEERS, plenary speakers, satellite session, workshop, roundtable, oral and poster presenters, thanks to each and every one of you; without you the 6th SAHARA Conference 2011 would not have materialised.

We thank the conference service providers for going beyond the call of duty to meet deadlines and produce quality work:

ICT Services	Alison Moller and her NMMU team; Goodness Maphosa and Thabo Mphela, HSRC
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Last but not least, to the SAHARA family – a big thank you – as you have done marvellous work behind the scenes to make the 6th SAHARA Conference 2011 happen.

CHAIRPERSON'S REMARKS

Prof. Nancy Phaswana-Mafuya

It has been my distinct honour and privilege to be the Chair of a conference of this magnitude involving 710 delegates from 36 countries across Sub-Saharan Africa, South Asia, USA, and Europe. This conference has been one of the biggest SAHARA Conferences since its inception in 2001. Many HIV/AIDS stakeholders opted to attend Africa's premier conference on the social aspects of HIV/AIDS in spite of resource constraints and competing conferences that coincided with the 6th SAHARA Conference 2011. The SAHARA Conference is one of the largest conferences of its kind, focusing on the social aspects of HIV/AIDS. It transcends the boundaries of biomedical research, bringing together those involved in producing research and those at the centre of the epidemic in a multidisciplinary, multistage, and multi-sectoral environment. The 6th SAHARA Conference was a resounding success due to immense support received from a number of individuals and organizations. A special word of appreciation goes to Dr Olive Shisana, the pioneer of SAHARA and CEO of the HSRC, without whose moral and expert guidance and advice this conference would not have realized tremendous success. Special thanks to Mr Bertrand Audoin, Executive Director of the International AIDS Society, for gracing the 6th SAHARA Conference with his presence. The visionary leadership, immeasurable support and unwavering commitment demonstrated by Prof Thoko Mayekiso (Deputy Vice Chancellor: Research and Engagement) and Prof Velile Notshulwana (Executive Dean: Faculty of Arts), from the planning stage of the conference to its execution as Conference Partners deserves recognition. We are also extremely grateful to all our sponsors who, despite the current global economic crisis and a myriad of other funding demands, continued to support the SAHARA conference. To the rest of the partners, conference committee members, colleagues, and all delegates, my thanks go to each and every one of you; without you the SAHARA Conference would not have materialized.

The SAHARA Family, through proverbial blood, sweat and tears, managed to stage the 6th SAHARA Conference 2011 with huge success. Thank you for your hard work and dedication, team!

Thank you, Rea Leboga, Merci beaucoup, Enkosi, Baie dankie

PARTNER'S REMARKS

Professors Nancy Phaswana-Mafuya, director of SAHARA, Leickness Simbayi, executive director of HIV/AIDS, STIs and TB research at the HSRC, Thoko Mayekiso, deputy vice-chancellor: Research and Engagement, NMMU, and Velile Notshulwana, executive dean, Faculty of Arts, NMMU.

"The success of last year's SAHARA conference, which was hosted by NMMU in partnership with SAHARA/HSRC demonstrates an important way forward in addressing the needs of Sub-Saharan Africa – this also includes sharing of expertise. NMMU is proud to have worked tirelessly with our partner in making sure that, not only the conference succeed, but also provide opportunities for networking of our respective members. We are looking forward to the planning of the 2013 Conference SAHARA Conference as we harness not only South Africa's well-being but that of the entire region."

Prof. Thoko Mayekiso (Deputy Vice Chancellor:
Research and Engagement) and
Prof. Velile Notshulwana(Executive Dean, Faculty of Arts)
Nelson Mandela Metropolitan University (South Campus), South Africa

Nelson Mandela Metropolitan University
for tomorrow

EXECUTIVE SUMMARY

The 6th SAHARA Conference partnered with Nelson Mandela Metropolitan University in Port Elizabeth to stage the 6th SAHARA Conference 2011 from the 28th November to the 2nd December 2011 in Port Elizabeth. The theme of the Conference was: Are we turning the tide? The social, political and economic landscape of HIV/AIDS prevention and response.

The 6th SAHARA Conference represents a continuation of the unique characteristics that embodied the previous five successful biennial SAHARA conferences held since 2002 in different African countries – South Africa, Senegal and Kenya.

The 6th SAHARA conference 2011 had a remarkable programme, not only with high level presentations, but with significant highlights such as a Civic Reception hosted by the NMBM Executive Mayor; the SAHARA HEAIDS Summit, the pre-launch of the Eastern Cape HIV/AIDS/STI/TB Provincial Strategic Plan, the World AIDS Day Commemoration, the celebration of the partnership between Routledge and SAHARA J, the launch of a special SAHARA J conference issue and the SAHARA book project and a special preview of the film "Inside Story - the science of HIV/AIDS" prior to its world premiere in 2012.

The 6th SAHARA conference 2011 had a strong Africa focus with 710 delegates from 36 countries all over the world, 23 of which were African countries. The conference also had a strong capacity building focus with 13 pre-conference and 23 conference capacity building workshops, satellite sessions and roundtable discussions.

The 6th SAHARA conference 2011 had strong community involvement involving people living with HIV and AIDS; members of marginalized groups, especially those most vulnerable to HIV; community groups involved at the implementation level, and community leaders involved at the policy level. The conference has also been a great networking opportunity bringing under one roof: policy makers, national authorities with the responsibility for HIV/AIDS issues, researchers and research Institutions and individuals doing research in Africa as well as young and female researchers, funders and Civil Society Organizations.

The 6th SAHARA Conference 2011 provided an interdisciplinary space (beyond the biomedical paradigm) for cross-fertilization among those engaged in evidence-based research; captured innovations arising from practical experiences, research and programmes conducted in different economic, social, political, biomedical contexts; allowed for a bi-directional flow of information from "experts" to people on the ground, and vice versa, and provided an opportunity for the dissemination of findings in a different way as well as captured the results of research undertaken by young and female researchers.

The conference addressed a critical question: "Are we turning the tide on HIV and AIDS? The social, political and economic landscape of HIV/AIDS". A range of presentations was made across the six conference sub-themes, namely: HIV/AIDS and Human Rights, MARPs (Most at Risk Populations), HIV Prevention, Accessibility, Uptake and Adherence to Treatment, Political Accountability in the AIDS Response and HIV Epidemiology. The conference started on Monday, the 28th November 2011 with a series of satellite and workshop sessions. Dr Olive Shisana delivered a thought-provoking opening keynote address at the Conference opening ceremony about HIV/AIDS challenges and opportunities in Africa which set the stage for subsequent discussions throughout the conference. Mr Bertrand Audoin delivered a keynote address at the conference opening plenary that gave the delegates a global perspective on the social, political and economic landscape of HIV prevention and response. Subsequently seven plenary sessions involving 34 presenters were delivered at the conference. Further, 32 parallel sessions, 236 oral presentations, AND 30 poster sessions were delivered. Overall, these presentations revealed that the tide on HIV/AIDS is being turned on HIV epidemiology, HIV Prevention; accessibility, uptake and adherence to treatment but a lot more still needs to be done on the MARP and HIV and Human Rights issues.

HOST CITY

Mr Zanoxolo Wayile, Executive Mayor

The 6th SAHARA Conference 2011 was hosted in Nelson Mandela Bay (Port Elizabeth, Uitenhage, Despatch and Colchester), an excellent value-for-money-family-fun-in-the-sun-holiday destination, named after Nelson Mandela - humanitarian, freedom fighter and world icon of peace - is located 763 km east of Cape Town, is regarded as the "official" gateway to the scenic Eastern Cape Province and the world renowned Garden Route and is sometimes referred to (by the people who know her best) as the "friendly city" or the "water sport capital of Africa" .

Port Elizabeth is fondly referred to as "The Friendly City" and offers a diverse selection of attractions as a family-fun holiday destination including scenic nature trails, historic heritage, magnificent wildlife, cultural experiences and countless water sport activities.

1. INTRODUCTION

The HIV/AIDS epidemic constitutes a global health emergency of unprecedented proportions. At the end of 2008, 33.3 million people globally were estimated to be living with HIV. The total number of people living with the virus in 2010 was more than 20% higher than the number in 2000, and the prevalence was roughly three-fold higher than in 1990. Sub-Saharan Africa remains the most heavily affected region, accounting for 69% of all new infections in 2010.

At the same time, funding levels and the delivery of treatment substantially increased as a result of initiatives such as the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, TB and malaria. Current prevention efforts (including condom social marketing and use, clean-needle distribution and exchange, HIV counselling and testing, preventing mother-to-child transmission, preventing and treating sexually transmitted infections, making blood supplies safer, and now male circumcision, etc.) have also continued.

Despite these efforts by national governments and development partners, AIDS remains an incurable disease, and continues to worsen, with an estimated 4.1 million people newly infected every year. With such numbers, serious and fundamental questions about the lack of change in sexual behaviour and adherence to prevention programmes persist. The biomedical approach to HIV/AIDS is clearly not adequate, and much needs to be understood about the nature and magnitude of social risks that accompany HIV and AIDS in sub-Sahara Africa and methods to reduce them.

This is the reason why the Human Sciences Research Council of South Africa (HSRC) established the Social Aspects of HIV/AIDS Alliance (SAHARA) in 2002 as an alliance of partners who do research on and are involved in the prevention of the further spread of HIV to mitigate its devastating impact throughout sub-Saharan Africa.

SAHARA is an alliance of partners established to conduct, support and use social sciences research to prevent the further spread of HIV and mitigate the impact of its devastation in Sub-Saharan Africa. Its mission is to conduct HIV/AIDS multi-country studies that generate evidence for policy-making and programme development; to build individual and organizational capacity of African researchers and their institutions in conducting research that generates evidence for policy-making and programme development; and to effectively disseminate research findings from multi-country studies through its website, its biennial SAHARA conference, its internationally-accredited journal SAHARA Journal (SAHARA J) and its network of researchers, policy makers and practitioners.

SAHARA serves as a vehicle for facilitating the sharing of research expertise and knowledge, and for conducting multi-country, multi-site research projects with the aim of generating new social science evidence for prevention, care and impact mitigation.

For more information, go to *www.sahara.org.za*.

Since 2002, SAHARA has convened biennial conferences which provide an inter-disciplinary space and a platform for multi-stakeholder dialogue between researchers, policy makers, civil society organizations, people living with HIV/AIDS, donors and international organizations for the exchange of ideas and spread of new knowledge. This conference is not the standard scientific conference, and will be like no other. It is the largest conference of its kind: going beyond the boundaries of biomedical paradigms and bringing together those involved in producing research and those at the centre of the epidemic (epidemiologists, medical doctors, social scientists, etc.) in an interdisciplinary, multi-stage, and multi-sector environment; with a strong Africa focus; and involving real, local people on the ground. The goal of the conference is largely to exchange information and experience on recent advances in the field of social aspects of HIV/AIDS, and look for effective approaches to existing obstacles, in-

cluding enabling policies for scale-up of proven interventions. This new information would then be widely disseminated through the SAHARA website and other avenues, along with other conference outputs.

To date, SAHARA has successfully held the following conferences:

- **The 1st SAHARA Conference** was held in Pretoria, South Africa from 2-4 September 2002.
- **The 2nd SAHARA Conference** was held in Cape Town, South Africa from 9-12 May 2004, and attracted over 350 delegates from 33 countries. The theme of the conference was "Social Aspects of Access to Care and Treatment.
- **The 3rd SAHARA Conference** which was held in Dakar, Senegal from 10-14 October 2005 on the theme of "Bridging the Gap between Policy, Research and Intervention". It was attended by over 600 participants from 30 countries.
- **The 4th SAHARA Conference** which was held in Kisumu, Kenya from 29 April to 2 May on the theme of "Innovations in Access to Prevention, Treatment, and Care in HIV/AIDS", and attended by about 420 delegates from 20 countries.
- **The 5th SAHARA Conference** which was held at the Gallagher's Estate, Midrand, South Africa from 30 November to 3 December 2009, on the theme of "Drivers of the HIV epidemic", and attended by about 450 delegates from 30 countries.

This report focuses on the 6th SAHARA Conference 2011 which took place from 28th November to 2nd December 2011 at the Nelson Mandela Metropolitan University, Eastern Cape, South Africa and has been deemed as one of the largest conferences to date. This conference was co-hosted by the Human Sciences Research Council (HSRC) and the Nelson Mandela Metropolitan University. The theme for the 6th SAHARA Conference 2011 was *"Are we turning the tide on HIV/AIDS? Social, political and economic landscape of HIV prevention and response."*

2. THE CONFERENCE PARTNERS

The HSRC was established in 1968 as South Africa's statutory research agency and has grown to become the largest dedicated research institute in the social sciences and humanities on the African continent, doing cutting-edge research in areas that are crucial to development. The council conducts large-scale, policy-relevant, social-scientific research for public-sector users, non-governmental organisations and international development agencies. Research activities and structures are closely aligned with South Africa's national development priorities, of which the most notable are poverty reduction through economic development, skills enhancement, job creation, education, the well-being of children and families, the elimination of discrimination and inequalities, and the promotion of democracy, good governance and effective service delivery. Another large research area covers the behavioural and social aspects of health, including HIV, AIDS, sexually transmitted infections, tuberculosis, and nutrition and health systems.

NMMU opened on 1 January 2005 as a result of a merger between the PE Technikon, the University of Port Elizabeth and the Port Elizabeth campus of Vista University. The university is an engaged and people-centred university serving the needs of diverse communities by contributing to sustainable development. NMMU is a medium-sized tertiary institution with about 25 400 students. Nine percent of the students are international students, mainly from SADC. The vision of NMMU is to become a dynamic African university, recognised for its leadership in generating cutting-edge knowledge for a sustainable future. Its mission of NMMU is to offer a diverse range of quality educational opportunities that will make a critical and constructive contribution to regional, national and global sustainability.

3. THE 6TH SAHARA 2011 CONFERENCE DELEGATES

The conference had a strong Africa focus with 710 delegates from 36 countries all over the world, 23 of which were African countries.

AFRICA

Southern Africa - 582

- Botswana
- Lesotho
- Malawi
- Mozambique
- Namibia
- South Africa
- Swaziland
- Zambia
- Zimbabwe

East and Central Africa - 30

- Kenya
- Ethiopia
- Congo
- Democratic Republic of Congo
- Rwanda
- Tanzania
- Togo
- Uganda

West Africa - 46

- Cameroon
- Gambia
- Ghana
- Morocco
- Nigeria
- Senegal

ASIA

South Asia - 8

- Bangladesh
- India
- Pakistan
- Indonesia

EUROPE

Europe - 18

- France
- Germany
- Hungary
- Netherlands
- Norway
- Switzerland
- United Kingdom

AMERICA

North America - 26

- Canada
- United States of America

TOTAL DELEGATES	**710**

4. THE SECTORS REPRESENTED AT THE 6TH SAHARA CONFERENCE 2011

The 6th SAHARA conference 2011 has been a great networking opportunity bringing under one roof: policy makers, national authorities with the responsibility over HIV/AIDS issues, researchers and research Institutions and individuals doing research in Africa as well as young and women researchers), funders and Civil Society Organizations

- Ministries of Health
- Ministries of Social Development
- Director of SAHARA Regional Office for Southern Africa
- Representatives from Human Sciences Research Council
- Director of SAHARA Regional Office for West Africa
- Director of SAHARA Regional Office for East and Central Africa
- Chairperson, SAHARA Continental Advisory Board
- Representatives from UNAIDS
- Representatives from Open Society Initiative for Southern Africa (OSISA)
- Representatives from South African National AIDS Council (SANAC)
- Representatives from South African Medical Research Council (MRC)
- Representatives from Southern African Development Community (SADC)
- Representatives from Council for the Development of Social Science Research in Africa (CODESRIA)
- Representatives from UNFPA
- Representatives from Nation Representatives from UNICEF
- Representatives from WHO/AFRO
- Representatives from National Drug and Development Institutes, NYC
- Representatives from US Centres for Disease Control and Prevention (CDC)
- Representatives from USAID
- Representatives from Sub-Saharan Universities
- Representatives from Sub-Saharan Research Institutes and Centres
- Representatives from US Collaborators
- Representatives from Sub-Saharan Research Institutes and Centres

5. COMMUNITY EVENTS

5.1. Civic Reception

The opening ceremony of the 6th SAHARA CONFERENCE 2011 was held at the Feather Market Centre, a proclaimed a national monument since 1980. Our opening plenary speakers included Prof Nancy Phaswana-Mafuya (SAHARA, HSRC); Health MEC , Sicelo Gqobana (ECDoH, South Africa); Honourable Zanoxolo Wayile , Executive Mayor, NMBM; with Mr Martin Ptoch (Kenya) and Mr David Hessey (South Africa) who both presented their life testimonies.

Mr Martin Ptoch

Dr Olive Shisana, the Chief Executive Office of the Human Sciences Research Council of South Africa (HSRC) and founder of SAHARA made a 10 year anniversary (after the established of SAHARA) opening address regarding "HIV/AIDS in Africa: challenges and opportunities".

A sumptuous Civic Reception was later hosted by the Honourable Zanoxolo Wayile , Executive Mayor, NMBM who then warmly welcomed the delegates to Nelson Mandela Metro's Port Elizabeth.

Mr David Hessey

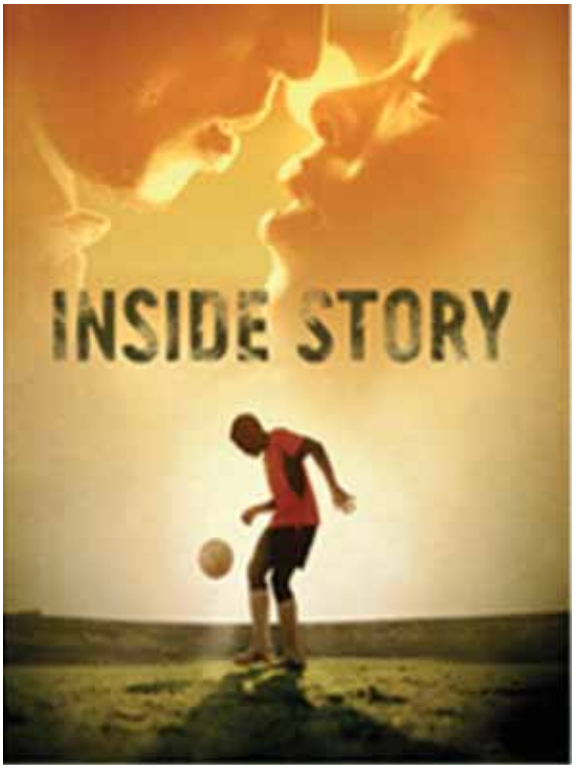
5.2. World AIDS Day Commemoration

The 6th SAHARA Conference 2011 celebrated World AIDS Day in recognition of the human rights of those affected by HIV/AIDS. The plenary session was chaired by Prof Harry Hausler of the University of the Western Cape (UWC) and Mr. Ronald Goldberg (HIV/AIDS Regional Coordinator, Royal Netherlands Embassy). World AIDS Day at the conference was an open day to which local stakeholders and grassroots level community members were invited. The plenary was paradoxical; with solemn and jubilant moments characterized by a candle lighting ceremony to remember everyone that died of AIDS and to celebrate the achievements of those actively working towards a reduction in new HIV infections, fewer AIDS deaths, the elimination of stigma, mitigation against the socioeconomic impact

of HIV and proponents of improved access to treatment and HIV prevention initiatives. The World AIDS Day message was delivered by Martin Ptoch, a Kenyan school-based educator living with HIV and Ms Asanda Ntsaluba, an HIV-positive lesbian from South Africa, a survivor of 'corrective' gang rape in her teens.

5.3. Movie Pre-screening

In addition to above-mentioned, the 6th SAHARA Conference 2011 pre-screened a film entitled: Inside Story – the Science of HIV/AIDS. IAS has also taken a decision to play it at the World AIDS Conference after viewing it at the 6th SAHARA Conference 2011.



INSIDE STORY: THE SCIENCE OF HIV/AIDS is an inspiring African story that describes the basic science of HIV transmission by combining the story of a rising soccer star with an animated journey of HIV infection through the human body.

- **Audience:** The film will be distributed to over 30 million viewers in Africa in early 2012 through a network of 29 national broadcasters. NGOs, schools, and governments will take the film to those who do not have access to TV broadcasts.
- **Evaluators:** The Centre for AIDS Development Research and Evaluation (CADRE) conducted the research and script testing and will also conduct the impact evaluation of the film.
- **Creators:** With funding from USAID, Curious Pictures, a leading South African production company and producer of the highly regarded social dramas "Tsha Tsha," "Soul City," "Heartlines," and "Intersexions" produced the film for Discovery Channel and Management Sciences for Health

5.4. Community of Students and Youth (COSY)

The 6th SAHARA Conference 2011 dedicated 30 November 2011 to young people - both in-school (including tertiary) and out-of-school, who live with, or are affected by HIV and AIDS - to come and share their valuable experiences of HIV, AIDS, human rights, care of children and youth-led peer education.

CoSY:

- encouraged youth participation to share views and experiences;
- encouraged youth to participate through presentation opportunities (case-studies, orals and posters, for example); and
- highlighted the continued needs of young people by encouraging them to direct the focus on areas where supplementary HIV and AIDS actions and interventions are required.

A satellite session that included community, youth and student (COSY) day whereby 80 young people were engaged in dialogues on HIV/AIDS, made presentations on preventing HIV/AIDS from their perspectives and demonstrated how grassroots soccer can be used as a way of preventing HIV.

6. AN OVERVIEW OF THE PLENARY SESSIONS

Seven plenary sessions with 34 presenters were hosted as reflected below.

OPENING PLENARY 1: 28 NOVEMBER 2011

Session Chair: Prof. Leickness Simbayi and Co-chair: Dr Margaret Ntlangula

Prof Nancy Phaswana-Mafuya, SAHARA, HSRC, Welcome to the 6th SAHARA Conference 2011

Honourable Zanoxolo Wayile, Executive Mayor, NMBM, Welcome to the NMBM / EC Province

Health MEC, Sicelo Gqobana, ECDoH, South Africa, Welcome to the EC Province

Prof Derrick Swartz, Vice Chancellor, NMMU, South Africa, Statement from NMMU

Mr Martin Ptoch, Kenya & Mr David Hessey, South Africa, Life testimonies

Dr Olive Shisana, CEO, HSRC, South Africa, Keynote Address: HIV/AIDS in Africa: Challenges and Opportunities

PLENARY 2: 29 NOVEMBER 2011

Session Chair: Prof. Nancy Phaswana-Mafuya, Co-chair: Prof. Thoko Mayekiso

Dr Alphonse Mulumba, Officer: Research, SADC Secretariat HIV and AIDS Unit, Botswana , Are we turning the tide on HIV/AIDS in SADC Region?

Prof Cheick Niang, SAHARA, West Africa Region, Dakar, Senegal, Are we turning the tide on HIV/AIDS in West Africa Region?

Dr Stefan Baral, Johns Hopkins, University, USA, Are we progressing on HIV/AIDS and Human Rights issues in Africa?

Dr Wayne Gill, M&E Advisor, UNAIDS (East & Southern Africa Region), Epidemiological update in the region, key achievements HLM commitments and challenges

Mr Bertrand Audoin, Executive Director, IAS, Geneva, Switzerland, Social, political and economical landscape of HIV prevention and response.

PLENARY 3: 30 NOVEMBER 2011

Session Chair: Prof. Pamela Naidoo

Drs Anderson Franklin & Nancy Boyd Franklin, Rutgers University, USA, Need for Community Partnerships in Working with Children and Families with HIV/AIDS

Ms Josee Koch, Specialist, UNICEF East and Southern Africa Region, Enhancing impact; child and HIV sensitive social protection

Dr Dorothy Mbori-Ngacha, UNICEF East and Southern Africa Region,Towards virtual elimination of mother-to-child-transmission of HIV; challenges and opportumities

Prof Peter Baguma, Makerere University, Uganda, Psychosocial interventions for the OVC in Uganda

Prof Claudia Mitchell, McGill University, Canada, What can Youth tell us about turning the tide? Youth, knowledge producing and gender in the age of AIDS

PLENARY 4: 1 DECEMBER 2011

Session Chair: Prof Harry Hausler,

Co-chair: Mr Ronald Goldberg

Mr Martin Ptoch, Kenya & Mr David Hessey, South Africa, World AIDS Day Message and Candle light ceremony

Dr Desire Kamanzi, Centre for Economic and Social Studies, Kigali, Rwanda, Stigma and Discrimination in Sub-Saharan Africa

Mr Danga Mughogho, AIDS Accountability International, South Africa, Gcebile Ndlovu, International Community of Women Living with HIV/AIDS, Swaziland
Dep. Minister Hendrietta Bogopane-Zulu, South Africa, Accountability in relation to governments and commitments made by governments in HIV and AIDS: the AIDS accountability framework

PLENARY 5: 1 DECEMBER 2011

Session Chair: Prof Velile Notshulwana, Co-chair: Mr Adlai Davids

Dr Desire Kamanzi, Centre for Economic and Social Studies, Uganda.

Dr Arjoso Sumarjati, MP of Indonesia, Chairperson of Indonesia Public Health Association, Political com-

mitment on HIV/AIDS prevention: lessons learnt from Indonesia

Min. Sekai Holland, Minister of state in the Prime Minister's Office, Zimbabwe, Political Violence and HIV in Zimbabwe

PLENARY 6: 2 DECEMBER 2011

Session Chair: Dr Ariel King, Co-chair: Dr Dimitri Tassiopoulos

Prof Leickness Simbayi, HSRC, South Africa, HIV Prevention: Efficacy and Effectiveness Issues and Sustainability/Challenges in Programming

Dr Francis Obuseh and Belinda Cole, USA, HIV/AIDS Prevention and Care: Overview and Impact in the African Military

Dr G.N. Tsheko, University of Botswana, Botswana,HIV prevention has no minors: intervening with sexual minorities in Southern Africa

Dr Gary Svenson and Allison Russell, USAID East & Southern Africa, Meeting the challenges of TB/HIV co-infection in migrant populations

Mr Osward Mulenga, National HIV/AIDS/STI/TB Council, Zambia, HIV Monitoring and Evaluation in sub-Saharan Africa

CLOSING PLENARY: 2 DECEMBER 2011

Session Chair: Dr Ebrahim Hoosain, Co-chair: Mr Dunstan Matungwa

Dr Samuel Friedman, NDRI, USA, IDU and HIV/AIDS Issues in Africa: Gaps and Prospects

Dr Larry Icard, Temple University, USA, Men who have sex with men (MSM) Issues in Africa: Gaps and Prospects

Mr Ngoni Chibukire, SAFAIDS, East and Southern Africa Region, MCPs in sub-Saharan Africa: Recommendations for effective programming

Fmr. Ambassador Molelekeng Ernestina Rapolaki, Lesotho, HIV/AIDS and Youth in Africa

Dr John Fieno, USAID East & Southern Africa Region, Human Resources for Health and Health Systems strengthening challenges in the Region

Mr Dunstan Matungwa, National Institute for Medical Research Mwanza Research Centre, Tanzania

Sexual and reproductive health services in sub Saharan Africa

Prof Nancy Phaswana-Mafuya, SAHARA, HSRC, Declarations and Closing Remarks

7. OVERVIEW OF CONFERENCE PRESENTATIONS BY SUB-THEMES

Thirty-two parallel sessions and 236 oral presentations according to sub-themes as indicated below.

7.1. HIV/AIDS Epidemiology

Dr Olive Shisana, CEO, HSRC, South Africa, Keynote Address: HIV/AIDS in Africa: Challenges and Opportunities

Dr Olive Shisana, the pioneer of SAHARA network, expressed the hope and resolve that the next ten years will see a drop in new infections, an end to discrimination against people with HIV, and a decrease in AIDS-related deaths. In sub-Saharan Africa, the most severely affected region remains southern Africa. The country with the most people with HIV is Swaziland, where over a quarter of the population is HIV positive. Swaziland has now surpassed Botswana, which has diligently implemented HIV prevention interventions and reported decline in incidence. South Africa continues to be home of the largest number of people living with HIV. The tragedy is that a third of women in the age group 25 to 29 are HIV positive, the age where most begin to bear children. Interventions that enable women to bear children without risking HIV infection should be sought 'implemented vigorously.' The recent findings of the VOICE study that Tenofovir gel - microbicides that can be applied to the vagina or rectum with the intention of reducing the acquisition of STIs, including HIV - does not protect women against HIV is a setback for microbicides research, but this should not deter the scientists from continuing to search for an effective microbicide that would give women control to protect themselves from contracting HIV.
'The hunt for microbicides must continue'.

Referring to stigma and discrimination against people with HIV, she singled out women who have sex with women and men who have sex with men. It is estimated that since 1998, 31 lesbian women have been murdered simply because they have different sexual preferences, Shisana said, using as an example the South African soccer star Eudy Simelane who was raped and stabbed 25 times by a group of men.

The good news is, Shisana said, that AIDS deaths in sub-Sahara Africa have declined from 1.4 million to 1.3 million, or by 100 000, due to better access to life-saving antiretroviral drugs (ARV), and safer sexual practices. Botswana, Namibia and Rwanda now provide all citizens with ARV, made possible by a drop in the prices of the medication and the generous contributions of countries of the North to the South. But in

South Africa, despite the increase of facilities providing ARVs and improved funding and the will from government to provide treatment, for example to initiate treatment for all those who test positive with a CD4 count of 350 or less. Shisana said the latest evidence that ARV treatment protects uninfected sexual partners from HIV infection as shown in HIV Prevention Trial Network 052 is ground breaking. To implement this intervention in communities, however, will require substantial human and financial resources and unprecedented mobilisation to encourage those living with HIV to seek care early, a call complicated by still high levels of stigma.

'We will have to be intelligent in how we use the diminishing financial resources and select for implementation those interventions known to have a major impact on the epidemic,' she said. This might mean a combination of methods, such as accelerating the uptake of women enrolling in the prevention of mother-to-child transmission; discouraging sex between young girls with sugar daddies; promote, distribute and market condom use to the young and old; the up-scaling of medical male circumcision to young men before they become sexually active; and encouraging the uptake of ARVs.

Dr Alphonse Mulumba of SADC Secretariat, Gaborone, BOTSWANA: *Are we turning the tide on HIV/AIDS in SADC Region?*

A keynote presentation was given by Dr Alphonse Mulumba of SADC Secretariat, Gaborone, BOTSWANA entitled Are we turning the tide on HIV/AIDS in SADC Region? In his presentation he highlighted achievements that have been realized in the region including increased access to treatment, reduction in HIV incidence, and improved HIV prevention efforts suggesting that the tide on HIV/AIDS is being turned. However, he highlighted the fact that in sub Saharan Africa, young women aged 15–24 years are as much as eight times more likely than men to be HIV positive and the vulnerability of young women increases with the intensity of the epidemic. This requires strengthening of current efforts especially among vulnerable populations.

Prof Cheikh Ibrahima Niang, Université Cheikh Anta Diop , Dakar: *"Are we turning the tide on HIV/AIDS in West Africa Region"*

A plenary presentation was given by *Prof Cheikh Ibrahima Niang, Université Cheikh Anta Diop , Dakar* regarding the case " turning the tide on HIV/AIDS in West Africa Region". It was indicated that the tide on HIV/AIDS in West Africa Region is turning however the turn is not irreversible. There is need for more change: social, political, paradigm (social sciences). There need to

address this pandemic from a human right: in countries without laws to protect sex workers, drug users and MSM, only a fraction of the population has access to prevention…".

Dr Wayne Gill of UNAIDS (Eastern and Southern Africa) made presentation on the *"Epidemiological update in the Eastern and Southern region, key achievements, HLM commitments and challenges".*

Dr Wayne Gill stated that one of the key achievements is the fact that Sub-Saharan Africa is turning the tide on HIV/AIDS. He highlighted the need for Country Action to implement the Global Plan that would contribute to significant reductions in HIV prevalence nd incidence.

Smarter investments to deliver a better package were indicated:

- Focus and prioritize resources where they have most impact – smart combinations of proven interventions, priority populations, high transmission geographic areas.
- Improve coverage and efficiency by reducing costs, improving performance management, strengthening governance and accountability.

- Strengthen policies and partnerships to deliver large-scale services.
- Increase government ownership and financing of cost-effective, highest impact HIV prevention interventions – the payoffs are rapid and substantial

Other HLM Targets / Commitments were also indicated: reduce drug use infections by 50%, zero new infections, zero AIDS related deaths and zero stigma.

7.2. HIV Prevention

This theme deals with the following topics: HIV Prevention efficacy and effectiveness; Prevention of Mother to Child Transmission of HIV; HIV Testing and counselling; and Male circumcision.

7.2.1. HIV Prevention Efficacy and Effectiveness

Simbayi, Leickness: ***HIV Prevention: Efficacy and Effectiveness issues and Sustainability/ Challenges in Programming"***

Prof Leickness Simbayi of the HSRC made a presentation on "HIV Prevention: Efficacy and Effectiveness issues and Sustainability/Challenges in Programming" and indicated that many organisations implement programmes that are not evidence based. It was emphasised that it was imperative that they first determine the impact of the interventions that they are implementing before scaling them up. More local funding, better collaboration among organisations involved in HIV prevention including joint training of staff and sharing of information, and synergizing efforts to offer combination prevention packages, stronger advocacy and working closely with community leaders as well as strengthening of M and E are critical in improving programme implementation.

Chirwa, Lovemore: ***Acceptability of the female condom among female health workers***

It was indicated that women account for nearly half the global population of persons living with HIV. In sub-Saharan Africa women constitute 60% of adults living with the virus. The situation makes it necessary to develop and improve prevention actions that target women. The female condom is a practical option. It is the only available dual protection method that protects against sexually transmitted infections and unwanted pregnancies, and is designed for women to initiate. The female condom was introduced in Botswana in 2002. The objective of the study was to evaluate female condom acceptability in Francistown, Botswana. The main aim of the study was to examine female condom uptake among female health workers. The study also assessed beliefs held by health workers regarding the condom. Research Method The research was a cross-sectional descriptive study. The study took place in November to December 2010 and was conducted among 10 government-supported clinics. The non- probability purposive sampling method was used. Female employees aged 21-49 who could understand English were approached and asked to participate. Seventy-one participants enrolled into the study. Participants were asked to complete a self-administered questionnaire which consisted of demographic characteristics, and attitudes and perceptions of female condom use. Microsoft office was used to analyze the data. Results: The study found that 15.5% of women had used the female condom in the previous month, 12.9% had used the condom in the previous 3 months, and 17.2% had used the female condom in the previous 12 months. The study also showed that the majority of participants believed the female condom was readily available (71.4%) and that it empowered women (63.3%), and the majority of women (78.9%) would recommend its use. However, only 22.8% believed that the female condom was better than the male condom, 28.6% % believed it was easy to use, and only 9.8%thought it was popular with clients. The majority (53.5%) believed the female condom was not well promoted and (56.3%) of participants did not know if sex with the female condom was as good. Conclusion: Female condom use by female health workers was low. There were mixed attitudes and perceptions towards the condom.

Kareithi, Roselyn: ***Understanding influences of the social and economic environment on HIV prevention: Drawings and voices of young people in Cape Town, South Africa***

There is growing recognition that the social and economic environment of HIV prevention interventions. However, relatively few studies have examined the environment,

particularly from the perspective of young people. Furthermore, young people are viewed as mere recipients of services, rather than people with perspectives to be heard and considered. Data were collected between 2007 and 2008 through four focus group discussions, with drawing activities, from 39 young people living in low resource high HIV prevalence communities. This study draws on a research project that explored management practices of four development NGOs providing HIV prevention services to young people in Cape Town, South Africa. It reports on the unique and critical opportunity to understand how young people perceive influences of their environment. Findings showed several adverse influences inhibit young people's compliance to HIV prevention messages. Key factors included negative social norms; inadequate recreational facilities; crime; chronic poverty; inadequate parent/guardian–child relationship; and inappropriate practices and remarks by leaders. The wealth of data generated indicates that young people are acutely aware of their environment, and that they can be effective participants in development management research. It was concluded that there is need for much work to be done to create more enabling environments. Policy on the provision of HIV prevention services needs to: broaden ways of creating an enabling environment; support HIV prevention interventions to explicitly incorporate examining and influencing the environment; and advocate for concerted multiple action to fight for more enabling environments not only by young people, families, schools and NGOs, but also by the wider community including policy makers, development agencies, donors, religious organisations, media, private firms, and local, provincial and national governments. Failure to do so will perpetuate implementation of interventions within adverse environments, thereby choking efforts in South Africa to make significant milestones in HIV prevention.

Carty, Craig: ***Translating Western models into contextually appropriate research that addresses HIV serodiscordance among couples in Sub-Saharan Africa.***

Recent transmission risk studies estimate that two thirds of heterosexual couples in Sub-Saharan Africa are HIV serodiscordant. For this population, prevention tools that effectively reach both male and female partners in culturally-salient ways must be developed. Research originating in the USA that targeted African American serodiscordant couples showed significant promise with regard to reduction of sexual risk behaviours. There is a need to reinvent this research via employment of more innovative strategies in Sub-Saharan Africa; however, cultural nuance with particular regard to gender is a considerable barrier to emulating the US model which called for a group setting involving both the male and female partners. Methods: The Centre for Health Promotion took steps to determine the feasibility of implementing the US research model in the Eastern Cape of South Africa. The target population included amaXhosa serodiscordant couples. Focus groups and data collection sessions were held in different formats and in different locations to determine best methods. Results: The research team has thus far determined that if both sexes are expected to interact during oral feedback sessions, they are reluctant to participate. Further, if sessions are held in a venue known to have involvement with HIV services delivery, attrition is significant. Baseline assessments of attitudes toward HIV and gender norms that utilize interview and survey methodologies (n=100 couples) in the Eastern Cape will be further analysed to determine barriers to the development of a curriculum aimed at reducing risk within this vulnerable population. Conclusions: Within amaXhosa communities, men and women live very different, if not separate, lives. Empirical evidence reveals that the power imbalances attached to culture and gender norms make it extremely difficult for female partners to freely voice their opinions in the presence of their male partners. This suggests that an effective intervention protocol that targets serodiscordant couples in Sub-Saharan Africa warrants careful structuring to account for gender and culture issues. This presentation serves to address the history behind the development of a novel research model for broader use across Sub Saharan Africa with particular regard to prevention education that targets serodiscordant, heterosexual couples.

7.2.2 Prevention of Mother to Child Transmission of HIV

Essack, Zaynab: ***Reducing risk of HIV in HIV vaccine trial participants: Are researcher's meeting their ethical obligations?***

Researchers and sponsors are ethically required to keep participants HIV-negative by providing them with HIV prevention services. The issues of what prevention services to include in the standard of prevention has become a topic of intense debate and consultation (cf. Macklin, 2008; McGrory et al., 2010). There is ethical guidance on this issue, namely, UNAIDS (2007), UNAIDS-AVAC (2007) and South African national guidelines (MRC, 2003). These guidelines require that participants are provided with optimal (MRC, 2003), state-of-the-art (UNAIDS, 2007) and proven (GPP, 2007) HIV risk-reduction services. Despite the availability of guidance on the standard of prevention, there is little data on whether HIV vaccine trial (HVT) researchers and sponsors are meeting current standards in ethical guidelines, nor on the complexities researchers face on this issue. This study aims to identify "on the ground" HIV prevention practices at South African HVT sites

and to explore whether actual practices correspond with standards in ethical guidelines. The implications of actual practice for ethics guidelines also need to be carefully considered (cf. Heise, Shapiro & West Slevin, 2008). Methods: HIV prevention practices in two HVTs were examined through a review of site documents and semi-structured interviews with site staff, sponsors and CAB representatives. A descriptive analysis (Sandelowski, 2000) was conducted to describe HIV prevention practices in HVTs and complexities around the provision of these services. Results: Participants in HVTs in South Africa are reportedly provided with a high standard of prevention, namely, risk-reduction counselling, male and female condoms, STI management, male circumcision and post-exposure prophylaxis. Interviewees however reported many challenges and complexities with providing these services to participants. There appears to be a high degree of correspondence between requirements in ethical guidelines and provision of HIV prevention services to participants. It was concluded that despite concerns that ethical standards in HVT specific guidelines set the bar high (cf. Macklin, 2009), the South African HVT included in this study appear to be satisfying or exceeding ethical requirements to provide access to proven prevention interventions. Discrepancies between ethical guidelines and actual practices appear largely to occur at the level of implementation of prevention services.

Onovo, Amobi: ***Prevalence of sero-discordance among pregnant women attending PMTCT services and their partners in Cross-River State, Nigeria***

Relevant data of the HIV positive pregnant women and the HIV status of their partners were obtained from the National PMTCT-HCT and the PMTCT-Partner register respectively. The data was analyzed using bivariate analysis. The results showed that a total of 2,562 pregnant women and their respective partners (91) were tested in the four LGAs of cross-river state using Determine Abbott HIV test kits. A total of 102 pregnant women were tested HIV positive and 89.0% of the irrespective partners were tested HIV negative. The LGA by LGA results indicated that in Akamkpa LGA 93.0% (37/40) of the partners were tested HIV negative (sero-discordant), Calabar-south had 63.0% (12/19) sero-discordance, Odukpani80.0% (4/5) sero-discordance, while Biase LGA recorded a sero-discordance rate of 93.0% (25/27). The age distribution of the sero-discordant partner's ranged from 22 - 45years with the mean age of 34 years and this is in line with the2010 ANC sentinel survey of HIV prevalence to be highest within such age group. It was concluded that the results indicate that the dynamics of HIV transmission in marital settings in Nigeria are different in the various localities of the state and appeared significant at the 95% confidence interval. Socio-cultural and religious settings play a significant role in HIV transmission among couples. These findings should guide prevention interventions in order to achieve maximal impact.

Nyasulu, Juliet C. Y: ***Gender and decision making for women to join Prevention of Mother to Child Transmission (PMTCT) Services in Blantyre and Balaka Districts in Malawi***

The study aim was to explore gender attitudes in decision making for women to join Prevention of Mother to Child Transmission (PMTCT) services in Blantyre and Balaka Districts in Malawi. This was a qualitative study with data collected through six focus group discussions involving 47 community members of rural Blantyre and Balaka districts. The study showed that the social status of men and women play a role in decision making on joining the PMTCT programme. Men have shown to have better access and control over income and decision-making. If a woman makes her own decision she does meet lots of resistance from her spouse. Lack of male involvement in delivery of PMTCT services at both health facility and community level has shown to lead to knowledge gaps on the available services among men in this study. In order to promote accessibility of PMTCT services by mothers, there is a need to involve men since they play a significant role in decision making process. However, women seem to be more self reliant in making decisions if they happen to be financially empowered. Raising awareness of the programme among the community with men as main targets, will promote community involvement and support towards women's decision making to join the PMTCT programme.

Löffler, Anne: ***Prevention of Mother-to-Child: Promoting HIV Prevention through participatory concept writing and strategy set-up for therapy support services – "from mothers for mothers"***

The purpose of the paper was to describe the process of investigation for the need of support groups and up to what level they are corresponding/ should correspond with the local needs and daily realities of the mothers. It will be presented as the process of developing a support service programme that aims at high resonance by HIV-positive mothers in order to curb the rates of new infections. In a process of participatory action research (PAR) it is aimed at developing a concept of therapy support services for PMTCT- mothers. This approach is based on the assumption that the principles of PAR are aligned to those of Primary Health Care (WHO) that emphasises through its concepts of collaboration and community involvement: people plan-

ning their own health care. It will result in HIV-positive mothers planning the social support concept of PMTCT therapy along their own daily experiences and facilities. Perhaps, low attendance in Support Groups is a product of social anxiety and stigma. Also, it is possible that the concept of an artificially constructed therapy support group follows too much a therapeutic concept that doesn't comply with the majority's socio-economic background? What are these services missing up to date? Finally, are these groups dispensable at the end? In consequence, is it more effective to instead use existing vibrant community groups for PMTCT social support services?

Van Heerden, Alastair: ***Walking the talk: Following a cohort of HIV-positive women through the PMTCT programme in South Africa with follow-up to 6 months***

For the Prevention of Maternal to Child Transmission (PMTCT) programme to stand the best chance of a positive outcome, high demand is placed on women to successfully complete the PMTCT process. This paper describes how women from eight clinics in KwaZulu-Natal faired while navigating the system. Clinic attendance was monitored for the period of 1 year (01.03.2009 to 01.03.2010) at 8 primary health care facilities in KwaZulu-Natal. During this time the clinic handled 8279 visits, 637 of these visits resulted in women going home without being seen or tested for HIV by clinic staff. Of the remainder, there were 4957 follow-up and 2677 first time presentations. An HIV prevalence of 36.1% was calculated with 967 of the first time visitors testing positive. From this pool, 797 women who met the study eligibility criteria were then followed through PMTCT up until six months post-partum. At this final time point, over 60% (466) of the sample were lost to follow-up. Primary drivers of loss to follow-up included: relocation; unavailability of transport; lack of partner support; fear of stigmatization and insufficient financial means. The burden of responsibility for clinic based PMTCT services is too great for the majority of women living in rural and peri-urban KZN. To improve service uptake and maternal outcomes, there is an urgent need to address the challenges faced by women wanting to receive clinic based care.

Mrwebi, Mildred: ***Enhancing 6 week PCR testing of HIV Exposed Infants at a Primary Health Clinic in within a resource limited setting***

As per the NSP 2007-2011, the goal of the PMTCT Programme is to reduce the MTCT of HIV to less than 5%. Africare Injongo Yethu Programme supports the provision of quality, comprehensive HIV Care and Treatment Services, with a priority programme being PMTCT. A major threat identified in the PMTCT Programme at Balfour Primary Health Clinic was the low numbers of HIV Exposed Infants (HEI's) identified and tested for HIV at around 6 weeks of age. Method: A site champion for the CCMT Programme was identified onsite, and capacitated to better manage the PMTCT Programme. Threats to the PMTCT programme were identified, and interventions instituted: identification of HEI eligible for HIV testing from site registers; development and implementation of a spreadsheet to assist with the identification and follow-up of HEI; and HEI indicators on follow-up of HEI added to the PMTCT register. The four CCW's at Balfour Clinic conducted tracing activities and follow-up of HEI were identified. A weekly feedback meeting was setup with the CCWs and onsite clinical team. During the period January 2010 to September 2010, 64 women attended First ANC services at Balfour Clinic. There were 19 live births to HIV Infected Pregnant women of whom 7 HEI had PCR testing. Following the interventions instituted, between October 2010 to August 2011; 60 clients attended ANC services at Balfour Clinic, 19 HEI were born, of whom 100% were identified and tested for HIV at around 6weeks of age. Early identification and testing of HEI is a critical component of the PMTCT Programme, to ensure early initiation of treatment to reduce HIV related mortality and morbidity in infants. Simple site specific onsite systems (with limited resources needed) responding to the needs of the clinic setting assisted in increasing the EID rate significantly.

Onovo, Amobi: ***A Retrospective Analysis Of Early Infant Diagnosis Results Among Male And Female Infants In Cross-River State, Nigeria***

Early definitive diagnosis of HIV infection in infants is critical to ensuring that HIV-infected infants receive appropriate and timely care and treatment. The purpose of this study is to investigate the possible determinants of EID test results among male and female infants in the south-south region of Nigeria. Methodology: A retrospective study was conducted in July, 2011 among male and female infants receiving PMTCT intervention for Early Infant Diagnosis in 7Primary Health Care Facilities at four different local government areas of Cross-river state namely: Akamkpa, Calabar South, Odukpani and Bias respectively. Relevant data of the HIV infection status of male and female infants, whose samples were collected and diagnosed using the Polymerase Chain Reaction (PCR) assay, was obtained from the National PMTCT-EID register. The data was analyzed using Cross-tabulation. Results: About 42.9% of male infants and 57.1% of female infant's blood samples were collected using the Dried Blood Spot (DBS) technology for diagnosis by Polymerase Chain Reaction assay. The age distribution of the infants ranged from 2 - 11

months with the mean age of 5 months. 19.0% of the EID samples diagnosed tested HIV positive and 81.0% tested HIV negative by PCR. 7.1% and9.5% of male and female infants respectively tested HIV positive by PCR. 35.7%and 47.6% of male and female infants respectively tested HIV negative by PCR. There was a significant association between infant's age at 9 months, 10 month and 11 months with the EID test results (Standardized residual of 3.7, 1.9, and 2.6 respectively). The test of the model for gender as predictor was statistically significant for female infants (Standardized residual of 1.6) and a Pearson chi-square which appeared statistically significant (P=0.006). The feasibility of using dried blood spots testing for a broad-scale, anonymous surveillance of HIV infection in infants during PMTCT programme intervention has been demonstrated. From our study, there has been a significant association between EID test results and the age of male and female infants with gender as a perfect predictor.

Kahwemba, Mavis: ***Challenges of HIV positive pregnant and breastfeeding women in accessing anti-retroviral therapy to prevent transmission to their babies***

Despite the many international conventions granting women and children the right to health most3rd world women and children are failing to access ART. For instance CEDAW (1981), Article 12, states parties are obliged 'to ensure to women appropriate services in connection with pregnancy, confinement and postnatal period, granting free services-- as well as nutrition during pregnancy and lactation' African Charter, Article 5 states 'every child has an inherent right to life' and 'State parties shall ensure, to the maximum extent possible, the survival, protection and development of the child'. Convention on the Rights of the Child, Article 24 2 (a) states that State parties should diminish infant and child mortality' and 2 (d) 'ensure appropriate pre- natal and postnatal health care for mothers' Method: Four focus group discussions of ten women in each group were held with women who were pregnant as well as women with infants born to HIV positive mothers. The question discussed was why can they not get ARVs in a PMTCT setting. Partners Some women do not have freedom of movement and have to ask permission to go to clinics. Relatives also become watchdogs when the husbands are away. The various tests that preclude the treatments are time consuming and can invite violence at home. Finances and drugs if the women have their own means of earning money, some male partners steal the money for their use. Some male partners do not want to undergo the various procedures and dispossess the wives of their drugs to take them themselves or force them to share the medication. Stigma and Non disclosure Women are often blamed and rejected by their partners and others if they disclose. Some women resort to lying to explain their need for money and absence from home when they go to clinics. Challenges are also faced when a mother does not breastfeed. Despite the above conventions and laws and availability of Antiretrovirals, pregnant and lactating women still face some barriers in accessing them.

Maharaj, Sundesh, ***Retrospective evaluation of mitigating factors contributing towards HIV Vertical Transmission at Africare supported health facilities in the Eastern Cape.***

The NSP 2007-2011 aims to decrease the vertical transmission of HIV to less than 5%. Africare supports the provision of quality comprehensive HIV Care and Treatment Services (including PMTCT) in 3 sub districts of the Eastern Cape. During the period April to June 2011; 226 babies were tested for HIV at around 6 weeks of age, 11 of whom tested HIV positive (MTCT rate < 5%). In an effort to identify the risk factors of MTCT of HIV, an in-depth review of the 11 newly diagnosed HIV positive babies was conducted. A case review template was developed, including clinical and social details. This included details around the antenatal period, labour and delivery, as well as postnatal services received by the women and her baby. A Model of Care Assessment was conducted at the health facilities to identify service delivery challenges that may contribute to the vertical transmission. The Model of Care Assessment tool reviewed activities at all sections of the PMTCT Programme: HCT, PMTCT prophylaxis, ART preparation and initiation, and Infant Feeding activities conducted. Results: As of the 14 September 2011, the assessment was still underway. Results of the findings will be available by 30 September 2011. Reaching the NSP target of < 5% vertical transmission from mother to child is in no way a reason for complacency by health care workers. It is essential to regularly assess the functioning of health services (clinical and community level) using standardized tools eg Model of Care assessment to ensure that the basic elements of PMTCT Services are in place, giving the HIV Positive Pregnant woman and her HIV Exposed baby the best chances of survival.

Kaj, Francoise Malonga: ***Effectiveness of the Prevention Programme of Transmission from Mother to Child Infection in the City of Lubumbashi: Assessment of the Protocol of Support***

The current work has aimed at assessing the impact of the antiretroviral prophylaxis on HIV in pregnant women and children followed up by the NGO'FEMME SIDA' and the department of public health of the University of Lubumbashi. It's about a longitudinal study on a cohort of women followed up since antenatal clinic visits

up to last 12 months after childbirth from September 2004 to December 2009 in the city of Lubumbashi. The impact of the programme has been appreciated by the rate of transmission of the infection from mother to child for children tested from 12 months of age. The rate of mother to child transmission for 312 children of at 12months was 10.6% (IC 95%- trust interval). About one child out of ten born from HIV + women was infected. The results received strengthen the hope of a significant reduction of transmission of the infection from mother to child even in the conditions where the diagram could be used as public health protocol. Subsidiary questions namely: infection stigmatization, non involvement of spouses into the programme and particularly the risk of transmission from mother to child related to breast - feeding need to be assessed for the effectiveness of these programmes.

Mugivhi, Rebecca: ***Problems Experienced By Mothers Who Opted For RIF In A PMTCT Programme At Makhado Municipality, Limpopo Province, South Africa.***

The transmission of HIV virus from mother-to-child occurs during pregnancy, delivery and post-delivery through breastfeeding. The recommended infant feeding method for mothers living with HIV is exclusive Breastfeeding (EBF) for six months or replacement infant feeding (RIF) if meets AFASS criteria i.e. affordable. Feasible, acceptable, sustainable and safe. Breastfeeding is a norm in many African countries, therefore mothers who opted for replacement infant feeding face socio-cultural challenges to adhere to this infant feeding. The study aimed at identifying the challenges faced by mothers who opted for RIF and their coping strategies. The study is a qualitative design which used semi-structured in-depth interview. Data was collected at three clinics, using purposive sampling from 22 participants. Open coding and reflexivity process was used to analyse data. Results: Mothers living with HIV opted for RIF are experiencing institutional based challenges like not meeting AFASS criteria and lack of trust to quality of formula milk. Socio-cultural challenges were existing power hierarchy between health care workers and mothers opted for RIF, pressure from family members, stigma and discrimination from community members because of not breastfeeding. Some mothers felt relieved about RIF and others felt incomplete as mothers for not breastfeeding. Feelings related to not breastfeeding and feelings after disclosure of HIV status were from both negative and positive emotional response. Coping strategies were withdrawal, hiding evidence and ignoring everything. There were few informal and formal support systems. Mothers living with HIV who opted for replacement infant feeding are experiencing both institutional and socio-cultural based challenges. The coping strategies were not sufficient to meet those institutional based and socio-cultural challenges.

Ayifah, Emmanuel: ***Hypothetical Willingness-to-Pay for PMTCT of HIV/AIDS among pregnant women in Central Regional Hospital, Ghana***

In Ghana Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS services are free. The true cost of service per person per year was estimated at US$630.00 in 2003 (NACP). It is however worth noting that, with the ever increasing public health expenditure in recent years, the government cannot meet the cost for PMTCT alone. There is therefore the need for individuals to contribute to ensure sustainability of HIV/AIDS and other health care interventions, hence the study to assess pregnant women's hypothetical willingness-to-pay (WTP) for PMTCT of HIV/AIDS in Ghana. Methods: The study used the open ended bid elicitation method to assess pregnant women's hypothetical WTP for PMTCT of HIV/AIDS. Respondents (N=100) were drawn from pregnant women attending antenatal clinic at the Central Regional Hospital in Cape Coast, Ghana. Verbal informed consent was received from participants. The Ordinary Least Squares (OLS) regression was used to evaluate the determinants of WTP. Results: 79 respondents had tested for HIV (with 11 testing positive). 95 respondents were WTP for PMTCT of AIDS. WTP amount ranged between GH¢ 1 - GH¢ 20 ($ 0.7 – $14.3) with Mean WTP being GH¢5.7 ($4.1). Significant determinants of WTP for PMTCT of HIV/AIDS include Income, HIV/AIDS status and Level of education. Conclusions: Pregnant women in Cape Coast, Ghana would be willing to participate in cost sharing schemes that target HIV/AIDS prevention if introduced, as indicated by their WTP for PMTCT of HIV/AIDS. Income is the most significant factor influencing WTP.

Malinga, Nomlindo: ***The Effectiveness and Short Comings of the Implementation of the New "Dual||Therapy" PMTCT Programme in Rural Eastern Cape Province of South Africa: The Experience of the Africare Injongo Yethu Project***

The ANC HIV Seroprevalence in the Eastern Cape was 27.6% in 2008. Goal 3 of the NSP, aims to decrease risk of MTCT of HIV to less than 5%. The revised PMTCT Guidelines were released by the NDOH in March 2010, with implementation starting01 April 2010. Methods: Africare Injongo Yethu Project supports the provision of qualitative, comprehensive HIV Care and Treatment Services at 79 facilities in 3 sub-districts of the Eastern Cape. Africare conducted a comprehensive baseline situational analysis at the 79 facilities, and at all health facilities in the Chris Hani District (n > 150). Working with DOH, activities were planned to improve PMTCT servic-

es at the facilities. Results: During the period 01 April 2011, till 30 June 2011, a total of 1341 women attended first ANC services across the 79 facilities. 8% of the ANC attendees were known HIV positive not on HAART, and 5.4%% were known positive on HAART. Ofthe women with unknown status (n=-1162), there was a 96% uptake of HIV testing, 21% tested positive at first visit. 457 women tested for HIV at around 32weeks, with an HIV incidence of 4.8%. 151 women were started on AZT, and 33started on HAART. 226 babies were tested for HIV at around 6 weeks of age with a MTCT rate of 4.9%. 69% of the HIV Exposed babies tested for DBS PCR were initiated on cotrimoxazole prophylaxis. 88 infants were tested for HIV at around18 months, with 1 infant testing positive. The revised PMTCT Guidelines has been effective in increasing the uptake of PMCT services amongst antenatal attendees. More efforts are needed in scaling up the provision of PMTCT services for both mother and baby at both facility and community levels. There is a stepwise decrease in the uptake of services from ANC to 18 month testing, which needs to be addressed.

7.2.3. HIV Testing and counselling

Dupwa, Beatrice: *HIV Testing and Counselling for children: Development of Guidelines and Training Manuals in Zimbabwe*

HIV Testing and Counselling (HTC) is a critical entry point to prevention, treatment, care and support services. Children may then be referred for treatment, care and support. HIV-exposed infants who are uninfected may benefit from intensified follow-up, care and prevention measures that will help to ensure they remain uninfected. Children requiring Post Exposure Prophylaxis can also be identified. The Government's Ministry of Health and Child Welfare in consultation with key stakeholders developed an HTC training course to ensure that counsellors are trained to effectively offer quality child counselling services. It is aimed that this standardised national training will ensure access to high quality counselling services for children and their families across Zimbabwe. In February to November 2008, a series of consultative meetings with partner organisations and young people living with HIV were convened. Key areas covered included: service provider challenges, self-awareness, attitudes and beliefs, legal and ethical dilemmas in counselling for children including service delivery for children. Issues discussed with children included disclosure of their HIV status, stigma and discrimination. Facilitator and participant guides were developed based on the HTC guidelines as well as the input from the stakeholders meetings. The need to observe Children's rights all the time when offering HTC services for children was highlighted. Disclosure depends on the maturity of the child; thus caregivers have to take this responsibility; assisted by a counsellor. Disclosure allows CLWHA to participate in care and promotes adherence as well as dealing with discrimination at household, friendship, school and community levels. There is need to cascade standardised guidelines to all levels of service delivery. Understanding children as well as the impact of HIV on children facilitates quality counselling services for children and their families. Caregivers may not be aware of the need to have children tested for HIV if they, themselves are not tested. Service providers need to offer HTC for children in age-appropriate ways.

Mnqayi, Zigi: *A home-based approach to counselling and testing, care and support*

The aim of the Ikhaya Lethemba (Home for Hope) Programme is to enhance rural community capacity to provide HIV and AIDS and disability prevention, care, treatment and support for families caring for vulnerable children within local and community-based settings. Methods: In spite of the communication of HIV and AIDS messages, there is still a lack of action in some communities, including testing for HIV. In tackling this problem in the areas around The Valley Trust, the programme offers HIV and AIDS information and home-based counselling and testing. In the privacy of their homes, participants are tested by qualified counsellors, who offer both pre- and post-test counselling. Those who test positive are referred to their nearest clinics or hospital for further assessment, including a CD4 count and, where necessary, antiretroviral therapy. HIV positive clients are provided with on-going counselling and support in their homes, particularly with regards to treatment adherence. The service has been expanded from HIV testing to include tuberculosis screening. Where possible, the programme assisted household members with advocating for their rights through participation in local structures. The counselling and testing service initially targeted 72 households in KwaXimba, but the service was later expanded to include all members of the community. Recently, the programme was expanded to include communities in Qadi,Nyuswa and Molweni, outside Durban. Through the introduction of home-based counselling and testing, communities are aware of the importance of being tested and knowing their status. People also feel more comfortable testing in their homes. They still fear that going to public testing sites will compromise the confidentiality of their status especially if they test positive. On average, the percentage uptake for home-based counselling and testing is 68%. Of those who test, 19% (for both male and female) are found to be positive (statistics from March 2009 to June 2011). The programme has provided communities with a home-based counselling service and on-going support to those who test positive. This has proved a success as is evident by the percentage uptake for testing.

Van Laren, Linda: ***Starting with ourselves' and working towards a HIV&AIDS education 'community of practice***

The Department of Health is currently running a 'First Things First HIV Counselling and Testing Campaign' at all higher education institutions (HEIs). The aim is to encourage at least 15 million South Africans to test for HIV and know their status. This campaign highlights awareness of HIV to reduce the rate of new infections. Knowing one's status is only a part of the knowledge required for prevention education. This research uses a 'Start with ourselves' in developing a HIV&AIDS education 'Community of practice' (CoP) at a HEI. The research site used is a faculty of education where teacher preparation in the South African HIV&AIDS context is explored. At the University of KwaZulu-Natal I commenced with the research question 'How can I, a mathematics teacher educator, integrate HIV&AIDS education in mathematics education?'. Using a self-study approach I initially worked with a focus group of students who volunteered to become involved in an action research project. During focus group workshops knowledge, skills and attitudes related to social issues for integrating HIV&AIDS education in a mathematics classroom were considered. Later I introduced integration of HIV&AIDS education to students who were registered for a compulsory module. Currently I am working with colleagues from a variety of disciplines where we are investigating existing integration of HIV&AIDS education initiatives. I started in a 'small' way by working in an area where I am comfortable in my discipline. I work within my 'comfort zone' so that I did not have to redesign the whole curriculum to accommodate the integration of HIV&AIDS education. By working with students it was possible to explore appropriate knowledge, skills, attitudes and beliefs about integration of HIV&AIDS education that would allow them to consider social issues in mathematics classrooms.

Van Der Merwe, Hanlie: ***Ethical consideration when incentivizing HIV counselling and testing events amongst students in South Africa***

The aim was to review the scientific and ethical literature because no official guidance exists on incentivizing HIV counselling and testing events with the aim of improving uptake during testing events. Method: A systematic search for all published articles related to incentivizing counselling and testing was done. The search was broadened to include relevant scientific, ethical, and regulatory literature that shed light on arguments for and against the use of incentives/remuneration in other health related studies. Results: No articles directly related to incentives for HIV counselling and testing were found. 18 articles discussing ethical considerations and effects of incentives other health programme participation was found. The general result from these studies was a reported increase in study participation or increased enrolment on studies. Conclusion: Despite negative feedback about incentives used during a national HCT campaign on higher educational institute campuses in South Africa and the question being raised whether it is ethical to incentivize or not, no evidence was found during this study to either substantiate either of the scenarios. It is important to clarify ethical issues of incentivizing events in order to increase participation. Incentives/remuneration used as an element of a social marketing plan increases effectiveness of behaviour change programmes.

Mamudu, Rashidat: ***Provider Initiated Testing and Counselling (PITC) Key in Treatment Uptake in Kogi State, North Central Nigeria***

Many people still don't seek to know their HIV status despite available free HIV counselling and testing (HCT) services in most government hospitals in Kogi state, North Central Nigeria. Often patients are either unaware or are afraid to request HCT services mostly due to high level of stigma around HIV. Knowing one's status is a key point of entry for treatment access. Method: USAID funded Management Sciences for Health Pro-ACT project supports the government of Kogi state to provide HIV care and treatment to people living with HIV in 4 rural clinics since January, 2008. As part of strategies to improve treatment uptake, the PITC approach to HCT was introduced at the outpatient unit of hospitals where we work. While this has worked in increasing treatment access, a substantial number of people who test positive still refuse to get enrolled and access treatment for HIV. An analysis of 3 months data from one of the health facilities, Kogi State Specialist Hospital, Lokoja yielded the following result. During the period of July to September, 2010 a total of 2,456 (1,050M: 1,406F) outpatients offered HCT through the PITC approach accepted, 121(46M, 75F) tested positive which is 4.9% of total tested, a bit lower than the state current prevalence of 5.1%, 99 (38M: 61F) 81.82% accepted enrolment to treatment, while 22 (8M: 14F) 18.18% of positive cases refused care and treatment enrolment. Those who refused are followed up by trained volunteers who continue to encourage them to seek treatment for their diagnosis. Integrating PITC into hospital service helps increase access to care and treatment for PLHIV who most times are not aware they are HIV positive. Follow up counselling support is also needed in encouraging those who refuse treatment initially to come to terms with their diagnosis and access care.

Yase, Nandipha: ***Demonstration of improvement in accelerating HIV Counselling and Testing (HCT) uptake within available resources in a rural district hospital. Lessons learnt from St Elizabeth Hospital in Eastern Cape, South Africa (SA)***

Demonstration of improvement in accelerating HIV Counselling and Testing (HCT) uptake within available resources in a rural district hospital. Lessons learnt from St Elizabeth Hospital in Eastern Cape, South Africa (SA) Yase N, Mwesigwa Kayongo D. Sapepa T, Ngobe H. Eastern Cape Regional Training Centre(ECTRC) Walter Sisulu University, SA Qaukeni sub district, Eastern Cape Department of Health, SA St Elizabeth Hospital, Qaukeni sub district, Eastern Cape, SA Aim/ Background: The 2007-2011 South African Strategic Plan prioritized availing Anti-Retroviral treatment packages to at least 80% of population in need. To achieve the objective, strategies to identify populations in need includes strengthening HCT which is an entry point into HIV routine care in all healthcare facilities. ECRTC provided mentoring to implement a strategy of integrating HCT in all hospital units to achieve the objectives of increasing access to care. HCT data was collected from the seven hospital units revealing counselling rate of 4% with two lay counsellors in one unit providing HCT services. A plan to increase HCT uptake involved forming a multi- disciplinary team: HIV and TB sub district managers (for the procurement of registers and policy guidelines); unit managers (for ensuring that the plan is implemented and sustained in the units); pharmacist (to maintain adequate HIV test kits stock levels); and for HCT services to be conducted, ward nurses and lay counsellors were included in the team. Targets were set and registers introduced for each unit to offer clients an opportunity to undergo HIV testing on admission. Regular monthly meetings were held to review progress, bottlenecks and some interventions were made. After six months of intervention the number of units routinely providing HCT rose from one to seven units, District Health Information System data showed an improvement of 27% in counselling rate; with individual units attaining as high as 87% of counselling rate when data in registers is used. Conclusion: Integrating HIV programmes into routine patient care is achievable. It starts with establishing and continuously strengthening HCT as a programme; and this is best achieved when applied in all levels of care.

7.2.4. Male circumcision

Greehy Precious: ***Attitudes of young men towards male circumcision in the context of HIV/AIDS and gender-based violence***

Most recent research into initiation schools in South Africa focuses on the importance of circumcision in reducing HIV infection, on botched circumcisions and deaths. However, little is known about what is taught in initiation schools and the impact of such teachings on the sexual behaviour and masculinity constructions of initiates. There is a dearth of research on both the negative and positive impacts that initiation schools might have on HIV. It is therefore crucial to research the role that initiation schools could play in public health promotion and challenging masculinity stereotypes, in order to foster a multi-faceted approach to dealing with HIV/AIDS and gender-based violence in South Africa. Methods: This study involved a convenient sample of 503 men aged 18 and above, living in rural South Africa. They were interviewed using a quantitative questionnaire. Semi-structured interviews were also conducted with men to establish their attitudes towards and perceptions of initiation schools. The quantitative data was analysed using EpiData Analysis. The qualitative data was analysed using thematic content analysis. Results: More than 60% of the male participants indicated that they were traditionally circumcised. Circumcision was viewed as a passage to manhood and played a major role in masculinity stereotypes that may lead to risk-taking behaviours. Initiates stated that sexual discussions during the initiation period focus primarily on sexual performance and do not contain relevant information about HIV/AIDS or sexual and reproductive health issues. Initiates need sexual and reproductive health education, including HIV prevention, that engages with different cultural perspectives on sexuality, health, illness/ death and masculinity. The study shows this should be approached with a view to building bridges between government, communities, ritual circumcision / initiation schools, custodians of traditional culture, and civil society. The findings are informing such a programme, ongoing in partnership with CBOs in four provinces.

Vezi, Nhlanhla: ***The Valley Trust's experience of promoting medical male circumcision, and the experiences of men and women affected by the procedure***

This presentation describes the work of The Valley Trust in promoting medical male circumcision, and reports on the experiences of men who have undergone the procedure as a means of preventing new infections amongst men. Methods: Medical male circumcision (MMC) is now widely recognized as an important strategy for reducing the incidence of STIs, including HIV amongst men. It is also an important component of the KwaZulu-Natal Provincial HIV Strategy. The Valley Trust has been actively promoting MMC for approximately one year, and uses conversations, workshops, and other interventions as points of entry for MMC promotion. The multiple benefits of MMC are communicated, and the process explained. Concerns and questions about

the procedure are addressed. Camps are arranged to provide additional education and broad health testing, including HCT. From here, eligible candidates for MMC proceed to a designated clinic for the procedure. Results: There is a growing demand in the areas in which The Valley Trust works for MMC, which is increasingly perceived as a safe procedure and one which provides a significant measure of protection against HIV for men. However, many questions remain unanswered: (i) what are the different motivations for men to undergo the procedure – improved health and hygiene? cultural reasons? Peer pressure? (ii) what have men's experiences been of the actual procedure? (iii) how has the procedure affected men's lives, both positively and negatively? (iv) what difference, if any, have women experienced after their partners have undergone MMC? (v) does MMC increase or decrease the use of condoms and other safer sex practices? This paper explores some of these questions, based on the responses of a sample of men who have undergone the procedure. The views of women are also investigated. Conclusions: While the benefits of MMC are well established, the lived experience of men and women around MMC in the context of the HIV pandemic requires further research and documentation. This presentation is a contribution toward this.

Vilakazi, Snegugu: ***The role of women in male initiation: perceptions of mothers in Limpopo Province***

Initiation of males is culturally viewed as a process through which a boy comes of age and transitions to manhood. Since such initiation, particularly involving circumcision, is popularly understood as the exclusive domain of men, and since circumcision and sexual behaviour following circumcision have become important factors in HIV prevention, this study sought to investigate how women in Vhembe District of Limpopo view male initiation and the extent to which women, in particular mothers, participate in the decision and process. Methods: The study was conducted in the Vhembe district of the Limpopo province and involved interviews with and observation of women whose sons were undergoing initiation during the June 2011 season. Results: Mothers displayed pride in this tradition and utmost confidence in traditional surgeons and initiation teams, and in their sons going through initiation. Many were confident that by going through initiation their sons would become more responsible and independent. Women play a background and yet crucial role, in that many are consulted by their sons and husbands before the sons are registered for initiation. Mothers also prepare food, which initiates collect from them or from their sisters daily. Conclusion: in this view, women in Vhembe are often decision makers in the initiation process of their sons or influence their husbands to act and take the process forward. They offer a supportive role to their sons throughout initiation and observe and perpetuate a range of cultural traditions linked to the boy completing his initiation, which have a bearing on HIV risk and attitudes.

Sias, Nancy: ***Male initiation practices: Perceptions and experiences of women***

Rites of passage for males in South Africa are practised by a number of ethnic groups including the Sotho of the Free State and Eastern Cape provinces, the Xhosa of the Eastern Cape province and the Venda of the Limpopo province. Women have often been portrayed as victims of this practice, - having little or no role to play and yet bearing the consequences of unruly initiates who, in their new found 'manhood' disrespect and abuse women, or dealing with the death of a son following a botched circumcision. This study explored the perceptions and experiences of women from four rural communities in the Free State, Limpopo and Eastern Cape provinces regarding the practice, effects and impact of initiation on HIV and AIDS attitudes and risk, and women's vulnerability and status. Methods: A self-administered household survey was carried out with women as part of a larger study. Key informant interviews and focus group discussions with women and staff at community based organisations working with Initiation Schools were conducted, guided by semi-structured questionnaires. SPSS 19.0 was used to perform Chi-square analysis of survey data to determine differences by age group and site location. Results: The perceptions and experiences of women varied within and across the communities and by age group. Contrary to the popularised view that initiation places women at risk for gender based and sexual violence and widens the equity gap between men and women, a number of women had positive experiences and perceptions and supported the practice. However negative experiences were reported by some women. Some held the view that circumcised males did not need to use condoms, thus raising the concern that these women were at increased risk of HIV infection. Conclusions: The practice of initiation varies across and within provinces, depending on cultural identity. While there are perceptions and experiences that point to increased vulnerability for women and which thus need to be discouraged, there are also positive, protective aspects and experiences that should be encouraged for the benefit of women and men in affected communities.

Burman, Christopher: ***Traditional Initiation Schools, Circumcision and HIV-Prevention: Mixed Messages in a Rural Limpopo Context***

During a mid-term review of the Boys 2 Men programme that is being piloted in the Limpopo Province a

Hypothesis Generation technique was included in order to elicit key issues of concern to facilitators. The key issue they identified was: the complexities attributed to the local Initiation Ceremony and concerns regarding the implications of such in the context of male circumcision and HIV-prevention. The Hypothesis Generation M&E approach is qualitative in nature but grounded in empirical realities providing a quantitative dimension – based upon directed, open-ended questions. Male facilitators from 2 Districts participated in separate group discussion from which narrative fragments were collected as primary sources of information and visual archetypes of the analyses were subsequently co-produced. Boys 2 Men is a programme that aims to facilitate better understandings of the HIV/AIDS pandemic to teenage boys and young men. The programme is in demand in Limpopo and was presented at the last SAHARA conference. The findings emerged during a mid-term review of the programme. The implications / findings of the programme suggest that: 1.The Initiation Ceremony significantly alters the perception of teenage boys about the notion of 'sexuality / masculinities' that includes a shift towards more violent, authoritarian forms of masculinity (a schism between 'modernity and tradition'?); 2.Coupled with a particular / localised belief that traditional circumcision on 'The Mountain' makes people immune from all STIs; 3.Which in turn has implications for the tailoring of information provided by health care practitioners about 'HIV / circumcision and risk reduction'; 4.The methodological approach did facilitate the emergence of issues of concern to the people closest to the 'coal-face'. Male circumcision is going to have a presence on the social landscape of HIV prevention globally. Particular attention should be focused on the way in which this information is communicated with local communities because of the pre-existing idioms / beliefs about male circumcision and health / manliness. The Hypothesis Generation technique did facilitate the emergence of 'critical community voices'. It is the opinion of the M&E team that more traditional M&E techniques would not have picked this critical issue up.

Chingondole, Christine Kapira: *Men`s perceptions of medical male circumcision at Ezinketheni Community, Kwazulu-Natal*

This paper aims to explore men`s perceptions of medical male circumcision in Ezinketheni Community, Kwazulu-Natal. Methods: A qualitative endogenous research design that is explorative, descriptive and contextual will be undertaken using unstructured individual interviews and analysis of narrative records such as personal diaries. A purposeful sampling technique will be employed to select research participants who will volunteer to take part in the study. The study will utilize data saturation to reach the target sample size of research participants to be interviewed. Saturation will be done through repetition and confirmation of previously collected data. The study on men`s perception of medical male circumcision will pose two questions throughout the research process such as: what are men`s perceptions of medical male circumcision?; and what is it that health professionals can do to promote or facilitate the uptake of medical male circumcision? Expected Results: The study is expected to reveal the practice of male circumcision as a i§medical interventioni¨ with two phases namely: (a) the exploration of men`s perceptions of medical male circumcision, and (b) the generation and description of guidelines to facilitate or promote medical male circumcision. Conclusion: it is envisaged that the proposed study on men`s perception of medical male circumcision will lead to a better understanding amongst men about the magnitude of the HIV and AIDS epidemic. Men have an important role to play to in curbing the high prevalence of hetero-sexual transmission of HIV amongst the target population of Ezinketheni community in the province of KwaZulu-Natal.

Mpungose, Celiwe: *Male circumcision for reducing the risk of HIV infection: Perspectives of young men and women in South Africa*

Increasing evidence suggests that male circumcision is associated with a reduced risk of HIV infection for men in sub-Saharan Africa. The aim of this study was to understand the importance of male circumcision as a risk reducing strategy by exploring perceptions of young men and women. Methods: The study draws on focus group discussions conducted with both men adwomen in South Africa. Results: The findings suggest that there is widespread support for male circumcision. Male circumcision is viewed as an instrumental part of the traditional initiation process. However, a number of concerns were raised about the traditional initiation process which may lead to risky sexual behaviours including early sexual debut and multiple sexual partners. The risky sexual behaviour of men put women at risk of HIV infection. Conclusion: Support for male circumcision conducted as part of initiation provides a unique opportunity for public health practitioners to intervene in the HIV epidemic. However, interventions must involve local stakeholders and custodians of the rites of passage so as to insure that focus is not only given to the removal of the foreskin but also to the promotion of responsible sexual behaviour and respect for women.

Miti, Mavuto Andrew: ***Debating the practices of initiation and circumcision in the context of HIV and gender-based violence***

The rite of passage for males in South Africa has drawn considerable publicity in recent years following reports of botched circumcisions and subsequent death of initiates. Occurring frequently in rural, impoverished communities, these rites have been blamed for failing to advocate equity for women and further promoting the position that homosexuality is unmanly and/or unwomanly. Botched circumcisions have drawn attention and focus away from yet unanswered questions on the content of instruction and purpose of initiation as boys' transition to adulthood. Methods: Focus group discussions and key informant interviews with rural community members, traditional surgeons, medical practitioners and community based organisations working with Initiation Schools in the Eastern Cape, Free State and Limpopo were conducted, guided by semi-structured questionnaires. Results: One side of this debate argues for a cease in the practice of initiation as schools promote value systems and constructions of manhood that are contrary to the principles of gender equity and recognition of women's rights, encourage early onset of sex, and homophobia among others, and hence are a contributory factor to gender based violence, including acts of so-called 'corrective' rape of women who have sex with women (WSW) and lesbians. Another side argues that initiation schools have, for centuries, been positively responsible for teaching boys their societal role and responsibilities as men to communities, families, and especially women. Experiences of the AIDS Foundation introduce another argument – that since early socialisation across communities is highly gendered, one cannot accurately attribute discriminatory gender attitudes, irresponsible sexual behaviour or HIV risk to initiation practices. Therefore, the time has come to distinguish between initiation and circumcision; and rites of passage, initiation schools and circumcision camps, and evaluate more carefully the impact they have, if any, on societal constructs of gender, sexuality and women's discrimination. Conclusion: There is need for policy dialogue involving various stakeholders in the initiation and circumcision debate to distinguish, if need be, between the practices and establish best practice models for both.

Gwandure Calvin: ***Use of medical male circumcision in HIV prevention***

Ethical principles are important in guiding the work of health educators in HIV prevention programmes. This study sought to examine the ethical dilemmas of health educators who were involved in the promotion of medical male circumcision. There were 20 health educators who participated in this qualitative study. A survey method was used to collect data from health educators. A questionnaire was used to get their opinion on medical male circumcision. The results showed that health educators experienced ethical dilemmas as a result of promoting medical male circumcision. They needed more information on compensation claims and health law and ethics in medical male circumcision. There is need for organisations promoting medical male circumcision to equip health educators with current information on successes and failures of the programme. Further studies should focus on compensation claims arising from HIV infection as a result of participating in medical male circumcision programmes that are rolled out in Sub-Saharan Africa.

Lees James: ***ROW vs. ABC: HIV prevention in South Africa as journeys of personal and collective transformation***

For over two decades, mainstream HIV prevention efforts have centred on ABC (Abstain, Be faithful, Condomise) in an attempt to change individual sexual behaviour. Yet the success of ABC – centred programmes in South Africa varies as evidenced by persistently high HIV infection rates in many communities. This paper presents ROW (Reframing, Owning and learning to Work together differently) as an alternative and more effective approach to ABC-centred HIV prevention for South Africa. ROW is grounded in, and has emerged from, the author's fifteen years of front-line HIV prevention work in the United States and India and ten years of training teachers to respond to HIV in South Africa. The ability to operationalise ABC in one's life in South Africa, it is argued, requires a commitment to a very difficult journey of individual and collective self-reflection and a process of radical individual and social transformation that has as its endpoint a vision of a qualitatively and quantitatively different way of living for future generations. Opposed to the language of HIV prevention as a "battle", "fight" or war" against HIV, ROW is grounded in the understanding that the HIV epidemic is about people, not about the virus, and as such is symptomatic of greater underlying individual and collective disease. Seeing the continued high rates of HIV transmission in South Africa as, in part, rooted in unhealed social and historical wounds, the author proposes that concluding the HIV epidemic in South Africa is part of a far larger movement for many South Africans of rebuilding themselves, rebuilding their families, rebuilding their communities, rebuilding their relationships with one another and rebuilding their nation.

7.2.5. School based prevention

Frempong, George: ***Learners' understanding of HIV/AIDS: do schools make a difference? An application of multilevel models***

It is argued that knowledge of HIV/AIDS is fundamental to the success of any HIV/AIDS prevention education programmes. In South Africa, the government has recognized the critical role that schools can play in reducing the spread of HIV/AIDS and has initiated strategies intended to improve knowledge about the transmission of HIV/AIDS and to help learners make informed decisions. The strategies include the development of life skills curriculum with understanding of HIV/AIDS as a key component. Using a large scale data set of a random sample of Grade 9 schools where learners responded to questions related to their knowledge and understanding of HIV/AIDS, our analysis employs multilevel models to assess the impact of schools on learners' understanding of HIV/AIDS. The analysis also includes the impact of gender and social class on this understanding and whether these vary among schools. Our initial analysis indicates significant differences among schools in their learners' understanding of HIV/AIDS. We expect our findings to inform the current strategies to improve South African learners' knowledge and understanding of HIV/AIDS.

Mchunu, Jaime: ***"Short-term thinking": perceptions of adolescents participating in the RHIVA programme***

A study was conducted in rural KZN at the end of 2010 to determine the perceptions of learners related to sexual health, substance use, planning for the future and financial management. This served as a baseline study for RHIVA (Reducing HIV in Adolescents), a school-based cash incentivized HIV prevention programme. The cash incentive is coupled with strengthened sexual reproductive health education in the Life Orientation curriculum and a sustainable livelihoods programme called My Life! My Future! Methods: Data was collected between November 2010 and March 2011. A quantitative questionnaire was completed by 4 435 Grade 10 and 11 learners in the 14 RHIVA pilot schools. Focus groups were also conducted in six schools. Results: The study found that learners are aware of HIV and STIs, but are not concerned with preventing them. Most learners reported that they were not sexually active; however, few of those who were sexually active reported using condoms. Most learners felt that teenage pregnancy was a serious problem at their schools. The incidence of inter-generational sexual relationships between female learners and older men was concerning. Although learners recognize that these relationships may be exploitative or abusive, they did not see the relationships as intrinsically wrong. Nearly all the learners reported that substance abuse was a concern in their schools. They were also concerned about the lack of safety at schools, with toilets highlighted as particularly unsafe. Although learners have high hopes of becoming successful professionals, less than half plan to continue studying, and few indicated that there would be money at home to support further education. They reported that that the main sources of income in the community include social grants, domestic work, prostitution, drug dealing and driving taxis. Conclusions: Overall, learners are more concerned with immediate issues, and do not think in the long-term or plan for the future. Although they aspire to become successful professionals, they do not know how to achieve these goals, and there are few successful role-models in the community.

Gacoin, Andree: ***Teaching Empowerment? Power and agency in sexuality education discourses in the context of HIV prevention programmes***

Over the past 30 years, the global HIV and AIDS epidemics have redefined how we think about sexuality, health and education. In particular, sexuality education is widely considered a pivotal component of HIV prevention responses for young people. Sexuality education aims to reduce high HIV infection rates among those aged 15 to 24 by providing appropriate information as well as addressing social factors, such as gendered power relations, that may increase young people's vulnerability to disease. Although the stated goal of sexuality education in this context is to empower young people in relation to their sexual identities and behaviours, I argue that there has been a lack of meaningful engagement between public health discourses and educational theories. This allows the educational claims of empowerment within sexuality education initiatives in the context of HIV prevention responses to go unquestioned. Methods: This conceptual paper will provide a close reading of public health formulations of empowerment discourse through three broad theoretical framings of power and agency and their educational claims: liberal, neo-Marxist and post-structural. I use these framings to question the ways in which the "failure" of empowerment within sexuality education is said to be a problem of implementation. I apply this theoretical thinking to educational practice in order to encourage discussion around how the promise of education requires making explicit underlying notions of power and agency. Results: Drawing on Judith Butler's destabilization of autonomous agency, I argue that empowerment discourse in sexuality education positions teachers and learners as independent from gender, race, class and

other social identities that are implicated in who is held responsible for health. Returning to the promise of empowerment, the paper points to the unsettling ways in which the discourse of "we will empower" risks not only masking the power that it deploys, but also allowing the "we" who calls forth the empowered subject to escape responsibility when empowerment fails. Conclusions: I argue that this educational reading is critical for better responding to the diverse needs of young people as they negotiate their sexual identities and behaviours in the context of a life threatening disease.

Hallman, Kelly (presented by Kasthuri Govender): ***Siyakha Nentsha: A Randomized Experiment to Improve the Health, Social and Financial Capabilities of South African Adolescents***

Siyakha Nentsha (SN) is a randomized experiment targeting young people in KwaZulu-Natal. It addresses economic, social and health challenges, with the objective of improving functional capabilities and well-being of adolescents at high risk for HIV, teen pregnancy, school dropout, unemployment, and the actual or potential loss of a parent. The intervention is accredited by the HWSETA. SN was delivered in secondary schools during school hours and led by trained young adult mentors from the local community. Sessions occurred 2 - 3times per week. The study has 3 intervention arms: (1) control, (2) social and health skills and (3) social, health, and financial skills. These were randomized at the classroom level to 10th and 11th graders in 7 secondary schools. Each participant was interviewed at her/his household in early 2008before the intervention began and again 18 months thereafter. Findings: Changes between baseline and end line show that compared with the control group, participants in the two SN intervention arms were more likely to: know where to get a condom (p=0.001), report increases in knowledge of social grants (p=0.072), have greater budgeting and planning skills (p=0.083), and have attempted to open a bank account (p=0.037). By gender, SN girls (versus control girls) reported feeling higher self-esteem (p=0.089). SN boys were more likely to have remained sexually abstinent between survey rounds (p=0.032), and SN boys who did have sex reported having fewer sexual partners than boys in the control group (p=0.037). Boys exposed to SN were more likely to have a South African ID than control group boys (p=0.018). Compared with participants who received only social and health skills, girls who also received financial education felt greater levels of social inclusion in their communities (p= 0.013) and were more likely to have a birth certificate (p=0.054); boys were more likely to report undertaking an income-generating activity between survey rounds (p=0.012). Conclusion: Life orientation that includes practical skills can help young people not only reduce their risk for acquiring HIV, but also increase their financial empowerment and enhance their ability to cope with the stresses of growing up in a challenging environment.

Pillay Shomanthri: ***Indian female high school adolescents constructing sexuality in the age of AIDS: Using visual participatory methodologies***

The 2008 SA National HIV Survey found that young females continue to beat a higher risk of HIV infection than their male counterparts despite observed declines in HIV among females (Shisana et.al, 2009: 32). The HIV prevalence among Indians in SA is a conservative estimate as research regarding sexuality and HIV and AIDS in the Indian community has been very limited as many are averse to participating in surveys and so on, believing that they are not vulnerable to HIV and AIDS. Discussing issues of sexuality is also considered taboo in this conservative community. This raises the concern of where and how Indian adolescents acquire the relevant knowledge and how it influences the construction of their sexuality. This research therefore aims to explore how Indian female youth construct their sexuality in the age of AIDS. Method: A qualitative approach is adopted to explore how Indian female adolescents construct their sexuality. Visual participatory methodologies, such as photo voice, photo narratives, drawings, collage and mapping are used to generate the data with this purposively selected sample of eight female adolescents from a secondary school in a peri-urban township. The data is analysed using open coding to allow themes to emerge. Trustworthiness is ensured using Guba's model. Results: The preliminary findings around the role of the school, family, peers, and the media will be discussed. Conclusions: The findings from this study will inform policy making, sexuality education and intervention strategies to curb the expanding HIV pandemic.

Obbuyi, Albert: ***HIV control through school based Comprehensive sexuality Education in Kenya***

Although National HIV prevalence in Kenya has reduced to 6% in 2010, infection levels remain unacceptably high among youth 15- 19 mainly found in the school setting. The study set out to determine whether comprehensive school based sexuality education can contribute to halting HIV infections among secondary school 15-19 youths in Nairobi Kenya. Methods: A cross sectional descriptive study conducted in 6 secondary schools in Nairobi East district with high sexually transmitted infections prevalence focusing on secondary school students in the age bracket of 15-19 years. A general List of schools implementing compre-

hensive sexuality education was drawn, randomized, Computer generated random numbers used to select participating schools. Based on school registers, randomized names of students were used to draw lists per stream per school. Sample size determined based on Fisher et al. Data entered in SPSS and univariate / bivariate analysis conducted to establish any relationships. Results: A cross tabulation of sex (gender) and ever having had sex in sample data showed that generally most respondents (81.3 %) had not had sex and that the respondents who were most likely to indicate not ever having had sex were girls. Boys (13.7%) were found to be more likely to practice early sex compared to the girls who were majority among those who have never had sex ($P<0.001$). Alcohol/drugs taking among the youth was significantly associated to early sexual debut ($P<0.001$Having a boyfriend/girlfriend was key determinant of initiating sexual intercourse ($P=0.001$) coupled with having more than one sexual partner among the youth. Parental communication on sex and HIV/AIDs contributed to delayed sexual activity hence reduced exposure to HIV through sexual intercourse. Conclusions: Reinforcing behaviour change messages among both boys and girls with additional emphasis on factors that influence boy child behaviour on sexuality, Delaying the age of acquiring girlfriend/boyfriend and maintaining one partner are important strategies in delaying sexual initiation and avoiding adverse reproductive health outcomes including HIV infection, Measures in drug and substance use is key in managing risky sexual behaviour.

Obiakalusi, Charity: ***Family Life and HIV Education, Effective Tool for Teachers in improving standard of Education and sustainable HIV prevention among in-school youths in Kogi state, North Central, Nigeria***

For decades in Kogi state, Nigeria relationships between secondary school students and teachers are mainly of fear where the use of use of the cane to resolve challenges is key. This method of teaching have always posed problems as most teachers are viewed with fear and kept at a distance by students. Family Life and HIV Education is a systematic curriculum based manual developed by Nigerian National Council on Education which aim to provide a platform for in-school youths to receive right based goal oriented information for achieving their life ambition as well as understanding their body and relationships as it relates to HIV infection. It also helps provide them with accurate information and knowledge, acquire life skill to prevent HIV as early as possible in more relaxed student-teachers interactions. Methodology: MSH supported government to commence the use of the manual 16 schools where teachers were trained on its use. They in turn trained 400 students as peer educators who in turn reach out to their peers with preventions information using set strategies that promotes low risk behaviours. The trained teachers also selected 5 students as Peer Educators from junior secondary one to senior secondary two using a set criteria and conducted step down of same training to these students for 5 days. The trained Peer educators (400 in number) have started reaching their cohorts of 8 – 10 with the strategies according to the national guideline. These trained Peer Educators were monitored on a weekly basis during peer sessions on FLHE for six months. Also monthly review meeting were held in each school for experience sharing, burning issues encountered during the course of peer sessions, next month's topics for PEs strategy rehearsed and role-played, questions and answers entertained. Also direct interactions with the PEs, their friends and school authorities on the PEs performance before and after the training have showed a remarkable improvement in their academics. Outcome: This shows a positive roadmap to sustaining HIV prevention in a society like ours and can be replicated in other poor resource setting communities.

Subklew-Sehume, Friederike: ***Evaluating The Value That Young People Attach To Lovelife And Investigating Factors Impacting The Life Choices And HIV Risk Perception Of Youth***

There is theoretical support for the strong association between limited perception of opportunity-within-reach and increased likelihood of engagement in HIV risk behaviour. LoveLife is promoting healthy, HIV-free living among teenagers in South Africa by addressing the individual, social and structural factors leading to high risk tolerance. This study, conducted by the Human Sciences Research Council, investigated the value that young people attach to LoveLife and the impact LoveLife had on their life. It also explored the challenges they faced in transition from adolescence to adulthood and the issues impacting on their life choices. Methods: This study made use of a mixed-methods design including both qualitative and quantitative components and was conducted in four provinces. In-depth interviews were conducted with a purposive sample of 60 young people who had participated in LoveLife programmes 2-5 years ago. The sampled individuals conducted social network interviews around risk and opportunity in their communities. Subsequently, they participated in a further, in-depth interview. Qualitative data was analysed thematically. A household survey was administered to 2600 young people, aged 18-24. The survey included questions assessing perceptions of risk, opportunity and LoveLife exposure. To evaluate differences associated with degrees of exposure to LoveLife programming, 50% of the sample was drawn from randomly

sampled enumeration areas with a LoveLife sites and 50% without LoveLife sites. Results: The study will be completed at the end of September 2011. So far the qualitative results indicate that many young people perceive a lack of resources as the major barrier to accessing opportunities. The feeling of being unable to fulfil future aspirations was associated with increased susceptibility to peer pressure and a higher likeliness of engagement in HIV risk behaviour. Most young people who had been exposed to LoveLife reported improved skills development and increased access to opportunity. They shared that LoveLife made them more complete which helped to provide the necessary grounding for decreased sexual risk taking in challenging life circumstances. Conclusions: This study evaluates love Life's impact and provides valuable insights into youth perceptions of risk and opportunity which contribute to the theory and understanding of HIV risk behaviour.

De Lange, Naydene; Claudia Mitchell; Relebohile Moletsane: ***Photovoice A visual participatory methodology***

"Photovoice" is a *research strategy using* photography (putting cameras in the hands of participants) as a tool for social change. The workshop noted that it was a *process* that gave people the opportunity to record, reflect and critique personal and community issues in a creative way. More importantly, "Photovoice" was most amenable to poorly-resourced communities and therefore could be regarded as a *grassroots policy making strategy.* In essence it represented a strategy that could not be ignored and told stories that were made by those who were affected for those who were affected.

Robinson, Muigai: ***Use of ICT approach in prevention and mitigation efforts for HIV/ AIDS and TB generating awareness and providing practical information to CSOs***

The key role of ICT in the prevention and mitigation efforts for HIV/AIDS in Kenya is generating awareness and providing practical information to people to deal with such problems through the electronic media and also it is helping incapacity for CSOs. Conclusion: The GIS database includes information on HIV/AIDS epidemiological incidence and surveillance data, distribution of known risk population, ICT availability information, and organisational coverage. Conclusion: Despite the challenges to be faced because of the infrastructural constraints in applying ICT as a tool, mainstreaming HIV/AIDS into other ICT projects can be a cost-effective solution to increasing the outreach of the medium.

7.3. Accessibility, Uptake and Adherence to Treatment

This section deals with various issues related to accessibility, uptake and adherence to treatment. In particular, NIMART (Nurse Initiated Antiretroviral Treatment); Antiretroviral Treatment Adherence (ART), male involvement in HIV care and treatment; barriers and enablers to effective ART adherence, ART care and support; HIV drug resistance; referrals between traditional and biomedical health practitioners; integrated responses to HIV; and TB infection control practices.

7.3.1. NIMART

Mtshizana, Mcebisi: ***Lessons learned from NIMART Initiation Programme models in Mthlontlo and Nyandeni sub districts in Eastern Cape South Africa (SA)***

The South African National strategic plan set a goal of attaining 80% access to ART by 2011. Provinces were mandated to decentralise ART services to district health facilities and ART initiation by nurses (NIMART) at Primary care clinics. Nurses from Mhlontlo (27 clinics) and Nyandeni (47 clinics) were preparing and referring patients to 2 and 3 accredited ART sites respectively resulting in long patient travel, waiting lists and high defaulters. To achieve the mandate, two models were demonstrated in the two sub districts. Process: With initial NIMART training and ongoing mentoring by ECRTC: Mhlontlo implemented a model with a roving multidisciplinary team (MDT) but the doctor was only available telephonically. The team visited a nurse at least twice in the first 2 months. In such visits the nurse would present the clients to the MDT which would advise on ART initiation. Support systems including Drug flow, Referral and data Management were also discussed. Difficult cases were referred. After 2 months, nurses in 17 clinics could confidently start ART independently. Nyandeni implemented a model where 3 facilities with doctor support, were identified for initiation and demonstration. Clinics were clustered, with each team led by a trained manager. Nurses from clinics prepared and presented clients to cluster teams. The team would agree in initiating the client. This support continued for two weeks then nurses gained confidence and competence to initiate independently. Results: After twelve months, the number of facilities initiating increased in both subdistricts (Mhlontlo from 3 to 25 against a target of 27 and Nyandeni from 2to 46 against a target of 47). 1900 new patients initiated against a target of1680 in Mhlontlo and in Nyandeni 3504 new patients against target: 1920. Conclusion: Different approaches can succeed as long as there is management training, planning and peer support.

***Integrating NIMART into TB services: a mentoring model to improve ART initiation at TB service points* by Dr. Jeannette Wessels, ICAP.**

The Department of Health in South Africa used the Nurse-Initiated Management of Antiretroviral Therapy (NIMART) programme in order to increase access to ART through shifting the task of ART initiation from doctors to nurses. A key finding in this process was that nurses still required ongoing mentoring on the application of the theory to real-life settings. This, in turn was showing increasing levels of confidence in nursing staff who took on this additional responsibility.

Muller, Madeleine: *Does NIMART provide effective ART management in clinics in Rural Eastern Cape*

In April of 2010 Nurse Initiation and Management of Antiretroviral Therapy (NIMART) was launched in South Africa (1). Studies have shown successful implementation of a primary health care approach to providing HIV services in rural communities (2) but a number of pitfalls and dangers have been described in the push to rapidly expand access to antiretroviral therapy (ART) (3) (4). In this study we looked at two rural Primary Health Care (PHC) clinics that were awarded NIMART status in April 2010 and November 2010 respectively. IYDSA, an NGO, had mentored both these clinics – the first until end November 2010 and the second clinic until January 2011. We collected data including cohort analysis, virological suppression and default rates and looked at performance indicators in April 2011. Virological monitoring showed 81.8% at the fist clinic and 79.1% of the second clinic with a viral load <400. Default rates (>14days) were 4.6% and 8.2% respectively. A cohort analysis of the 6/12. 12/12 and 24 month cohort of April 2011 showed that 87.5% were still alive and taking treatment at the clinic. 92.8% of patients were still on a first line regimen. Performance indicators were mixed with excellent monitoring of viral load (91.4%) and CD4 (95%) in adults but poor monitoring of bloods of patients on AZT or TDF containing ART regimens (45%). Paediatric numbers were small and make comparison difficult but showed poor viral load (77.7%) and CD4 monitoring (78.9%). Conclusion: It is possible for NIMART Primary Health Care programmes to run quality ARV programmes but it needs support and ongoing monitoring to ensure that performance continues to be high. Although some indicators were adequate each clinic had specific areas that needed to be addressed. Performance management is a challenge in rural clinics with no additional resources to run the ARV programme. It is essential to provide administrative support (e.g. data capturers) and high quality supportive supervision to ensure that the programme continues to perform well and to provide a uniformly well managed service.

7.3.2. ART

Goosen, Antoinette: *The road to ARV'S at a Higher Education Institution*

Nelson Mandela Metropolitan University HIV/AIDS services started 15 years ago and mainly focussed on awareness campaigns and prevention strategies for all staff students. All persons undergoing HIV testing and then receiving a positive test result had to be referred for any form of treatment and support. The first phase was the provision of onsite counselling support and in later years was expanded to include wellness programmes, treatment for opportunistic infections. However the provision of Anti retroviral treatment as the final step in providing comprehensive care and support have been denied our patients for many years. It was only due to changes in S.A governmental policies and continued negotiations that led to the provision of ARV treatment to outpatients in June 2010. Furthermore the presentation will share information re the institutions HIV/AIDS wellness programme that forms the basis for the current ARV programme. A total of 65 patients currently form part of this monthly programme. Most of the HIV positive persons live a very healthy lifestyle and through these monthly wellness interventions are able to delay the need for ARV treatment substantially. During the latter year a number of challenges were faced during the establishment phase of the ARV programme. Various actions were put in place to address them and ensure good patient compliance and positive outcomes for all involved. The NMMU campus health service which is the main service provider acknowledge that many challenges will still arise but remain positive that if they are met head on will not be a stumbling block but merely an area of growth to " turn the tide" on HIV/AIDS management in higher education. Through the successes of this programme we hope to inspire other Higher Education Institutions to embark on this road, although it may seem a daunting challenge the rewards are life changing.

Ruud, Karine Wabø: *Knowledge of HIV infection and antiretroviral treatment among health care providers in the Eastern Cape Province, South Africa*

The aim of the study was to evaluate the extent of knowledge regarding HIV in general and antiretroviral therapy (ART) among nurses and auxiliary staff employed in the public health sector in one district of the Eastern Cape Province, South Africa. The aim was also to investigate basic knowledge regarding adverse drug

reaction (ADR) reporting among primary health care (PHC) nurses. Methods: The study was conducted in a resource-constrained health care setting with approximately 130 000 inhabitants. Data was collected by conducting personal interviews with 102 HCPs (95 women, 7 men) working in the seven PHC facilities in the study area, using a structured questionnaire. The participants consisted of 63 auxiliary staff and 39 nurses. Results: Nurses in general showed higher knowledge of antiretrovirals (ARVs), ADRs and HIV complications than auxiliary staff. Both groups were uncertain about whether ARVs could or should be taken in combination with food or not. Due to uncertainty regarding how to treat patients with clinical symptoms, auxiliary staff often referred such patients to nurses, whereas nurses referred to doctors. The experience with ADR reporting was low among PHC nurses. One third of the nurses claimed to have seen an ADR reporting form in the PHC clinic where they worked, and only two had ever filled out an ADR report. Conclusion: Both nurses and auxiliary staff had basic knowledge regarding HIV in general generated from working experience whereas nurses were more knowledgeable about various aspects related to the medical treatment of HIV. For both groups of health care providers, lack of knowledge also led to uncertainty regarding treatment of patients with clinical symptoms. There was little knowledge among nurses regarding the procedure for ADR reporting and the formal ADR reporting form.

7.3.3. Treatment Adherence

Kamele, Mashaete: ***Physical tracing of patients – a resource-intensive approach in remote settings: experience from rural Lesotho***

To determine in a rural anti-retroviral (ART) clinic in Lesotho the efficiency of a back to care intervention through patient-tracing for patients who were lost to follow-up. Methods: Patients that were not transferred out or known dead were eligible for tracing. Number of patients returning to care at the original site as a result of tracing was the primary outcome. During 3 months a lay-counsellor traced eligible patients either via phone or site-visits. Patients found filled in a questionnaire about reasons for not seeking care at the clinic anymore. If the patient was not found, the tracer sought information from relatives, neighbours, village chiefs or village health care workers. Cost calculations include purchase and maintenance of motorbike, fuel, salary, training and cell-phone-communication. Results: Of 1'189 patients enrolled on ART since 2005, 175 (14.7%) were recorded as dead and 201 (16.9%) as lost to follow-up. Of these, 5 returned to the clinic before tracing started and 5 were identified as double-records. Of the 191 eligible for racing, complete tracing data were delivered for 175 (site of 8 not accessible due to distance, 8 incomplete data). Most, 169 (96.6%), were traced with onsite-visits. Forty-five (21%) could be found, 12 (28%) of these were still coming on a regular basis (recording error at the clinic), 13 (30%) sought care at another clinic, 20 (42%) had discontinued treatment for different reasons: traditional medicine (8), occupied by other duties (5), economic barriers (2), too weak (2), miscellaneous (3). Among those not found, 58 (45%) were dead, 45 (35%) had migrated to South Africa, and from 27 (20%) no clear information was available. As a result of the tracing, only 3 (2%) returned to the clinic for further care. Including purchase of the motorbike, overall cost were 6'870 USD, resulting in 2290 USD per patient brought back to care. Excluding motorbike purchase-cost, expenses per patient returning to care were still 773 USD. Conclusion: Tracing of ART-patients in remote settings, is a resource-intensive approach in terms of patients brought back into care. Most cost is caused by transport of the tracer.

Ayifah, Emmanuel ***Antiretroviral treatment (art) adherence among HIV positive pregnant women in the Lower Manya Krobo District, Ghana***

Aim: A high rate of Anti Retroviral Treatment (ART) adherence in HIV positive pregnant women is crucial for Prevention of Mother-to-child Transmission (PMTCT) of HIV. In Ghana, the World Bank, through its Treatment Acceleration Project (TAP) and the Global Fund are supporting Ante-retroviral (ARV) deliveries. HIV positive pregnant women are taken through 2-3 sessions of adherence counselling prior to ART initiation. The present study sought to find out about HIV positive pregnant women's ART adherence rate and the reason for non-adherence after six (6) months of treatment initiation. Methods: The study used the Self-Report dichotomous choice method of evaluating ART adherence. HIV positive pregnant women (n=75) identified in a previous study in two selected hospitals in the Lower Manya Krobo District, Ghana were followed up and interviewed, after 6 months of treatment initiation. Dose, schedule and food adherence were assessed based on a 7 day recall. Results: On the whole, 92.7 percent (n=62) of respondents were adherent to all parameters (dose, schedule and food). Respondents who reported dose, schedule and food adherence were 89.3 percent (n=67), 82.7 percent (n=62) and 97.3 percent (n=73) respectively. Reasons for non-adherence ranged from away from home (n=4), forgetfulness (n=2), food not being ready in time (n=1) and did not understand instructions (n=1). Conclusion: ART Adherence according to self-report by HIV positive pregnant women in the present study was high. This could inadvertently help achieve remarkable results in PMTCT of HIV/AIDS efforts in the Lower Manya Krobo district of Ghana.

Onovo, Amobi: ***Barriers And Enablers To Effective Adherence Of ART: A Pilot Study***

The advent of antiretroviral (ARV) drugs has transformed HIV/AIDS into a chronic manageable disease and strict adherence is required for the medication to work. The aim of this study is to investigate the possible barriers and enabling factors to adherence of antiretroviral therapy. Methods: A pilot study was conducted among People Living with HIV/AIDS (PLWHA's). The PLWHA's were part of a support group located in 4 Government Hospitals at Obia-Akpor Local Government Area in Rivers state, Nigeria. Relevant data was collected using an interviewer administered questionnaires on patient medication to antiretroviral adherence. The data was analyzed using Bivariate analysis. Results: The age distribution of participants(PLWHA's)ranged from 26-43 years with the mean age of 33 years. Among them, 77.3% knew the name of the antiretroviral drug regimens prescribed. 92.0% of the participants had a good knowledge of treatment schedule and methods to remember time and recommendation to take their medication. 80% of the participants understood that ARVs, if taken correctly will help prolong their life. 83.3% of the participants showed good adherence based on self reported missed dose in the last seven days. Patients with good adherence were found to be supported in obtaining their medicines and were also offered regular adherence counselling (statistically significant at P=0.03). However, 66.7% reported forgetting, 15.7% reported going to the farm and 17.6%reported travelling respectively as main factors of missing at least once a dose intake. There was a significant association between profession and level of study (p>0.04). Conclusion: These results indicate that to overcome the potential barriers of poor adherence, all actors involved in HIV/AIDS programming should strengthen counselling, education and information intervention for HIV infected clients.

Umoh, Mary: ***Male mentors: A strategy to increase male involvement in HIV care and treatment***

This paper aims to describe the effectiveness of Male mentors in increasing male involvement in HIV treatment access and Adherence to antiretroviral therapy (ARV) in Kwara state North Central Nigeria. In rural north central Nigeria getting men who are HIV positive enrolled to care treatment has posed a major challenge as they mostly default care and treatment resulting to poor adherence to ARVs thus there is need to increase male involvement. The facility based support groups established for PLWHAs in the Management Sciences for Health supported sites in Kwara state through USAID funding provided an avenue to monitor adherence to ARV therapy among clients who access care and treatment at these facilities. The low turnout of men at these support group meetings was observed to be a major setback as this had a negative impact on adherence to ARVs among the male clients. Methods: The steps put in place to increase male involvement includes, 1.Recognizing male role models among PLWHAs who are active members of the support group. 2. Regular mentoring meetings was held with the treatment role models to counsel other male PLWHAs on the importance of joining the support groups and the benefits of adhering to therapy. 3. Arranging on ART clinic days for these models to counsel other peers who have been enrolled for treatment and subsequent peer-peer follow up counselling. 4. Establishment of an all male support group meeting to further strengthen the peer counselling sessions. Results: Over a twelve month period, it was observed that male attendance at the support groups increased from 16% to 78%. In the same vein, adherence to ART increased from 38% to 83% rates of partner disclosure increased from 15% to 50% and rates of partner testing also increased from 35% to 58.6%. Conclusion: Male mentors are an effective strategy for increasing male participation in the care and treatment of HIV positive persons and leads to improved adherence to treatment.

Mpofu, Dephin: ***Together we can. Health forums an answer to HIV treatment, care and support: A case of Ekurhuleni and Tshwane districts, South Africa***

Community-based organisations (CBOs) have been instrumental in HIV/AIDS awareness programmes, prevention, home-based care and supporting orphans and vulnerable groups. Community involvement in the delivery of healthcare services is important to ensure sustainability of quality service delivery and continuity in care. Method: The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), cognizant of the role of CBOs, utilised their experience in mobilising and educating communities on HIV related issues. Three Health forums were started in Tshwane and Ekurhuleni districts, Gauteng Province, South Africa, in October 2009. The objective of the forum was to foster strong working relationships between Department of Health (DOH) and community organizations to improve outcomes of HIV/AIDS services. Each Health forum consisted of up to four CBOs and representatives from DOH and the Department of Social Development (DoSD). CBOs selected to form forums were already providing support to EGPAF supported health facilities. Each forum formed a committee that provides direction on monthly activities. EGPAF's role is to provide technical assistance and capacity building to the CBOs. The DOH provides CBOs with home based care kits and training. The DoSD provides small grants to some of these CBOs.

Result: Health facilities, consult Health forums to assist them with adherence issues. CBOs have begun helping support groups with coordination, three of which are maintained by participating CBOs; one CBO was initiated by the forum. Each forum has developed a workplan for 2011 in coordination with EGPAF and DOH to enhance treatment literacy in the community. Conclusion: Health facilities should actively engage CBOs in their communities to improve patient outcomes on ART. More CBOs should be linked with the health facilities where this has not yet been done. The efficacy of the forums will be measured by the increase of people accessing ART services at each health facilities.

Mamudu, Rashidat: ***Treatment education: Key in supporting Adherence to Anti retroviral therapy (ART) in rural clinics in Kogi state Nigeria***

Patients in rural clinics in Kogi state most times are used to receiving instructions from care providers on use of medicines which often they follow blindly. This has not worked well in HIV/AIDS management leading to poor adherence. Treatment success require near perfect adherence to ART. This makes getting the cooperation of patients to adhere of high priority. Method: USAID funded management sciences for health ProACT project supports the government of Kogi state to provide HIV care and treatment to people living with HIV in 4 rural clinics since January, 2008. ProACT strengthened the capacity of service providers to deliver up to date treatment education and counseling before and after treatment initiation with follow up at every drug refill. Care providers were also sensitized on the need to shift from being treatment instructors to treatment supporters in order to motivate and get patients cooperation to adhere rather than follow instructions blindly. Result: Of the 132 patients reviewed in two clinics, all have a good knowledge of their treatment schedule, 86 (65.15%) have a clear understanding of treatment failure as implication of poor adherence and 107 (81.06%) of them gave a self report of above 95% adherence over the past 3 months. However, there were reports of forgetting and being away from home as factors resulting in missing doses. Conclusion/Recommendation: Treatment education and counselling should form an integral part of patient support in treatment programmes in order to overcome the barriers of poor adherence to ART.

Matima, Caswell: ***Cultural Competency A window of opportunity to address some of the cultural issues impacting on HIV/AIDS treatment adherence***

One of the most complex challenges in addressing HIV/AIDS treatment is the sensitive issue of cultural diversity. South Africa is a multicultural society with many people exercising their cultural, traditional and religious health beliefs and practices that impact on prevention, care and treatment of HIV/AIDS. The fact that many people still cling to their diverse cultural norms, values and beliefs makes it important for health care providers and social scientists to understand other alternative medical perspectives, competing for space with biomedicine, about the aetiology and treatment of HIV/AIDS. Sub Saharan Africa bears the heaviest burden of people infected and affected by HIV/AIDS and some70% to 80% of the general African population still consult traditional healers. Therefore, it's important for the health care provider to understand that the African perspective on the aetiology and treatment of HIV/AIDS differs from the Western biomedical idea of the 'germ theory' that explains that people get sick because of exposure to germs and viruses. In the African perspective the transmission and symptology of HIV/AIDS and treatment are centred on cultural beliefs of pollution, ancestor intervention and sorcery which are deeply rooted beliefs in African societies despite the extensive HIV/AIDS awareness and education campaigns in many parts of Southern Africa. Methodology: Training all provincial HIV/AIDS health care providers on cultural competency as from the beginning of July 2011. The Free State is the third province with the highest rate of infection in South Africa and therefore the researcher in collaboration with the training officers (nurses) employed by the provincial Regional Training Centre in Bloemfontein have already embarked on a systematic pilot programmeme of training all provincial HIV/AIDS health care providers on cultural competency as from the beginning of July 2011. Data collection methods will be both qualitative and quantitative with interviews conducted with key informants such as doctors, nurses, lay counsellors and home-based care voluntary workers for qualitative data. Results and Conclusion: Trend analysis on the periods pre and post cultural competency training will determine whether the training was effective or not by showing if adherence rates have increased or not.

Lupondwana, Sonia: ***Optimizing TB Infection Control Practices in Resource Limited Settings – the Makana Experience***

The high incidence of TB in South Africa means that a high number of TB Suspects and TB registered patients will attend the health facilities. With the implementation of the revised HCT Guidelines, more PLHIV will be attending health facilities. There is a need to reduce the risk of clients and staffs, both with normal and suppressed immune systems, from contracting TB while in the health facility. Method: Africare provides comprehensive support to HIV Care and Treatment Services at 24Health Facilities in Makana. A TB IC Assessment was

conducted at all facilities starting December 2010 – using the NDOH TB IC Tool which includes a quantitative rating system. Gaps were identified and where possible addressed, followed by a post-intervention assessment. Components assessed included: Work Practice and Administrative Controls, Screening and Triage, Isolation Practices, HCW Protection, Supplies. Assessments were conducted by site visits and inspections of current practices and documentation. Results: The scores across the sites assessed for the 5 areas went up from initial rating of 28% to 56%. The proportional improvement per component: Work Practice– 176%, Screening – 189%, Isolation Practices – 271%, HCW Protection – 139% and Supplies – 100%. A TB Infection Control site specific file was compiled and distributed for each consulting room at each facility assessed. The file included copies of the Assessment report, Site specific TB IC Plan, NDOH TB IC Guideline (April 2007), Cough Hygiene guide, 5 steps to reduce TB transmission, housekeeping checklist and a signing sheet for facility staffs to acknowledge file contents. Conclusion: Healthcare Workers and patients are exposed to infectious diseases on a daily basis due to the environment they are exposed to. Support to TB Infection Control systems onsite can have a major impact on decreasing the risk of TB infection in high risk settings. Health facility staffs must be fully responsible for and take ownership of TB IC Measures implemented to ensure a safe working environment for themselves and the patients seen on a daily basis.

7.3.3. Treatment Access

Ekat, Martin Herbas (presented by Lynet Bahoungoula): ***Survival Comparison of PLWHA followed in the Ambulatory Treatment Center of Brazzaville: before antiretrovirals, with antiretrovirals before and after free.***

Ambulatory Treatment Center (CTA) of Brazzaville, created since November 1994, it is the first centre to care for people living with HIV / AIDS in Congo, as such it has witnessed three stages that marked the care of HIV patients in our country, namely a symptomatic treatment initially without antiretroviral drugs from 1994 to 2001, then with antiretrovirals from 2002, these antiretroviral drugs were first paid and then became free from 2007. Our objective was to assess changes in survival of people with HIV followed CTA during these three stages. Methods: Patients infected with the CTA consulted in Brazzaville, Congo between November 1994 and December 2009, have been divided into three groups: before the arrival of antiretroviral drugs (group 1: 1014 patients) [1994-2001], when antiretroviral without free (group 2: 2390 patients) [2002-2006] and free (group||3: 669 patients) [2007-2009]. The probability of survival was calculated using the Kaplan-Meier, log-rank test was used. Results: The mean age of patients arriving at CTA was 36.68, 36.22, 35.92 years respectively in group 1, 2 and 3, and 58.9%, 66.2% and 63.4% respectively were women. BMI was starting 21.29, 21.22 and 20.83 kg/m2 respectively in group 1, 2and 3, the average CD4 count at the finish was respectively 321.85, 232.23 and291.69 cells/mm3 and the average rate of haemoglobin was 10, 10.51 and 10.52 g / ml. A total of 604 deaths and 2008 lost to have been recognized namely 360, 239and 5 deaths, and 647, 1112 and 249 lost to 1.2 respectively in group and 3. The probability of survival calculated by contributing to each group was 50%, 93%and 99% (P = 0.0000) and 13 months respectively in group 1,2 and 3. Conclusion: the arrival of antiretroviral drugs has significantly improved the survival of our patients; the decision to free ARVs has been salutary. Further studies are needed to assess the real benefit from free ARVs.

Abubakar, Abdulraheem, MSH, Nigeria: ***Using a routine regimen trend analysis to guide the choice and utilization of an Efavirenz based 1st line highly active antiretroviral therapy regimen in adult treatment naïve clients in a newly activated rural antiretroviral therapy clinic in Kwara State North central Nigeria.***

In Nigeria, two drugs Efavirenz (EFV) or Nevirapine (NVP) could be used as non-nucleoside reverse transcriptase inhibitor (NNRTI) arm in a 1st line highly active antiretroviral therapy (HAART) regimen. EFV has well known advantages over NVP. However, its neuropsychiatric side effects and teratogenic potential have largely limited its choice as the NNRTI arm in adult treatment naïve clients. Up to 90% of clients newly started on 1st line ARVs have NVP as the NNRTI arm in their regimen. This study shows how a regimen trend analysis could be used to monitor and inform the choice of EFV as an NNRTI. Method: A new treatment site was activated in October 2009 in kwara state north central Nigeria. The site physicians had hands-on mentoring on why they should consider EFV over NVP if there are no contraindications to EFV use. Discussions drew from evidence based science showing the clear benefits of EFV. A regimen trend analysis was then carried out monthly using an excel sheet and feedback given to the physicians on the outcomes in terms of direction of utilization of both agents. Other data collected included the distribution of clients who were commenced on EFV in terms of sex. Results: At 6 months regimen trend analysis from activation of this treatment site showed that 37.9% of adult treatment naïve clients started on an EFV arm 1st line HAART regimen. At 12 and 18months, 45.2% and 38.4% respectively started on an EFV arm 1st line HAART regimen. Sex distribution of treatment naïve clients ever started on an EFV arm 1st line HAART regimen showed that 51.2% were males while 48.8% were

females. Conclusions: Routine HAART regimen trend analysis can be used to monitor and inform careful client selection and commencement on specific ARVs like EFV for the benefit of clients.

Eloghosa, Omorogbe: ***Decentralization of HIV counselling and testing, an effective approach to access and scaling up client up takes into care and treatment.***

In the past Rapid HIV testing was basically lab cantered. MSH, a USAID funded project providing HIV services in some selected facilities in Kogi state, central Nigeria, in an effort to scale up services and reach more people with HIV services, an approach used was to ensure that testing was not only done in the laboratory but extended to other units within the hospital or health centres where HIV counselling and testing services are available. Quality Systems were also put in place to check the results produced are quality assured. Methods: Provider initiated testing and counselling (PITC) was the strategy used to give services to those visiting other points of service other than the lab. The capacity of these health personnel's' were built on counselling and testing, Test points were set at these points while quality control measures were also put in place to ensure reliability of the results from these points. RESULT: An analysis of data over the period of twelve month period from January to December 2010 of HCT data registers in the Laboratory and non laboratory units in the Kogi State Specialist Hospital Lokoja and the enrolment register in the Record units showed that a large proportion of clients that were tested in the facility were identified in the non lab setting like the GOPD, ANC etc. A total of 10066 clients were tested over the period, non lab units contributed (9381) 93.2% and 685(6.80%) from laboratory. Of the 622 that tested Positive, non lab units contributed 554(89%) and lab units 68(11%). Enrolment into care showed378(83.7%) from non lab units, 31(6.8%) from the lab, 38(8.4%) from other health facilities and 8(1.8%) as transfer in. Conclusion: The decentralization of HIV counselling and testing services to non laboratory units have significantly ensured easy access and scale up of services, with more clients being enrolled into care and treatment.

Nwuba, Chioma: ***Improving Uptake of Antiretroviral Therapy for HIV Positive Clients living In Hard to Reach Communities***

To increase access to antiretroviral therapy (ART) and CD4 monitoring for HIV positive clients accessing care and treatment from communities with difficult terrains. Method: In order to improve uptake of ART by HIV positive clients attending HIV care and treatment clinics from hard to reach communities in Northern Nigeria, the USAID funded PrO-ACT project of the Management Sciences for Health instituted the following interventions: 1.Long waiting time at clinics was reduced by task shifting to data clerks to fill laboratory request forms for CD4 investigation instead of clinicians who often complain of heavy workload. 2. Escort service for newly diagnosed persons from the point of enrolment to the laboratory was strengthened in order to ensure that they access baseline CD4investigation on the same day. 3. Appointments for antiretroviral drug pick up and laboratory monitoring was harmonized in order to improve adherence to clinic appointments. 4. To make up for the dearth in human resources for health, we trained laboratory technicians on the use of automated CD4 equipments and adopted flexible duty roster to ensure that a staff is always available to attend to clients every day of the week. 5. Task shifting to pharmacy technicians and assistants to dispense drugs daily. 6. We commenced daily CD4 investigations (Monday to Friday) ensuring that clients attending clinics from long distances and difficult terrains have access to laboratory services on any day of the week. 7. CD4 test results are released within 24hours for rapid initiation of clients on antiretroviral therapy. Results: After a period of twelve months, the number of clients accessing ART increased from 46% to 83% while the number of clients accessing CD4investigations increased from 68% to 90%. Laboratory turnaround time for CD4results decreased from 7 days to 24 hours. Average client waiting time on clinic days reduced from 4hours to 1hour 30mins. Conclusion: Uptake of ART for eligible clients living in hard to reach communities can be improved through task shifting, strengthening health systems to provide daily ART pharmacy and laboratory services, shortened client waiting time and improved system linkages.

Haji, Ahmed: ***Treatment (accessibility, uptake, adherence)***

Actively reaching out to PLWHIV in rural, hard to reach areas is critical for improving access to health services and enrolment into care and treatment. Among a farming population in Lamu District Kenya, health facilities are at least 20 kilometres away, with poor infrastructure and limited access to information and health services. Methods: Through Ministry of Health (MOH) structures, community sensitization was undertaken and clinical staff availed. Technical and financial support to conduct monthly clinics was provided through the USAID APHIA II Coast programme. Comprehensive services including education on HIV prevention, HIV counselling and testing, enrolment to care and initiation of ART and adherence and support counselling for the positive, Maternal and Child Health, Family Planning, deworming and treatment of minor ailments were provided during clinic days. Service delivery data was collected and

summarized on standard MOH tools. Results: January 2010 to August 2010, 130 people were tested for HIV and 11%found positive. Cumulatively 40 patients were enrolled for HIV care (30 new) and25 of them for ART (20 new). 34 pregnant women served for Antenatal Clinic were all tested for HIV (100% testing uptake) and 5.8% HIV positive were provided with prophylactic ARVs for PMTCT. 350 were treated for minor ailments and in August, 10 women were screened for cancer of the cervix by visual inspection with acetic acid. All the patients have been retained on treatment and follow up and a vibrant support group of 31 members formed. Conclusion and recommendations: With structured links to health systems and community involvement, sustainable models of outreach clinics for remote and hard to reach areas can be developed in order to achieve universal access to HIV prevention, care and treatment. The approach has potential to promote ART adherence, patient retention on care and treatment and stigma reduction in the community.

Nakaggwa, Stella Maris: ***Evaluating the supply chain management of IRCU throughout the three years of the ART programme***

In Uganda, it is estimated that about 180,974 of the 357,000 patients estimated to be in need of ART already accessing it (MOH march 2009). Inter-Religious Council of Uganda (IRCU) is a USAID funded programme offering palliative care and ART services to nineteen (19) Faith Based Health facilities (FBOs). ARVs, Cotrimoxazole and HIV testing kits supplied by IRCU are procured by SCMS project, stored and distributed to FBOs by Joint Medical Store but all these activities are done through the Supply Chain Specialist at IRCU. This study was aimed at evaluating the supply chain management of IRCU throughout the three years of the ART programme using health facility data (LMIS) and central level data at IRCU. Method: This was a descriptive cross sectional study carried out in 19 IRCU/USAID funded health facility in Uganda. Main study subjects were managers, heads of facilities, Pharmacy staff that are in charge of supplies procurement, recording, reporting and management between the months of July 2009 to December2009 in Client satisfaction survey. Systematic sampling procedure was used to reach each participant under ethical considerations. Results: The barriers to provision and accessing ART and palliative care services were reported to include the following: Staffing (limited pharmacists, doctors e.t.c.), limited range of opportunistic Infection drugs supplied, no nutrition support, inadequate space, logistics, and other physical resources. Some of the good practices included: there has never been a stock out of supplies provided by IRCU, supplies are delivered on time and in good condition and in case of depleted stock refill can be from a nearing facility with adequate stock. Conclusion: There's need for collaboration within the supply chain of all facilities in order to ensure complimenting of each other's services and ensure smooth running of activities/operations. Networking with other partners enables assistance in time of supplies shortage and over stocking thereby allowing uninterrupted supply of products at the various facilities. Nutrition interventions must be introduced for people on treatment as they are critical. Need to refurbish the facilities in order to create more space for facility personnel.

7.3.4. Drug Resistance

Dube, Nomathemba: ***Early warning indicators for HIV drug resistance in adult patients in South Africa: Medunsa National Pharmacovigilance Centre, 2006 – 2011***

Of the 1.6 million people in need of ARV medicines in South Africa, approximately 970,000 (55%) were initiated on Highly Active Antiretroviral Therapy (HAART) which became available in South African in 2003. The Medunsa National Pharmacovigilance Centre spearheaded a task to track early warning indicators (EWI) to help minimize the risk of emerging drug resistance in patients enrolled in the pharmacovigilance surveillance study. Methods: HIV- infected individuals aged 15 years or older and on ARV medicines were enrolled into this ongoing prospective cohort study. The World Health Organization (WHO) guidelines for assessing HIV drug resistance early warning indicators were applied, namely HAART prescribing practices; patients lost to follow-up 12 months after HAART initiation; patients on appropriate first-line therapy at 12 months, ARV drug supply continuity, on-time ARV drug pick-up and ART clinic appointment keeping, both for two consecutive monthly visits. Results: After HAART initiation, with an average lapse of 12.3 months (Range 0 – 45.1 months), 2545 patients were enrolled at four sentinel sites. The WHO target of 100% for prescribing practices was not reached as 99.7% of patients initiated HAART on first-line regimens. Of these patients, more than 70% were rerecorded as taking first line regimens 12 months later. Over 70% of patients were lost to follow-up. Of the patients still active in the surveillance study12 months after initiation, 84% were retained on first-line ARV regimens. On-time ARV drug pick-up and ART clinic appointment keeping reached an average of 2.8% and 1.4% respectively. ARV drug supply continuity ranged between 10 to12 months. Conclusions: Signals warning of drug-resistant HIV are high in South Africa. Levels of performance that treatment services should be reaching in order to meet the WHO targets and minimize drug resistance are substantially low for all indicators except patients on appropriate first-line therapy at 12 months. Future efforts will aim to enrol patients into the study

at the time that they initiate HAART. These results emphasize the need for measures to ensure that patients collect ARV medicines on time, the value of defaulter tracing and the importance of ongoing supervision of ARV drug stocks.

Adeyinka, Titilope: *Identifying over-compliant patients and pill dumpers with the 'mixed' pill count method for antiretroviral treatment (ART)*

The study aimed to investigate the ability of the 'mixed' pill count method to identify pill dumpers and over-compliant patients to ART at a public sector ARV Clinic in Mamelodi, South Africa. Methods: The study was pilot-tested and the finding presented in 2010 at the XVIII International AIDS Conference in Vienna, Austria. Three hundred and seventy adults on a first line ART regimen were followed-up for two return visits. A standard pill count was used to calculate adherence at Return Visit 1. Patients' exact adherence scores were communicated to them in a counselling session. Extra tablets were dispensed without the patients' knowledge during the prescription refill ('mixed' pill count method). At Return Visit 2 adherence was calculated based on the 'mixed' pill count. Patients were categorised based on calculated adherence as truthfully non-adherent (<100%), 100% adherent and 'over-compliant' (>100%; returning too few dosage units). Reasons for non-adherence and over-compliance were explored in an interview. Results: Three hundred and forty-four (92.9%) patients completed the study. The proportion of patients with 100% adherence increased from 27.6% at Visit 1 to 71.5% at Visit 2. With the 'mixed' pill count (Visit 2), 55 patients were truthfully non-adherent and 43 (12.5%) over-compliant, of whom 43 and 37 patients respectively agreed to be interviewed. Although the proportion of over-compliant patients with the 'mixed' pill count was unexpectedly lower than at Visit 1, only eight (18.6%) patients were previously (Visit 1) optimally adherent and 12 (27.9%) over-compliant, implying a decline in adherence levels was detected by the "mixed" pill count in this group. Reasons for over-compliance included throwing away (dumping), spilling of medication, taking extra by mistake, children tampering with tablets, sharing medication. Six patients admitted to dumping of their ARVs. The more stringent pill count process introduced with the study led to more careful counselling of all patients who were non-adherent at Visit 1, hence a potential "Hawthorne" effect by Visit 2. Conclusions: The "mixed" pill count appeared effective in detecting over-compliant patients and possible pill dumpers. The study highlighted the importance of targeted adherence counselling and informing patients of their actual adherence score.

Marandet, Angele: *Use of traditional herbal medicine by HIV positive patients on antiretroviral therapy in Kumasi, Ghana*

December 2009. To identify correlates for inclusion in the multivariable model, chi-square and bivariate logistic regression were performed. Multivariable logistic regression was performed with THM use, defined as "ever use" of THM, as the dependent variable. Potential correlates included socio-demographic, clinical, attitudinal, and behavioural factors. Results: The prevalence of THM use was 37.9%. There were no significant socio-demographic differences between THM users and non-users. In the multivariable model, use of THM was inversely associated with the perception that pharmaceutical drugs help relieve HIV symptoms (OR=.82, p=.02, CI=.70-.97), more time elapsed since HIV diagnosis (OR=.74, p<.01, CI=.59-.92), and non-Akanethnicity (OR=.55, p=.03, CI=.31-.96). Use of THM was positively associated with increased number and severity of perceived ART side effects (OR=1.15, p=.02, CI=1.02-1.28), and use of THM specifically for HIV (OR=6.50, p<.01, CI=1.71-24.75). THM users used THM because it was effective, drugs from the pharmacy failed, and friends and family recommended them. THM was most often used to treat fever or stomach pains. Conclusions: Symptoms and side effects, and whether they are perceived to be related to ART, may be associated with patient decisions to use THM. Patient beliefs about conventional medicine's ability to alleviate HIV side effects, attribution of side effects to ART, and past use of THM for HIV are factors for clinicians to consider when screening patients for THM use.

Baloyi, Gift: *Loss to initiation on antiretroviral treatment (ART) after voluntary counselling and testing (VCT) at two testing centres in South Africa*

The aim of the study was to identify the proportions of patients who fail to proceed through the different steps of the process from VCT to initiation on ART within a period of six months at two VCT centres. Methods: A descriptive study was conducted at Odi and Stanza Bopape VCT centres in North West and Gauteng Province of South Africa respectively. Data were collected retrospectively and prospectively over a period of four months. Records of a cohort of 743 patients (344 at Odi VCT centre; 399 at Stanza Bopape) who tested positive for Human Immunodeficiency Virus (HIV) from 1 April 2009 to 30 June 2009 were identified from the VCT registers and selected for the study. Patients eligible for ART were identified based on their CD4 count. The i®SOZOi¯ patient database was used to track patients and determine whether they had attended their pre-treatment visits at the ART clinic and whether antiret-

roviral (ARV) medicines had been dispensed to them for the first time. Where there was no proof of patients attending pre-treatment visits or finally accessing ART at an ARV clinic within six months, the patients were regarded as lost to initiation on ART. Results: The ART initiation rate at both VCT centres was low. The majority of patients were lost immediately after receiving their HIV positive results and before collecting their CD4 results. At Odi VCT centre, 159 (49.4%; n=322) patients and at Stanza Bopape VCT centre 52.8% (210; n=399) patients did not return to collect their CD4 results. Overall, more than half 63.6% (n=360) of the patients eligible for treatment (CD4 count iÜ200 cells/mm3) were lost to initiation on ART, which included 59.4% (n=180) of patients at Odi VCT centre and 67.8% (n=180) at Stanza Bopape. Conclusions: A high percentage of patients eligible for ART is not receiving treatment. The majority of these patients are lost early in the process, immediately after VCT. These results suggest a need for an urgent intervention that will improve ART uptake and the option of a i®one stopi¯ VCT and immediate CD4 results, should be explored.

Hove, Progress: ***An investigation into the access and adherence to HIV/AIDS treatment by HIV/AIDS patients - a case of Victoria Hospital in Alice***

The study investigated the access and adherence to HIV/AIDS treatment by HIV/AIDS patients at Victoria Hospital in Alice. It aimed to investigate the accessibility of ARVs by HIV/AIDS patients, assess whether HIV patients with access to ARVs adhere to them and recommend strategies that can be implemented to improve access and adherence to ARVs by HIV/AIDS patients. Both qualitative and quantitative research methods were used. The study employed semi-personal interviews to gather data from respondents. The sample was made up of nurses, the HIV/AIDS infected and affected. A sample size of 100 respondents who were conveniently selected using a specific criterion was employed. Data was analysed by qualified statisticians at the University of Fort Hare. The findings of the study indicate that less than half of the HIV/AIDS patients have access to ARVs. The reasons for inaccessibility of ARVs include fear of stigma, corruption by the health workers, lack of knowledge by patients and long distances to hospitals. Less than 25% of those who have access to ARVs adhere to the treatment. Reasons for not adhering to treatment (ARVs) include corruption, negative side effects, lack of knowledge, lack of nutritious food and religious reasons. The conclusions of the study are that the majority of HIV/AIDS patients in need of treatment have no access to ARVs. Lack of knowledge and corruption by patients are the outstanding factors causing patients not to adhere to treatment. There is need for massive HIV/AIDS access and adherence education campaigns and strict supervision in hospitals.

Dlamini, Zukiswa: ***Improvement patient awareness and self management through designing and implementing an antiretroviral (ARV) patient information leaflet for Eastern Cape populations of South Africa***

The Eastern Cape Regional Training Centre (ECRTC) in collaboration with Eastern Cape Department of Health (ECDOH) through Walter Sisulu University||(WSU) conducts and coordinates training throughout the using didactic and cluster mentoring sessions of health facilities on HIV/ AIDS programmes. As more people gain access to ART in South Africa, new initiatives are needed to help ensure that patients adhere to ARVs to minimise treatment failure and the emergence of drug[]resistant HIV strains. Patient awareness and self-management is critical. The ECRTC therefore set out to design patient information leaflet son ARV standard regimens to respond. Aim: To design a simple and easy to read patient information leaflet for antiretroviral (ARV) standard regimens accessed through public health facilities and to assess its readability and acceptability among Eastern Cape populations of South Africa. Methods Patient information on ARV usage, keeping and side effects was designed in English as a leaflet showing drug pictures and text in different colours for all adult and paediatric antiretroviral standard regimens, and introduced to non- medical people and non- patients to assess its understand ability, translated into isiXhosa and piloted in an Eastern Cape isiXhosa speaking population group. Twenty-one participants taking antiretrovirals, being prepared for antiretrovirals, treatment supporters and children of primary caregivers. They were requested to read the isiXhosa patient information leaflets relevant to their ARV regimens. Open-ended and closed questions were used during the semi-structured interviews. Understanding the leaflet was determined through sharing messages derived from the leaflet, and questions were asked about how to find specific information, readability, and physical appeal. Results: Overall understanding of the patient information leaflet was 97%.Finding information using headings was 66.7%, 81% using pictures and 62% using colours. Acceptability was 95.2% looking at design, readability, appeal, information and pictures depicting different drugs. Conclusion:Patients on their own are able to read and understand written Arv information towards managing their illness. Literacy levels and local languages need to be considered when designing patient information leaflets.

7.3.5. Treatment Support

Tonin, Annamaria: ***Impact of psychosocial support on children's ARV adherence in low resource settings in KwaZulu-Natal***

With ARV treatment increasingly accessible, evidence-based strategies to promote adherence in children in low-resource settings have become critically important. This study explores how memory work-based support groups enhance resilience and adherence to ARV regimens in a 2-year psychosocial project in KwaZulu-Natal with children infected with HIV and their primary caregivers. The Sinomlando Centre, a research and community development centre of theUniversity of KwaZulu-Natal, facilitates memory work by CBOs and NGOs to improveresilience on OVC. Its Onjengami Project also runs 4-day camps for teenagersinfected with HIV and parallel sessions for their primary caregivers. Memory-work is used to address issues such as bereavement, loss, self-esteem, stigma, psychosocial management of chronic disease and child-parent communication. Theresults presented are based on completed semi-structured questionnaires from 95children and their primary caregivers who received memory work group support in2010-2011, and from HAART clinic staff working with these children. Major themesidentified are explored further in interviews with selected families. Nearly all families report some evidence of adherence improvement sustained over a period of at least 1-3 months, either by reduction in the number of reported late or missed doses, or in the child's reported ability to socialise more freely while still maintaining adherence as before, or even in the child's willingness to consent to taking ARVs at all. Clinic staff report particular gains in this context for children previously identified by them as problematic and poorly adherent. Caregivers report a personal gain in emotional wellbeing, improvement in their child-parent relationship and an additional improvement in their relationship with other children in their care. Qualitative analysis reveals a promising, culturally acceptable, cost-effective approach to promoting adherence and psychosocial wellbeing, with an added knock-on effect for other children within the household for whom no intervention was made. Research to refine and quantify these results - for example, by comparing CD4 counts and viral loads at 6-month follow-up, to those of similar children who did not attend a 4-day camp – is being explored.

Makhathini, Elliot: ***Referrals between traditional and biomedical health practitioners as a mechanism for improved patient care***

Aim: The majority of people in rural KwaZulu-Natal consult both traditional and biomedical health practitioners for the prevention, diagnosis and treatment of illness. There are low levels of trust and recognition between the two systems, which may undermine patient care. Research was conducted to establish the need for and feasibility of a referral mechanism to enable practitioners from the traditional and biomedical systems to co-operate with one another for the benefit of patients. The study also identified specific areas in which traditional health practitioners' practices with regard to preventive and promotive health care can be enhanced. Methods: This was a qualitative multi-phased study conducted in KwaZulu-Natal through individual interviews and focus group discussions with traditional and biomedical health practitioners as part of a broader project to improve recognition. Results: Patients value the healthcare provided by both traditional and biomedical practitioners and would welcome a two-way referral mechanism to enable prevention, treatment and ongoing care to be delivered more effectively. Areas of concern where traditional health practitioners' practices would be enhanced were identified by the formal health care workers. There are many factors that could facilitate or inhibit the establishment of such a mechanism. These include: attitudes of biomedical doctors towards traditional healers; levels of confidence among traditional healers that their referrals and opinions will be taken seriously by public health care workers; levels of trust among patients that healthcare providers will co-operate with each other for their (the patients') benefit; ethical rules governing confidentiality; shared methods and terminology for describing illnesses and their manifestations; the support of both sets of principals.

Futshane, Busikazi: ***Impact of support groups to their members and their role in adherence to treatment***

The evaluation of support groups that empower and support people at various levels; namely at emotional, spiritual, physical and psychological level to cope and deal with HIV and AIDS and to adhere to treatment will be conducted in July – August 2011 to assess the impact of those support towards their members and their role in adherence to treatment. The evaluation will cover the current status of support groups, in terms of facilitation, benefits to its members, successes and failures, what contributes to the successes and failures and identify good practices. The study will provide recommendations on interventions to strengthen the support groups. Method: The evaluation of support groups will be conducted in three provinces, targeting 18 support groups, 6 support groups in each province. The participants will be the support group facilitators and support group members. Focus group discussions and individual interviews will be conducted. Questionnaire with open ended questions will be administered and data

will be analysed and the results be shared during the conference. Results: The results will provide an insight into what support groups are, their role in adherence to treatment, the role of support group facilitators towards the failure or successes of support groups and the impact of support groups to its members. Conclusions: The National Department of Social Development upon receiving the results will develop a support plan towards strengthening of support groups and document good practices.

Mhlongo, Mbali: ***An Exploration Of The Experiences Of Clients On Antiretroviral Therapy And Their Health Care Providers In KwaZulu Natal***

The aim of the study was to explore the practice of antiretroviral (ARV) therapy services, specifically regarding the patients' issues and experiences, as well as the experiences of the health care providers rendering these services. Methods: Qualitative research methods were used, including a met synthesis of qualitative research articles on human immunodeficiency virus (HIV) positive patients on ARV therapy, and phenomenological methods of inquiry using in-depth interviews. Results: The met synthesis revealed a shared set of four themes viz, Acceptance of and coping with, HIV positive status, social support and disclosure, experiences and beliefs about HIV medication and health care, provider relationships and health system factors. Qualitative analyses of interviews with clients indicated their experiences and concerns, and were summarized in these themes: Life before and after knowing HIV status, initiating and continuing ARV therapy, adherence to and side effects ofthe ARV therapy treatment, social support for people on ARV treatment, positive outcomes of being on ARV treatment and improving access to ARV treatment services Analyses of in-depth interviews with health care providers specified their experiences, and were categorized into three themes viz. Establishing and maintaining a good client-provider relationship, facilitators of and adherence to ARV treatment and barriers to access to treatment. Conclusions: Clients perceive ART as life-saving and health care providers need to strengthen and sustain this positive view. The study indicates that the ARV services remain inaccessible to some clients, as long-distances travel is required to access them and this has an element of cost involved. The long waiting-times for treatment are also included under issues of access. The health care provider has a fundamental role as either facilitator or barrier in the process of clinical HIV and AIDS management for PLWHAs. Health care providers in this study emphasized the importance of caring, respect, good communication and proper skills to render the service.

Mpila, Petros: ***Integrated responses to HIV: experiences from the Standerton Traditional Healers Forum***

Studies have shown that more than 80% of the South African population consult with traditional health practitioners (THPs) for one reason or another. This study documented ways in which traditional and biomedical health practitioners are collaborating in Mpumalanga province to enhance patient accessibility, uptake and adherence to Anti-Retroviral Therapy (ART). Methods: A case study approach was adopted. Community dialogues, focus group discussions and individual interviews with traditional healers, nurses, doctors and patients were conducted to acquire feedback on the impact of the work of the Standerton Traditional Healers Forum (STHF). Results: Biomedical practitioners find value in linking HIV and TB patients to Traditional Health Practitioners (THPs). THPs refer patients for HIV Counselling and Testing (HCT), and provide home-based care, follow up on ART defaulters and psychosocial support to patients at the request of clinics. Patients express appreciation for having clinic facility DOT supporters who are THPs and hence are able to understand, respect and harmonise the patients' cultural perceptions of ill-health and the need to adhere to ascribed treatment. Biomedical and traditional practitioners believe the collaborative efforts of the two health care systems reduce the HIV burden of communities, with healers being allowed to collect and distribute treatment to patients who are too ill to travel or who feel too stigmatised to access treatment for themselves. While acknowledging the effort of local clinic staff to work with THPs, there were concerns expressed by some healers that they were viewed by some biomedical practitioners as support personnel to be restricted to servicing the patient needs as determined by doctors. Conclusion: Current collaboration between THPs, doctors and nurses at the ward level works in the interest of the patient. However, there remains a need to sensitise biomedical practitioners to respect the patients' belief in the holistic services of THPs, so as to further enhance and expand collaborative efforts.

Rozani, Nomonde: ***Moving forward in training for Interprofessional collaboration in health care***

Interprofessional education occurs when students from two or more professions learn from and with each other to enable effective collaboration and improve health outcomes. Students understand how to work interprofessionally, become ready to enter the workplace as members of collaborative practice team. WHO has developed a framework for Interprofessional collaboration in education and practice (IPC/E). When Eastern Cape Department of Health (ECDOH) introduced initiation

of Antiretroviral therapy in public facilities it mandated ECRTC based in Walter Sisulu University (WSU) to train staff, prepare facilities for readiness. Model/SettingThe ECRTC uses interprofessional collaboration approach in didactic sessions and follow up mentoring. Initial 3 day classroom training of health care multidisciplinary teams providing new treatment guidelines content, development of implementation plans and role clarification. At the end of each training each team member develops action plans for their next activities, followed by outreach mentoring in clustered multidisciplinary learning networks of Hospitals and clinics which comprises of: follow up of action plans; case discussions; demonstration of optimal care at selected facilities which serves as a learning platform for provision of quality care within available resources; performance improvement cycles which focuses in use of improvement methodologies to improve systems and care outcomes. Outcome Development of learning networks in the 25 sub districts of the Eastern Cape rapidly cascaded down sharing of knowledge, skills, protocols and tools in implementation of use of approved South African National guidelines. Multidisciplinary training and planning led to implementation of initiation of HAART, 577 facilities were able to initiate therapy to date. There is increased competence, confidence, clinical decision making skills of health care workers with peer consultation. Established platform for continued learning supported by ECRTC monthly visits. Conclusion: Multi disciplinary interprofessional learning networks enhance collaboration and serve as skills-knowledge hubs, encourages communication, sharing of knowledge, supporting local champions and optimal use of available resources for sustainability, leading to improvement in motivation and provision of better quality care.

7.4. Most at Risk Populations (MARPS)

This theme dealt with various issues related to MARPs, including, men who have sex with men, correctional workers, mobile populations, drug users (Injecting Drug Users), sex workers, orphans and vulnerable children, and, the military.

7.4.1 Men who have sex with men

Dr Stefan Baral: ***HIV Epidemics among most at risk populations in Africa***

A plenary presentation was given by Dr Stefan Baral, the associate director of the Center for Public Health and Human Rights at the Johns Hopkins School of Public Health regarding the HIV epidemics among most at risk populations in Africa. A number of research gaps have been identified including understanding the relative burden of HIV amonf females Sex Workers

(FSW) and men who have sex with men (MSM) in sub Saharan Africa and characterizing human rights violations and structural barriers to evidence based HIV prevention treatment, and care services for these populations. In addition, describing the appropriate package of combination HIV prevention intervention including biomedical, behavioural, and structural components is needed to decrease rates of incident HIV infections in these populations. The presentation concluded by stating that the exclusion of sex workers and MSM from national responses has not been an evidence-based decision; human Rights violations among these populations, and others, are intricately linked to HIV risk; for combination HIV prevention programmes to have effectiveness outside of trial settings, human rights must be addressed. Finally, to improve health and human rights for MSM and SW across Africa, a multi-stakeholder comprehensive effort is needed that involves Government and Funders, Community and Academia.

Prof Vasu Reddy: ***HIV and Sexual Risk among MSM in Africa.***

The session highlighted emerging research in engaging the structural, behavioural and epidemiological

challenges impacting not only gay-identified populations, but also on hidden MSM and HIV. It brought together investigators who are conducting research on MSM in Southern, Eastern and Western Africa in a focused engagement on MSM research, key research questions were: how do we better understand HIV and Sexual Risk among MSM in Africa? How do we reach hidden populations? How do we better understand the epidemic in relation to the general population? What is the role of the State and National Strategic Plans in relation to conducting research? What are the appropriate prevention needs, and what will be the best approaches to treatment and care? The moderated panel included:

- **Professor Stef Baral** (HIV and Sexual Risk Among MSM In Africa, Particularly The Epidemiology of HIV in Africa)
- **Professor Theo Sandfort** (HIV and Sexual Risk Among MSM in Africa, Particularly MSM Research Historically In Africa)
- **Professor Larry Icard** (HIV and Sexual Risk Among MSM in Africa, Particularly Sexual Abuse And Determinants Of HIV, such as Psychosocial Determinants of HIV Risk Behaviour in Africa)
- **Professor Tim Lane** (HIV and Sexual Risk Among MSM in Africa, Particularly Expressions Of Same-Sexuality in Africa and Emerging Communities)

Ewing, Deborah: ***Addressing cultural marginalisation to reduce vulnerability to HIV/AIDS and improve health outcomes in South Africa***

Cultural beliefs and practices influence perceptions of health, well-being and sickness, health-seeking behaviour and healthcare provision. The premise for culture and health interventions is that understanding these influences is critical to ensuring appropriate and effective responses to HIV and reducing vulnerability to infection, especially among most at risk populations. Studies were undertaken with diverse target groups to examine marginalisation in relation to HIV risk and health care. The groups were: Rural Men as Partners and Fathers; Traditional Initiation Practitioners; San People; Traditional Health Practitioners; and Sexual and gender minorities (Lesbian, Gay, Bisexual, Transgender and Intersex People). Studies were conducted in 20 communities in rural KwaZulu-Natal, the Eastern Cape, Free State, Northern Cape, Mpumalanga and Limpopo, where community organisations have identified a need to design HIV prevention and reduction initiatives that address cultural issues. The methods used were key informant interviews, community and household surveys using a quantitative questionnaire, and focus group discussions using a semi-structured questionnaire. The research interrogated attitudes and behaviours among and towards the target groups. The quantitative data was analysed using EpiData Analysis. The qualitative data was analysed using thematic content analysis. Results: Cultural norms and attitudes in relation to gender and sexuality, masculinity and manhood, biomedical/traditional understanding of HIV and AIDS, identity, and other constructions, influence attitudes and responses to the epidemic. The groups studied both experience and practise marginalisation that heightens their vulnerability to infection. Their access to appropriate health services is limited on the grounds of cultural values and beliefs both within the target groups and among healthcare providers. Conclusion: Hard-to-reach and marginalised groups need multi-faceted health interventions that engage with cultural influences upon risks and responses to HIV and AIDS, including stereotyping and stigma. Lessons learned about barriers to HIV prevention and management in most-at-risk groups may have application in reducing vulnerability in the broader population.

Toverud, Else-Lydia: ***How to live as HIV-positive MSM in Norway***

To acquire knowledge about how HIV-positive men who have sex with men (MSM) experience to live with their disease when on antiretroviral therapy, and how they experience their communication with health professionals. Methods: Four focus group interviews (FGIs) were held with HIV-positive MSM patients recruited from Oslo's largest hospital. The FGIs focused on antiretroviral treatment, communication with healthcare professionals, ability to live with the disease, and their impression on stigmatisation of HIV-positive people. Ethical approval was given by the regional and also the hospital's ethical committee. The participants received an information/invitation letter on beforehand. They gave their consent in writing. Results: The participants felt that their health was relatively good and claimed to be adherent with the drug treatment. At the time of the interview nobody suffered from many adverse drug reactions (ADRs) and had mainly experienced minor ones. A few had suffered from severe ADRs or resistance to the drug regimen. They claimed that their patient-doctor relationship was good. The patients felt that the stigmatisation in the society was very strong. Hardly any of them had therefore revealed their HIV status at work or to their family. This caused difficulties when they for instance had to visit their physician frequently. One of their biggest worries was how to inform potential new sexual partners about their disease. Conclusions: The participants thought that their medical treatment was in general working well and that their drug adherence was good. They were mostly satisfied with their relationship with the doctor. However, the results show that there are many problems related to living with HIV, particularly when regards telling others about their disease.

Tsheko, G.N. : *HIV Prevention has no minors: Intervening with sexual minorities in Southern Africa*

Men who have sex with men have been largely excluded from HIV surveillance and research, and, epidemiologic data for MSM in southern Africa are among the sparsest globally, and HIV risk among these men has yet to be characterized in the majority of countries. It was concluded that in terms of service quality, which is critical to access, interviews with various stakeholders seem to suggest that while access to HIV interventions is expanding in many settings, high risk populations to HIV infection, continue to face barriers in accessing services. This remains a cross cutting challenge, especially in prevention efforts and that "LGBT people are endowed with the same inalienable rights- and entitled to the same protections-as all human being- The United States stands proudly with those nations that are standing up to intolerance, discrimination and homophobia. Advancing equality for LGBT persons should be the work of all people and all nations" [Barak Obama-US President].

Benedetti, Marcos (presented by Debora Nadja): *Empowerment and social visibility as a path to HIV prevention among MARPS in Mozambique*

Project Inclusão is a HIV-prevention project implemented by governmental and non-governmental partners in Mozambique since 2008, funded by UNFPA and with Pathfinder International's technical assistance. The goal is developing tailored HIV prevention strategies towards Female Sex Workers (FSW), Men who have Sex with Men (MSM), People with Disabilities (PwD) and Prisoners, based on the values: human rights (HR), MARPS empowerment and leadership, social diversity, gender equity. Through MARPS' empowerment, the project aims increasing their participation in political fora to ensure inclusive policy development, which has been achieved through the improvement of their social visibility and advocacy for HR. Methods: Enhancing access to HIV prevention and HR information including specificities of each population; Improving access to prevention commodities, both at community and health-facility level; Ensuring access to MARPS-friendly health services, e.g., Voluntary Counselling and Testing (VCT) and HIV treatment service among PwD, MSM and prisoners; comprehensive Sexual and Reproductive Health (SRH) and HIV services for FSW; Capacity building of local organizations and development of a FSW-led association, improving their skills in developing HIV prevention activities and their actively engagement in decision fora to advocate for specific health and rights needs in national policies. Enhancement of social visibility of MARPS groups in media, before the government, in universities and in social movement's networks. Advocacy to guarantee MARPS HR. Results: Inspired by the enhancement of MARPS' social visibility, we achieved: inclusion of MARPS' specific actions in the HIV-AIDS National Strategic Plan; inclusion of MARPS' categories in the national VCT information system; establishment of a FSW-led association; partnership with police forces; participation of MARPS at the National MARPS Technical Group; MARPS-friendly health services in 5 provinces; two research contests on sexual minorities; first study on MSM behaviours and identities in the country; MARPS peer-educators networks in 7 provinces. Conclusions: It's feasible to advance MARPS human rights even in generalized epidemic settings and conservative country. Heightening their social visibility, empowering MARPS members to represent themselves and advocate for HR is an excellent strategy to develop comprehensive HIV prevention programmes.

Ishaku, Bako: *Modelling of HIV transmission in Nasarawa State (Nigeria)*

The model estimates that almost half of the new infections occur amongst persons reported to be at 'low risk' such as cohabiting or married sexual partners, whilst a quarter of the new infections would occur amongst Intravenous Drug Users (IDU), Female Sex Workers and Men Having Sex with Men. The findings of this study imply that appropriate HIV prevention interventions such as HIV Counselling and Testing, condom promotion, Interpersonal communications and other partner reduction strategies should be scaled up rapidly among the general population including couples. A key recommendation Efforts should also be intensified to correctly estimate the demographic characteristics and locations of Men having with men, Intravenous Drug Users and clients of high risk groups and to design appropriate suitable interventions targeting them.

Friedman, Sam: *Impact of Group Sex Events on the epidemic in the past and the future*

Group sex participation has been linked to transmission of: Syphilis outbreak among Georgia teenagers (Rothenberg et al., 1998); HIV outbreak among upstate New York heterosexuals (Holmberg, personal communication, November, 2000); HIV among Australian MSM (Kippax et al., 1998); HIV among young Mississippi heterosexuals (St. Lawrence, personal communication, October, 2000); Hepatitis C among Dutch (Götz et al., 2005) and Australian MSM (Danta et al., 2007); Hepatitis A among New York MSM (Henning, Bell, Braun, & Barker, 1995); Gonorrhea among Syracuse, NY, teenagers (Welych et al., 1998) . Group sex & networks: Huge gaps in what we know:-Few studies of group sex event attendance; Fewer yet of group sex in a network

context.; Little qualitative research on GSEs other than at gay-identified or brothel venues; We thus know less than we may think about: 1. sexual mixing patterns; 2. bridging among at-risk populations like MSM, sex workers, high-risk drug users, and GSE attendees. This lack of knowledge hampers prevention. Conclusion: Group sex attendees are quite numerous; Their behavioural patterns and mixing patterns at GSEs make them important for both research and intervention; There is some evidence that they are interested in disease prevention at some GSEs; GSE research should be a high public health and STI- and HIV-prevention priority

7.4.2 Correctional workers

Blantari, Jones: *Police treatment of most at risk populations: a formative assessment of the Ghana police service*

Determine enforcement level of sexual offence laws. Methods: 251 police officers from key positions were interviewed using semi-structured questionnaire across 27 high prevalence districts using purposive sampling. Results: When asked about their views on laws against sex work & MSM, rather than seeing these as a hindrance preventing access to HIV prevention, 47.8% of officers saw them as being too lenient, failing to deter risky sexual behaviours. Most officers (79.7%), supported the use of condoms amongst FSW and would not use them as evidence to effect an arrest (79.3%). However, on a personal level, 81.7% felt that FSW operations were against their religious beliefs and 75.7% thought that FSW should not be allowed to operate. Nevertheless, 17.9% knew a colleague who patronized FSW, and 15.5% knew an officer who has had sex with FSW instead of arresting her. In reality, there was limited police legal enforcement against MARPs. Only 10.8% of officers knew of MSM activities locally. Only 17.1% respondents ever reported cases of sex work. However, if arrested and taken to court, 60% of officers observed that MARPs receive no legal representation. Conclusions: Negative attitudes against MARPs prevail within the Police force. While the extent of police law enforcement against MARP activities is limited, there are concerns about treatment of MARPs and cases of abuse. Despite their illegal status, opportunities exist for the police to play a key role supporting the reduction of HIV amongst MARPs through greater access to prevention services.

Gbenga, Ogunsiyi: HIV/AIDS Prevention Among Worker's of The National Union of Road Transport Workers (NURTW) In Nigeria

The study investigated the effect of the transport industry on the transmission and spread of HIV/AIDS. Transport workers are highly mobile and spend long intervals away from the comforts of their homes. They are often involved in risky sexual behaviours that make them vulnerable to HIV infection, and so constitute carriers in the spread of the pandemic. Method: The study entailed interviewing more than 1,000 long haul drivers and workers with the objective of inducing frank talk to assess their sexual habits en-route their long hauls. The limitation of this study was their insistence on anonymity to avoid adverse effects on their social status and marriage stability. Result: More than 80% of interviewees had more than 20 female friends stationed at the villages on highways across the country. 60% of the promiscuous group knew about condoms but never used them. To them, what was the use doing it if you could not have the real thing. Sadly, some of the interviewees stated they had no other pleasurable indulgences in life other than sex, and if they were to die doing the only thing they enjoyed then who is complaining. Conclusion: The NURTW was advised: 1.Create rest stations along the nation's highways, with lodging, canteen, games, TV/Video sets, and other recreational facilities for drivers and motor boys; 2.Provide GSM phone facilities for workers on long distance engagements to allow them keep in touch with their families; 3.Organize seminars to educate workers on the implications, prevalence and management of HIV/AIDS; 4.Provide medical test and care facilities at those rest stations for the quiet testing of workers for HIV/AIDS and dispensing of necessary drugs to sufferers.

7.4.3 Drug users (Injecting Drug Users)

The Open Society Institute (OSI) funded Special Satellite Session, the three main objectives were to create a platform to help researchers and potential researchers in the different regions of sub Saharan Africa to get to know each other and form networks of research and policy collaboration on substance abuse. Secondly, to help researchers in different parts of sub Saharan Africa plan and then conduct research needed to understand, and intervene in the HIV epidemic, drug-related hepatitis and STI epidemics. Lastly to enable the establishment of networks that can intervene effectively in public health and drug policy debates. The session highlighted the need to improve understanding of the epidemiology of substance abuse/HIV in sub-Saharan African countries as there is no, or only limited work been done in Sub Saharan Africa. Consecutive to this, it was stressed that there still remains a need for effective prevention interventions for MARPs, especially IDUs, MSM and Commercial Sex Workers were still needed.

Friedman, Sam: *IDU and HIV/AIDS Issues in Africa: Gaps and Prospects.*

At a plenary presentation, Dr. Friedman stated that drug use and IDU are spreading in Africa. It is unclear what is new versus what is newly known; IDUs can be "core groups" for HIV (and hepatitis B and C; and maybe malaria and TB); Networks link IDUs to other drug users and beyond; Elementary facts about IDUs and about HIV epidemiology among IDUs; Drug and HIV policies. Brief review of African situation: It is unclear what is new vs. what is newly known; Drug use and IDU seem to be increasing; HIV among IDus is high; The next few slides are from Mathers, Degenhardt & Sabin, 2011: "We can protect drug users from becoming infected with HIV," which reviews a vast number of reports and papers from around the world. Summary: Drug use and IDU are spreading in Africa; They can lead to much worse HIV and TB epidemics—and spread hepatitis C too; Harm reduction works; Repression makes things worse; Work WITH drug users—they too are part of the African community ; Drug users are good allies against HIV if you work WITH them

Hart, Carl: Methamphetamine - tempting hysteria with data.

Legal obstacles (including the criminalisation of drug use) are an important barrier: - to access to health care; to the prevention and to harm reduction (Strathdee et al, The Lancet, 2010). Findings confirmed at a high level by: The Vienna declaration; World Commission on Drugs (Report of the global commission on drug policy, June 2011). 3. But in fact, human rights of drug users are often ignored . Important increase of users, especially in the north (Rapid assessment on HIV risk among Moroccan DUs. MoPH). 2. Increased risk of contracting HIV and hepatitis C attributed to injecting drug (seroprevalence study, MoPH – not published). 3. Ministry of Health considers DU as a human being who should have access to care rather than a law offender. 4. But drug users suffer from: a. Criminalization due to drug law: 2 months to 1 year imprisonment and 50 to 500 fine; drug law enforcement is very strict ; b. Deterrent behaviours and attitudes due to a repressive environment and stigmatization. Methodology : Location: 3 cities in the North (Tangier, Tetouan, Nador) ; 8 investigators from the 3 Needle Syringe Programmes (NSP) have been trained ; Administered to 300 DU recruited in the 3 NSP environment ; Explores 4 dimensions: a. socio-demographic profile ; b. drug consumption ; c. prison ; d. human rights violations by police, health system and family. Human rights abuses among DU due to their drug use are largely assessed by the investigation. 2. These violations are not confined only to a repressive drug law enforcement but associated to: - a. Activities to generate income; b. System and health professionals (denial of care); c. Family. 3. HR(Human Right) should be considered as a core component for HR (Harm Reduction) policy in Morocco to provide better acceptability and effectiveness.

Dos Santos, Monika: *Rapid Assessment Response Study: Drug Use and HIV/Health Risk*

Within a ten year period South Africa has developed a substantial illicit drug market. Data on HIV risk among drug using populations clearly indicate high levels of HIV risk behaviour due to the sharing of injecting equipment and/or drug-related unprotected sex. While there is international evidence on and experience with adequate responses, limited responses addressing drug use and drug-use-related HIV and other health risks are witnessed in South Africa. The study aimed to explore the emerging problem of drug-related HIV contraction and to stimulate the development of adequate health services for the drug users, by linking international expertise and local research. Methods: A Rapid Assessment and Response method was adopted for the study. For individual and focus group interviews a semi-structured questionnaire was utilised that addressed key issues. Interviews were conducted with a total of 84 respondents, 63 drug user respondents (49 males, 14 females) and 21 respondents from services and organisations (8 male, 13 female). Results and Discussion: Adverse living conditions and poor education levels were cited as making access to treatment harder, especially for those living in disadvantaged areas. Heroin was found to be the substance most available and used in a problematic way in the Pretoria area. Respondents were not fully aware of the concrete health risks involved in drug use, and the vague ideas held appear not to allow for concrete measures to protect themselves. Knowledge with regards to HIV/AIDS contraction is not yet widespread, with some information sources disseminating incorrect or unspecific information regarding substance use and HIV/AIDS contraction. Conclusions: The implementation of pragmatic harm-reduction and other evidence-

based public health care policies that are designed to reduce the harmful consequences associated with substance use and HIV/AIDS needs to be implemented within the Pretoria area. HIV testing and treatment services need to be made available in places accessed by vulnerable people as fear of stigma and discrimination often keep drug users away from public health facilities.

7.4.4 Sex workers

Male Sex Workers

Mampane, Johannes: *Male sex workers and the risk of HIV-infection in Hillbrow, Johannesburg*

There has been a paucity of research that deals with men who sell sex to other men in South Africa. Researchers have focused mainly on female sex workers, and have paid limited attention to male sex workers, despite the fact that male sex workers have been in existence for a long period of time. This study sets out to investigate the risk of HIV-infection among male sex workers and their clients, as well as to educate and empower male sex workers with knowledge to safeguard their own sexual health and that of their clients. Five male sex workers were recruited to participate in the study. A qualitative research approach was utilised to collect data and information by means of in-depth interviews and participant observation. Descriptive, explorative and phenomenological qualitative research strategies were used in the collection of data and information. The male sex workers who participated in this study indicated that most of their clients are homosexual and bisexual men. It is revealed by this study that male sex workers and their clients have been involved in risky sexual behaviours and activities which have exposed them to HIV-infection. Substances such as alcohol and drugs, which exacerbate and aggravate the risk of HIV-infection, have been excessively used and abused by these men. In addition, socio-economic factors such as poverty, lack of education and unemployment compelled these men to become involved in sex work with the aim of earning more money in order to survive. The study demonstrates that male sex workers are also susceptible and vulnerable to rape and other sexually transmitted diseases. It is shown by this study that there is a need to develop and implement interventions and programmes aimed at mitigating the spread of HIV among male sex workers and their clients. The study informs the South African government to work towards the decriminalisation of sex work in order to be able to introduce policies that will protect the health and wellbeing of sex workers. The decriminalisation of sex work will also enable sex workers to access HIV prevention, treatment, care and support services.

Female Sex workers

Lithur, Nana Oye (presented by Daniel Asare Kosang): *Abuses of the human rights of female sex workers by the Ghana Police Service*

While Ghana's HIV epidemic is relatively stable, sex workers significantly exceed the national HIV prevalence rate. Understanding the obstacles to HIV prevention among Ghana's sex workers is a necessary precursor to overcoming those obstacles. One known obstacle is human rights abuses committed against female sex workers (FSWs) by the Police, including forced unprotected intercourse. However, a study focusing on these abuses was needed in order to ascertain the nature and extent of the problem. UNFPA commissioned our organisation to conduct such a study. Secondary study objectives were to investigate abuses of FSWs' rights by groups other than the Police and conduct a pilot survey of male sex workers (MSWs). Methods: Following a literature review and scoping meetings with relevant agencies, 153 FSWs, 148 Police officers and 10 representatives of 2 state agencies were surveyed in 5 of Ghana's 10 Regions using questionnaire-based interviews and (for FSWs and Police) focus group discussions (FGDs). 10 male sex workers (MSWs) in 1 Region were surveyed using interviews and FGDs. A statistical analysis programme was used for quantitative and manual coding for qualitative analysis. Results: All surveyed groups reported various abuses and obstacles to redressing them. Key results relevant to HIV infection were: 15.5% of surveyed FSWs had had unprotected intercourse with a client; 34.3% had experienced unprotected rape by a Police officer; 14.5% had "paid" in kind a bribe demanded by Police; Police sometimes used FSWs' possession of condoms as a basis for identifying and arresting them; 1/10 surveyed MSWs knew of an instance of unprotected rape of a MSW by Police; and some surveyed FSWs and MSWs had experienced discriminatory treatment from health workers. Conclusions: The study confirmed that in the Regions surveyed, Police violation of FSWs'rights is a grave, widespread problem that impedes HIV prevention, with numerous acts Police commonly perpetrate against FSWs increasing FSWs' risk of contracting HIV. It also highlighted violations of FSWs' rights, relevant to HIV infection, by such other groups as clients. The pilot MSW survey obtained some evidence of relevant violations of MSWs' rights, which will be informative for future research in this area.

King'ola, Nzioki: *"Enumeration Of Female Sex Workers In Coast Province: Implication for Policy and Programming for Most at Risk Populations"*

The main objective was to know the estimate of female sex workers in Coast province and effectively programme our interventions to target them effectively. The data clearly indicates that the Female Sex Workers are a fairly mobile and unstable population This implies that interventions need to be expanded to cover all areas of Coast province such that the Female Sex Workers are reached with HIV and other prevention, care and support interventions wherever they will be and in their areas of operation. The towns along the Northern corridor are of special epidemiological and public health concern because they are yet to be reached with innovative and comprehensive HIV prevention, care and support interventions, yet these towns mostly thrive because of truck stops.

Musimbi, Janet: *Provision of Integrated Services and Capacity Building as a Strategy: Alternative Livelihood for Female Sex Workers in Kilifi District Kenya*

Presented during the conference was a research programme administered at the International Centre for Reproductive Health-Kenya that is implementing evidence-based interventions addressing the sexual and reproductive health needs and promoting behaviour change among Female Sex Workers (FSWs). It is aimed at reducing risk to HIV infection, building supportive environments, expanding choices for FSWs and contributing towards reducing vulnerabilities and addressing structural issues. Key findings according to the intervention conducted show that peer education and innovativeness in provision of services has seen more FSWs being reached with services. Some of the lessons learnt are that FSWs also operate in the local brew dens and there are attempts made to target them for sensitization, health talks and provision of services during outreaches. Finally vocational and business trainings enable sex workers to have alternative means of livelihood reducing risk to HIV.

7.4.5 Orphans and Vulnerable Children

Koch, Josee: *Enhancing Impact: Child and HIV Sensitive Social Protection*

It was indicated that despite the millions of dollars invested only about 11 per cent of households caring for OVC receive any form of external care and support; many HIV-affected children continue to face enormous challenges (the burden of care for sick relatives; trauma from the loss of parents, economic distress due to declining incomes and high health costs, the risk of early sexual debut and abuse). More susceptible to HIV infection - children and girls, concentrated epidemics, parents highly marginalized, and stigmatized, and children may be highly vulnerable to HIV themselves. It was underscored that there is no conclusive evidence that Conditional Cash Transfers (CCTs) are more effective in reaching desired behaviour as compared to Unconditional Cash Transfers in Southern Africa and that targeting remains a challenging topic; remember that categorical targeting is most acceptable, efficient and cost effective in areas where poverty is pervasive (which is almost everywhere in our region). It was concluded that Social Protection does not create dependency, Social Protection does not make people lazy, Social Protection is affordable and that Social Protection does not function as a perverse incentive. Furthermore, comprehensive social protection will maximize the impact of CABA investments through better use of evidence, harmonization of effort, and targeting of resources to ensure they reach those most in need. Whilst nationally owned HIV and Child sensitive social protection policies and programme are a must, they do not exist at sufficiently large levels. Yet, at local and micro level, there are plenty informal social protection networks on the ground - however poorly coordinated , linked etc. it was stated that that the challenge is to make sure that we build on the existing networks, whilst creating the broader national policy framework and ensure that the bottom-up and top-down meet each other halfway.

Mbori-Ngacha, Dorothy: *Towards Elimination of New HIV Infections in Children and Keeping Mothers Alive; Opportunities and Challenges*

Country implementation actions (10 point plan for accelerated action) was presented that included: Conduct a strategic assessment of key barriers; Develop or review nationally-owned operational plans; Assess the available resources; Implement and create demand for a comprehensive, integrated package; Strengthen synergies and integration with related health services particularly maternal new born, child health and reproductive programmes so as to improve maternal and child health outcomes; Enhance supply and utilization of human resources for health; Evaluate and improve access to essential medicines and diagnostics and strengthen supply chain operations; Strengthen community involvement and communication; Better coordinated technical support to enhance service delivery; and Improve outcomes assessment, data quality and impact assessment.

Chingondole, Christine: ***Fast tracking of Orphaned & Vulnerable Children who test HIV positive through School and Home HIV Counselling & Testing: A Community Care Project Intervention Model***

Recent initiatives to increase HIV Counselling and Testing both in schools and homes have been successful but, have highlighted the problem of care and support to learners who test HIV positive. In particular, the newly diagnosed HIV positive Orphaned & Vulnerable children are not followed up after HCT. The psychological care, spiritual care, physical care and the therapeutic (treatment) care of Orphaned & Vulnerable children who test HIV positive through school and home HCT is of great importance to policy makers and child service providers in Pietermaritzburg, KwaZulu-Natal. Yet a lot of Organisations who work in schools and surrounding communities ignore the importance of follow up care of this vulnerable population. Methods: A qualitative endogenous research design that is explorative, descriptive and contextual was undertaken using unstructured individual interviews and analysis of narrative records from the CCP`s contact sheet. A purposeful sampling technique was employed to select research participants (OVCs) who are the beneficiaries of the Community Care Project intervention model. The study utilized data saturation to reach the target sample size of research participants who met the eligibility criteria and were followed up for a period of three monthly reporting periods. The study assessed the time frame for assisting the family deal with and overcoming stigma after an HIV positive test, plus the process of disclosure of HIV status, the turn-around time for CD4counts, ARV initiation and the exit strategy. Results: The study revealed the importance of follow up of care on HIV positive OVCs through the two phased models namely: the "Psychosocial intervention model" and the "medical intervention model". Conclusion: It has been envisaged that the proposed study on fast-tracking of Orphaned & Vulnerable Children who test HIV positive through school and home HIV Testing & Counselling can yield successful results in linking the OVCs to care and support.

Kasese-Hara, Mambwe: ***Addressing HIV risk & the cycle of vulnerability in the grown-up generation of Orphans and Vulnerable Children (OVC) – Policy considerations for South Africa***

South Africa has the highest HIV/AIDs epidemic in the world, and this has led to a huge number of children left orphaned or made vulnerable (OVC). Children in this category are vulnerable in many ways including poverty, psychosocial distress, lack of education and access to social services, social isolation and stigma (Nyamukapa et al., 2008). With the AIDS epidemic now being over two decades old many of the children under the category of OVC are much older and becoming adults themselves. It is critically important to consider how the set of circumstances which define vulnerability in childhood predispose OVC as a group to HIV risk in adulthood via the loops and links that the various factors in childhood make with vulnerability factors in adulthood. For example, the cycle of poverty, lack of education, and psychosocial problems may re-surface in adulthood, following these vulnerabilities in childhood. What is more, all of these factors have been identified as contributing to increased risk for HIV/AIDS (Homans, 2008). This paper further argues that the experience of abandonment as a result of parental death or even actual abandonment in childhood in this group, if unresolved may lead to an inability to form adult relationships which reflect commitment, further contributing to increased HIV risk. The paper discusses critical policy considerations which must be addressed if this picture which suggests a cycle of vulnerabilities where growing up within the category of OVC inevitably leads to one's children landing in the same OVC category is to be reversed for a more positive outlook. A model that attempts to explain vulnerability vs. resilience is proposed based on existing research and literature.

Khanare, Fumane: ***Learners' voices: Vulnerable learners speak out on the care and support they receive in a rural school context in the age of HIV and AIDS***

The importance of psychosocial support to the well-being of vulnerable children is a frequently discussed topic in both education and HIV and AIDS literature. However, the meaning and the conceptualization of care and support, particularly in the context of HIV and AIDS, varies across studies and heterogeneity within school contexts is often overlooked. Previous research has found that the provision of care and support to vulnerable learners in schools often comes about without the learners' input, disregarding their views and strengths. Specifically, services provided to these learners are ad hoc, uncoordinated and sometimes not relevant to their needs. Before we build sustainable school policies in relation to care and support, it is important to understand the views vulnerable learners have of their service providers and the relevance of the services. This study examines and analyses the experiences of care and support of learners made vulnerable by HIV and AIDS. Method: Data is generated by employing participatory visual methodologies (collage and photo-voice) with purposively selected learners aged 16-18 in aural school context in KwaZulu-Natal. The data is analysed using open coding. Measures of trustworthiness is applied. Ethical considerations are adhered to. Results: Preliminary findings reveal emerging themes around

recollection, perception, and evaluation of care and support; the impact of care and support; the desire for inclusion; and personal development. The significance of using visual methods, such as photo-voice and collage, is also highlighted. Conclusions: The lessons from this study will have implications for the way we effectuate care and support in rural school contexts in South Africa.

Wood, Lesley: *Read me to resilience! A quasi-experimental study aimed at the empowerment of AIDS-orphans*

The study explores and describes whether culturally-sensitive, metaphoric stories can encourage resilience among young AIDS-orphans. As such the purpose is allied to the paradigm of positive psychology, which focuses on strengths, and the promotion of potential strengths that might buffer children against adversity. By collecting culturally-relevant, metaphoric stories and exploring the feasibility of these stories to encourage resilience, South African caregivers, service providers and educators will potentially be equipped with an accessible, inexpensive, ready-made tool to directly empower AIDS-orphans. A quasi-experimental, pre-test, post-test double control group design was used to gather qualitative data on the participating children's resilience (n=90).The intervention consisted of reading 24 culturally sensitive metaphoric stories to the experimental group; one control group were read factual stories and the other received no intervention. Qualitative data, in the form of drawings, narratives and the Draw a person in the rain test, were gathered pre and post intervention. The results indicate a high level of resilience as children's post narratives and drawings showed positive relations with their caregivers, positive self concept, self awareness, identity and love amidst hardship. It can be concluded that the reading of culturally sensitive metaphoric stories did contribute to increasing the resilience of the participating children. The research has resulted in the creation of a resilience promoting tool that can be used in groups by caregivers, educators and service providers to promote the resilience of AIDS orphans, and all children, in a culturally appropriate way.

Ngidi, Nelisiwe: *The Valley Trust's orphans and vulnerable children project*

The study describes a programme offering care and support to vulnerable children in the Valley of a Thousand Hills, KwaZulu-Natal. It describes the context within which the programme is implemented and the approach adopted, and presents some of the learning and challenges. Methods: The orphans and vulnerable children programme commenced in 2005 in the KwaXimba area of the Valley of a Thousand Hills. The area, in common with many other peri-urban areas of the province, is characterized by high levels of unemployment and other social challenges. The approach taken was to train Youth Care Givers (YCGs) to provide care and support to learners after school. The training has included (i) HIV and AIDS, (ii) psychosocial support, (iii) disability, and basic care and support. There are currently 40 trained YCGs providing care and support to learners in 21 schools. This support takes the form of assistance with homework, providing basic health education, assistance in obtaining identity documents, playing sports and indigenous games, home visits in cases where abuse is reported or suspected and to follow up absenteeism from school, supporting adherence to various medications, and encouraging VCT. Results: Educators report that the academic performance of learners who participate in the programme has improved. YCGs report that there is an increasing willingness on the part of participants to talk about incidents of abuse. Access to identity documents has improved, leading to an increase in the number of grants. Learners feel more supported and know their rights. Conclusions: The programme has received recognition in the community in which it operates, and the results have been encouraging. However, challenges remain: there are too few YCGs to provide the levels of support which are required and to provide effective follow up in homes; there is inadequate social welfare support in the area; there are risks to caregivers when the HIV status of learners is not disclosed; and there are both ethical and safety concerns to be taken into account when dealing with cases of abuse.

Wood, Lesley: *Pathways to resilience for children affected by HIV&AIDS – lessons and caveats*

The number of children orphaned and affected by HIV&AIDS is mushrooming. These children need more that preventive or biomedical support, as their lives are irrevocably intertwined with the multiple challenges that HIV&AIDS brings to those living with its reality. This truth spurred the creation of the Read-me-to-Resilience (Rm2R) intervention. Rm2R utilizes is a 22 week programme that utilizes traditional African stories to encourage children orphaned and affected by HIV&AIDS towards greater resilience. In the course of 2009-2011 450 orphans participated in Rm2R. Using this quasi-experimental research we offer a critical perspective on the following interwoven aspects of children who have been affected by HIV&AIDS: 1. The psychosocial needs of children orphaned and affected by HIV&AIDS – visual evidence; 2. The need for psychosocial intervention and the rationale of Rm2R; 3. Read-me-to-Resilience: a culturally sensitive intervention tool; 4. An evaluation

of Rm2R - pictures of positive change; 5. Lessons and caveats of interventive research with children orphaned and affected by HIV&AIDS

Madondo, Mfazo: *Turning the tide: the methodology of memory boxes with teenage OVC at Mpilonhle Project and ACTS Clinic*

The Sinomlando Centre is a research and community development centre affiliated with the School of Religion and Theology at the University of KwaZulu-Natal, which uses the methodology of memory boxes to respond to the psychosocial needs of orphans and vulnerable children infected and affected by HIV and AIDS. The study focuses on enhancing resilience and life building skills in teenage OVC through the memory work group sessions and techniques in partnership with local organizations: Mpilonhle Project in KwaZulu-Natal and ACTS Clinic in Mpumalanga. Study Method: This is a qualitative study where the participatory and self-reporting methods are used to evaluate the impact of the memory boxes on the targeted teenagers. Project Method: The Mpilonhle Project serves 878 OVC. Pre-group session memory work home visits were done for 40 teenagers. Two memory work group sessions were conducted for 39 teenagers. After 3 months, follow up memory work home visits were conducted for these 39 teenagers. ACTS Clinic serves +4000 children. Pre-group session home visits were conducted for 15 teenagers. One memory work group session was conducted for 15 teenagers. After 3 months a follow-up session was conducted for 9 children. Lessons learnt: Some teenagers had continued to write in their hero books and added objects into their boxes. Others had maintained their pill-boxes (ART). Some of the teenagers, who lived in a state of denial, accepted that their parents are deceased and that they are orphans. Others became conscious of their rights and ability to survive without parental care. As a result, they have grown to appreciate their ARTs. They now value looking after their health and adhering to their treatment regime too. Overall, the methodology of memory boxes can be described as a pre-eminent practice of psychosocial support in the context of holistic care and support for teenage OVC. Conclusion: Turning a blind eye to the methodologies like the memory box for the teen children orphaned and made vulnerable by HIV and AIDS may result in our failure to turn the tide.

Van Dijk, Diana: *Child-headed households in South Africa: exploring the use-value of social relationships*

Assumptions about the provision of support for children and young people in child-headed households in sub-Saharan Africa were examined. The South African example is used to assess appropriate family- and community-based support. The South African Children's Act proposes that an adult mentor, should support child-headed households. The mentorship scheme as well as other orphan support programmes is based on the assumption that the extended family and community assist orphaned and vulnerable children in accessing support. The question is whether the extended family and community are able and willing to provide this support. In this paper we address this question by exploring the 'use-value' of the social relationships of child-headed households in Port Elizabeth, South Africa. We discuss the kind of support children receive, whether this helps in gaining access to other resources, and if this support can be considered sufficient by exploring children's interpretations of support. The fieldwork had an ethnographic nature and involved three periods for a total of one and a half years (between December 2003 and May 2006) in the area of Ibhayi, one of the former black townships in Port Elizabeth (Eastern Cape). For the purpose of this paper, we consider eighteen households of which most youngsters had been under the age of 18 when the household became child-headed. We studied coping from two perspectives: coping as a household that needs to fulfil material demands and coping as 'children' who have to fulfil the role of their former caregiver. Most information was gained through seventy-three-one-to-one interviews with the children. Most child-headed households did not receive much support from relatives, neighbours or the Department of Social Development. The social relationships of child-headed households had little use-value. This raises serious questions about the viability of the propagated family and community support, and consequently about the suggested mentorship scheme. We suggest that the proposed interventions of providing children with adult support should start prior to parental death. Additionally, child-headed households should not be viewed as the only solution for children who are not cared for by relatives or the community. More attention paid to alternative care options.

Linde, Russell: *Protecting orphaned and vulnerable children as contemplated in the Children's Act 38 of 2005*

The number of children left orphaned and vulnerable by HIV and AIDS is having a profound effect on South Africa. The impact is felt by not just children infected or directly affected by HIV/Aids but also by all vulnerable children, as a consequence of the financial cost, draining the limited resources available. It is our view that this is a major contributing factor to the phenomenon of children "falling between the cracks" and ending up exposed to circumstances that make them vulnerable and too frequently abused. For many there are too few

and often no one to help. We believe that these children are an enormous cost to this country, both financial and social. This presentation highlighted, by means of case studies, why many infected and/ or vulnerable children are either unable to or alternatively have limited access to their rights contemplated in the Children's Act 38 of 2005("The Act"). Legal cases, particularly from the Eastern Cape, were used to depict the dilemma that confronts SA's most vulnerable citizens. At times these traumatized children are 'abused' by a system that fails to provide adequate protection. Many care givers are ignorant of the rights of children and many professionals make judgments that are contrary to the children's rights. At the same time when mistakes are made or court orders are challengeable, there are few options available or challenging is unaffordable. The results showed that serious intervention is necessary to safe guard our children. Ways of ensuring easy access to the law as well as ways to ensure accountability need to be explored. Policies that are set must be driven through to the end and firm recourse must be made available to those that wanton challenge the system. Conclusion: The paper will reveal, in terms of our experience, some of the areas that cause vulnerable children to be exposed due to lack of or inadequate legal support. It will moot solutions and provide a platform for further dialogue in order to help vulnerable children access their legal rights.

King, Ariel: *Creative Community Psycho-social support through Community Service Camps for OVC, "Heart Children and Youth"*

Millions of children are now "AIDS Orphans". They grieve the loss of parent (s) or caregiver from AIDS with confusion, stigma, fear, shame, isolation and loneliness. Grieving children often act like miniature adults. Children (up to 20 years) require time, a safe place and encouragement to remember, grieve and build a future. CCC brings a safe, healing, camp environment where they can remember their loved ones, have fun, and just be kids with other kids to remember the past, live in the present and then build a future. Children's Community Camp for OVC, "Heart" children" is developed and staffed by various community volunteers. The community volunteers with guidance, in their own language conduct a full community assessment (challenges, strengths and values). The community assessment is then used as the foundation for assessed culturally led-children's community camps. Community members and volunteers, children and youth together experience the camp through arts, crafts, games, healing circles, theatre, music, technology: digital photos, videos and computer and just being in a place where community fun an support is paramount. The Children/Youth are transformed from victims or "AIDS orphan victim" to a "Heart' Children" who are valued and important part of the future of their community.

Boyd-Franklin, Nancy; Benyera, Sheilla: *Children, families and HIV/AIDS*

HIV/AIDS is a multigenerational family disease (Boyd-Franklin, Steiner & Boland, 1995) that has infected and affected many generations worldwide, particularly in sub-Saharan Africa. FXB International (2011) has indicated that as a consequence, the number of AIDS orphans globally is estimated at 16 million (UNAIDS). In sub-Saharan Africa over 14 million children have experienced the death of a parent to AIDS (AVERT). Many of these children have lost both parents (UNICEF). Extended family members care for more than 90 percent of the orphans in sub-Saharan Africa (UNICEF; FXB International, 2011). This presentation will address the risk factors that these children and their families experience including the realities of stigma related to AIDS, poverty, hunger, poor school opportunities, the absence of school fees, and the lack of good health care. Projects to address these needs as well as the necessity to develop economic self-sufficiency will be discussed. In addition, as this worldwide pandemic has progressed into the 21st century, this presentation will also discuss the movement beyond the emphasis on survival to address the psychosocial, psychological and emotional concerns including strategies to address the grief reactions that these children and their family members experience. Community-based support for family and extended-family caregivers will be discussed in order to address their feelings of being overwhelmed with the responsibilities for infected and affected orphans. Special attention will be paid to the challenges faced by child-headed households including the care of ill and dying parents and caring for surviving siblings. The Multisystems Model (Boyd-Franklin, et al., 1995; Boyd-Franklin, 2003) will be presented to address the need for coordination of care between the many systems involved in the lives of these children and their families (e.g. governmental agencies, world

health organizations, international aid organizations, international public and private grant funders, churches and faith-based organizations, local community leaders, schools, day-care programmes, hunger relief programmes, AIDS education efforts, doctors, nurses, social workers, parents, family members, and the children and adolescents themselves). This multi-systemic coordination of care is necessary to avoid duplication of services and to implement interventions that address local needs with culturally competent services.

Franklin, A.J. and Boyd-Franklin, Nancy: ***The need for Community Partnerships in Working with Children and Families Living with HIV/AIDS***

It was indicated that HIV/AIDS has crossed generational boundaries and infected and affected many individuals and families, parents were infected, children were infected through mother to child transmission, increased the likelihood of orphans and vulnerable children, and the burden on older children, adolescents and older extended family members for care of surviving children. It was concluded through stating that effective local responses hinge on local partnerships, there was need to consult and enlist a wide range of stakeholders that included key community members, work through existing community-based groups, conduct local needs assessments through participation of community partners, build on local capacity and increase existing strengths through community mobilization, and support families and communities to provide for children.

7.4.6 The Military

Obuseh, Francis: ***HIV/AIDS Prevention and Care: Overview and Impact in the African Military***

Reports and data have shown that Sub Saharan Africa bears the brunt of the AIDS pandemic and that over two-thirds of the people are infected with HIV. Population sub-groups such as commercial sex workers

(CSWs), tuberculosis patients, patients with sexually transmitted diseases (STDs) and uniformed services personnel have a much higher rate of infection than the general population. The sentinel surveillance prevalence among military personnel varies by region from 3.1 to 15%. The uniformed service members are typically more exposed to a higher infection rate due to many risk factors such as, age, the nature of their job, environment, and mobility. Presentation focused on: risk factors, surveillance, and epidemics of HIV in the African military; effects of HIV & AIDS in the African military; managing the impact of HIV on the military: The United States Air Force HIV prevention approach. The following key questions were posed: Reach: Are we reaching the right populations? Coverage: Are services available to all military members? Quality: Are we doing the right thing well? Intensity: Are we doing enough of the right thing? Effectiveness: Are we making a difference in military communities?

Kgosana, Charles: ***Double edged sides the law: protecting the soldiers or aggravating their situation?***

People infected with HIV/AIDS are facing various forms of discrimination from the society. The discrimination partially emanates from the stigma attached to the disease, with perceptions of sexual promiscuity still prevalent. Discriminatory practices are not only confined to social context but the employment decisions are also influenced by such practices. The military is one of the organisations that traditionally do not employ people infected by the disease. Staffing and deployment decisions are also influenced by the medical status of the soldiers. This situation led to arbitrary exclusion of infected people in promotions and lucrative positions, thereby threatening their career prospects. In South Africa and other countries, the courts ruled against such practices and declared them discriminatory and unlawful. How-

ever, the nature ofthe military profession dictates that members can sometimes function in austere conditions with no enough support system in place. Peacekeeping missions are such exigencies where medical support is relatively limited and the working conditions are far from ideal. Since the law provides that infected soldiers should be used in all conditions, this ruling allows soldiers to be deployed in spartan conditions thereby creating the potential to hasten the disease progression. This creates the dilemma that cannot be solved solely by the legal fraternity. This study seeks to highlights the dilemma faced by infected soldiers and their employing militaries. Furthermore, the recommendations will be made, based on the empirical studies to ameliorate the potentially deadly situation.

Kgasana, Charles: Sending them to help or to hell? Risk of HIV/AIDS infection faced by peacekeeping soldiers

The dawn of the 21st century has seen the incessant interstate and intrastate conflicts that necessitated the intervention of peacekeeping forces. The involvement of a neutral peacekeeping force is unavoidable if peace and stability are to be realised in the continent. However, the deploying soldiers are also mortal human beings that can also be affected by the raging human immunodeficiency virus (HIV) that is endemic in the continent. The situation is aggravated by the fact that most soldiers deploy mainly in Africa, the continent that accounts for more than 60 percent of infections in the world. The soldiers are more vulnerable to infections due to factors usually peculiar to the military, such as the relatively young age of the soldiers, their distance from their partners and spouses, their attractiveness as a source of income in war torn countries, their tendency to indulge in liquor and their insatiable appetite to consult the prostitutes. In addition, the contemporary operational theatre has witnessed the introduction of rape as a weapon of war, intended to deliberately infect the opponents with the disease, thereby prolonging their suffering and ensuring a painful death. The victims are not only women, but men have also been targeted. Consequently, some countries are reluctant to send their soldiers to highly infected areas. In some cases, some countries have been reported to send only infected soldiers in an attempt to reduce new infection rates in their forces. This poses a challenge because whichever decision is made on the medical status of soldiers, countries still need to send soldiers to peacekeeping missions. This study seeks to theoretically highlight the risk factors faced by deploying soldiers and suggest systematic measures that can be invoked to reduce the infection of soldiers.

7.4.7 Youth

Alesi, Jacquelyne: *Confronting the fate of Young People Living with HIV/AIDS in the face of the HIV/AIDS Epidemic*

Young people who constitute a critical segment of the population have not been well engaged in the universal access goal to reduce HIV/AIDS. The changing trends in the epidemic show significant high rates among this vulnerable and yet key population, with young people aged 15-24 globally accounting for 40% of new HIV infections in 2007. Young people living in Sub-Saharan Africa account for61 percent of adult infections. In Uganda, young people account for 1.3%prevalence among males and 3.9% among females. Following the advent of antiretroviral therapy many children and adolescents living with HIV, who initially had a few years of life expectancy are now coming of age and living into their reproductive age. This has seen an increase in the number of young people living with HIV/AIDS. By 2007, 1,200,000 Children (aged0–17) had been orphaned by AIDS with an estimated 130,000 0-14 years living with HIV/AIDS. Statistics from treatment centres show an increasing number in this vulnerable yet large growing population. The AIDS Support Organization recorded5000 young people living with HIV since infancy, with the oldest surviving perinatally infected client turning 23 in 2006. The Paediatric Infectious Disease Clinic (PIDC) in Mulago Hospital in Uganda has over 600 young people living with HIV between the ages of 10-19 years and The Mildmay Centre is attending to a similar number. Accessing HIV/AIDS services, requires one to have resources in terms of money for transport to health providers, meet nutrition needs as well as human resource to support those who test to cope with the results. The majority of young positives are still economically dependent hence are constrained in affording condoms and accessing the health facility. Research in social and behavioural patterns in order to capture data to understand behavioural trends are key. This would strengthen multiple approaches in meeting the needs of these adolescents living with HIV, both in prevention and care programmers. In addition, linkages need to be strengthened between service providers and YPLWHA for them to find it easier to access services such as HCT, ART, condoms, safer sexual information which still remains limited overall.

Dietrich, Janan: *"Group sex" parties and other risk patterns: A qualitative study about the perceptions of sexual behaviours and attitudes of adolescents in Soweto, South Africa*

This study explored perceptions about sexual behaviours and attitudes of adolescents living in Soweto,

Johannesburg, South Africa, from the perspective of parents, counsellors and adolescents. Method: A qualitative methodology was applied. Nine focus group discussions (FGDs) were held; three with parents of adolescents, two with counsellors who work with adolescents, two with female adolescents aged 16-18 years and two with male adolescents aged 16-18 years. In total, 80 participants were recruited from in and around Soweto. FGDs were guided by a semi-structured interview guide, audio-recorded, transcribed verbatim and translated into English. Data were analyzed using Maxqda, a qualitative software analysis program. Results: There were eight key themes related to adolescent sexuality and perceived attitudes towards relationships. Five themes were common to all participant groupings (parents, counsellors and adolescents): (1) dating during adolescence, (2) adolescent females dating older males, (3) condom use amongst adolescents, (4) pregnancy and (5) homosexuality. (6) Sex as a regular and important activity among adolescents and (7) group sex practices among adolescents emerged as themes from adolescent and counsellor FGDs. Lastly, (8) the role of the media as an influence on adolescent sexuality was common to adolescent and parent groups. Conclusion: Risky sexual behaviours continue among adolescents, with group sex parties a concerning emergent phenomenon that necessitates further study. HIV, other STIs and pregnancy prevention interventions should address multiple levels of influence to address context-specific influences.

Ncitakalo, Nolusindiso: *Socio-cultural influences in decision making involving sexual behaviour among adolescents in Khayelitsha, Cape Town*

Risky sexual behaviour is one of the major concerns in South Africa today. This is because issues such as unplanned pregnancy and sexually transmitted infections (STIs) including HIV/AIDS are consequences of risky sexual behaviour. It is important to understand the socio-cultural, as well as behavioural factors that are associated with such sexual problems. The aim of the study was to explore the socio-cultural influences in decision making involving sexual behaviour among adolescents in Khayelitsha, Cape Town. Cultural beliefs associated with adolescents' decision to become sexually active were explored, as well as the social norms influences involved in adolescents' sexual behaviour. The theoretical framework used for the study was Bronfenbrenner's ecological systems theory of development. The results indicated that adolescent pregnancy was perceived as unacceptable behaviour although found widespread in communities. Social influences such as peer influence, low socio-economic status, alcohol use and lack of parental supervision were found to play a role in adolescents' risky sexual behaviour. Cultural beliefs, cultural myths and social norms were identified as socio-cultural influences that endorsed issues such as gender disparities, which made adolescent mothers vulnerable. Findings from this study suggest that female adolescents are faced with sexual behaviour complexities. This point out the need to prioritize adolescents in intervention programmes in environments such as school, church, at home and community at large. Such interventions should raise awareness and enrich adolescents' knowledge on prevention of both HIV/AIDS and unplanned pregnancies. Emphasis should be on changing cultural beliefs and norms that disapprovingly influence adolescents' sexual behaviour.

Van Rooyen, Heidi: *Zooming in and out: Explorations of HIV risk, responsibility, intimacy and love in rural South Africa*

Several studies in the United Kingdom and the United States have explored risk management in HIV prevention amongst gay men. The aim of this paper is to explore how a group of rural, heterosexual South African women, living in the midst of spiralling HIV infection, negotiate issues of HIV risk and responsibility in the context of their intimate love relationships. Methods: Drawing on qualitative data collected as part of Project Accept, a randomized controlled trial to determine the effectiveness of a community mobilization, community-based voluntary counselling and testing (CBVCT) intervention, the approach to the analysis will be two-fold. First, we explore the themes of risk, responsibility, intimacy and love across a sample of longitudinal cohort interviews collected over a two year period from women at baseline (N=64), 6months (N=47) and 15 month (N=38) in the study. Next, we switch perspective and zoom in on a single woman's story over these 3 time-points, and explore how she negotiates HIV risk and responsibilities in the context of her relationships. Results: Women showed a realistic appraisal of relation-

ship risks in this high prevalence setting. Trust and faithfulness were delicately negotiated as women sought to maintain healthy relationships, and assumed different meanings depending on the nature, length and duration of relationship. In a context of viral dangers sexual safety was often rejected in long term relationships, particularly where other relationship needs and values took precedence. In these partnerships, unprotected sex appeared to be less a case of ignoring viral dangers as an acceptance that danger is part of love and life. Discussion: Risk management continues to be framed as the product of rational decision making. Our HIV prevention efforts have discounted the irrationality of emotion, and how meanings attached to love, relationship and intimacy impact risk management. Love and intimacy are critical to relationship survival and are complicated under the threat of HIV transmission and illness. To successfully address risk management, these "softer" issues need to be addressed.

Mitchell, Claudia: ***What Can Youth Tell Us About Turning the Tide? Youth, Knowledge Producing and Gender in the Age of AIDS***

Young people account for 45% or more of all new HIV infections globally, with almost 90 % of this number occurring in sub-Saharan Africa (UNAIDS, 2008). While infection rates have begun to drop in 16 of the hardest hit countries (including South Africa), there remain many instances where numbers are not levelling off and may even be increasing, particularly in relation to girls and young women in certain districts in KwaZulu-Natal, Eastern Cape and Limpopo. Critically, there remain key gender issues to be addressed if the 'tide is to be turned'. The ways that knowledge is produced in public health research and practice is largely determined by conceptual frameworks guiding data collection, analysis, programme design, and implementation. While the overall mission of the field of public health is to address population health, the popular voice is often ignored in this process as being too subjective or biased and the 'process' of engaging youth in participatory research linked to gender and HIV&AIDS (through photography, video and so on) seen as an end in itself and rarely taken as knowledge-producing. This presentation places at the centre the voices of youth in participatory visual research, and starts with Ursula Franklin's provocative question "what will we know when we know it?" Drawing on a series of examples of participatory HIV&AIDS and gender-based interventions with South African youth that I have been involved with over a period 10 years, the paper seeks to interrogate "knowledge" in relation to gender, and particularly as framed within public discourses around knowledge transfer and knowledge mobilization.

7.5 HIV/AIDS and Human Rights

The HIV/AIDS and human rights issues included discussions regarding stigma and discrimination, gender based violence, and legal rights.

7.5.1 Stigma and discrimination

Ashika, Maharaj: ***LGBTI rights are also human rights!***

Constitution the LGBTI community still faces a myriad of challenges. For instance the current NSP (2007-2011), focuses on four key priority areas to address the HIV/AIDS pandemic. However, in all four key priority areas health needs have being marginalized and most often ignored and therefore the NSP has not met or addressed needs of the LGBTI community. Discrimination, stigma, victimization and homophobia results in unfair treatment and sometimes the brutal murder of members in the LGBTI community. As a result of not accessing primary health services LGBTI'S would not have access to medical treatment making them withdrawn and depressed often leading to mental and emotional difficulties or other issues. The LGBTI community is also discriminated and victimized when accessing mainstream heterosexual service providers. These are service providers such as hospitals, police stations, clinics and legal centres that play a vital role in the lives of the LGBTI community. These behaviours and attitudes inflicted towards the LGBTI community results in human rights violations. The Gay and Lesbian Network has developed a modular learning programme focused on heterosexism and diversity with the objective of sensitising general society by creating awareness and educating society about sexual orientation, which would result in a change of perception and attitude, helping us to promote equality, tolerance and acceptance of LGBTI people.

Mogopudi, Daphney: ***The experience of stigma by people living with HIV/AIDS***

This research is a qualitative study consisting of six semi-structured interviews with participants who have lived (and continue to live) with HIV/AIDS for about nine years in Mohlakeng. This long-term life experience allowed for exploration on the changes over the years related to stigma. The study therefore explored the influences and hindrances to change in stigma experiences for these individuals. Focusing on three different types of stigma namely, external, internal and perceived stigma, the research demonstrates that to some extent the experiences of stigma has changed whereby it is no longer predominantly discreditable but more hidden and concealed. PLWHA are no longer confronted but

often experience gossip and avoidance. On the other hand, the experience of stigma has equally evolved from subtle forms to overt forms of discrimination. The research also indicates that as much as external stigma is problematic the major problems lies with internal and perceived stigma including self-stigmatisation which leads to lack of disclosure, treatment intake and testing. The factors that influenced the progression of stigma were the media, social institutions with regard to external stigma. The change in internal and perceived stigma was linked to social and community support structures such as religion, family and support groups. The latter did not only help in minimising the impact of stigma, but helped in the construction of a positive identity and stigma resistance attitude. Key Words: HIV/AIDS, stigma, external stigma, internal stigma, perceived stigma, PLWHA, stigma-resistant attitude, qualitative research, social identity theory By Daphney Mogopudi

Kamanzi, Desire: *Rwanda Stigma and Discrimination Index Survey, 2009*

The aim of the survey was to document experiences regarding HIV-related stigma and discrimination so that evidence-based information is provided for advocacy, policy change and programmatic interventions for PLWA in Rwanda. This was a quantitative descriptive study intended to analyze stigma and discrimination amongst members of Associations of the Rwanda Network of PLWA. The internationally published "PLWA Stigma Index" instruments were used. A random selection of two districts (one rural and one urban) per province was carried out. Ten districts in total constituted the sample size representing 1/3of the country total districts. Criteria for selecting associations were set to ensure equal representation. A simple random sampling was applied to select individuals and EPI-INFO was used to calculate the required sample size of 1638PLWA. Interviewers were also PLWA as recommended while implementing stigma index questionnaires. There were more females (82%) than males (75%) participants between 25-49 years. The mean duration of living with HIV was 5.5 years. Although 87% reported that they had never been denied health services, 88% of those (13%) who did not have access to family planning services felt that this problem was due to their HIV positive status. Respondents (45%) felt ashamed because of their HIV status (feelings of guilt, self-blame and low self-esteem). About 3/4 decided not to have more children. Ten percent have been denied health insurance because of their HIV+ status. Over 80% reported supporting other PLWA in terms of emotional and physical support. Only about 1/4 felt they had influence in decision making policies and programmes. A low 4% tested to prepare for marriage/sexual relationship. Men disclosed their HIV status more to partners while women to their children. Nearly 60% often "felt" pressure to disclose their HIV status from other individuals not living with HIV. Support than discriminatory reaction was experienced when others knew about HIV status. Though 46% described their health as fair, almost one in every four respondents reported having poor health status. Eighty-eight percent reported having children. The findings suggest unmet needs in terms of interventions towards empowering PLWA and increased HIV prevention, care and treatment.

Dos Santos, Monika: *The people living with HIV stigma index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa*

The study aimed to explore how the experience of living with HIV cuts across the dimensions of an individuals' life (such as work, family, laws, accessing health services) so that relevant programmatic interventions can be developed and implemented. The People Living with HIV Stigma Index was used and adapted as the survey tool. The study was conducted in 10 clinics supported by the Foundation for Professional Development (FPD), with an interview total of486 PLHIV in four provinces. Inferential analysis (SPSS) was conducted on the data. The HIV status of participants negatively impacted on their working life, as well as their access to medical, educational and health services. A large percentage of participants were also not aware of HIV policy, or their legal rights. Results suggest that a combination of variables significantly discriminated as to whether participants were taking antiretroviral treatment or not. Drug injecting users also had less access to such treatment, as well as other marginalized groups such as the impoverished. The most important aspects that were highlighted to address workplace/health stigma related to the provision of support (emotional, physical and referral), educating people living with HIV, advocating the rights of all people living with HIV, awareness and knowledge among the public. The rights of marginalized groups in particular need to be addressed.

Mnisi, Thoko: *Unknotting the dilemma of 'othering' in the context of HIV and AIDS*

The aim of this paper is to reflect on how a digital archive and the participation of teachers in two school communities in rural KwaZulu-Natal was used in addressing HIV-related stigma. CBPR as methodology purports to bridge the research and practice gap by involving the community in the research process in reflecting, producing knowledge, analysis and taking action. A key concern in work related to the visual (particularly in projects where a large volume of visual data is produced)

is to consider its extended re-analysis value through the use of community-based digital archives. A digital archive containing HIV-related stigma data generated five years ago was used to engage the participants in the selection of stigma photos to use for designing lesson plans, re-coding and re-using in addressing HIV-related stigma. Based on this work, challenges were found in the research process; in dealing with sensitive visual data that was originally shared in an intimate space; in selecting appropriate participatory analysis methods; in the teachers' participation; and in further 'othering' or re-stigmatisation. While participation implies participation from the initial stage ofthe research to the dissemination stage, it is necessary to ensure that communities and researchers benefit from the research that allows both to participate fully in an ethically appropriate manner.

Notshe, Yoliswa: ***Factors affecting non-disclosure by HIV positive parents***

The stigma associated with HIV/AIDS makes it difficult for people living with HIV/AIDS to be open about their HIV positive status. Non-disclosure has many implications, and in particular for the relationship between parents and children. While advantages of disclosing have been identified in the workplace to ensure that the employer creates a conducive working environment, these advantages still have not been translated into the home environment. A study was then conducted to explore the reasons that enable and inhibit both parents from disclosing their HIV positive status to their children. Aim: To explore and describe the factors affecting HIV positive parents from informing their children about their HIV positive status. Methods: This study used a qualitative approach and was conducted in Gugulethu, Cape Town in 2006. The non-probability sampling method was used to purposively recruit participants for the study. To strengthen the methods proposed for conducting this study, a pilot study was conducted to test the questions and the methods employed. Semi-structured interviews were used as the main tool of data collection from individual participants, thus one research participant was interviewed at a time. For data analysis, the researcher adopted Tesch's (1990) eight steps of data analysis as described in Creswell (2003). Eight parents participated in the study. Results: A consistent finding was that it is not easy to disclose the positive HIV status to younger children as they are perceived to be unable to keep such information secretive. Conclusion: The study results indicate that there are a number of factors that make it easier for the parent to disclose their status. These factors include older children, stage of illness of the parent and the perceived responsibilities that the child will have to take in the case of the death of the parent. There were factors that hindered disclosure.

Van Rooyen, Justine: ***Challenges to securing appropriate health and social services for transgender children***

Transgender children are discriminated against due to ignorance, intolerance and confusion about gender identity and sexual orientation. They are at risk of sexual violence and hence vulnerable to HIV infection, and lack access to appropriate sexual and reproductive health care and other services. The AIDS Foundation, in co-operation with partner organisations, has sought social services for gender variant children and documented the challenges to securing these. Social service and support needs of gender variant, including HIV positive, children, and responses to these needs were documented and monitored on a case by case basis, as they were brought to the attention of the researcher. Interviews with key informants working in the child rights, transgender and social service sectors were also conducted. Gender-variant children are discriminated against and do not receive the services they need. In one case a sixteen-year-old HIV-positive child, born male but identifying as female found placement in a children's home after becoming homeless. On the basis of her appearance the home placed her with female children. Upon discovering she was biologically male, fellow residents responded with ridicule and scorn. When the child ran away again, service providers approached were unable to provide support. Lack of documentation and inappropriate responses of service providers have impeded the child's access to alternative care, health and education services. Facilities at children's shelters are not supportive to the transgender child –a typical example being communal bathing facilities for males or females. Gender variant children were observed to struggle with shame and confusion about their identity and the body with which they were born. Service providers are not aware of or sensitised to the issues and challenges facing gender-variant children. Gender variant children, like all other children, have the right to respect and dignity, freedom from discrimination, protection, shelter and care. Some key informants proposed separate facilities for such children but this could further contribute to discrimination. A short-term solution may be to have a specialised Emergency Foster Parent Policy designed to meet the immediate needs of transgender children while arrangements are made for reunification or longer-term alternative care.

Oluwasola, Olusola: ***HIV-Related Stigma, Discrimination And Coping Strategies Among People Living With Hiv/Aids Receiving Treatment At The University College Hospital, Ibadan, Nigeria***

Stigma complicates the prevention and control of HIV worldwide as it adversely affects test- supports and

care seeking practices among People Living With HIV/AIDS (PLWHA). In Nigeria HIV Stigma-related practices experienced by PLWHA have not been adequately investigated. This study therefore focused on HIV-related stigma, discrimination and coping mechanisms among PLWHA receiving treatment at the University College Hospital (UCH) Ibadan. Methods: The study was a cross-sectional survey. Systematic random sampling technique was used to select 700 consenting clients at President Emergency Plan for AIDS Relief clinic UCH. A semi-structured questionnaire which included questions on stigma-related and discriminatory experiences, perceived consequences and coping strategies was used for data collection. Thereafter, In-depth Interviews (IDI) were conducted among eight consenting respondents who had experienced serious HIV-related stigma and discrimination such as loss of job, divorce and marital separation. The respondents' mean age was 40 ± 9.4 years, 60.8% were married, 67.7%were females, and 56.2% were traders. Majority (78.1%) had ever experienced self-stigmatization as a result of their HIV sero - positive status with 27.0%experiencing it within the last three months preceding the study. A major indicator of self – stigmatization was the unwillingness to disclose HIV sero-positive status to family members (53.7%) and to friends (69.3%). Significantly more females (56.3%) than males (48.7%) were scared of disclosing their HIV positive status to family members ($p<0.05$). The stigmatizing acts experienced by PLHWA included treatment with disdain (67.04%) and restriction of social interaction (65.9%). The experienced discriminatory acts included rejection by friends (1.3%), avoidance (1.7%), isolation and rejection (1.1%) and gossips by members of the community (0.6%), loss of Job (1.3%) and disclosure of status to others by health workers without permission (4.0%). The perceived consequences of HIV-related stigma included sadness (68.0%), divorce (61.3%) and social isolation (58.9%). The coping strategies adopted by respondents included being unmoved (53.7%), praying (45.9%) and ignoring acts of stigmatization (40.0%). Conclusion: Stigmatization and discrimination constitute major challenges among the People Living With HIV and AIDS, Psychotherapy, advocacy and public enlightenment are needed to tackle the problems.

7.5.2 HIV disclosure

Mukwaya, Solome: ***Pilot intervention to increase HIV status disclosure to sexual partners among People Living with HIV and AIDS (PLHIVs)***

The main objective of this study was to pilot and evaluate an innovative new approach through the diffusion of innovations theory (DIT) to increase HIV status disclosure to sexual partners among HIV positive clients. Methods: Based on a qualitative assessment to establish barriers, benefits and skills for HIV status disclosure to sexual partners, a small group (25 people) intervention targeting HIV positive clients was designed and implemented at Bbaale Health Centre IV, with Kangulumira Health Center IV serving as a control. At Bbaale Health centre IV, a select group of 25 persons was randomly selected to receive the intervention with the assumption that this intervention when implemented among a small group would not only benefit the participant but would through peer networks spread out to the bigger population. For preliminary evaluation of this intervention, baseline and post intervention data was collected from both the intervention and control groups from a sample of 196persons (n=196) at baseline and the same number (n=196) at post intervention. Results: qualitative research established i) the need to define disclosure to sexual partners ii) the need to broaden the benefits beyond the ability to access treatment, partner protection, partner support and include benefits such as PMTCT among others. ii) Need for strategies to counteract the main barriers such as fear of being blamed by partners, abandonment, loss of economic support, physical and emotional abuse. Preliminary assessment results from a sample of196 clients at baseline and the same number at evaluation showed that the||intervention significantly increased the disclosure of HIV status to sexual partners. Conclusions: 1) diffusion of information through a small group intervention can through a ripple effect increase HIV status disclosure to sexual partners in health care system and ultimately reduce transmission of HIV. 2) Interventions that are population driven and make individuals agents of change within their peers can be effective.

7.5.3 Disclosure

Nyakabau, Tapiwa: ***"Admission Reserved, Members Only": Do Closed Support Groups facilitate HIV status public disclosure?***

The aim of the study was to explore the dynamics of internalised stigma with a view to understanding the impact of group based psychosocial support on disclosure of HIV status by women participants. Previous studies have shown that HIV-status disclosure is critical to tackling the challenges posed by associated stigma and suggest that psychosocial support groups have the ability of availing coping strategies. Method: The sample of the Focus Group Discussions and In-depth interviews was purposively drawn at random from the list of women in the registers of the Support Groups in the rural area of Mutoko, Zimbabwe. Membership is by invitation. Findings The study shows three distinct areas that emerged as beneficial to the women, namely, information-sharing on HIV and AIDS, stress manage-

ment and nutritional support. Although participation in Support Groups revealed higher levels of knowledge on HIV and AIDS and beliefs about the importance of disclosure of one's HIV status, actual patterns of disclosure are largely restricted to group members only. The desire to publicly disclose outside the Support Groups is still fraught by fears of stigma from the community in spite of perceived psychosocial support available within the Support Groups. As a result actual public disclosure of HIV status outside the Support Groups is not a common phenomenon. Overall findings from the study reflect a complex interplay of constant struggles to balance disclosure and its repercussions. Conclusions: The study argues that Support Groups need to be capacitated with skills building strategies in assertiveness and self-esteem if they are to deal with related stigma and contribute to public disclosure of HIV and AIDS status. Otherwise Support Groups will remain "Members Only" clubs that may actually perpetuate discrimination as disclosure will remain low with no meaningful contribution to addressing stigma.

7.5.4 Gender-based violence

Annamore, Matambanadzo: *Silent no more: rape as a weapon of political violence in Zimbabwe*

Rape as a political weapon often is accompanied by displacement, torture, and other violations of human dignity. Currently there are one million torture survivors in Zimbabwe today. The damage to society from systematic rape rips apart not only communities but bodies and minds. What makes physical and mental injuries even more egregious is that so many rape survivors contract HIV. Subsequent complications haunt them forever. First-person testimony and documentation must continue to de-legitimize rape across Africa in general and Zimbabwe in particular. Also there is an urgent need to move from anecdotal to systematic evidence to inform solutions and effect evidence-based policy change. The story of Zimbabwe must be told again and again, until its evil leadership is deposed and replaced with a modern democracy.

Mulaudzi, Shumani: *'Vhusha initiation': culture or child abuse?*

This study offers an ethnographic orientation to a female initiation called "vhusha" in Venda, Limpopo, South Africa. Desk research and focus group discussions were used as a method to collect data. Four heterogeneous groups were formed and each group was interviewed separately. During the discussions, the focus was to establish if "vhusha" initiation was a cultural practice that is helpful to women or another way of trying to abuse and suppress women. How the practice contributes to a woman's life? Data collected were analyzed descriptively by using the Tesch's method of descriptive analysis. The results showed evidence that this practice puts the health of young girls at risk, i.e. U kwevha "pulling and expansion of the "labia minoris". This is done for girls as young as six years old i.e. it leaves the genital area deformed, also trap fluids produced by the vagina. Young girls are taught how to perform sexual intercourse with a man in order to ensure that men are satisfied. They become vulnerable to teenage pregnancy, STI's and HIV infection. Most activities are that are taught, are taught with the objective male gratification and very harmful to a woman's body. The girls are taught vulgar language. The practice also contradicts the children's act as it does not take into consideration the rights of the child, i.e. performing of female genital mutilation, and forcing children to partake in the practice against their will. Key words: "vhusha", initiation and culture.

Selikow, Terry-Ann: *The How of Power: A case study of gender inequality amongst young people in an urban township in South Africa*

To understand how differential gender power dynamics increase the risk for HIV infection amongst young people, in particular women. HIV/AIDS infection in South Africa is amongst the highest in the world, with heterosexual intercourse being the primary route of infection. Thus, social scientists have identified gendered power dynamics as a critical area of study. In this paper I borrow from Foucualt's micro-physics of power. I maintain that it is necessary to focus on how power operates on the day-to-day level, the doing of power, amongst youth in an urban township in South Africa. Methods: The study is qualitative and data was gathered from 90 young people via||in-depth interviews with individuals and with focus groups. My analysis, based on material discursive decoding, focuses on the symbolic, perceptions, meanings and practices which are located within broader structures. Findings: Gendered power inequalities operate on a number of interlinked areas including the physical, material and symbolic. While these domains impose severe constraints on women's choic-

es, women can (and do) exercise agency and resistance. Ironically, however, often this reproduces harmful gendered relations. I also observe that often when performing gender, women often consent to harmful gender norms. Conclusion: There is a need for more sophisticated theorising of power and agency and how these can translate at the micro-level into concrete negotiation around sexual safety while simultaneously challenging the oppressive macro landscape in South Africa. This can be done by making power visible and by moving away from dichotomous approaches where men have power and women do not; and / or where men are vixens and women victims. Developing 'doing it differently imbizos' which draw partly on Freire's work and on the self as a reflexive project can be a concrete step towards encouraging both women and men to challenge harmful power dynamics which increase the risk of HIV infection.

Msezane, Thabile: *A tale of two 'cities': Gender equity disparities between the Platfontein and Kalahari San of the Northern Cape*

San communities have been the focus of gender-based studies for well over30 years with a number of anthropologists having conducted studies as early as in the 1970s. According to Becker (2003), Draper (1975) and Shostak (1981) most of this research has described the San as the most non-sexist society inexistence. This study sought to investigate gender based perceptions among two San communities in the Northern Cape and assess the potential impact these perceptions could have on HIV prevalence and risk within the populations. Methods: Focus groups and individual interviews were conducted to supplement data drawn from a larger survey of 107 respondents in the Kalahari and 180 respondents in Platfontein. Results: Platfontein San were observed to have more gender negative perceptions than those of the Kalahari. These perceptions included that men should take all household decisions; that men's only responsibility to their partner is financial provision; that real men have multiple partners; that a good wife obeys her husband even if she disagrees with him; and that a man has good reason to beat his wife if she disobeys him. In addition, that women must tolerate violence and abuse for the sake of keeping the family together, that refusal of sex by a wife or her enquiring about a man having other partners was good reason for her to be beaten. Findings also show existence of perceptions that men must exclusively decide when to have sex; that women are obligated to have sex with their partner. Conclusion: Men were found to have greater decision-making power when, and if, having sex, yet women were expected to take more responsibility for contraception. It is important that gender awareness education interventions be conducted in both communities, but in particular Platfontein and that links between gender attitudes and HIV risk be highlighted.

Mlambo, Motlatso: *Stakeholder perceptions of the victim empowerment initiatives in Cacadu District of the Eastern Cape*

To determine stakeholder perceptions of VEP services in order to make recommendations on critical success factors for victim empowerment initiatives at a local level. Method: An exploratory descriptive study was conducted among victim empowerment service providers in the four selected areas of Cacadu District Municipality. In each area, a list of victim empowerment initiatives aimed at addressing all types of crimes such as physical assault, rape (attempted rape), domestic violence, child abuse, threat (and injury with weapon, pistol, knife), attempted murder and armed robbery was drawn (excluding political violence and traffic accidents). Telephone interviews were conducted using semi-structured questionnaire with a fairly open framework which allowed for focus, conversational and two way communication to be able to probe more to the information given by the participants. Results: Although most of the stakeholders had knowledge about VEP programme, 82% lacked knowledge about the National Crime Prevention Strategy (NCPS). This led to the lack of knowledge on the role of their sectors in the NCPS. Perceived strengths of the VEP services was communication and information dissemination (70%). Lack of resources (64%) was perceived by stakeholders as the weakness in the VEP services. The study found that perceived success factors mainly include provision of adequate resources (94%) and community involvement (94%). The most commonly VEP need was counselling/ emotional need (97%).Conclusion: The study identified the lack of knowledge of some of the VEP policies including NCPS as a contributing factor to poor service delivery to victims of crime. Attention need to also be focused on the perceived VEP success factors in order for the VEP to achieve its main objective.

Gxuluwe, Nombesizwe, Nombasa: *Ukuthwala "Stolen Innocence"*

Gender based violence continues to be a major problem in South Africa and particularly in rural areas such as Lusikisiki in the Eastern Cape where World AIDS Campaign (WAC) works. Of concern is the linkage between gender- based violence and the spread and impact of HIV. WAC has produced a documentary that depicts the violation of the rights of young girls and the violence that they face daily. The conference presentation was based on this documentary. It highlighted the challenges in Lusikisiki around gender-based violence,

physical, sexual and emotional inequalities, and particularly forced marriages to older men through "Ukuthwala"- originally a cultural practise were a couple who for financial reasons were unable to marry, agreed that the boy abduct the girl and later inform the girl's parents. However, from 2009 the practise changed, now young underage girls are being abducted and forced into marriages with much older men some of whom have been widowed due to HIV. WAC conducted interviews with the young girls who are victims of Ukuthwala, their guardians and community leaders in order to understand their perspectives and experience culminating in the documentary. Results: Most civil society leaders, service providers and the community lacked adequate knowledge of the law including the Sexual Offences Act and the Domestic Violence Act. There is a lot of willingness to change, risky practice but much working community engagement has to be done within communities to protect the girl child. Conclusions: The documentary is to be used as an awareness raising tool as well as an educative tool in programmes to eliminate gender based violence and girl child rights abuses in the Eastern Cape. This is part of a programme to accelerate the empowerment of women and educate men, and women on human rights in general adwomen rights in particular. At the same time develop and implement strategies to address gender based violence and reduce vulnerability to HIV infection and the impact of AIDS.

Freeman, Rachel: ***Working Women's Perceptions Of Power, Gender-Based Violence And Hiv-Infection Risks: An Explorative Study Among Female Employees In An Airline Business***

Power imbalances and gender-based violence have increasingly been cited as important determinants putting women at risk of HIV infections. Studies have shown that globally one in every three women has been beaten, coerced into sex or otherwise abused in her lifetime. The aim of the study was to explore workingwomen's perceptions of power, gender-based violence and HIV-infection risks within their intimate relationships. This study explored working women's perceptions of power, gender-based violence and HIV-infection risks and to understand the challenges women experience in both their intimate relationships and at the workplace. Approach: A qualitative, explorative study was conducted among female employees in an airline business in Namibia. A narrative approach was chosen for the study in which a sample of volunteer women were asked to retell their experiences of power, gender-based violence and HIV-infection risks within their intimate relationships. Results: Five women participated in in-depth, face-to-face interviews. The research findings showed that all of the women showed emotional scars from their GBV experiences. All of the women reported emotional or psychological abuse, whilst the majority was subjected to economic abuse, followed by physical abuse, and two alleged having been sexually abused. It is evident from the findings of the study that power imbalances place women at increased risk of GBV and becoming HIV-infected. Whereas only one of the five women tested HIV-positive, the majority of women in this study were not placed at risk of HIV infection by the GBV in their relationships. Thus, the study finding postulates that there is no direct link between GBV and HIV infection. The study concludes with specific recommendations for the development and successful implementation of workplace policy and programmes to protect and promote women's rights. The study showed that the airline business' Employee Assistance Programme activities such as VCT and the use of condoms are essential efforts in the prevention of HIV infections and therefore this needs to be encouraged at levels of society.

Ntshangase, Gift: ***Challenges facing young and teenage girls who are victims of HIV/AIDS***

Home of Hope is an autonomous, self started and inclusive Home for rehabilitation of girls that operates at a grass root level. Exploited girls whore exposed in child trafficking and HIV/AIDS from all backgrounds are made part of a secondary family. Since 2000 Home of Hope has been engaged in thinner city of Johannesburg removing young and teenage girls from brothels and in drug lord's premises. The purpose of the study was to understand the challenges young girls go through and end up trafficking and sex working and ways to minimize number of girls going for sex work and trafficking. Method: A qualitative measure was adopted for this study and all participants were interviewed by completing questionnaire. Each child admitted went through interview process. Support groups were also implemented to conduct discussion challenges faced by young girls. Counselling sessions, and assessment programmes and attended drug awareness programmes were adopted during the course of the study. From year 2000 over 1500 community members have been recruited by Home of Hope and interviews were conducted for 1 010 in the period of 11 years and all girls who were interviewed were also assisted and helped through outreach programmes. Findings show that trafficking of children, drug abuse, poor education structure, poor accessibility to health care systems are the main challenges young girls are facing. The link between background, education and health care systems show that children from rural background are affected more because of poor service delivery in rural areas. Trafficking of children is fuelling the HIV Epidemic despite the war on new infections, despite the war on drug and recent decreases in casual drug use; drug addic-

tion is increasingly and threatens to erode our fragile gains against the transmission of HIV. Children from rural areas need meaningful participation when developing programmes for their protection and recovery.

Meel, Banwari: ***Prevalence of gang rapes and risk of HIV infection in the Transkei region of South Africa***

Gang rape is one of the most conspicuous forms of violence, has reached epidemic proportions in South Africa. It occurs in all spheres of society and all women are potential victims. The risk of transmission of HIV is very high among victims of rape. Objectives: To determine the prevalence of gang rapes in the Transkei region of South Africa. Methods: This one-year retrospective study focused on all cases of gang rape reported by complainants over 16 years at Sinawe Rape Crisis Center in Umtata General Hospital during January 2008 to December 2008. Recorded details included the age, addresses, number of perpetrators, relation with perpetrator and physical violence. Result: There were 379 cases of rape recorded. Of this, 63 (16.6%) were gang rapes. Majority 181 (47.8%) were between the age of 16 and 20 years. The highest number 30 (47.6%) were in the area of Mthatha followed by Tsolo 9(14.3%),Engocobo 9(14.3%), and Libode 7(11.1%). In majority 47(74.6%) of victims had two perpetrators, 10(15.8%) had three perpetrators, and 3(4.8%) had four perpetrators. Most of the perpetrators 44(69.8%) were not know to the victims. Most of the gang rapes were part of robbery and take place at victim home. Conclusion: There is a high prevalence of gang rape in Mthatha area of South Africa.

Matseke, Gladys: ***Partner violence, sexual risk and alcohol use and among antenatal clients in Nkangala district, South Africa***

Intimate Partner Violence against women is a significant public health problem with negative physical and mental health consequences. Pregnant women are not immune to IPV as many them are victims of partner violence. Abuse during pregnancy has been associated with poor physical and mental health outcomes such as mental disorders, gynaecological and obstetric disorders, and infectious diseases such as HIV infection and other sexually transmitted infections. The aim of this study was to determine the prevalence of physical violence by intimate partner among pregnant women in Mpumalanga and its association to risky sexual behaviour and alcohol use. Method: A cross-sectional study was done from April to June 2010 among 1502 pregnant women at primary healthcare facilities in Nkangala district. Results: Most of the pregnant women were aged 25-29 (28%), single (69.4%), and had less than grade 12 (55.6%). About19% (n=275) of the pregnant women were HIV positive. The bivariate analysis have shown that pregnant women who, had less than grade 12, had one or three and four or more children, were HIV positive, used alcohol in the past month, concerned that their partner drinks too much, had an STI (other than HIV) in the past 12 months, had casual partners in the past 3 months, and had severe psychological distress, were more likely to be abused by their partner. Finally, in the multivariate analysis having one or three (P=0.017) and four or more children (P=0.000), concern that partner drinks too much (P=0.000), having had an STI (other than HIV) in the past 12 months (P=0.030), and having severe psychological distress (P=0.032), were significantly associated with physical partner violence. Conclusion: Despite the few reported responses of abuse by pregnant women in this survey, these numbers warrants a need for appropriate interventions in order to prevent and reduce sexual abuse among pregnant women. These interventions should pay attention specifically to those pregnant women who have children, reporting having STIs, with partners who have a drinking problem, and those showing signs of psychological distress.

Mahadev, Rekha: ***Exploring Indian Youth Understanding Of Sexual Violence In An Urban Secondary School: A Participatory Video Approach***

Aim: Adolescence is considered a critical developmental period for establishing normative sexual behaviour, but is also a time in which multiple levels of risk render youth, and in this study, Indian youth vulnerable to sexual violence. The question I pose is how to tap into the lived experiences of youth? How do we engage youth in the production of knowledge which would make their voices heard but also to use it to intervene in their lives to bring about change? Youth's particular vulnerability is an important reason for focusing on HIV and AIDS and trying to understand how they understand sexual violence in the age of AIDS and how they think it could be addressed. Method: This research therefore uses a participatory approach to explore and address sexual violence in the age of HIV and AIDS among youth in the Indian community. Twenty learners of grade 11 were purposively selected. Participatory video was used in research as an intervention approach. Fiske's approach to analysis of visual text was used. Results: Themes emerging from the participatory videos were related to drug and alcohol abuse; abuse (physical/ verbal/ sexual); lack of communication between parent and child; peer pressure; male dominance/ insecurities and poor role models. The solutions offered were around creating awareness with members ofthe community. Parents need to acknowledge their children and be sensitive to the various pressures they experience.

More youth organisations need to be established and must be accessible and awareness needs to be created of the strict penalties that are enforced for abuse. Conclusions: The participatory video with research as an intervention approach indicates that participatory methodologies hold promise in engaging youth in taking up their own agency, but also allowing other youth, parents, educators and policy makers get a clearer understanding of gender-based violence and what could be done about it.

7.5.5 Legal Rights

Raju, Yousaf: *Human Rights and HIV/AIDS in Nepal*

As in the most countries of the world, Nepal has not formulated separate laws and a regulation for PLWHA is the big barrier. The importance of human rights in the contact of HIV/AIDS is two field; first, the human rights of people living with or affected by HIV/AIDS are worthy of protection and promotion in their right and second, an environment in which human rights are respected ensures that vulnerabilities to HIV/AIDS is reduced that people infected with and a life of dignity without discrimination, the personal and the practical impact of HIV infection is alleviated. In June 2004, a research report entitled HIV/AIDS and Human Rights a Legislative Audit' was published. The researches and publishers have drawn the attention of all the concerns that the existing laws, regulations, policy and executives orders must be reformed in favour of PLWHA. This study audited and mapped all the existing laws and regulations of the country that enhances human rights. Though there is no special favourable law for PLWHA but they should be treated without prejudices in the light of the present laws. The legislative is defunct, so formulating spiral laws for PLWHA will not be possible unless the parliament won't resume. The present laws and regulations are proved inadequate for proper rights and state facilitates of PLWHA which was proofed during the National Consultation of policy makers with PLWHAs groups. Above audit research has dream the attention of law makes policy planners executives and medical personals law to reduce the harm of rapidly spreading HIV/AIDS. Non-governmental organizations like, MAITI NEPAL, Nava Kiran and a government hospital Sukraraj Tropical and Infectious Disease Hospital in 2003-4 made available of ARV free of cost to limited PLWHAs. (Who initiated CD4 count in Nrs. 25,00 after in 15,00 then in 1,000 at last it.

Lithur, Nana: *Legal Audit and Assessment of HIV/AIDS-related Laws and Policies in Ghana*:

Aim: Ghana is a signatory to various continental and international treaties, conventions and declarations on HIV/AIDS. Auditing a country's laws and policies on HIV/AIDS, in the sense of comparing them with the country's international obligations, is a useful means of evaluating that country's commitment to and effectiveness in protecting the rights of persons living with HIV/AIDS (PLHIVs) and most-at-risk populations (MARPs). Accordingly, UNAIDS sponsored a study to audit Ghana's legislative and policy framework concerning HIV/AIDS. Methods: Relevant legal materials were identified through document-based research. Consultations with communities, state organs, various organisations and individuals were then held, to discuss the materials' content and assess their impact on the day-to-day life of the Ghanaian population. The primary means of consultation were focus group discussions, meetings and interviews. A number of case studies were collected, from both the consultations and secondary sources such as newspaper articles. Results: The audit found various deficiencies. The key deficiencies found were as follows: Ghana's anti-discrimination laws do not address the issue of HIV/AIDS-based discrimination; privacy/confidentiality laws and policy are ineffectively used and, in relation to sexual orientation, inadequate; the law on negligent HIV transmission is unclear; commercial sex work and the activities of the men who have sex with men (MSMs) are criminalised, inhibiting legal protection of sex workers and MSMs; there is a lack of clear implementation of the policy against pre-employment screening; there are gaps in the policy framework regarding ethical research; and there are no clear policy guidelines regarding Post-Exposure Prophylaxis treatment for defiled underage girls. Conclusions: The audit highlights the gaps between Ghana's international obligations and the current legislative and policy framework. It is hoped that this study is utilised by the Government of Ghana to address these gaps and ensure more effective implementation of laws and policies to protect the rights and interests of PLHIVs and MARPs.

7.5.6 HIV/AIDS co-morbidities

Various issues related to the prevalence of depression, and mental health care was discussed. In addition, a workshop entitled "Consciously Resting Meditation" was presented.

Igie, Taiwo: *Prevalence of Depression in HIV/AIDS Patients, Lagos University Teaching Hospital (Luth), Lagos, Nigeria*

There is abundant data indicating a correlation between HIV/AIDS incidence and depression. In 2005 there was a research lasting a period of 18 weeks at the Lagos University Teaching Hospital (LUTH), Lagos, Nigeria, to examine the correlation between depression and HIV/AIDS. One hundred and fifty two (152) HIV/AIDS patients were involved in the study. The population

included HIV/AIDS in-patients and out-patients. The Standard of Depression Scale for measuring Hospital anxiety was administered to the respondents to screen for depression. Those who recorded a score of 8 and above were further assessed clinically for depression using the International Classification of Disease Version 10 (ICD-10), and their depression classified into mild, moderate and severe. A confirmation of data was done using the Hamilton Depression Scale Rating to reclassify the patients into mild, moderate and severe. Results: 42% of the respondents were found severely depressed by the Hamilton Depression Scale Rating. Factors responsible for the prevalence and severity of the depression include: ability to tolerate HARRT and other drugs used in the management of the HIV stage of the disease, the CD4 count levels, and the inability to afford medications. It is reasonable to infer that depression is a significant and prevalent co-morbid factor in people living with HIV/AIDS. Hence it is recommended that a comprehensive treatment strategy be introduce using bio-psycho-social techniques to reduce morbidity and mortality in the affected patients.

Olowu, Dejo: *Mental Health Care and the Management of HIV/AIDS in Africa: Implications for Rights-Based Interventions in the Context of Lesotho*

While there are empirical studies implicating mental health in the aftermath of HIV/AIDS infection, the attitude of the majority of African States remains negligible in formulating normative framework for the integration of mental health care into the management of HIV/AIDS cases. This study examines the mental health implications of HIV/AIDS being felt by individuals, families, communities and society as a whole, recognising the trauma and depression often occasioned by stigmatisation, rejection and social exclusion. It aims at identifying the value added of a rights-based approach as a key component of overall HIV/AIDS management, with particular reference to human rights standards and jurisprudence that provide the basis for a re-orientation. Methods: The results of this study are based on data gathered from 60questionnaires and 20 semi-structured interviews administered at five psychiatric clinics, one rehabilitation centre and the Mohlomi Mental Hospital, all in the Kingdom of Lesotho between October and December 2010. Using qualitative data collected from that study as basis, this article highlights the precarious lacuna in the current practices and approaches adopted in responding to the HIV/AIDS pandemic in the country which tend to invariably ignore the dimension of human rights in the integration of mental health into the management of HIV/AIDS. Lessons: A rights-based approach is essential for understanding the extent to which the public health system in Lesotho prioritises human rights in dealing with the mental health dimension of HIV/AIDS treatment. Flowing from the underpinning premise that mental health issues play a major role in promoting or impeding effective adherence to antiretroviral treatment, this paper contends that it is necessary to include mental health care as an integral part of comprehensive HIV/AIDS treatment, not only in Lesotho, but throughout the African continent. Conclusions: This paper advocates the overarching need for synergy among mental health practitioners, general medical practitioners, health policy makers and the civil society to understand that HIV/AIDS patients often contend with mental health issues. While the findings are essentially situated in the context of Lesotho, their far-reaching implications for the Southern African region and indeed the entire African continent are adequately accentuated.

Kondwani, Kofi: *Reststop - Consciously Resting Meditation: preventing and releasing stress through Deep Rest*

Stress is implicated in a variety of mental and physical diseases. Stress may cause diseases such as ulcers, headaches, or hypertension and stress may arise after sever diseases have been diagnosed such as cancer, stroke or HIV/AIDS. The impact of stress can be prevented, minimized, or treated with simple, natural and easily learned mental techniques. Purpose: The purpose of this Restshop is to present the evidence-based results of the use of Consciously Resting Meditation (CRM) on cardiovascular disease and metabolic syndrome primarily in African American populations. It will give attendees the opportunity for a direct experience of CRM with recommendations for incorporating CRM practice in their daily lives. Objective: 1. To discuss the scientific research associated with Consciously Resting Meditation; 2) To learn personally how to Consciously Rest; 3) To apply guidelines for individual CRM practice for the rest of their lives. Methods: This proposed two-hour Restshop will be presented in three distinct phases. Phase one will be a power point presentation to review the research associated with Consciously Resting Meditation. The second phase will consist of attendees actually learning how to consciously rest. The third phase will be discussion of experiences, questions and answers and recommendations of how CRM can be used in the context of HIV/AIDS. Potential CRM and HIV/AIDS research projects will also be discussed. Discussion: Stress impacts our lives every day. It is not the stress as much as it is how our bodies respond with the stress that impacts us most. What is stressful to one may be exhilarating to someone else. Knowing how to prevent stress or how to treat stress once inflicted is a tool that everyone should have at their disposal. Stress management tools that are easy, natural and simple will be the most accepted by common people.

Conclusion: Attendees of this Restshop will leave with knowledge of the evidence supporting the use of CRM in their daily lives and in the lives of those who are living with HIV/AIDS and other debilitating diseases. Finally participants will learn a technique that they will be able to use personally for the rest of their lives.

7.5.7 Monitoring and Evaluation

This theme dealt with monitoring and evaluation, in various contexts.

Nkhumane, Morongwe: *The Government Home And Community Based Care (Hcbc) Programme: Monitoring Data On Community Level Responses To HIV And AIDS*

The Home and Community Based Care (HCBC) Programme jointly implemented by the Department of Health and Department of Social Development aims at reinforcing community level support and care of individuals, families, and communities affected by HIV and AIDS. HCBC Programme involves not only psychosocial support but the full range of HIV response activities. The programme partners with approximately 2,500 community organisations across South Africa. 2. Methodology: A routine output monitoring system has been developed and reporting is done monthly by about 2,500 HCBC organisations with standardised reporting tools. Data reports are captured into a web-base information management system. The system can generate different reports such as service delivery, beneficiary identification, support group activity, referrals, and other administrative data which includes personnel, stipend, procurement and training. 3. Results: Data is available on the reach and extent of services rendered to individuals in the comfort of their own homes. There is a significant difference in the level of quality care as psychosocial needs are met, community support groups are accessible and adherence, stigma and disclosure are addressed. There is data available on the quality of care which helps in establishing ongoing monitoring and treatment services in the community. Collaborative efforts improve the result of quality of care and sustainability. 4. Conclusion: This is the first integrated and comprehensive government monitoring and evaluation system in South Africa that collects service delivery data directly from community based organisations. It is a rich source of information for researchers and policy makers related to community level responses to HIV and AIDS. It can help us to understand the scope and the scale of community HIV and AIDS responses across the country, about which surprisingly little is known to date. It also highlights the prospects for this programme to bridge the gap between government and community level responses. It can also be used to inform government decisions, continuously improve government programmes and promote evidence based policy making.

Mulenga, Oswald: HIV and AIDS Monitoring, Evaluation and Research Practice in Zambia: Experiences and Lessons

Mr Mulenga emphasized the key challenges facing the Zambian HIV/AIDS Programme which may also represent other sub-Saharan experiences in this field. The challenges in using multiple information systems, multiple research ethics bodies and specific challenges related to poor data quality and legislative barriers faced by researchers was discussed. In addition, the poor acceptance of externally-funded and administered research by local stakeholders which led to limited use of data and research recommendations was also discussed.

Moko, Singilizwe: *Improving Non-Governmental Organizations` ability to implement monitoring and evaluation in Amathole Health District in the Eastern Cape*

The study aimed to improve Non-Governmental Organization`s ability to implement monitoring and evaluation in Amatole Health District in the Eastern Cape. Participatory monitoring & evaluation mechanism was used. Participatory monitoring and evaluation is a process of individual and collective learning and capacity development through which people become more aware and conscious of their strengths and weaknesses, their wider social realities, and their visions and perspectives of development outcomes. 2. This learning process creates conditions conducive to change and action. Theme focused on who is going to collect and register which piece of information, who is going to collate information, where it is going to be carried and how often and which month/week/day)? Monitoring & Evaluation processes and systems were developed & implemented. Results: Monitoring & Evaluation processes and systems were developed & implemented. NPOs institutionalized reporting continuously. NPOs supervision manual developed, indicator protocol reference sheet implemented, NPOs performance reviews institutionalized. Service delivery improved to local poor communities. Conclusions: The leadership skills used to encourage NPOs to institutionalize M & E tools in improving service delivery performance in Amathole proved to be very successful. This practice served as a bench mark in the management of community based health services.

Okello, Tom and Kondwani, Kofi: *Building HIV/AIDS Monitoring and Evaluation Capacity in Ghana and the Eastern Cape Province of South Africa: Approaches, Lessons Learned and Anticipated Outcomes*

The purpose of this workshop was to present, compare and discuss the current M&E capacity building activities, the challenges, successes and lessons learned in two African countries supported by PEPFAR funding. M&E capacity building has been identified as a goal of major stakeholders in the fight against HIV/AIDS. It is imperative that the best practices available are shared with colleagues in the field who are responsible for the local, regional and national HIV/AIDS response. This workshop showcased real time M&E efforts in Ghana and South Africa but because of the expected audience, it has the potential to improve both of these HIV/AIDS M&E programmes.

7.6 The Role of Faith-Based Organizations In the Fight Against HIV/AIDS

The role of Faith-Based Organisations (FBOs) in the fight against the HIV/AIDS pandemic was discussed by an array of religious institutions and universities.

Mukheibir, André (NMMU) and Davids, Adlai (SAHARA/HSRC)

Speakers who presented were from various Christian denominations, as well as representatives of Judaism and Hinduism in South Africa. Key speakers in the satellite session from elsewhere on the African continent were Dr Israel Olaore of Babcock University in Nigeria and Denis Nuwagaba of the Inter-Religious Council of Uganda (IRCU). The session stressed the commonalities of different faith and religious perspectives in dealing with those infected and affected by HIV/AIDS and favoured a focus on a response, and not a fight, to HIV/AIDS by faith-based organisations. A suggestion towards the publication of a special issue of SAHARA-J on faith-based responses to HIV/AIDS was also mooted.

Olaore, Israel: *Role of Faith-Based Organizations (FBOs) in the fight against the HIV/AIDS pandemic: Promoting Prevention Education Combating Stigma Using the Jesus Model*

"We use the term FBO broadly to encompass any religions, religious communities, religious institutions, faith and denominations. However, much of available literature focuses on formally organized religion and predominantly Christian responses…" (Parker & Birdsall, 2005: 11). The presentation proposed a plan that included gaining an understanding of the dilemma of FBOs (Personal Choice, Human Rights and Inclusiveness) and then to research the level of knowledge of HIV/AIDS in the University community; the level of stigma in a University community; and use the Jesus Model for FBOs

Olaore, Augusta: *Consequences or divine judgement? A university community responds to an understanding of the cause of HIV-AIDS global challenge*

Romans 1:27 was disguised as a saying by Paul Benjamin (AD 58) in a questionnaire and was administered to 274 randomly selected members of a private Christian university community in south-western Nigeria. Participants were asked to respond to a two-item questionnaire on their perception of the cause of HIV/AIDS either as a judgment from God or consequence individual lifestyle choices. The apparent consensus drifted in the direction of God as the culprit handing down his judgment to perpetrators of evil who engage in the homosexual lifestyle. The goal of this paper was to examine the implications of a judgmental stance on addressing the psychosocial needs of individuals with HIV/AIDS in religious environments. It also explores how service providers in faith based environments can work around the Judgment versus Consequence tussle in providing non-discriminatory services to persons diagnosed with HIV/AIDS.

Thandeka, Peter: *Methodist Church Of Southern Africa Our Response To HIV & AIDS*

HIV&AIDS attacks human life, the emotional, social, psychological, spiritual and economic life of an individual and the family at large is affected. There is loss of hope and sometimes loss of love and peace follows. It is for this reason that the church is looked upon to restore this love, peace and hope. This is what caused the implementation of HIV&AIDS programmes to be one of the priorities of the Connectional MCSA Mission Unit. MCSA Involvement In HIV&AIDS - Coverage: MCSA has a membership of more than a million; it comprises of 13 districts covering South Africa, Swaziland, Namibia, Mozambique and Lesotho. The MCSA Mission is a Christ Healed Africa For The Healing of the Nation and has a Four Pillars mission strategy: Spirituality, Evangelism and Church Growth, Development and Economic Empowerment, as well as, Justice and Service.

Ngcakani, Nomangesi: *HIV - Compulsion to Conversion*

The presentation focused on the following key areas: the history of FBO's in health; and the role of FBOs

in abstinence, fidelity, condoms and gels, treatment. Conclusion: FBOs will therefore fail to curtail HIV and many other diseases that are headed their way; this is potentially threatening, considering that food is more a needed commodity than sex; when FBOs cannot contain sexual urges, food cravings are a reality deeper than sex.

Mdaka, Nonnie: ***The role of Faith-Based Organisations (FBOs) in the fight against the HIV/AIDS pandemic***

Recipients of many accusation of being a 'sleeping giant'; promoting stigmatising and discriminating attitudes based on fear and prejudice; pronouncing harsh moral judgements on those infected; Churches have not been places of refuge and solace, but places of exclusion to all those "out there" who are but 'suffering the consequences of their own moral sin.''; In the 21st century however churches are committed to tackling AIDS and saving lives. Congregations and parishes have themselves been in the forefront of care and support right across Africa. A great number of these initiatives did not wait for funding in order to begin. Overview: Discussion will focus on these key areas: Prevention; Treatment; Orphans: - networking: advocacy & human rights. Future role of FBO in HIV/AIDS: Equitable resource allocation: 1.Funding; 2. Technical assistance : 1.Collaboration; 2. Governance and Leadership:- Policy statement of FBO declaration on HIV/AIDS; Clear strategy on HIV/AIDS

Brown, Michelle: ***Faith-Based Organisations and HIV/AIDS in South Africa: Jewish Communal Responses***

Why is the SA Jewish community involved in HIV/AIDS work?; What is the extent of our current work?; To what extent is our work recognised by government and non-FBOs?; Are aspects of our work controversial, and how do we deal with negative criticism?; What is the future role of FBOs in the fight against HIV/AIDS? Why is the SA Jewish community involved in HIV/AIDS work?: 1. Hillel "If I am not for myself, who will be for me? If I am only for myself, what am I? And if not now, when?" (Ethics of the Fathers). 2. "If anyone destroys one human life, Scripture charges him as though he had destroyed a whole world; and anyone who rescues one human life, Scripture credits him as though he had saved a whole world." (Talmud). 3. "Our Rabbis have taught: we provide charity to poor people who are not Jewish just as we provide to the Jewish poor; and we visit those who are ill among the non-Jews just as we visit the Jewish sick, and we bury the non-Jewish dead just as we arrange to bury the Jewish dead". (Talmud) . 4. Many social reasons too: We are committed South African citizens, infected, affected and impacted by HIV/AIDS. Extent of our current work: 1. The SA Jewish Community participates in a multi-faceted array of HIV/AIDS-related initiatives, including prevention, education, treatment, ARV distribution, home-based care, counselling, supporting child-headed and grandparent-headed households, research and many others. 2. Time only allows us to highlight 4 key endeavours: CHIVA; Afrika Tikkun; Union of Jewish Women. 3. Operation Abraham. Recognition of work: 1. These major projects are well-received, appreciated and supported by local, national and provincial governments. 2. We have been able to receive this support because of: Trust; Partnership; Needs identification; Commitment; Political buy-in; Sustainability. Controversy + Criticism?: 1. Very little! 2. Within the Jewish community, HIV/AIDS is recognised as a major challenge to SA's future that must be dealt with; sexual and social aspects are openly discussed. 3. Jewish South Africans fully support the efforts that our organisations make in the HIV/AIDS field. 4. More should be done internally and externally to make people aware of this work to maximise synergy and scale. FBOs and the Future on HIV/AIDS: A critical role-player; Has lessons to teach and learn; Need to share information, seek coalitions, maximise comparative advantage; Need to find a way to get messages across simply but strongly; Moral voice is very important.

Murray, Logy: ***The role of faith-based organizations (FBOs) in the fight against the HIV/AIDs pandemic Perspectives: The Dutch Reformed Church in South Africa; CABSA (Christian AIDS Bureau for Southern Africa; World Vision International***

Focus is on the following key areas: The faith base of our involvement in HIV and AIDS (prevention, treatment, care); The extent of our current work (Dutch Reformed Church in South Africa); The extent of our current work – CABSA; The extent of our current work - WVI; Recognition (or lack of) our work in the field of HIV/AIDS by governments, non FBOs; Aspects of our work and approaches deemed controversial. The future role of FBOs in the HIV and AIDS pandemic: 1. Strengthening their advocacy voice to address policies and practice. 2. Encourage stronger male involvement and appropriate (Biblical) understanding of gender roles. 3. Open doors to - and provide accessible, comprehensive knowledge. 4. Continue to break stigma and negative attitudes – while addressing harmful cultural practices. 5. Be good "stewards" – of the resources – especially with less funding available

Nuwagaba, Denis: ***A Faith-Based Response to HIV Prevention, Care, Treatment and Support to OVC at Community Level in Uganda: Programme Experience by IRCU***

Purpose of Presentation: 1. To share experience of Inter-Religious Council of Uganda [IRCU] in application of a Faith-Based Approach to HIV prevention, care, treatment and support to Orphans and Vulnerable Children (OVC) at community level in Uganda. 2. To draw lessons to guide other Countries and Actors in scale up of a Faith-Based Approach in the fight against HIV/AIDS pandemic. Key Challenges Encountered & Solutions: 1. Limited funding and coverage of the current Faith-Based HIV/AIDS Programme to 40 districts of 116 Districts. Solution: continuous resource mobilization and linking FBOs to GVT Local Government structures. 2. Low Capacity of Religious Leaders to fully and technically handle HIV/AIDS Interventions. Solution: continuous re-orientation and training on thematic areas. 3. Different faith ideologies in light of different HIV/AIDS interventions e.g. Condom use, male circumcision, prayer healing of HIV/AIDS. Solution: Consultative Assembly held every after 2 years where religious leaders agree on common stand on some issues. Conclusion: 1. Despite the gains, Uganda has made in reducing HIV prevalence from 30% to a stagnated 6.4% and apparently increasing infection rates more needs to be done to step up HIV-prevention efforts, ensure early diagnosis and treatment services to Vulnerable children and other Most at Risk Populations. 2. IRCU's faith based model provides a great opportunity to increasing community access to HIV prevention, care and treatment to OVC and most at risk populations particularly the married couples and other countries/actors can replicate this model with some modifications to suit their settings for increased access of quality and comprehensive HIV/AIDS services

7.7 Sexual and Reproductive Health

This theme dealt with various topics related to sexual and reproductive health rights, including health HIV seroprevalence; prevention of HIV and sexual and reproductive health; the impact of social, cultural and environmental determinants of disability; and using edutainment to debate and discuss SRHR.

Zambezi, Pemberai and Meel, Banwari: ***A comparative study of HIV sero-prevalence between nulliparous and parous women of the reproductive age who attended the Sin-awe Centre, Mthatha, South Africa in 2005***

This study was to compared the seroprevalence of HIV between nulliparous and parous women who attended the Sinawe Centre following sexual abuse. A record review of victims of sexual abuse who presented to the centre at Mthatha (Umtata) Hospital. Six hundred and eighty five females attended the centre between 1st January and 31st December 2005. Of this, 268 had testing for HIV done, and 72 (26.8 %) were found to be positive. The highest number of positives, 30 (11.2%) were between 21 and 25 years. There were 160 (59.7%) nulliparous women with 30 (11.1%) being HIV positive, and 108 (40.3%) parous women with 42 (15.7%) positive. Among the nulliparae the highest positivity, 17 (6.3%) were in the 16 to 20 year age group while in the parous women it was in the 21-25 year 26 (9.7%) age group. There is a high prevalence of HIV among parous women than in nulliparae who attended the Sinawe Centre.

Matungwa, Dunstan: ***Preferred Sources of Sexual and Reproductive Health (SRH) information by Young Tanzanians: Implications for HIV/AIDS prevention programmes***

Young people in sub-Saharan Africa remain the most vulnerable to HIV/AIDS infections. The aim of this study was two-fold: first, to understand young people's (unmarried boys' and girls') (10-24) sources of sexual and reproductive health (SRH) information; second, to understand their preferred sources of sexual and reproductive health information. Methods: This study was part of an assessment of the current SRH status in three regions (Tanga, Singida and Iringa) in Tanzania. Respondents for the study were obtained from a total of 9 randomly selected wards in urban and rural marginalized nomadic communities. As part of the assessment, questionnaires were administered to 1,424 in-school and 358 out-of-school boys and girls aged 20-24. Data entry and cleaning were done using CSPro data software. Thereafter, data was analyzed using Stata version 10 (STATA Corporation, Texas, USA). Results: More than half of young people (53.8%) reported that teachers were their source of SRH information. The other sources of SRH information were: parents/caretakers (45.8%), friends (25.8%), peer educators (15.7%), radio/TV (10.1%), religious leaders (5.9%), news paper/posters (5.3%) and community meetings/road shows (4.0%). Of interest, however, is that when asked about their preferred source of SRH information, a large number of young people reported parents (63.0%) to be their most preferred source (of SRH information). Other sources in the order of preference for SRH information were: teachers (48.1%), peer educators (29.8%), friends (27.6%), radio/TV (11.7%), religious leaders (11.6%), community meetings/road shows (7.9%) and news papers/posters (6.2%). Conclusion: While young people reported that they are receiving sexual and reproductive health information mainly from teachers followed

by parents/care takers; their most preferred source of the same is parents/caretakers followed by teachers. Evidence shows that many sexual and reproductive health interventions focusing on young people in sub-Saharan Africa have predominantly been school-based and teacher-led in nature. With these findings, however, such interventions have to look into the ways of engaging parents/care takers in the provision of SRH information. Such interventions that take into account the views of the target group have a better chance for success.

Yousaf, Sarfraz: *Prevention of HIV and Sexual and Reproductive Health*

Linkages or the policy, programmes, services and advocacy synergies between sexual and reproductive health (SRH) and HIV are a relatively new approach to increasing universal access to both sexual and reproductive health as well as HIV prevention and care. Over the last few years, considerable momentum and commitment at the international level has acknowledged that bi-directional linkages between SRH and HIV presents important opportunities in addressing the challenges faced by individuals, families and communities who struggle with HIV. Seven thousand newborn, children, and young people continue to be infected with HIV every day. Sixty million people have now been infected with HIV and nearly half have died. Morbidity and mortality associated with sexuality and reproduction remains unacceptably high. Strengthening linkages between sexual and reproductive health and HIV has the potential to accelerate the attainment of international goals and targets in both fields. Universal access to both HIV services and to sexual and reproductive health is advanced by their linkage, as well as the achievement of the Millennium Development Goals (MDGs) 4, 5 and 6. By minimizing missed opportunities we can increase access and coverage of services for more people, including vulnerable populations, ensure services for people living with HIV which meet their needs and respect their rights, including addressing the issues of stigma and discrimination; and promoting safe and responsible sexual behaviour for all. Three critical areas in SRH/HIV linkages are prevention of mother-to-child transmission (PMTCT), promoting sexual health and family planning. Ninety percent of new infections among infants and young children occur through mother-to-child transmission of HIV, either during pregnancy, childbirth or breast-feeding. The overall risk can be reduced to less than 2% by a package of evidence-based intervention. Over 80% of all new HIV infections are acquired through sexual transmission. It has been known for some time that unprotected sex is the second most significant risk factor to health in developing countries. Unprotected sex also leads to an estimated 80 million unwanted pregnancies every year.

Nyamathe, Vangile: *Invisible Women: The impact of social, cultural and environmental determinants of disability on the sexual & reproductive health rights of women with visual impairment and implications for the HIV & AIDS response*

Focus on blind women and girls as a priority group that is normally excluded from mainstream interventions. Sought to explore how determinants of disability impact on their sexual and reproductive health rights and implications for HIV &AIDS response. Method: Key Informant Interviews with Nurses, Social Workers, HIV & AIDS Coordinators; In-depth interviews; Focus Group Discussions in residential care and community. Results: Blind women regarded as toys to be used, put away and taken back anytime and anyhow; Neglect by family results in acceptance and tolerance of abusive relationships- "No where to run" situation; For some because they are rarely proposed they are "smartly sexually abused" in the name of love; High partner turnover as they hope for true love relationships; No targeted sexual & reproductive health education because of assumptions that blind women are asexual and therefore are not at risk or do not deserve the awareness; Stigmatized when they are pregnant (even by nurses) shown by public comments: "Some men are cruel" or "How does it feel to sleep with a blind woman". Conclusions: Recognition of special circumstances because blind women face unique challenges beyond those experienced by women in general, whether perceived and real; Blind women face the double stigma of being both women and being disabled which impact on their ability to claim their sexual and reproductive health rights; Integrated strategy that addresses the sexual and reproductive health rights that take into account the specific vulnerabilities that go with their disabilities; Health care providers to be sensitive and not alienate them, thereby exposing them to HIV infection risk; Need for support systems that enable exploration of safe and satisfying sexual relationships in the face of obstacles such as inequalities, exploitation and GBV.

Mshana, Gerry (presented by Dunstan Matungwa): *Does context matter for Sexual and Reproductive Health Rights? Views from young people and women in rural and urban Tanzania*

Sexual and Reproductive Health Rights (SRHR) interventions targeting young people and women in Africa need to take into account their views. This study assess their attitudes on SRHR issues prior to implementation of a comprehensive programme. Methods: The study was conducted in three districts in rural and urban Tanzania. A total of 1784 young people (10-24 years) participated in a survey questionnaire. 356 women aged

above 25 years were also interviewed. These women were selected from two randomly selected wards in each district (including remote pastoralist communities). Young people were selected from the same communities and randomly selected primary and secondary schools. Data was analysed using STATA software. Results: Four questions assessed rights-based sexuality attitudes: dressing that exposes body parts and hence enticing sex; the use of force/pressure to secure sex; right to decide if one wanted sex; and whether maintaining virginity until marriage removed the need for SRHR information. The mean score for all questions was low (2.3 out of possible 4) across all age groups. Only 5% of all respondents approved same sex relationships. On the other hand there was low reporting of non-consensual sex across all groups. Only boys aged (20-24) (13.8%) and married women (12.5%) reported slightly higher incidences of non-consensual sex. 90% of young people said they would choose their partners and the remaining preferred choice by parents and relatives. 32% of all young people plan to have sex in the next six months and the majority (80%) thought they would make the decision themselves. 40% of them reported being the ones to decide about having children while 40% reported that they will consult their spouse. The majority (59%) were of the opinion that they are the ones to decide about using condoms and 29% thought the decision will be in agreement with their spouse. Conclusions: There are poor attitudes on rights-based sexuality issues across all aged groups. However, young people were assertive on SRHR decision making. There is need for more detailed studies to unpack the way young people and women frame SRHR in order to design appropriate sexual rights-based interventions.

Matebogo, Mampane: ***Using Edutainment to debate and discuss SRHR with young people***

This study focusses on the following key areas: Mass Media; Health Promotion framework; The Soul City Strategy. Conclusion: 1. Edutainment can be a powerful tool to empower youth on sexual reproductive health rights. 2. To initiate discussion on SRHR issues edutainment should be facilitated and guided.

7.8 HIV Awareness, Support and Services for People Living with HIV/AIDS

This theme dealt with an array of issues regarding HIV awareness and support services for People Living with HIV/AIDS: Literacy and Home Based Care; the Lay Counsellor's role in the health system; exploring the social and market context of volunteer retention and attrition; HIV/AIDS Knowledge and Practices among the elderly; the value of HIV and AIDS candle light memorials; the difficulties in community based implementation; challenges and dilemmas facing health professionals in providing nutrition support for people living with HIV/AIDS; Water, Sanitation and Hygiene for People Living with HIV/AIDS; and the development of a mentorship programme.

Dzimadzi, Christopher: ***Literacy and the female Home Based Care caregiver: Experiences from Malawi***

Malawi has one of the highest adult prevalence rates in the world. Owing to the overstretched health facilities, most of the care for the people living with HIV is increasingly taking place in the home. At the centre of the epidemic, however, is the female caregiver. In attempt to reduce the burden of care giving, Malawi put in place a Home Based Care Referral Protocol. This study sought to investigate the extent to which the Protocol has been instrumental in alleviating the burden of care among women. Objectives: This study was undertaken to investigate the experiences of the female caregiver, in order to identify the gaps that are contributing to increasing the burden of care on women, particularly women caregivers and explore the possibility of formulating a new protocol that will improve the status of HBC volunteers. Method: The study adopted a dual quantitative - qualitative approach to describe the care burden of caregivers with special consideration to gender differences. Results: In our sample of 129 caregivers, 80 were primary caregivers while 49 were secondary caregivers. Among the primary caregivers, 65(81%) were female while 15(19%) were male. While the mean age for both the female and male caregivers was the same (38), the literacy level was higher among the men (87%) relative to the women (69%). The study also revealed that the uptake of the instructions was dismal among the women. It also revealed that while the referral process was designed to operate as a two way process, it operated more one way largely on account of literacy shortfalls among the caregivers. Conclusion: The HBC Referral Protocol has failed to alleviate the burden of care, especially among the women. Low literacy levels disempowered women in particular who comprise of the bulk of caregivers. Therefore, the design of the Referral Protocol should take into account the literacy levels of the caregivers. Moreover, more literacy programmes that provide literacy and livelihood opportunities should be developed to cater for women given the glaring levels of illiteracy among women in the country. It is in fact their right.

Phaswana-Mafuya, Nancy and Chirinda, Witness: ***The health effects of care giving to individuals suffering from HIV/AIDS related diseases on South Africans aged 50 years and older***

Informal care giving is a huge and under-recognized benefit for governments, and most often unfavourably burdens older adults, with possible impacts on their health, earning opportunities and well-being. This study assessed the health effects of care giving to family members, who were ill or died in the last 12months due to HIV/AIDS related diseases. We conducted a population-based cross-sectional Study of Global Ageing and Adult Health in 2008 with sample of2202 women and 1638 men (n=3840) with respective mean ages of 63.1 +/- 10.0 and62.2 +/- 9.3 years. Health scores were calculated based on self-reported health in eight health domains covering affect, cognition, interpersonal activities and relationships, mobility, pain, self-care, sleep/energy, and vision. Each domain included at least two questions to provide more robust assessments of individual health levels and reduced measurement error for any single self-reported item. Item response theory was used to score the responses to the self-reported health questions using a partial credit model which served to generate a composite health score and an item calibration was obtained for each item. The raw scores were transformed through Rasch modelling into a continuous cardinal scale where a score of 0 represents worst health and a maximum score of100 represents best health. The results showed that males who give care have a lower health score (59.1) than those who do not give care (64.5) whereas among females there is no vast difference between the two groups, with caregivers having a health score of 60.7 compared to non caregivers whose health score was59.9. Males who gave financial care to children had highest health score, whereas females who give physical care to adults have had highest health score. In urban areas, caregivers have lower health care scores than non care givers, whereas the opposite is the case in rural areas. Single care givers have higher health score than those non care givers while currently married care givers have lower health scores than non care givers. There are both positive and negative health effects in care giving among older adults providing care to their families.

Zwane, Nokuphumelela: ***Lay Counsellor's role in the health system***

Lay counsellors play a crucial patient care-giving role in the health care sector by providing emotional, social, and spiritual support (De la Porte et al, 2005). In addition, the HCT campaign has relied heavily on these professionals to reach testing targets, through providing patients with HIV pre- and post-test counselling and finger pricking; ensuring that patients receive the treatment and care they require in the system. However, there has been concern from various sectors that the services provided by counsellors are not effective and the quality of counselling sub standard. This paper aims to document the lay counsellors' critical issues that have a negative impact on their expected roles within the system. Data will be collected from Focus Group Discussions from City of Johannesburg and Ekurhuleni. The findings will demonstrate the challenges that the lay counsellors face with in the health system when providing the expected services. It will also give a way forward of how well the system can provide services that will keep them in the health system for good and also what kind of training, supervision and mentorship is required for excellent service delivery. When it comes to caring for people with HIV and AIDS, the richest resource a country has is, without question, the compassion of its people (UNAIDS, 2000). It is an extraordinary fact that some of the most effective counsellors are themselves from the same communities they serve and are affected equally by the problems their patients are subject to, including poverty, HIV infection, and significant bereavement and violence. This paper aims to highlight that counsellors deserve greater recognition for their extraordinary and selfless contribution to the battle against HIV/AIDS, and that with adequate supervision and mentoring; they are capable of performing well in the health system.

Zambezi, Pemberai: ***Exploring the social and market context of volunteer retention and attrition in community HIV programmes***

Volunteers remain a critical element for effective community HIV programming. Indispensable as is it, volunteer retention is increasingly becoming a challenge. Volunteer attrition has risen despite concrete promises of allowances and incentives. The problem at hand is, is it the size and nature of incentive or allowance that guarantees volunteer retention or they are other contextual issues to consider. Further, why is the upping of monetary incentives not subsequently lead to increased volunteer retention in HIV programmes? Method: Using constant comparison and contrast analysis, the study analyzed longitudinal volunteer retention and attrition across two of FACT's HIV projects. Participants included those who had taken up volunteering through respective churches and volunteers recruited on the condition of monthly monetary allowances. Both groups belonged to the urban communities. Results: Considering variables like age, marital and status employment and location, volunteer retention in HIV programmes remained on average high for volunteers recruited without promise of monetary or other tangible incentives. About 70% were retained

over the year. Retention was low at 20% for every group recruited under performance and monetary contracts. Monetary based volunteers recorded high rates of absconding and need for more supervision. Overall, the study noted that FACT enjoyed long-term, consistent and reliable volunteering from volunteers whose recruitment was based on social compared to those recruited on market norms. Contractual monetary incentives had not stopped volunteers from resigning or abandoning HIV projects. Conclusion: Context for recruitment more than the promised incentive package plays a pivotal role in determining retention of volunteers. Monetary incentives invoke market norms. Comparison of benefits between volunteering and prevailing market offerings naturally prevails. Resignations, poor performance and absenteeism are high where volunteering is based on market norms. Volunteering entered into along social norms such as the churches with no stringent performance contracts results in reasonably high volunteer retention. Unless projects can afford to compete with existing market norms, all volunteering should be constructed and construed within the social norms realm. HIV organisations should set realistic entry and exit conditions for volunteers that are not linked to the market.

Oghenero, Paul Okumagba: ***HIV/AIDS Knowledge and Practices Among the elderly in Delta State of Nigeria***

This study is aimed at assessing the level of awareness of HIV/AIDS phenomenon among the elderly in selected rural areas of Delta State and how the knowledge acquired is put into practice. A sample of 150 elderly aged 60 years and above were selected from five rural communities using the random sampling technique. The instrument for gathering data was a validated interview schedule reflecting knowledge about means of transmission and prevention of HIV/AIDS and practices of high risk behaviour. The procedure was using trained research assistant from the area to administer the research instrument in their lingua franca. The study was carried out between October and December, 2010. One hundred and forty-three out of the hundred and fifty elderly studied (95.30%) knew the sexual route of HIV/AIDS transmission. 68 of the elderly studied (45.30%) knew the preventive role of condoms, and 127 of the elderly studied (84.67%) knew the preventive role of restricting one's self to regular sexual partners. A relationship was found between knowledge and practices of preventive measures. There is awareness ofthe existence of HIV/AIDS, its mode of transmission and the methods of prevention. There is however, the problem of changing individual sexual behaviour. However, with the high rate spread of HIV/AIDS sweeping across the country, health education programmes need to be evaluated for successful implementation of right sexual behaviour in the population.

Dhanaseelan, Krishna: ***HIV and AIDS candle light memorial: Using the narrative and memorialisation approaches at a community level to facilitate healing***

The presentation described the use of the narrative and memorialisation approaches implemented at the Wits HIV/AIDS candlelight memorial to educate conscientise and heal within a human rights frame. Narratives have the potential to move audiences, change perceptions and influence contemporary thinking (Payne, 2000; Mattingly, 1998). Especially in the light of the enormity of stigma and discrimination in the HIV sector which encroaches on basic human rights, using stories of people directly impacted by HIV may assist in changing negative attitudes and stigma. Jolly (2010, p. 5) further suggests that narratives create opportunities to speak about the "unspeakable" within safe spaces and that memorialisation offers "comfort and support" which positively influences the healing process (Naidu, 2004; Payne2000).This is indicative of the power of both the narrative and memorialisation's both educational and therapeutic tools operating at a micro and macro level. The candle light memorial event sought to create a safe space to engage with narratives and memories. The challenge for the project was to simultaneously engage with a community and the individual participant meaningfully. This was achieved by setting up an interactive installation, comprising various elements to create a reflective journey. Lighting candles as a symbol of support and being exposed to the narratives of people living positively with HIV, participants eventually had the opportunity to share their own narratives and engage in with a wider audience. This snowballed to encourage reciprocity from mothers. The event demonstrates the efficacy of using narratives and memories in both an individual and community context to interrogate attitudes around issues of HIV and AIDS in an attempt to bridge divides and contribute towards personal and communal healing. Establishing a simple interactive campaign based on great respect for and consideration of theoretical references may be more meaningful than the more 'louder' approaches of campaigning. Narrative therapy and memorialisation within a dignified, respectful and an involving context contributes to individual and community healing by encouraging individuals to tell their stories and confront silences around HIV/AIDS.

Harris, Meredith: ***Exercise in HIV Infection: the value, the difficulties in community based implementation***

Exercise in HIV infection has been determined to be of value in developed countries in reducing metabolic syndrome symptoms associated with antiretroviral (ARV) medication therapy. Evidence suggests that

combinations of aerobic exercise and progressive resistive exercise can be of value in fat redistribution, lowering lip dystrophy impact, decreasing cardiovascular risk factors, and increasing lean muscle mass. The added bonus to the positive physiologic changes is the psychological finding on increasing quality of life and decreasing depression. The goal is to develop a positive framework to provide accessibility to unique care and support and a supportive environment to foster adherence to treatment studies report that most programmes follow protocols designed for the controlled environment of a gymnasium setting. A systematic review of the literature yielded twelve randomized controlled trials (RCT) spanning a 20-year time frame. The sample sizes ranged from 16 – 100 and included both men and women, with and without ARV regimen. The findings are so positive as to the beneficial effects of exercise, the next step appears to be implementation of community-based models, particularly in developing countries with scarce resources. Community based programmes require a willing participant population pool, leadership managers for recruitment, training and administrative issues, access to laboratory testing and health follow-up, appropriate exercise venue, funding for and accessibility to minimal equipment. Without all elements present, it is unlikely that community-based programmes can be implemented and sustained successfully. In marketing and advertising the programme, there is the risk that participants will be subjected to stigmatization, because of involuntary disclosure of status. If community mangers are willing to implement the programmes and have the organizational viability, the health clinic side of the equation may not be equipped or willing to provide the testing and monitoring required to implement a viable research protocol. The dilemma is the delivery of service to a population in need to foster a supportive environment without compromising their status.

Steenkamp, Liana: *Challenges and dilemmas facing health professionals in providing nutrition support for people living with HIV/AIDS: Lessons learned and the way forward*

HIV infection can cause malnutrition, which contributes to immune dysfunction and subsequent increased risk for opportunistic infections. Most HIV-infected patients need nutritional support at one stage or another. In poverty stricken populations such as sub-Saharan Africa, it is unlikely that at risk individuals would have continuous access to an adequate diet. Despite strategies to assess nutritional status and provide nutrition support, health workers in developing countries face specific challenges and dilemmas in providing these interventions. Purpose: The purpose of this workshop will be to provide attendees with a framework to deal with existing challenges and dilemmas relating to nutrition support of PLWHA with the emphasis on the African continent. Learning outcomes: 1. Update on existing research outcomes with the emphasise on nutrition support; 2. Practical ways to do nutrition assessments; 3. Nutritional needs and HIV with emphasis on challenges; 4. Update on different routes for nutrition support; 5. Improve decision making ability re nutrition. Content: 1. Provide framework regarding the link between HIV & nutrition: a. Explain relationship between nutrition and HIV; b. Outline synergism between nutrients and HIV/AIDS from evidence based studies; c. Benefits of adequate nutrition for people living with HIV/AIDS. 2. Review research outcomes regarding nutrition support of HIV patients in Africa: a. Discuss types of nutrition support programmes in Africa (food/supplements/vitamins); b. Present outcomes; c. Group discussion: Nutrition support decision making in different scenarios; d. Group discussion: The challenges regarding nutrition support in the community; e. Report back and summary. 3. Nutrition assessment: a practical approach: a. Nutrition risk assessment in HIV; b. Over or under nutrition during HIV management; c. Practical hands on training session in small groups. 4. Nutritional needs through the life cycle: a. Challenges relating to pregnancy and lactation; b. Challenges relating to the HIV-infected and affected children. 5. Update on nutrition support: a. PMTCT: The challenge of breastfeeding b. (Update on new WHO guidelines and challenges with implementation); c. Dietary diversity – practical ways to incorporate food as supplement. 6. Decision making tools for the health professional. 7. Case study in groups. 8. Panel discussion

Beyene, Hunachew: *Assessment of Knowledge, Attitude, and Practice regarding Water, Sanitation and Hygiene for People Living with HIV/AIDS, Southern Ethiopia*

The objectives of this study were to evaluate the Knowledge, Attitude and practice (KAP) of PLWHA regarding WSH and to determine conditions of the WSH facilities that are used by the PLWHA. Methods: A descriptive cross-sectional study was conducted from December 1-28, 2009 on 331 participants randomly selected from 2209 registered PLWHA in Hawassa City, Southern Ethiopia. Trained health professionals did face-to-face interviews using structured. Observation of WSH facilities were also done with a focus on accessibility and cleanliness of the latrines and kitchens, accessibility to potable water supply, household water handling, and hygiene practices of PLWHA. Result: One hundred thirty seven (31.6%) had no any direct source of income and thus, could not afford to spend the current cost of water. Those who were less educated and had no reliable income were more subject to and live

in a life threatening conditions in relation to getting access to basic WSH facilities. Though the latrine coverage was high, 43% use inconvenient latrines, 31% use contaminated latrines, and 77% of the latrines did not have hand-washing facilities. Thirty four percent did not have reliable source of water; and, 73% of the households store water for more than one day. Regarding the knowledge status, 192 (38.4%), 102(33.4%) and 286 (86.7%) of the participants correctly mentioned types of water-borne diseases, how these diseases transmit and mechanisms through which water gets contaminated at household level, respectively. Similarly, 309(93.6%) of the respondents correctly mentioned excreta-borne diseases and 139(42%) mentioned how these disease transmit. Furthermore, 262 (79.4%) correctly mentioned the critical points where hand-washing is crucially important to prevent WSH related disease. Female were more likely to practice personal hygiene. Though high level of knowledge and favourable attitudes about WSH related health problems were observed, two-third of the participants did not believe that diarrhoea is preventable. Conclusion: The sanitation and hygiene practices among the study population were insufficient. The condition of the facilities was not satisfactory to the needs of PLWHA. HIV/AIDS and WSH programmes which have been undertaken by various organizations need to be integrated for better intervention activities to fulfil the needs of PLWHA in Ethiopia.

Rozani, Nomonde: ***Development of a Mentorship programme***

South Africa has made a number of policy changes in respect to increasing access to ARV treatment by both HIV positive pregnant women and children less than one year old and improving the quality of care. These policy changes included: -decentralizing ARV treatment to Primary health care centres, therefore leading to nurses initiating ART in these facilities. These changes have created a need for; Training of mentors for the nurses that are initiating ART in the primary clinics; Improvement of skills and knowledge of doctors to be able to support and mentor nurses. Preparation of primary clinics for initiation of HAART, training nurses on NIMART. Eastern Cape Department of Health (ECDOH) mandated ECRTC based in Walter Sisulu University (WSU) to develop mentors. This lead ECRTC to develop and implement a training and mentorship model that will suit the needs of the Eastern Cape Province. To date there are 593 accredited facilities versus 85 facilities prior April 2010, 861 nurses are initiating ART in PHCs. Model Provincial HIV and AIDS directorate identified mentors as the ART coordinators from previously accredited ARV sites, but where there is less number of such; nurses who are NIMART trained have been selected by district HIV and AIDS, STI, TB programme managers (HAST). Mapping was done in the 25 sub districts of the Eastern Cape and clinics were divided in clusters of +- 8 clinics each with a maximum of 2 mentors per cluster. The Mentorship programme consists of a three-day course using the National mentorship curriculum, followed by monthly review sessions for the first 3months thereafter quarterly for a period of a year and 2 day monthly nodal mentoring session that combines sub district clusters. Mentorship support done by local doctors, supported by ECRTC Medical advisors and NGO doctors of the area. Outcome: Nurses gained confidence, competence HAART initiating, managing side effects and drug- drug interaction. Development of peer learning support. Increased involvement of clinic supervisors.

Gerritsen, Annette (presented by Janine Mitchell): ***the Compass project, the City of Tshwane Metropolitan Municipality***

HIV/AIDS services information is scarce in municipal areas, thus the Compass project has to annually present data on the provision and need of HIV/AIDS services within the City of Tshwane Metropolitan Municipality. A telephone survey was conducted in May-July 2011 among organisations providing HIV/AIDS-related services. In addition, estimates will be made of the need for OVC, HCT, ART and PMTCT, using data from other sources. Results: The results of the 2011 study were presented. For 2010 the results were as follows: 447 organisations completed the survey: 323 (72%) NGOs, 81 (18%) public, 23 (5%) private, 20 (5%) FBOs. From these organisations, 419 (94%) provide awareness and education, 287 (64%) training and development, 280 (63%) condom distribution. Furthermore, 351 (79%) offer counselling and support groups, 245 (55%) HIV/AIDS advocacy, 282 (63%) nutritional support, 212 (47%)care for OVC. 70% of all prevention-related services and 77% of all support-related services are offered by NGOs. In addition, 129 (29%) organisations offer HCT, 62 (14%) ART, 59 (13%) PMTCT HCT, 35 (8%) PMTCT ART. 57% of all treatment-related services are offered by the public sector. The estimated number of orphans in the CTMM is 82 541. The number of adults (15-49 years) in need of HCT is estimated to be between 1 136 768 and 1 340 528. The total number of adults (15+) in need of ART is estimated to be 75 211 and the number in need of ART for the first time is 29 808. The number of women in need of PMTCT HCT is calculated to be 30 092 and it is estimated that 7 854 pregnant women are in need of PMTCT ART. Conclusions: The overall picture in 2010 seemed to be more positive compared to 2009, but the services available are still inadequate for the number of people who require them. Based on the results of the 2011 study, conclusions about the trend can be made.

Magagula, Thandi Kuki: ***Does time really matter? A prospective study assessing clinic flow at a large public sector HIV/AIDS clinic***

To evaluate the flow of patients through a high volume public sector HIV/AIDS treatment facility and to identify bottlenecks disrupting this flow. Main objectives include: (1) evaluate the waiting time at each stage of the patient visit, (2) compare waiting times by visit types (medical or pharmacy visit) and (3) evaluate the impact of patienti¯s current health status on time spent in the clinic. Methods: Prospective cohort study of 100 patients currently on antiretroviral therapy (ART) attending the Themba Lethu HIV Clinic (TLC) in Johannesburg, South Africa between March-April 2011. Visit type was categorized as either a medical or pharmacy visit for each patient. Start and end times were recorded at each of the following stages of the visit: (1) wait time prior to file registration, (2) file registration, (3) queue for nurse, (3) nurse visit, (4) queue for doctor, (5) doctor visit and (6) pharmacy time. Results: The median overall time spent in the clinic was 6.8 hours (IQR: 5.8-7.5hours) for a medical visit and 2.7 hours (IQR: 2.4-3.3 hours) for a pharmacy visit. When stratified by stage of visit, patients were spending the majority of their time at file registration (medical visit 1.9 hours; IQR: 1.3-2.4 hours; pharmacy visit 1.5 hours; IQR: 1.2-1.8 hours), queuing for the doctor (1.5hours: IQR: 0.3-2.7 hours) and waiting at the pharmacy (medical visit 1.2 hours; IQR: 0.5-1.6 hours; pharmacy visit 1.1 hours; IQR: 0.5-1.4 hours). When further stratified our data by health status, although not significant (p-value >0.05 for all), it was found that patients with CD4 count <100cells/mm3 vs. >100 cells/mm3, those with haemoglobin <8 g/l vs. iÝ 8 g/l, and those with body mass index <18.5 kg/m2 vs. iÝ18.5 kg/m2 spent less time waiting in both the doctor and pharmacy queues. Conclusions: Three main bottlenecks were identified at TLC: file registration time, doctorsi¯ queue and pharmacy queue. In order to help decrease the wait times at these three stages potential improvements could include improving or removing the file registration process, triage systems to reduce doctor waiting time and electronic prescriptions to help decrease pharmacy waiting time.

7.9 HIV/AIDS and Higher Education

This theme deals with the assessing the scope and impact of HIV and AIDS in the higher education sector, in particular, attitudes of university students towards uptake of HIV Counselling and Testing and their sexual risk behaviours; the attitude of university students on HIV prevention methods; challenges faced by university students living with HIV/AIDS; the integration of HIV & AIDS education into tertiary curricula; and the development of a management model for HIV/AIDS for a rural based HEI.

Ahluwalia, Ramneek: ***2012 campaign LED by HEAIDS***

This paper presented the findings of the first comprehensive survey assessing the scope and impact of HIV and AIDS in the higher education sector in South Africa. This study hoped to enable the higher education sector to understand the threat posed by the epidemic to its core mandate. The study was conducted through self-administered questionnaires with a random sample of 25 000 respondents, including students and staff at 21 HE institutions in South Africa. In addition to demographic, socioeconomic, behavioural and HEI-related data, blood spots were obtained by finger pricks. A qualitative element, consisting of focus group discussions on selected themes, supported the questionnaires. Findings regarding overall HIV prevalence in the higher education sector revealed that academic staff has the lowest overall rate of infection, followed by students, administrative staff and service staff. However, this trend is influenced by geographical region. In the Eastern Cape and Kwa-Zulu Natal, for example, the highest prevalence was among students. Female students were more than twice as likely to be HIV positive as males, especially when younger than 25 years, where females were almost six times more likely to be infected. This gender vulnerability was substantially lower when only female employees were counted. This is an important finding because it suggests that employment influences HIV prevalence among females. Sex with older partners is a risk factor for young people if their sexual partners are in older, higher prevalence groups. Concurrent sexual partnership (people who had more than one partner in the past month) is another risk factor, as 19% of male students and 6% of female students reported that this applied to them, clearly indicating little awareness of the risks of multiple and overlapping partnerships. Condom use at the last sexual encounter was highest among students compared to other groups – but it was noted that condom use diminished when in established relationships. There were overall high rates of alcohol/substance

abuse in the past month – 35% for students, 14% for academic staff, 21% for administrative staff, and 24% among service staff. Much evidence emerged suggesting an association between drinking and casual, unprotected sex. Both students and staff exhibited affirming attitudes towards people with HIV and AIDS, but there was a distinct difference when applied to them: only 38% of students, for example, thought they would be supported by friends clearly indicating a high level of stigma sitting among the University communities. This study confirms the association between education level and HIV prevalence. People with a tertiary education are less likely to be infected. Nevertheless, this is likely to be influenced by race. While symptoms of sexually transmitted infections among students and staff were measured subjectively, it was found that both males and females who reported such symptoms had significantly higher prevalence of HIV, indicating a higher incidence of unprotected sex within this group. The qualitative research illustrated that disabled students/staff as well as marginalised communities (e.g. gay and lesbian) are a particular vulnerable population whose need are seldom addressed and indicates their vulnerability and susceptibility towards the infection. Conclusion: the Higher Education Institutions within South Africa are living with severely challenging vulnerable behavioural practices among both its students and staff populations, which poses a serious threat of the epidemic within the sector.

Adegoke, Alfred (presented by Ajibike Katibi): ***Attitudes of University Students in Nigeria towards uptake of HIV Counselling and Testing and their sexual risk behaviours***

HIV/AIDS pandemic have continued to create devastating impact all over the world. Youths are reported to be the greatest contributor to the HIV/AIDS scourge. There has been widespread information about mode of transmission, prevention and control of HIV/AIDS, however such information has not translated to attitudinal changes for the youths. This study, therefore, investigated the attitudes of youths in Nigeria to the uptake of HIV Counselling and Testing (HCT), and their sexual risk behaviours. The descriptive survey research method of correlation type was adopted for the study. A multistage stage sampling method was used to draw a sample of 4,050 youths from institutions of higher learning in Nigeria. The research instrument used for the collection of data was a self-developed questionnaire titled 'Attitudes toward Uptake of HCT and Sexual Risk Behaviour Questionnaire (ATUHCTSRBQ). The instrument was pilot tested, and it had reliability co-efficient of 0.65, while its validity was determined using content validity procedure. Data collected were subjected to frequency counts, percentages, and Multiple Regression and Correlation analysis. The findings showed that the youths have high awareness about HIV/AIDS and HCT, and knew of HCT centres and youth-friendly centres where HCT can be accessed, yet they have negative attitudes toward uptake of HCT and engage in risky sexual behaviours. The findings also revealed that the youths sexual experience was most significantly influenced by age, with beta weight (β -0.048, t=-10.910); attitudes toward uptake of HCT was most significantly influenced by religion (β -20.965, t= -20.189); actual uptake of HCT was most significantly influenced by age (β -0.036, t= -2.229); and sexual risk behaviour was most significantly influenced by religion (β 19.553, t=17.390). Gender is not a predictor of sexual experience, attitudes toward uptake of HCT, actual uptake of HCT and sexual risk behaviour. Based on the findings of the study, it was recommended that extensive sexuality education and life-skills training on sexual behaviour are necessary for the youth. Also, behaviour modification programmes should be embarked upon to achieve attitudinal and behaviour change among youths, and personal assessment of HIV status should be encouraged among young people in Nigeria.

Chimucheka, Tendai: *The attitude of university students on HIV prevention methods*

The study investigated the attitude of university students on HIV prevention methods. Attention was given to abstinence, faithfulness and/or the use of condoms (ABC) approach. The objectives of the study included identifying HIV prevention methods known to students, finding out measures that are taken by students to reduce HIV infection, investigating students' attitudes on the methods that are used to prevent HIV and also to find strategies that can be used to reduce the spread of HIV/AIDS among university students. Both quantitative and qualitative research methods were used. A structured and pre-tested questionnaire was used to collect primary data from students. A sample of one hundred students was drawn from all registered students at Fort Hare University. The sample included students from all levels of study. Data was analysed with the assistance of the statistics department of the University Fort Hare. Results of the study showed that students are aware of HIV prevention methods but putting them to action is still an issue. The majority of students engage in sexual activities way far before marriage, they rarely become faithful only to one sexual partner and most of them prefer unprotected sex. The study concludes that concludes that students have a negative attitude in abstaining, a positive attitude in being faithful to one sexual partner and a negative attitude in the use of condoms. HIV awareness campaigns are important but peer education can be more effective in reducing the spread of this deadly virus among students in universities.

Reddy, Preshani: *HIV/AIDS knowledge, behaviour, beliefs and sources of information among South African university students*

Globally; South Africa has the highest prevalence of HIV/AIDS with the rate being highest among the youth. In the absence of cure, prevention is the only method available to reduce the HIV prevalence rates. This can only be achieved through behavioural change coupled with a good knowledge about the virus. University students have been deemed the most capable and promising members of societies and represent the future of highly skilled individuals required in economy. However, universities are also the focal point of social and sexual interaction and are thus high risk sites for the transmission of the HIV virus. Thus it is imperative to conduct studies on a continuous basis to determine what the current thought process and HIV/AIDS knowledge of university students are. Aim: To determine the HIV/AIDS knowledge, beliefs, behaviours and sources of information among university students at two tertiary institutions in South Africa. Method: The study was conducted among South African university students in the provinces with the highest and lowest HIV prevalence rates, namely KwaZulu-Natal and the Western Cape respectively. The study was a quantitative, cross -sectional, descriptive and comparative survey. Data were collected through anonymous self –administered questionnaires. Five hundred questionnaires were distributed at each of the universities. Results: The study suggested that although university students had a relatively high general knowledge on HIV/AIDS, both groups scored the lowest in the transmission modes of HIV. Males' scores were on average 2.6% lower than that of females. Students from the WC felt that they were not at risk of contracting HIV as compared to KZN students even though WC students are more likely to have more sexual partners than KZN students. Male students were more sexually active than female students. The media was the main source of HIV/AIDS information for students. Conclusion: This study highlights a significant lack of awareness among university students in the transmission modes of HIV which could be a considerable contributory factor to the high prevalence rate. University healthcare facilities need to be more proactive in informing students about the transmission of HIV/AIDS.

Chimucheka, Tendai: *Challenges faced by university students living with HIV/AIDS*

The aim of this study was to investigate the challenges faced by university students who are living with HIV/AIDS. Fort Hare university students were the target population from which a sample of a hundred and twenty students was drawn using convenience sampling technique. A qualitative research method was followed. A structured and pre-tested questionnaire was used to gather data from respondents. Objectives of the study were to identify challenges faced by HIV infected students, to identify student groups that are mostly at risk and also to find ways or strategies to curb challenges faced by students living with HIV/AIDS. Students that lack knowledge on HIV, students that lack confidence and are affected by peer pressure and those that lack information about the university environment and activities are mostly at risk of contracting this deadly virus. Peer education and general education on HIV/AIDS in universities is proposed as a solution to most of the challenges identified.

Wood, Lesley: *Getting started with the integration of HIV & AIDS education into tertiary curricula*

Lecturers at higher education institutions have a vital role to play in the teaching and learning of HIV and AIDS education. It is crucial that we give students all the information they require about sexuality and relationships, but integration of HIV&AIDS education does not neces-

sarily imply addressing sexuality education directly. It is possible to consider a broad range of topics through integration by looking at issues of gender, poverty, stigma, discrimination, working with statistical data and myths related to HIV&AIDS. However, before integration should be attempted, it is important that academics "start with themselves" and thoroughly interrogate their own beliefs and paradigms around HIV and AIDS. In this workshop, the panel will share their experiences of working with academics to integrate HIV and AIDS into the tertiary curriculum. The workshop will be participatory in nature and will proceed along the following lines: What do academics think about HIV and AIDS education?: - Interactive activity using visual methodologies; Critical dialogue around findings from studies carried out at NMMU, UKZN and Fort Hare with academics to discover their perceptions about the integration of HIV and AIDS into the curriculum

Mavhandu-Mudzusi, Azwihangwisi Helen: ***Development of a management model for HIV/AIDS in a South African rural based university: a case study of the University of Venda, Limpopo Province***

Whilst it can be confidently assumed that institutions of higher education are attempting to address the university challenges regarding management of HIV/AIDS, strategies used for management of HIV/AIDS in some rural based universities of South Africa do not appear to be aligned to their unique socio-economic rural context. This is evidenced by a continued increase in HIV infections and persistence of behaviour that increase the risk of HIV infections. The purpose of this study was to develop an HIV/AIDS management model for a rural based South African university. Methods: The study was done in two phases. The first phase of the study followed a case study design, with the University of Venda being a case setting. Qualitative interviews were conducted stemming from this central research question "How is the University of Venda managing HIV/AIDS"? This was augmented by documentary review at UNIVEN and benchmarking exercise at selected universities, both national and international. Results: Following an open coding method of data analysis, the results indicate challenges regarding inadequate planning, limited organizing, inadequate leading and inadequate control on the approaches to managing HIV/AIDS at UNIVEN. Conclusions: The results from phase one were integrated with the main themes that emerged from a literature review and conceptual framework to develop an HIV/AIDS management model for a South African rural based university. The Elements of practice theory, namely context, stakeholders, process, dynamics and outcomes were used to organise the model.

7.10 Dissemination of HIV/AIDS messages

The Dissemination of HIV/AIDS theme dealt with an array of issues, amongst other, HIV/AIDS Sensitisation Messages and their Implications for Public Health Campaigns; Listening to Critical, Emergent Community Voices; the role of community newspapers in disseminating HIV and AIDS Information in Low Income Urban Areas; media communication for behaviour change; and the role of Geographic Information Systems (GIS) in research on HIV/AIDS and TB.

Bello Baba, Mai: ***Hausa-English Divergences in HIV/AIDS Sensitisation Messages and their Implications for Public Health Campaigns in Northern Nigeria***

HIV/AIDS communication in northern Nigeria, were selected through purposive sampling and compared. The analysis was carried out by directly comparing each pair at sentence level, focusing on divergences in terms of information contained, how it is expressed and how pictures are used as illustrations. The analysis revealed significant differences between corresponding texts in the two languages. For instance, 4 out 5 Hausa leaflets insist on total abstinence and omit reference to condom use, even though this is consistently advocated in the corresponding English texts. Divergences were also observed in the use of pictures: all Hausa texts, unlike the ones in English, avoid using pictures of women in transparent or tight fitting clothes or those in which male and female characters hug or hold each other. We argue that these divergences are a result of cultural pressures to which the Hausa texts have to succumb, if their messages are to appeal to readers whose worldviews are significantly influenced by Islam. But more worrisome is the tendency of these differences to be confusing, misleading or untrustworthy to readers, a situation that is inimical to the efficacy of these public campaigns. We conclude that as much as the success of these campaigns depends on winning the trust and confidence of readers, attitudinal studies to readers' reception of these messages are also indispensable in waging a successful campaign against the pandemic.

Burman, Christopher: ***Theeletsha: Listening to Critical, Emergent Community Voices in a Complex Rural Limpopo Context***

HIV/AIDS is recognised as a 'social pandemic', in a state of permanent change with both particular and universal characteristics. The focus of this pilot, action research has been to develop methodologies that 'ask better questions' reflecting the state of localised change/s. The academic focus has centred on 'epis-

temological emergence of localised phenomena' and the developmental focus has been to ask what are the key issues (and how the issues make sense to people) that motivate communities to act. This work is part of a broader programme designed to mitigate against the impact of chronic diseases in partnership with rural communities. Pre-hypothesis – or Hypothesis Generation – techniques transposed from the private sector were adapted to the challenge. The approach is qualitative in nature but grounded in empirical realities providing a quantitative dimension – based upon directed, open-ended questions. A purposive sample of 12 people (9 women, 3 men) were involved in a group discussion from which narrative fragments were collected as the primary source of information and visual archetypes of the analyses were co-produced with community representatives. The archetype and analyses are considered to be the 'result' of this part of the Competent Community process, contextualised by descriptors of the behaviours and themes identified during the data capture phase. Local challenges: 1.The role / influence of traditional medicine and / or fake medicine sellers; 2.Stigma; 3.Adherence to medication; 4.Theft of ARVs for recreational drug; 5.An agreed agenda for mitigating action by the community representatives; 6.Confidence within the research team that the approach does offer unique opportunities when seeking insights into complex, emergent social phenomena. The 'Hypothesis Generation' techniques are in their infancy. Nevertheless, the power of combining empirical realities with visual archetypes that made sense to local communities did facilitate intellectually vibrant discussions between the research team and the participants so that an agenda for action was identified. Consequently, it is suggested that the approach has the potential to add value to existing action research techniques when engaging with a community driven, action research programme to mitigate against the impacts of chronic diseases.

Khau, Mathabo: *"We are also human..." Self-study and auto-ethnography as tools for HIV research in the caring professions*

When HIV was first discussed on African soil, it was a disease for monkeys and homosexual people. Over the years HIV discourses have changed from "othering" to a more personal and reflexive stance. Previous studies have found a change in people's perspectives in relation to HIV, and have identified a decline in the "it won't happen to me…" syndrome. However, very little research has focussed on researchers and practitioners' relationships with HIV in the caring professions. With education being hailed as the vaccine against new HIV infections, it is important to understand how teachers' own experiences of HIV create impossibilities in their approach and practice of HIV&AIDS education. In this study, I reflect on my own experiences of HIV in collaboration with eight women teachers from rural Lesotho schools. Data were generated through memory accounts, drawings and focus group discussions. Thematic inductive analysis was used to identify women teachers' relationship with HIV within their personal narratives. Teachers' lived experiences in relation to HIV were found to be important predictors of their approach to issues of HIV in the classroom. The findings indicate support for Bourdieu's theory of practice in which practice is shaped by one's capital, field and habits. The findings highlight the need for HIV practitioners within the caring professions to be in touch with their own lived realities in order for them to be effective in their practice.

Kariuki, Paul: *The Role Of Community Newspapers In Disseminating HIV And AIDS Information To Young People In Low Income Urban Areas In South Africa*

There is a high prevalence of HIV and AIDS among young people between the ages of 15-25 in Sub-Saharan Africa. The key question is why young people are still at risk of contracting HIV and other sexually transmitted infections despite numerous prevention strategies that have been conducted around the world. This qualitative study aimed to examine the role that community newspapers play in disseminating HIV/AIDS information to young people. The sample consisted of 120 participants of different educational, age and race groups. Quantitative data was analyzed using SPSS while qualitative data was analyzed thematically. The study found that the majority of young people read community newspapers regularly but have limited knowledge about HIV/ AIDS. Based on the results, the study recommends that community newspapers regularly dedicate a column to HIV/AIDS to influence young people in making informed choices about their reproductive health. Overall, community newspapers are effective media tools or disseminating HIV/AIDS information to young people.

Cal, Volks: *Cross Cutting Issue: Media Communication for Behaviour Change*

This presentation dealt with looking at why Media Communication Campaigns are important at HEIs and how they work. What kinds of HIV/AIDS behaviour messages at HEIs are relevant for targeting with media communication in 2011? Recommendations: 1. We need to raise funds to implement planned, evaluated diversified and targeted media communication for a variety of groups on a variety of campuses. 2. To resolve the best communication strategy between HEAIDS and HEIs around encouraging resources for HIV/AIDS education such as media communication. E.g. *Is it from HEAIDS to the HEI*

executive (with the aim of getting them to commit funds to HIV/AIDS incl. media communication) but which anecdotal evidence shows they just forward to the IO who they tell to do all kinds of education on limited funds? Is it direct to the IO who then "fight" with the exec for funds? 3. Train HEI IOs to develop communication campaigns using research and evaluation. 4. To have a data base where posters and event story boards that have already been developed can be shared.

Van Rooyen, Heidi: Scientific Paper Writing

This 1hr30min workshop was conducted by Dr Heidi van Rooyen, HSRC. This session focused on various aspects of writing scientific research papers, including, greatest fears, biggest obstacles when it comes to publication writing; identifying a topic; style, approach, format; deciding on a journal; writing the paper; and concluded with some advice on revision: did it contain everything it should; did it contain anything it shouldn't; Is the information accurate; Is the content consistent throughout; Is it logically organized; Is it clearly worded; Is it stated briefly, Is it stated simply and directly; Check for correct grammar, spelling, punctuation, and word use; Are the figures and tables well designed, and referenced; Does the manuscript comply with the instructions?

Britz, Wilma and Davids, Adlai: *The role of Geographic Information Systems (GIS) in research on HIV/AIDS and TB*

Ms Britz gave an overview of both theoretical and application aspects of GIS, by focusing on the role of GIS in the input, management and output of spatial and non-spatial data. Mr Davids gave a practical demonstration of the use of GIS in an HIV and TB prevention campaign, through the integration of spatial data sets of health facilities, schools and geo-referenced census data. An e-mail distribution list was established to later determine the GIS data and needs analysis which health professionals working in the HIV and TB prevention fields may require. Such a needs analysis will enable SAHARA to include GIS applications for health research in its capacity-building agenda for sub-Saharan Africa.

7.11 The Global Economic Landscape of HIV/AIDs and Evidence on Economic Empowerment

A variety of issues were presented: the social, political and economical landscape of HIV prevention; Changing the Human Resources for Health (HRH) Trajectory with Fiscal Sustainability at the Core; Strengthening livelihoods in communities confronting HIV; Economic Empowerment as a way of addressing HIV vulnerability along transport corridors; Household coping mechanisms with economic costs of HIV AIDS; Sustainable food gardens to address food insecurity and transfer skills; and the basics of funding applications.

Mr Bertrand Audoin, Executive Director, IAS, Geneva, Switzerland: *Social, political and economical landscape of HIV prevention and response*

A plenary presentation was given by Mr Bertrand Audoin, IAS on the "Social, Political and Economical Landscape of HIV Prevention and Response". In particular, he stated that the economic landscape is changing: "Funding disbursements from donor governments for the AIDS response in low- and middle-income countries fell in 2010, dropping 10% from the previous year's level, according to an annual funding analysis conducted by the Kaiser Family Foundation and the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2010). The study found that donor governments disbursed US$ 6.9 billion in 2010 for HIV prevention, treatment, care and support—US$ 740 million less than in 2009." It was indicated that we need to understand why evidence does not translate into action ; why social and political behaviours translate into economical barriers to fight Aids ; how to "Turn the tide together" ; and to answer the call to " Do more with less" in an appropriate manner.

Dr John Fieno PhD, Senior Technical Advisor of the Regional HIV/AIDS Programme: *Changing the Human Resources for Health (HRH) Trajectory with Fiscal Sustainability at the Core*

Dr John Fieno emphasised that financing current costs in HRH might NOT be as tall a barrier as initially thought. He contended that "brain drain" was perhaps not so much the issue when compared to the lack of adequate production of such skilled persons. He further pointed out that foreign assistance could help to bridge the funding gap for pre-service training and retention/housing of the current work force; however African countries needed an investment plan that geared to mobilize resources to meet their health infrastructure gap.

Tadele, Getnet: *Strengthening livelihoods in communities confronting HIV: an exploratory study in Ethiopia*

People affected by or living with HIV face risks which secure livelihood can enable them to avoid. At-risk groups, and the type of risks, differ between locations and over time. Opportunities to (re)build livelihoods are also diverse and context-specific. Supportive policies and programmes must be responsive to these differences and to people's and communities' innovative capacities. The study assessed how five Ethiopian NGOs, engaged in strengthening livelihoods in communities confronting HIV: identified at-risk groups and priorities for livelihood support; identified modalities of provided support; responded flexibly to the needs. Methods: The organizations included an AIDS service organization, PLHIV network, microfinance institution, and two development NGOs. We conducted interviews and focus groups with: beneficiaries (overall n/women=102/78), non-beneficiaries with similar characteristics as beneficiaries (n=27/23), key informants (n=26), and staff (n=22). Respondents were purposely selected. Results: The organizations did not conduct meaningful needs assessments. This contributes to stereotyped responses and concentration on particular populations, e.g. PLHIV or OVC. Organizations ignore groups at significant risk of HIV, except CVM, a development NGO, which works with usually excluded groups, e.g. housemaids and prison inmates. This NGO keeps AIDS in perspective, supporting groups facing other challenges, e.g. single mothers with working children. Organizations' support often ignores local innovation: suggestions from (non-)beneficiaries have not attracted organizations' attention, except for CVM, which tried to offer beneficiaries a wider and much appreciated range of options. In the absence of guidelines, support is often based on limited experience, without M&E and feedback. The organizations support livelihoods in different ways: Organization of support: Respondents prefer revolving funds managed by well-organized groups above savings generated by self-help groups; Amount of support: Start-up grants vary 10-fold across organizations. Respondents reported that smaller sums were insufficient to help secure livelihood; Sustainability: Organizations develop close links with Government rather than engage with communities' capacity. Conclusions: Failure to draw on local innovation means that less effective activities are supported and productive relationships between organizations and communities are undermined. On the other hand, organizations' different practices create an opportunity for evaluation and learning. Access to relevant experience could hasten and broaden learning.

Mojanaga, Letsholo: *Economic Empowerment as a way of addressing HIV vulnerability along transport corridors*

Transport corridors and cross border areas are currently the target of multiple HIV and AIDS related initiatives working with truck drivers, sex workers and custom and immigration officials covering a range of activities including HIV prevention, voluntary counselling and testing (VCT) and treatment, care and support. However, there has been inadequate initiatives targeting underlying economic conditions that fuels HIV transmission in these areas: -namely high degree of informality , lack of income, high levels of poverty, subsistence economic activities, lack of job opportunities and dearth of social protection. Methods: Desktop stop research, focus groups discussions with key informants and rapid needs assessment was conducted in three sites to get insight into HIV/AIDS and TB prevention programmes being implemented and investigate business opportunities for generating income for vulnerable target groups in these gateways sites along transport corridors. Methods: The underlying assumption of this project is that HIV awareness alone is insufficient to stem the spread of HIV. HIV interventions which seek to make positive impact and reduce incidences of HIV should take into consideration daily choices the poor are confronted. Most of HIV prevention strategies do

not consider the plight of the poor or daily choices poor people have to make, therefore rendering themselves inappropriate and irrelevant to the environmental existence of the poor. Even if the poor understood what they are being advised and urged to do, they hardly have the incentive or resources to adopt recommended behaviour promoted by prevention campaigns. Results: Areas along transport corridors and near cross border areas are characterised by high levels of unemployment, above average HIV prevalence, lack of entrepreneurships skills among young people, subsistence business operations and local governments with limited capacity Conclusion: Addressing poverty as part of the continuum of care and illness prevention is important, especially for people living with and vulnerable to HIV. Poverty, income and inequality should be taken into consideration when examining HIV transmission and epidemiology, treatment and disease management.

Zambezi, Pemberai: *Household coping mechanisms with economic costs of HIV AIDS: Findings from F.A.C.T. survey in Manicaland Province, Zimbabwe, 2011*

The overall aim of this paper was to determine the coping mechanisms being employed by households of people living with and affected by HIV and AIDS in selected areas of Manicaland Province – Zimbabwe. The sub-objectives that contributed to meeting the above overall aim were: to (1) identify strategies adopted by households to mitigate the economic impacts of HIV and AIDS; (2) establish to what extent the adopted strategies address economic impacts of HIV and AIDS; (3) determine some of the opportunity costs of adopting the identified strategies; and (4) provide recommendations to Non-Governmental Organisations, individuals and Ministry of Health to improve support for households of people living with and affected by HIV and AIDS. Methods: This research adopted qualitative methods traditionally used by anthropologists. As such, the collection of secondary and primary data was done using multiple data collection techniques that included desktop review, key informant interviews, participant observation, one-on-one in-depth household interviews, household case studies and focus group discussions in selected areas of Chipinge and Mutare districts in Manicaland Province – Zimbabwe. Results: The study revealed that coping mechanisms being employed by several HIV infected and affected households save lives yet have human and social costs. The study also noted that household coping mechanisms being utilised in some areas range from “non-erosive” coping mechanisms to “erosive” coping mechanisms. Also of interest were the additional influence issues like seasonality, education level, health status, marital status and local natural endowments having a strong negative bearing of economic costs on the household coping mechanisms being adopted. Through critical insights into observations, HIV has proved to be a significant consumer of community resources to the extent that some households had to delay, forgo, substitute and in some cases work extra hard to respond to the new economic demands brought in by their sero-status. Conclusion: The ultimate conclusion drawn from this study was that the economic costs of HIV have a huge potential to drive households into a perpetual cycle of decline in the nature of coping mechanisms to be adopted so as to ease economic pressures rising from HIV and AIDS.

Wilkinson, Elizabeth: *Sustainable food gardens to address food insecurity and transfer skills in the Southern Cape*

Good nutritional status is crucial in the successful treatment and wellbeing of TB and HIV/AIDS patients. Food insecurity has a negative effect on nutritional status. This project aimed to improve the food insecurity of TB/HIV patients at two sites in the Knysna/Bitou health district by establishing vegetable gardens to provide fresh vegetables and to use the gardens as an educational tool to transfer knowledge and skills. Both sites are in rural, high TB-HIV prevalence areas combined with high unemployment rates. The project was undertaken by that’sit, a PEPFAR funded initiative, in collaboration with Joint Economics AIDS & Poverty Programme (JEAPP). Method: The following activities were conducted: Vegetable gardens established and maintained at two pilot sites; Patients motivated to start own home gardens with seed and seedlings provided; Patients with low BMI’s, unemployed and poor food security targeted; Staff members, patients, community members and NGO’s trained in gardening skills and knowledge; Food garden manual, Power Point Presentation and visual aid compiled and used during training sessions. Results: Two vegetable gardens established and a variety of vegetables like green beans, spinach, beetroot, tomatoes and mealies harvested; 200 patients received fresh vegetables once or more during project, benefiting||about 1000 people; 10 household food gardens started; 370 community members received seeds at various clinics and during the training sessions; Five training sessions conducted training 85 staff and community members in different gardening methods; Environmental friendly pesticides researched and used; Collaboration and cooperation strengthened with various organizations. Conclusions: Food gardens can be established relatively effortlessly provided certain minimal criteria are met. A dedicated and trained gardener, combined with good infrastructure and a supply of seed or seedlings, is imperative to the success and sustainability of a garden. Patients were accessible towards the

impact of fresh vegetables on their health and how food insecurity can be addressed. The experience gained during this project can be used effectively to replicate similar projects at other sites.

Van Zyl, Christa and Booyens, Annemarie: *The basics of funding applications*

Dr Christa van Zyl and Ms Annemarie Booyens delivered a workshop on *The basics of funding proposals - how to find opportunities, select relevant opportunities, administrative requirements / prerequisites for submission, and a few hints to bear in mind when preparing and submitting proposals.* This interactive workshop had a dual purpose to provide participants with a "bird's eye view" of key elements of finding and responding to grant opportunities, and to share information on available resources and forthcoming opportunities to get more detailed training support on grant applications and grant management.

7.12 Drivers of HIV/AIDS

This theme deals with various presentations related to the key drivers of HIV/AIDS, namely, the non-use of condoms, and, Multiple and Concurrent Partnerships (MCPs).

7.12.1 Non condom use

Harbord, Katherine: *Sex in the City: the relationship between AIDS and aid in Juba, South Sudan*

The study found a high prevalence of HIV amongst South Sudanese in Juba. Further, risk-taking behaviour, particularly non-condom use, amongst expatriates is common. Despite this, options for both testing and treatment of HIV/AIDS in Juba are minimal to non-existent. There are a number of challenges which need to be tackled in a country with a high number of expatriates returning from countries with high HIV prevalence.

Stern, Erin: *Sexual Risks and their Mediation in the Lifeworlds of South African Men*

While high HIV prevalence rates in South Africa have generated much interest in the study of men's sexual behaviours, there has been relatively little consideration of the complexity of male sexuality. This study explores the use of sexual life histories for understanding male sexuality in the hope that this approach may lead to new insights into how to address HIV-infection risks. Methods: Forty narrative sexual life history interviews were conducted with men and women representing a wide range of ages, backgrounds and setting. Interviews began with accounts of early knowledge of sex and sexual experimentation and explored the range of sexual relationships and experiences through adulthood. The engagement with risks of STI and HIV infection as well as reproductive health management were explored in relation to both men's and women's experiences of male sexuality. The data was coded and analysed using qualitative data analysis software and using principles of hermeneutic phenomenology. Results: This study highlights that the expressions of dominant norms of masculinity associated with high risk of STI and HIV infection mask a range of underlying experiences shaping the development of male sexuality. The subjective, cultural, social and environmental dynamics of male sexual agency and risk as experienced by men and women reveal a number of footholds for addressing problems associated with men's expressions of sexuality. These are outlined through brief illustrative examples and their programmatic implications are explored. Furthermore, the study provides a platform for understanding under what conditions men surpass otherwise rigid gender norms and expectations. Conclusions: The study highlights the value of sexual biographies in more deeply understanding sexual risk through and the structures of meaning and experience that underlie it.

Van Ginneken, Jeroen: *Social factors: Impact of social factors on HIV infection in 35 countries in Sub-Saharan Africa: an ecological analysis*

This presentation focused on the role of various social, economic and other factors influencing the HIV prevalence rates in Sub-Saharan Africa. In order to identify these various factors use was made of a conceptual model in which they are classified into three groups: proximate, intermediate and underlying. Methods: Data was used from Demographic and Health Surveys conducted in 35 countries among men and women 15-49 (54) years old between 2002 and 2008. HIV rates vary from very low to very high. Both bivariate and multivari-

ate techniques of analysis are used. Results: We concentrate initially on the role on the impact of variables at the proximate and intermediate levels. Evidence is presented that, at the level of proximate factors, high-risk sexual and other behaviour is much more common in countries with high than in low HIV prevalence countries. This difference is, -at the intermediate level - partly due to the characteristics and functioning of the family system (consisting of married couples and partners living together) and informal sexual unions (premarital and extramarital relationships. Settled family situations are less prevalent in countries with high than in countries with low HIV prevalence. Informal unions are, on the other hand, more common in countries with high than in countries with low HIV prevalence. Conclusions: Factors related to family structure are an important group of causes that help to explain why in certain countries HIV prevalence is high and in other countries it is low. Implications of these findings are mentioned for development of HIV/AIDS strategies and policies.

7.12.2 Multiple Concurrent Partnerships

Chibukiri, Ngoni: *Role of MCPs in sub-Saharan Africa*

A presentation was made regarding the role of MCPs in sub-Saharan Africa in which MCP was defined as "The practice where men or women have more than one sexual relationship at the same time. These relationships could be long or short term and vary from one-night stands or transactional sex to long term." He presented findings that the MCP debate should be transformed from academia into on-the-ground fieldwork programming. In addition this should be tailored for each circumstance to produce meaningful HIV prevention outcomes. The need for strengthening of operational research that could inform programming for the needs of sub-Saharan Africa was emphasised.

Ndoro, Pauline: *The Licence To Have Multiple Partners Among the Samburu Women Of Kenya Continues To Fuel The Spread Of HIV/AIDS*

The study explored the perceptions of rural Samburu women of Kenya regarding HIV/AIDS in a bid to come up with a communication strategy. The study is in the field of health communication where health messages are evaluated to determine whether target audiences are receiving HIV messages and changing behaviour. Methods: A qualitative study was undertaken in 2008 by way of 10 focus groups that were conveniently sampled with rural Samburu women and eleven in-depth interviews that were purposefully selected using the snowball strategy of professionals who ran HIV/AIDS programmes in the Samburu district of Kenya. The methodology was guided by the UNAIDS framework of communication that argues that contextual factors such as cultural factors, government policy, gender relations, socio-economic status, and spirituality should be considered when HIV interventions are developed. Data for this study was analysed qualitatively using the content analysis method using descriptive and interpretive techniques. Results: One of the findings of this study is that the culture of multiple partners is sanctioned in the Samburu community and the Samburu women believe that as long as one relates within the community they are immune to HIV/AIDS. The women were categorical that they would rather die of HIV rather than stop this practice because it gave them a window of freedom in a community where women have no control of who marries them. Other cultural practices that exposed the Samburu women to the risk of HIV infection are polygamy which is highly regarded, wife inheritance, Child brides, the beaded girl, FGM and home births. Conclusions: In a country where 90 percent of its population is said to be aware of HIV, field data reveals that the Samburu women are a most at risk group because of the stronghold of cultural practices and disadvantages such as low literacy levels, low status and reluctance to adjust to new threats such as HIV.

7.13 Political Accountability in the AIDS Response

The political accountability in the AIDS response theme dealt with a number of key issues regarding this topic. In particular, the "AIDS accountability scorecard"; advocacy, the workplace scorecard and how can it be used to promote AIDS strategies and programmes in the workplace, building capacity and accountability within NGO HIV service delivery; government collaboration and support as an effective tool in ensuring ownership and sustainability, accelerating multi-sectoral collaboration for HIV and AIDS Response; and the politics of accountability in the AIDS response.

Mughogho, Danga of AIDS Accountability international: *AIDS accountability scorecard*

It was indicated that most definitions of accountability refer in one way or another to the use of power. Economist Amartya Sen defines accountability as "the ability to sanction poor performance by leaders in an effort to improve it" and answerability is a key element of the concept of accountability. It was further indicated that the Accountability Framework is a basic three-step accountability mechanism involving people living with, affected by and vulnerable to HIV:

- **Step 1 calls for transparency:** All stakeholders including people living with, affected by and vulnerable to HIV must have sufficient and equal access to the relevant data on the national response collected through national M&E systems. It is essential that this data is presented in a way that enables civil society stakeholders to engage with it and draw conclusions from it.
- **Step 2 calls for dialogue on performance:** Governments must engage with all relevant stakeholders in periodic reviews of country performance in the response in relation to the relevant national or global targets for service coverage and governance principles.
- **Step 3 calls for political action:** Where government accepts responsibility for poor performance it should take action to improve that performance. When civil society actors do not accept government explanations for poor performance, or disagree with government plans to remedy poor performance, they should take political action to leverage the demand for political accountability.

The 2001 UNGASS Declaration of Commitment on HIV/AIDS made no specific reference to accountability however the 2006 Political Declaration on HIV/AIDS refers to accountability as a principle that should characterize country responses. So, for the UN High Level Meeting on HIV & AIDS in June 2011 the HIV and AIDS Accountability Forum advocated extensively with stakeholders in the lead up to the meeting. We proposed The Accountability Framework as a framework for how the principle of accountability

- refers to relations between national governments and civil society and other stakeholders;
- should be referred to in the 2011 HLM resolution;
- in order to make accountability an effective governance mechanism to ensure country ownership over an effective response to AIDS, so that mutual accountability mechanisms are transformed from rhetoric to action.

Mughogho, Danga; Tucker, Phillipa and Reid, Gavin: *Enhancing Advocacy: Accountability Literacy as a Tool to Reach Universal Access*

Basic understanding of the concept of accountability, government's commitments to HIV, showcase different advocacy tools that can be used was discussed. The learning objectives: understanding accountability: What is it? Who demands it? Who do we hold accountable? Why should we? And how can we increase accountability from funders, governments, civil society and other stakeholders in the health sector; living accountability: personalising accountability, making it a personal and professional ethic, and applying it in the work and private environment; using accountability for advocacy: familiarisation with accountability frameworks and governments' commitments to respond to HIV and AIDS. Holding leaders accountable to their commitments; making use of data to increase accountability; employing advocacy tools for accountability using a range of relevant evidence tools such as the PLHIV Stigma Index, the GIPA Report Card, and Human Rights Count and the role they can play in advocacy.

Mughogho, Danga: *What is the AIDS Accountability Workplace Scorecard and how can it be used to promote AIDS strategies and programmes in the workplace?*

The new 2010 International Labour Organization (ILO) Recommendation on HIV and AIDS and the world of work (No.200) sets the international human rights standard for the response to HIV and AIDS in the workplace. However, the Recommendation will only lead to the desired results through rigorous follow up mechanisms. 2. The AIDS Accountability Workplace Scorecard has been developed by AIDS Accountability International, International Labour Organization, International Trade Union Confederation and other partners to serve as a tool that stakeholders can use to monitor and evaluate the implementation of AIDS strategies in the workplace, especially (but not limited to) in the countries and sectors most affected by HIV and AIDS.

Prof. Nancy Phaswana-Mafuya, HSRC , Mr Rodrigo Garay, AAI and Ms Bridgette Prince, HSRC

Thomas, Liz: T*ackling HIV and AIDS through revised National Strategic Plans on HIV and AIDS in Southern and East African (SEA) Cities*

Drawing from the UNAIDS research findings, a scan of HIV and AIDS responses in 15 Cities in SEA was conducted, to review how cities are responding; and to understand the role of political leadership on the HIV and AIDS response, and implications thereof to HIV and AIDS policy implementation. A desk-review of National Strategic Plans on HIV and AIDS (NSPs), and HIV and AIDS policies in 15 SEA Cities was conducted, followed-up by key informant telephonic interviews with city authorities in Cities selected for the study. While HIV is noted as a challenge affecting SEA countries, some NSPs do not have planned strategies to address the issue. Some national plans do not have a spatial (urban, rural) understanding of HIV or vulnerable groups. In some NSPs focus is on multi-sectoral action, yet roles and responsibilities are not clearly defined. The important role played by political leaders who are passionate about HIV and AIDS, and wanting to make an impact has been acknowledged in many SEA countries. Many HIV and AIDS responses have proved to be more effective when driven, and structures chaired by executive mayors. Political leaders are strategically located to coordinate the multi-sectoral response to AIDS, however guiding national frameworks and plans are needed to address implementation failures. Many existing national plans on HIV and AIDS fail to provide such needed guidance. Rethinking responses to HIV in cities requires new approaches in National Strategic Plans, and City level planning by local health and development actors (including passionate political leaders), who are strategically placed to coordinate multi-sectoral response to AIDS.

Edoni, Elizabeth: *Issues of HIV awareness in Nigeria, with a focus on political will or commitment to HIV resource allocation by influential stakeholders*

Through the use of descriptive qualitative methods the study found that although not all stakeholders were aware of the HIV/AIDS magnitude in Nigeria, they were aware of the mechanisms for transmission. However, some of the local government decision makers did not see HIV/AIDS as a problem to be given a priority through enhanced allocation of resources in their jurisdictions. These views have important implications for the planning and provision of health care, as well as the socio-economic rights of access to care for HIV-positive persons and those affected by the disease.

Mitchell, Janine presented on the *NGO Scorecard: Building Capacity and Accountability within NGO HIV Service Delivery*

NGOs play a key role in addressing HIV/AIDS related challenges in South Africa. However, there is a perceived lack of transparency, accountability and effectiveness in the sector. It was reported that more than 80% of registered NPOs did not submit their annual reports as required by the Department of Social Development. In 2010, to support a more responsive and well-equipped NGO sector, FPD designed and piloted a tool called the “NGO Scorecard” for assessing and benchmarking NGOs on transparency, accountability, capacity, relevance and effectiveness. The scorecard was developed in partnership with several other national NGOs with the aim being to build the capacity of the NGO sector and enable communities to respond more effectively to HIV/AIDS. The NGO Scorecard was developed by adapting several organisational rating systems with support and input from the AIDS Consortium, NACOSA, CABSA, AFSA and Lifeline. Thirty-two organisations were recruited for the pilot, of which twenty completed the assessment process. From these twenty, managers from ten organisations were interviewed to acquire critical feedback on the ease of use, benefits to their organisations and usefulness of the criteria of assessment. All of the managers interviewed found that the NGO Scorecard assessment was useful in helping them find gaps and weaknesses in their management systems. At present, nine out of these ten organisations are addressing these weaknesses. Moreover, a majority of the managers believe that the NGO Scorecard rating would give their organisations a comparative advantage over other organisations in their sector and region. Conclusion: The NGO Scorecard has shown that it promotes capacity building and allows NGOsan opportunity to effectively address gaps and areas of weakness. The NGO Scorecard can play an important role in making the NGO sector more efficient and effective in HIV service delivery. With buy-in from SANAC’s NGO Sector and in cooperation with donor institutions the NGO Scorecard will be officially launched in June 2011.

Mughongo, Danga: *AIDS Accountability Workplace Scorecard*

The understanding of public health as the responsibility of government means that much of the international effort to effect change in the response to HIV and AIDs has been directed at national governments and political leaders. Citizens are frequently also workers, employed by companies in both the public and private sector; indeed, the majority of AIDS fatalities are amongst adults of productive age. In order to prevent the further spread of HIV and to alleviate the effects of the AIDS pandemic,

an effective response, guided by accountable leadership, is required from all elements of society. The need for sustained and reinforced business commitment to making the world a healthier place is critical. The AIDS Accountability Workplace Scorecard is a global initiative to annually rank HIV and AIDS workplace programmes in the countries' most exposed to the disease, beginning in Sub-Saharan Africa. A number of multinational and large national companies are taking part in the survey pilot. The data is being collected through a self-administered survey distributed to these companies. The scorecard survey covers four thematic areas: corporate governance; prevention; treatment, care and support; and programme extension. The pilot study is testing both the survey questionnaire and the survey process, the key output of which is a business scorecard model. The model weighs the indicators, allowing for the ranking of companies of different sizes. The scorecard methodology and some results will be presented. The survey proper will be distributed to a representative sample of companies beginning in August 2011. The first AIDS Accountability Workplace Scorecard will be launched in December 2011.

Fourie, Pieter: ***AIDS, resilience, and theorising the political***

This paper reflects on the AIDS pandemic as a political (i.e. power- and agency-shifting) opportunity for socio-cultural innovation and resilience. The epidemic challenges the political status quo of not only the private sphere (interns of gender relations, for instance), but also more broadly where power is located socially as well as globally. Methods: The paper focuses on review of available scholarship on AIDS and the theme of Resilience. The paper is structured as follows: after situating Political Science's compartmentalised approach(es) to AIDS and recognising its paucity in addressing the long-wave nature of the pandemic, we introduce the concept of 'Resilience', exploring ways in which it can be made applicable to the context of human society in addition to its orthodox focus on the biological, natural world. Secondly, we review the transformative power of epidemics in human history, before, in the third instance, identifying some tentative ways in which the ongoing AIDS pandemic, as a long-wave event, may be changing societies, channelling understandings of 'impact' in both the negative sense, but also constructively. Finally, the paper touches on the utility of futures/scenarios methodologies as a way to understand resilience in the context of the impact of pandemics over time, and to galvanise learning and enable socio-political innovation. Results: Frustratingly, Resilience Studies (as much as it exists) have almost exclusively focused on the natural sciences, building theory regarding the systemic, longer term impact of natural disasters. Conclusion: There is a real opportunity for a political scientific exploration of Resilience in the context of AIDS – as a natural, socio-cultural and political phenomenon.

Eloghosa, Omorogbe: ***Government collaboration and support an effective tool in ensuring ownership and sustainability, an MSH approach. Experience from Kogi state, north central Nigeria***

MSH is a USAID funded project providing HIV services in six states across the Nigeria including facilities in Kogi state. From inception, as part of the need to reach more people with HIV services, and ensure ownership and sustainability, collaborated with the Kogi state Government to established three Comprehensive Care and Treatment (CCT) sites fully government owned, one in each of the three senatorial district in the state with support from the management sciences for Health. This has further helped in meeting the ever-increasing demand for HIV/AIDS services in the state. Methods: Prior to MSH coming into Nigeria and Kogi state, in particular most implementing partners had hitherto ran a parallel programme which further distanced the Government and its agency from supporting the HIV/AIDS programme. MSH, being an advocate of better participation by stakeholders had always ensured that all its activities in the state were community and government driven to sustained programme implementation. The LDP approach was used. A team of facility and MoH staff attended an LDP training facilitated by CB unit in Abuja, they were tasked with setting-up three fully government owned CCT within one year, MSH promise of capacity building, infrastructural support, logistics and technical support for staffs and the coordinating agency have been fulfilled. Result: one year after LDP programme, the state Government has establishment three Comprehensive Care and Treatment centres with

one in each of the three senatorial zone of the state, that is 100% promise kept, fully Government owned to bring HIV care and treatment to its populace. As a result of the collaborative effort between the State Kogi State, Ministry of Health and Management Sciences for Health. Conclusion: effective collaboration with government and other stakeholders in the implementation of HIV/AIDS promote better buy-in and ensure sustainability in meeting the ever-increasing demand for HIV /AIDS services

Maredi, Minah: *'From Theory to Action: Accelerating Multi-Sectoral Collaboration for HIV and AIDS Response- a Case of Madibeng Local Municipality, North West Province'*

Despite the potential of AIDS Councils to advise, support, and strengthen local government in its response to HIV and AIDS epidemic, many of these multi-sectoral co-ordinating structures are struggling to fulfil their role regardless of the existing International and national guidelines on HIV and AIDS response. Such policy prescripts are: The Declaration of Commitment by governments at the United Nations General Assembly Special Session on HIV and AIDS in June 2001 that commits national leaders: "…to ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS." As a follow up to the above, Commonwealth Heads of Government made another strong commitment to HIV/AIDS in the Coolum Declaration issued from their 2002Meeting, stating:" … We urge both the public and private sector, and international organisations, to join with us in a renewed effort to tackle the challenge HIV/AIDS presents to our countries and their people, and to humanity itself." In line with the above South African National AIDS Council (SANAC) through the National Strategy Plan on HIV and AIDS 2007-2011 demands explicit leadership commitment in supporting HIV and AIDS response. Aim: The presentation aims to elucidate the multi-sectoral collaboration on HIV and AIDS response and the role of AIDS Council as the platform partnership and political leadership accountability. Research Methods: This was a qualitative research approach using case study strategy with the intention of exploring the multi-sectoral collaboration on HIV and AIDS response and the role of AIDS Council as the platform for political accountability and leadership. Participants were recruited through purposive sampling and data collected using semi-structured interviews with the Municipal Officials, Councillors, Government Sector Representatives, Private Sector and Civil Society. Findings: The results reflect disillusionment of AIDS Council members, regarding their role in advancing effective partnership and political accountability.

Evelyn, Serima: Workplace Roundtable on Using the Scorecard to monitor Implementation of workplace programmes: *Presentation on: ILO Recommendation No. 200 (2010) Concerning HIV/AIDS and the World of Work*

It is the first international labour standard on HIV and AIDS. Recognizes the serious impacts of HIV/AIDS on society and economies undermining the attainment of decent work and sustainable development. Recognizes that poverty, social and economic inequalities and unemployment increase the risk of HIV transmission. Reflects the principle of universal access to prevention, treatment, care and support services. Discussion: Human rights at work; protections for all workers; protecting key groups; taking action through social dialogue; ILO Policy on the Improvement of Working Conditions and Environment. Follow-up: 1. National mechanism to develop, implement and monitor country policies on HIV and AIDS: Employers' and workers' organizations on equal footing; persons living with HIV consulted. 2. Informed policy-making: Research on national & sectoral developments; Data collected to inform national HIV strategies. 3. Reporting to ILO: article 19 of the ILO Constitution.

Soboil, Nikki: *International Trade Union Confederation (ITUC) Sactwu Worker Health Programme*

SACTWU is the largest trade union organising clothing, textile, leather, footwear and retail workers in South Africa; understood to have the largest HIV/AIDS implementing programme within organised labour internationally; SACTWU Worker Health Programme was started in 1998 as a worker education programme and has evolved into a comprehensive programme providing the full continuum of care including prevention programmes; HCT; HIV & TB treatment; support and more recently male medical circumcision. ILO Recommendation 200: ensure coverage of prevention, treatment, care and support to all workers at all workplaces extending to workers' families and their dependants; protect against discrimination in recruitment or continued employment as well as against termination of employment due to HIV and AIDS; NO workplace HIV mandatory testing and disclosure. ITUC & AAI Balanced Scorecard: ITUC regards the initiative as a sound intervention in the implementation of ILO Recommendation 200; ITUC praises the inclusive commitment to the process; ITUC commits to further support and strengthen the initiative. With Reservation:- Workplace interventions are not employer driven - strong emphasis placed on collaboration with workers and their representatives; Monitoring and evaluation processes not an *enabler* for disclosure and breach of confidentiality; the interven-

tion is not employer *window dressing* for best practice interventions.

Audoin, Bertrand; Buse, Kent; Phaswana-Mafuya, Nancy; Strand,Per: *Thinking Politically about HIV*

Nancy Nancy Phaswana-Mafuya - SAHARA, Kent Buse - UNAIDS, Geneva, Nonkosi Khumalo - Treatment Action Campaign (TAC) and Bertrand AUDOIN - International AIDS Society (IAS)

In June 2011 the UN adopted a new declaration that will drive the response to HIV and AIDS at national and global levels. The declaration is clear: all efforts to eliminate HIV/AIDS must be intensified further, and one way in which to ensure greater efficiency in the response is, the declaration states, to have 'accountable leadership' and to 'align political incentives'. We must, in other words, make sure that political factors and dynamics work in favour of the response. Although these precise formulations are new, similar statements have been made before, to little effect. This reflects a frustration among key stakeholders that, even though we have much clinical and epidemiological knowledge of the H.I. virus and understand its medical and social effects on individuals and communities, we do not have sufficient knowledge of the political dynamics that impact on the AIDS response in order to be able to affect political change where change it is possible and avoid political obstructions or inaction where it is not. The *Thinking Politically about HIV* initiative was launched a year ago with the ambition to generate greater interest from the global political science community to conduct research that generates greater knowledge of the political factors that undermine or otherwise impacts on the response to AIDS. The initiative is co-chaired by Professor Dennis Altman (La Trobe University and IAS Board) and Dr Kent Buse (UNAIDS, Special Advisor to the Executive Director). At a recent *Thinking Politically about HIV* workshop in Bangkok, sponsored by UNAIDS, SAHARA Director Nancy Phaswana-Mafuya, took the initiative to suggest that SAHARA could provide the organizational and intellectual structure for the implementation of political science research on HIV/AIDS in Africa as part of this global initiative. As a consequence of that initiative, SAHARA is privileged to announce the participation in the upcoming SAHARA conference of Dr. Kent Buse and Dr. Bertrand Audoin, Executive Director of IAS.

Strand, Per: *The politics of accountability in the AIDS response*

The principle of accountability in the political realm is based on the understanding that the people delegate power to the Government in order for the Government to realise a particular political vision in accordance with the law. If Government abuses that power, people have the right to impose sanctions. The threat of such sanctions is meant to be a powerful disincentive to poor or corrupt performance by Government. The principle of accountability should permeate both the political constitution as well as the daily routines of democratic governance in the State. But if this is the theory, then why is the practice of accountability not working in the response to AIDS in the countries in sub-Saharan Africa that need it the most? This paper argues that calls for greater accountability in the AIDS response have so far failed to understand the politics that determine whether or not such advocacy will be effective. Whereas the principle of accountability can be stated generally and clearly, the politics of accountability are defined by local context and strategic compromise. The need to understand the local politics from where calls for accountability should emanate have become more important as the normative status of accountability in the AIDS response has increased. The greater emphasis is reflected in an increasing number of references to accountability in the three most recent UN General Assembly Declarations on the global AIDS response: from zero in 2001, to two in 2006 to as many as nine in 2011. The 2011 Declaration even specifies the need for 'accountable leadership' and sets out what this implies. Although such reference points are important normative markers, they risk becoming meaningless unless we

are able to understand (1) what the relevant political factors are in specific countries, (2) how those factors impact unaccountability in the AIDS response, and (3) what strategies national stakeholders should apply. The paper will propose an analytical framework that will facilitate the contextual analysis that will enable national stakeholders to optimize the leverage from the principle of accountability in the context of their national politics.

Mahlangu, Pinky (presented by Liz Thomas): *Tackling HIV and AIDS through revised National Strategic Plans on HIV and AIDS in Southern and East African Cities*

Research conducted by UNAIDS (2008) showed that there is a high HIV prevalence among the general population in cities in Southern and East Africa (SEA). It highlighted that the scale of HIV infection (numbers positive in several African cities including South Africa) is larger than the total number infected in many countries. Drawing from the UNAIDS research findings, a scan of HIV and AIDS responses in 15 Cities in SEA was conducted, to review how cities are responding; and to understand the role of political leadership on the HIV and AIDS response, and implications thereof to HIV and AIDS policy implementation. Methods: A desk-review of National Strategic Plans on HIV and AIDS (NSPs), and HIV and AIDS policies in 15 SEA Cities was conducted, followed-up by key informant telephonic interviews with city authorities in Cities selected for the study. The selection of the 15 cities was motivated by the findings of the UNAIDS study conducted in 2008, based on the high scale of the HIV and AIDS epidemic in those cities. Results: While HIV is noted as a challenge affecting SEA countries, some NSPs do not have planned strategies to address the issue. Some national plans do not have a spatial (urban, rural) understanding of HIV or vulnerable groups. In some NSPs focus is on multi-sectoral action, yet roles and responsibilities are not clearly defined. The important role played by political leaders who are passionate about HIV and AIDS, and wanting to make an impact has been acknowledged in many SEA countries. Many HIV and AIDS responses have proved to be more effective when driven, and structures chaired by executive mayors. Political leaders are strategically located to coordinate the multi-sectoral response to AIDS, however guiding national frameworks and plans are needed to address implementation failures. Many existing national plans on HIV and AIDS fail to provide such needed guidance. Conclusions: Rethinking responses to HIV in cities requires new approaches in National Strategic Plans, and City level planning by local health and development actors (including passionate political leaders), who are strategically placed to coordinate multi-sectoral response to AIDS.

7.14 Posters

Thenjiwe Shimbira - SWAZILAND
The Right to Know about HIV AIDS: Research-based programmes designed and implemented by University of Swaziland (UNISWA) students for their peers

Linda Van Laren - SOUTH AFRICA
Exploring possibilities for collaboration in HIV&AIDS education across higher education institutions

Banwari Meel - SOUTH AFRICA
HIV and Zonke-bonke syndrome in the Transkei region of South Africa. Case reports.

Banwari Meel - SOUTH AFRICA
Poverty, Child Sexual Abuse and HIV in the Transkei region of South Africa.

Yoliswa Mavis Notshe - SOUTH AFRICA
Perceptions and acceptability of male circumcision in South Africa. A qualitative study

Shumani Mulaudzi - SOUTH AFRICA
"Vhusha initiation for Venda girls" In Limpopo: Culture or child abuse?

Shumani Mulaudzi - SOUTH AFRICA
'Vhusha initiation': culture or child abuse?

Shumani Mulaudzi - SOUTH AFRICA
People's perception regarding HIV/AIDS prevention: a case study of a rural community in South Africa.

Zigi Mnqayi - SOUTH AFRICA
A home-based approach to counselling and testing, care and support

Nomonde Rozani - SOUTH AFRICA
Development of a Mentorship programme

Molly K. Sebele - BOTSWANA
A comparative study on high risk sexual behaviour of male student elite athletes, male student non-athletes, and male student recreational sports participants at the university of Botswana

Soji Oyeranmi - NIGERIA
The Impact of politics and policy on Aids control in sub Saharan Africa, the example of National Agency for the control of aids in Nigeria (NACA)

Nomawethu Booi - SOUTH AFRICA
Providing a right based support to children living with HIV and AIDS and those on treatment

Tebogo Sebeelo - BOTSWANA
Meeting the Prevention needs of most at risk young people in the TVET sector in Botswana: An analysis of Botswana Training Authority's mainstreaming strategy.

Lebohang Seutlwadi - SOUTH AFRICA
Legally available and practically inaccessible abortion services to pregnant teenagers in South African townships

Helen Balami - UNITED KINGDOM
HIV/AIDS and Human Rights: the main crux of the matter

Mpho Ramarumo - SOUTH AFRICA
The emotional experiences of women whose spouses tested HIV positive first

Angel Nethononda - SOUTH AFRICA
"Is your serving the size of your fist or your head?" The role of social work practitioners in the prevention of non-communicable and communicable diseases in South Africa

8. KEY EMERGING ISSUES FROM THE CONFERENCE

8.1. Smarter Investments for HIV/AIDS programmes

The keynote presenters highlighted the importance of utilizing existing resources wisely in the face of shrinking HIV/AIDS resources: Mr Audoin stated that: "Funding disbursements from donor governments for the AIDS response in low- and middle-income countries fell in 2010, dropping 10% from the previous year's level, according to an annual funding analysis conducted by the Kaiser Family Foundation and the Joint United Nations Programme on HIV/AIDS". "We will have to be intelligent in how we use the diminishing financial resources and select those interventions known to have a major impact on the epidemic,' said Dr shisana. Dr Wayne Gill suggested some of the ways in which this could be done include:

- Focus and prioritize resources where they have most impact – smart combinations of proven interventions, priority populations, and high transmission geographic areas.
- Improve coverage and efficiency by reducing costs, improving performance management, strengthening governance and accountability.
- Strengthen policies and partnerships to deliver large-scale services.
- Increase government ownership and financing of cost-effective, highest impact HIV prevention interventions – the payoffs are rapid and substantial

8.2. HIV/AIDS Epidemiology

The HIV epidemics in Sub-Saharan Africa appear to have stabilized. There has been a steady decline of new HIV infections over the past years and, at the same time, fewer AIDS-related deaths have been recorded due to the scale up of antiretroviral therapy. While HIV surveillance systems for the general population are already well established in many countries in sub-Saharan Africa, data on most-at-risk populations (MARPs) are still sparse because social stigma and discrimination have significantly impeded the collection of epidemiological data in those populations. There is still a dearth of information on the epidemiology of HIV in people who use drugs, the epidemiology of HIV in male and female sex workers and the epidemiology of HIV in men having sex with men. More research is still needed to fill the gap in information in this regard. In this regard, the substance use and HIV/AIDS Research Network was jointly initiated with the Open Society Foundation at the 6th SAHARA Conference 2011 in order to mobilize research in this field. Further, a post conference Special Issue on MARP will be published in SAHARA J. This will provide an overview of the epidemiology of MARP in Sub-Saharan Africa which will form the basis for future research endeavours in this field.

8.3. HIV/AIDS and Human Rights

Despite the existence of a comprehensive legal and human rights framework in Africa, there are still challenges on the respect and protection of human rights of people living with HIV and AIDS which require evidence based solutions that would contribute to zero stigma. "The experience of stigma has evolved from overt to subtle forms of discrimination, with external stigma being influenced by media and social institutions. Internal and perceived stigma were linked to the community support such as religion, family and support groups which also helps with the construction of a positive self-identity" said Daphney Mogopudi. Dr Stefan Baral stated that Human Rights Violations among vulnerable groups are intricately linked to HIV risk; for combination HIV prevention programmes to have effectiveness outside of trial settings, human rights must be addressed; The challenges relate to the following:

- Information on human rights is not widely and sufficiently disseminated.
- Human rights-based responses are limited and fragmented due to lack of adequate resources and shared platform for addressing legal and human rights issues
- Poor, marginalised and disabled people living with HIV/AIDS are still unable to afford or have easy access to the legal and judicial system
- Lack of access to treatment, prevention and care by minority groups such as refugees as a human rights issue

8.4. Most at Risk Populations

There are a number of populations, including certain marginalized groups of people at extreme risk both for HIV and for stigma/prosecution in Africa. These include injection drug users, other drug users, men who have sex with men, perhaps women who have sex with women (if international patterns hold--at least for drug users), prisoners and sex workers. These groups are at high HIV risk because of direct behavioral risk or because their sexual networks typically include people who are at direct behavioral risk. They also are subjected to stigmatization and in some cases to prosecution and incarceration--all of which makes it harder for them to protect themselves against HIV and to gain access to needed medical care and other resources. Young women, whether aged 20 – 24 or younger, are also at risk, for reasons that overlap with but are not identical, with those just listed. The MARPs still face stigma and discrimination in many Sub-Saharan African countries. Evidence-based efforts are needed to promote the legal and human rights of the MARP pertaining to HIV in order to eradicate stigma and discrimination directed to people living with HIV & AIDS. *Dr Stefan Baral of Johns Hopkins School of Public Health* identified a number of research gaps have been identified: human rights violations amongst Females Sex Workers (FSW) in sub Saharan Africa; structural barriers to Men who have sex with Men (MSM) in sub Saharan Africa; and there the need for combination HIV prevention interventions. He concluded through stating that the exclusion of sex workers and MSM from national responses has not been a decision based on evidence. A multi-stakeholder comprehensive effort is needed to improve health and human rights for MSM and SW across Africa.

8.5. HIV Prevention

In line with the UNAIDS 2010, presenters at the 6th SAHARA Conference 2011 reported that there has been a turn in the tide in the global HIV epidemic especially in Sub-Saharan Africa due to biomedical, behavioural and structural interventions that have been implemented in the last decade or so. There is evidence that combination prevention may yield more positive results as there is no single magic bullet for HIV. More implementation science research is needed to inform intervention designers how to package effective interventions, scale them up, improve demand and uptake. In addition, more research is needed on the Social aspects of biomedical interventions such as HIV testing; STI treatment; Male circumcision; PMTCT; Infection control in health care settings; Sexual assault care; Post Exposure Prophylaxis (PEP); PreExposure Prophylaxis (PrEP);, Vaccines; Microbicides, ARV treatment as prevention.

8.6. Accessibility, uptake and adherence to treatment

The evidence suggests that there has been a turn in the tide in South Africa and in many other African countries, and indeed the world over in terms of the accessibility to treatment for HIV infected individuals. This is attributed to increased accessibility to anti-retroviral drugs (ARVs) that HIV+ individuals are living longer and enjoying a better quality of life. However, the goal of universal access has not yet been reached. Access remains a challenge in some developing countries including in Sub-Saharan Africa. There are a multitude of reasons for this, including the fact that in semi-rural and rural areas public health clinics are few, making access to treatment costly and burdensome for those needing it because they have to travel long distances. Treatment up-take by HIV infected individuals is not as expected due to poor understanding of the health messages provided by health care practitioners, stigma and discrimination within families and communities, mental health factors (such as depression and anxiety) and societal disruptions. A multi-sectoral approach to treatment, ac-

cess to treatment and treatment-up-take for HIV positive individuals is needed. This implies that there should be a coordination of efforts among all stakeholders.

8.7 Political Accountability in the AIDS Response

The evidence presented at the 6th SAHARA Conference confirmed the fact that there is a growing realization among global stakeholders that further research is needed to shed light on the political dynamics that often seem to undermine the effectiveness of the AIDS response. In addition, political and social science research is needed on the meaning and practice of accountability in the AIDS response in Africa. There is therefore a need to advance an understanding of the potential and limitations of accountability to generate more effective responses and to discuss how research can translate into advocacy for greater accountability and stronger leadership. Consequently, the SAHARA Conference adopted the *Thinking Politically about HIV* initiative which was launched by the International AIDS Society (IAS) and UNAIDS at the International AIDS Conference in Vienna in 2010, and it is co-chaired by Dr Kent Buse (UNAIDS) and Professor Dennis Altman (IAS). This initiative seeks to generate interest and mobilize resources to ensure that the global social science community generates more research on the political aspects of HIV and AIDS. The *Thinking Politically about HIV in Africa* initiative will generate research that will help shed light on and also propose ways to circumvent political blockages that undermine both country and regional efforts to implement effective responses to HIV and AIDS in this sub-continent which is already noted as being the most severely affected by the global epidemic.

The following web link provides more UNAIDS information on the initiative from a recent workshop held in Asia:
www.unaids.org/en/resources/presscentre/featurestories/2011/august/20110828ahivpolitics/

9. THE 6TH SAHARA CONFERENCE FUNDERS AND SPONSORS

9.1 Principal Sponsors

Routledge (Taylor & Francis Group). Routledge, the social & behavioural sciences division of Taylor & Francis, is dedicated to the dissemination of academic and professional information, utilizing skills and expertise honed since the company first began publishing learned journals in 1798. Today, we publish over 1500 scholarly journals in association with 460 societies and institutions. We publish a diverse and dynamic portfolio of public health & social care journals at the forefront of today's rapidly moving academic and practice environments including AIDS Care, African Journal of AIDS Research and Journal of HIV/AIDS & Social Services.

Ms Victoria Gardner and Mr Samuel Masemola, Routledge Southern Africa

Schweizerische Eidgenossenschaft
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Swiss Agency for Development and Cooperation SDC

Since 1994, SDC has been supporting a bilateral, cooperation programme with South Africa. From 2005, SDC moved towards a Regional Programme Southern Africa (RPSA 2005 – 2012) focusing on Food Security, HIV and AIDS, Management of Natural Resources, and Governance. Through this strategy SDC renewed its commitment to supporting the efforts to address social, economic, political and environmental vulnerabilities in Southern Africa through a regional public goods approach. SDC is following the SADC region's and South Africa's own trend towards regional cooperation. A new regional strategy is under preparation for the period 2013-2016 and will concentrate on the fields of Food Security and HIV and AIDS, incorporating sectoral governance. Gender equality is an important theme of the strategy and is integrated in all the domains.

HIV/AIDS PROGRAMME OF HESA
HEAIDS

The Higher Education HIV/AIDS Programme (HEAIDS) is a nationally co-ordinated initiative to develop the capacity of South Africa's higher education sector to respond to the challenges posed by the HIV/AIDS pandemic and to mitigate its impact on higher education institutions and correspondingly on society as a whole. HEAIDS mobilises and supports higher education institutions in responding to the pandemic

through their core functions of learning, teaching, and research and community engagement. HEAIDS is an initiative of the Department of Higher Education and Training and is undertaken by Higher Education South Africa (HESA), which represents the South Africa's 23 public higher education institutions.

Global Drug Policy program OPEN SOCIETY FOUNDATIONS

Launched in 2008, the Open Society Foundation's Global Drug Policy Programme aims to shift the paradigm away from today's punitive approach to international drug policy, to one which is rooted in public health and human rights. The programme strives to broaden, diversify, and consolidate the network of like-minded organizations that are actively challenging the current state of international drug policy. The programme's two main activities consist of grant-giving and, to a lesser extent, direct advocacy work. At present, global drug policy is characterized by heavy-handed law enforcement strategies which not only fail to attain their targets of reducing drug use, production, and trafficking, but also result in a documented escalation of drug-related violence, public health crises, and human rights abuses.

UNDP United Nations Development Programme

The United Nations Development Programme (UNDP) is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 177 countries and territories, working with governments and people on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners that can bring about results.

9.2 Major Sponsors

nelson mandela bay MUNICIPALITY

Nelson Mandela Bay is run by a progressive multi-award winning municipality, the Nelson Mandela Bay Municipality, which is committed to making the city a preferred destination for investors and tourists alike, always in close consultation and engagement with its 1,1 million residents. Service delivery underpins all its efforts, as it strives to improve the quality of life of all residents. As the only city in the world officially named after former South African President and world icon, Nelson Mandela, the Nelson Mandela Bay Municipality also strives to give effect to the principles and values associated with the great man, namely ubuntu, warmth, friendliness, unity and compassion.

UNAIDS

Leveraging the AIDS response, UNAIDS works to build political action and to promote the rights of all people for better results for global health and development. Globally, it sets policy and is the source of HIV-related data. In countries, UNAIDS brings together the resources of the UNAIDS Secretariat and 10 UN system organizations for coordinated and accountable efforts to unite the world against AIDS.

Eastern Cape AIDS COUNCIL

The Eastern Cape AIDS Council (ECAC) was established in 2001 as an organ to coordinate and champion the response against the HIV and AIDS pandemic in the Eastern Cape Province. ECAC is a multi-stakeholder body mandated to advise the Eastern Cape Provincial Government on all issues relating to HIV/AIDS and to ensure a comprehensive multi sectoral response to the pandemic in the province. ECAC was established to ensuring greater co-operation between government and organs of civil society in the battle against HIV/AIDS. As a multi-sectoral body ECAC includes government departments and the broader civil society formations. The main purpose of this multi sectoral body is to facilitate planning, coordinate implementation, mobilize resources and monitor and evaluate the delivery and impact of HIV/AIDS interventions. ECAC plays an advisory, coordination, resource mobilization, advocacy, monitoring and facilitation role.

The Management Sciences for Health is implementing the Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) Project, with funding from USAID/Southern Africa. BLC builds the capacity of government and civil society entities in the Southern Africa region; currently in Botswana, Lesotho, Namibia, and Swaziland, to implement policies and deliver health services for those infected with and affected by HIV and AIDS.

The ANRS is the French National Agency for Research on AIDS and Viral Hepatitis Its mission is to seek new ways to improve the prevention and treatment of these infections, both in the developed world and in countries with limited resources. The ANRS brings together researchers and physicians from French hospitals and research organizations (Inserm, Cnrs, Institut Pasteur, Ird, universities) to work on prioritized scientific projects. At its overseas research sites, the ANRS mobilizes French and local scientists in work on healthcare issues of paramount importance to the developing world.

Northfield, Ill. –based Kraft Foods Inc. (NYSE:KFT) is a global snacks powerhouse with an unrivalled portfolio of brands people love. Proudly marketing delicious biscuits, confectionery, beverages, cheese, grocery products and convenient meals in a approximately 170 countries, Kraft Foods had revenue of $49.2 billion, more than half of which was earned outside North America.

9.3 Ordinary Sponsors

The NRF was established through the National Research Foundation Act (Act No 23 of 1998), following a system-wide review conducted for the Department of Arts, Culture, Science and Technology (DACST). As an independent government agency, the NRF promotes and supports research in all fields of knowledge. It also conducts research and provides access to National Research Facilities. The NRF provides services to the research community especially at Higher Education Institutions (HEIs) and Science Councils with a view to promote high-level human capital development. The NRF aims to uphold excellence in all its investments in knowledge, people and infrastructure.

The South African Chamber of Commerce and Industry (SACCI) is the largest national chamber in South Africa and is the Secretariat for the International Chambers of Commerce in South Africa. The SACCI membership comprises approximately 20 000 small, medium and large enterprises across the breadth of the nation and across all economic sectors. Large enterprises are generally direct members of SACCI while small and medium enterprises are members through more than 50 local and regional chambers and 15 national associations.

Standard Bank aspires to be a leading emerging markets financial service provider with excellent service and solutions for its customers while also visibly achieving social relevance. Based in Johannesburg, South Africa, the bank has strategic representation in 17 sub-Saharan countries and also in 16 countries on other continents with an emerging market focus. We aspire to be a leading emerging markets financial services organization.

9.4 Product Sponsors

Die Burger Oos-Kaap is the biggest daily Afrikaans newspaper in the Eastern Cape that serves its audience from a Monday to Saturday. This publication is distributed to various towns in the Eastern Cape through various channels, such as subscribers, agents and street sellers. This publication is informative and prides itself on its editorial integrity. Advertisers using Die Burger is assured that their products reach an audience that has good disposable income.

Cape Media Corporation is South Africa's leading publisher of specialist business-to-business magazines, including the leadership in HIV AIDS Magazine. Supported by the South African Business Coalition Opposing HIV/AIDS and endorsed by GBC Health, Leadership in HIV/AIDS provides insights into various aspects of the pandemic that the corporate world and the individual should be looking at. Workplace programmes, education, health, nutrition, voluntary testing and counselling, ARVs, Orphans and Vulnerable Children, TB, Malaria etc are a number of areas that are addressed in each edition.

We believe, in providing you with the best quality as and when you need it. We offer value for money due to our customised prices. Bhubezi Printers is an established print house and is fully BEE complaint (Ownership and Management). Our work is directly integrated into the workflow stream, enabling very fast and reliable turnaround times (Design and layout, Final Printed Product).

The Pick n Pay Group is one of Africa's largest and most consistently successful retailers of food, general merchandise and clothing.

Georgio's Biscuit Factory, trading as The House of Biscuits, was initially established in 1996 as a manufacturing plant with the primary function of producing quality, fortified biscuits for feeding schemes in Africa. Today The House of Biscuits, is a dynamic, well established company. We distribute our delicious, well known brands throughout South Africa and indeed right across the African continent. Georgio's Biscuit factory, The House of Biscuits, are leaders in our industry. We achieve this standing through comprehensive knowledge and experience in all aspects of our industry, from the initial concept and creation of a biscuit through to how to please the end user.

Coca-Cola Sabco (Pty) Limited (CCS) operates as one of the world's leading bottlers of The Coca-Cola Company's product. CCS has grown from humble beginnings in 1940 to an inextricably bound part of the Eastern Cape and South Africa's beverage history. CCS has 25 bottling plants across 12 territories with more than 10 000 employees.

Mail&Guardian

Founded in 1985 by a group of retrenched journalists from the deceased Rand Daily Mail. Built up a reputation for nose-thumbing attitude to the establishment and for uncovering Inkathagate scandal. Favourite prison reading of Nelson Mandela; banned for a while by PW Botha. In recent years, continues to be a thorn in the side of gravy-train politicians with reports on Oilgate, the police chief and more. In 2005, the M&G newspaper turned 20. The focus o the Mail & Guardian is political analysis, investigative reporting, Southern African news, comprehensive coverage of local arts, music and popular culture, and more ...

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makro

Stores are located in major metropolitan areas and operate under a low-cost/ low-margin trading philosophy. This ethos equals high volume distribution of merchandise at competitive prices.

9.5 Exhibitors

The exhibitions feature international and national exhibitors.

- EC RTC - WSU
- Aids Foundation of South Africa
- IYDSA
- HEAIDS - HESA
- Africare
- H S R C
- Priontex
- NMMU
- Hospice
- Eastern Cape Department of Health

10. THE 6TH SAHARA CONFERENCE 2011 MEDIA COVERAGE

The conference attracted a lot of media given the topicality of the issues which were discussed. Examples of some of the print media articles have been shown in Appendix 1. An overview of media coverage is also given in below table.

PRINT MEDIA

Date	Title	Circulation No.	Amount	Message
23 Nov 2011	Port Elizabeth Express	89829	R3 622.01	Conferences at NMMU helps grow city coffers
25 Nov 2011	Mail & Guardian	45692	R59 618.31	Conference brings together those at the centre of research into the epidemic Prof Nancy Phaswana-Mafuya The 6th SAHARA Conference, co-hosted by the Human Sciences Research Council (HSRC) and the Nelso...
29 Nov 2011	Die Burger (Oos Kaap) (Afrikaans)	11098	R8 746.65	`Te min gebruik middels teen MIV'
29 Nov 2011	The Herald	22319	R14 459.56	E Cape varsities have highest rate of HIV
30 Nov 2011	Daily Sun	374400	R16 600.24	CHURCHES GET INTO THE FIGHT
01 Dec 2011	Leadership in HIV Aids	8932	R33 519.69	CONFERENCE Promoting collaboration Turning the tide on HIV/Aids
01 Dec 2011	Son (Oos) (Afrikaans)	103056	R5 171.37	Raad van kerke soek hulp van Bo teen pandemie
01 Dec 2011	The Herald	22319	R6 663.97	The fight against Aids is not over
01 Dec 2011	The Herald	22319	R17 519.12	PART 1 OF 2 - Aids hope and heartache
01 Dec 2011	The Herlad	22319	R6 161.03	PART 2 OF 2 - Aids hope and heartache

TOTAL PRINT - R 172 081.05

BROADCAST MEDIA

28 Nov 2011	Umhlobo Wenene (Xhosa)	3786000 RAMS	R10 089.00	HIV/ AIDS - Repeat The HIV/ AIDS epidemic is believed to be stabilising but more needs to be done to prevent new infections. (Int:) Nancy Phaswana-Mafuya - Professor : Social Aspects of HIV and AIDS Research Alliance (Int:) Sandile Phakathi - President : South African Union of Students Mentions: Sixth Social Aspects of HIV and AIDS Research Alliance Conference, Nelson Mandela Metropolitan University, UN AIDS Report
28 Nov 2011	Lotus FM	381000 RAMS	R2 336.00	HIV/Aids Epidemic It is believed that the HIV/Aids epidemic is stabilising. However, more needs to be done to prevent new infections. (Int:) Prof. Nancy Phaswana-Mafuya - Director : SAHARA (Int:) Sandile Phakati - President : SA Union of Students Mentions: Social Aspects of HIV/Aids Research Alliance Conference, Nelson Mandela Metropolitan University, Higher Education
28 Nov 2011	5FM	2355000 RAMS	R6 976.00	HIV/ AIDS The HIV/ AIDS epidemic is believed to be stabilising but more needs to be done to prevent new infections. (Int:) Nancy - Professor : Social Aspects of HIV and AIDS Research Alliance Mentions: Sixth Social Aspects of HIV and AIDS Research Alliance Conference, Nelson Mandela Metropolitan University, UN AIDS Report
28 Nov 2011	Metro FM	5976000	R8 877.00	HIV/ AIDS The HIV/ AIDS epidemic is believed to be stabilising but more needs to be done to prevent new infections. (Int:) Nancy Phaswana-Mafuya - Professor : Social Aspects of HIV and AIDS Research Alliance Mentions: Sixth Social Aspects of HIV and AIDS Research Alliance Conference, Nelson Mandela Metropolitan University, UN AIDS Report
28 Nov 2011	Algoa FM	703000 RAMS	R1 962.67	Sixth Sahara Conference - PE - New The HSRC said some 14 million South Africans took part in HIV counselling and testing campaign over the past year. Council CEO Dr Olive Chisana said this is the kind of collective action and decisive political leadership that can reverse the upward trend of HIV infection. Dr Chisana was speaking at the opening of the sixth Sahara Confernce in Port Elizabeth today.
29 Nov 2011	SAFM	557000 RAMS	R10 152.00	Aids Day coming up It's the World Aids Day on the 1st of December. Khangelani Zuma says many South Africans use protections but there are still challenges. (Int:) Khangelani Zuma - Research Director: HIV/Aids Programme, Human Science Research Council (Int:) Mbuyiselo Botha - Sonke Gender Justice Network
29 Nov 2011	Kingfisher FM	34000 RAMS	R825.00	Sixth Sahara Conference - PE - New
30 Nov 2011	Umhlobo Wenene (Xhosa)	3796000 RAMS	R37 336.00	World Aids Day President Jacob Zuma is expected to give the key note address at World AIds Day celebrations in Port Elizabeth. There is a conference currently taking place at the Nelson Mandela Metro University and will go on until the 2nd of Dec. (Int:) Zolisa Xhabadiya - Manager for HIV Prevention : EC Aids Council

TOTAL BROADCAST - R 78 553.67

11. THE 6TH SAHARA CONFERENCE GOVERNANCE

The names of the members of the committees described below have been posted in Appendix 2.

11.1 The Conference Organizing Committee

The Conference Organizing Committee was responsible for determining the detailed aspects of the conference organization, including:

- Dealing with the financial aspects of the conference, including preparation of budgets, funding proposals and financial reports, coordinating with the chairpersons of the other committees about expenses for their areas of responsibility, approving the final budget, determining and approaching sponsors and co-sponsors, financial support for speakers, delegate scholarships
- determining certain policies that relate to the technical conference programme, including: Conference format (plenaries, parallel sessions, exhibits, workshops, poster presentations, etc.),
- developing a master time-table covering the most important tasks undertaken by each committee and sub-committee,
- providing advise to committee members and their sub-committees, dealing with the logistics of the conference (site selection; selecting and coordinating housing; planning and coordinating food and beverage functions; coordinating audiovisual and electronic communication requirements; planning and setting up on-site services, such as message centres, registration and information desks, and support staff services; coordinating travel and transportation; responding to inquiries about logistical arrangements, preparing signs and banners, liaison with a professional conference organizer, should the above be contracted out, registrations for the conference;
- Public relations and promotion of the conference, including: developing a promotion plan and announcements to the print and electronic media; working with chairpersons of the other committees to compile contents of promotional pieces and media announcements; arranging production and printing of brochures; organizes news releases; designing and compiling kits to be handed out to the media before and during the conference; and arranging for the staffing and organization of the newsroom;
- Tours and local site-seeing and Organization and supervision of volunteers

11.2 The Conference Programme Committee

The Conference Programme Committee was primarily responsible for the technical content of the conference. They drew the conference programme, subject matter, time and duration of the conference, etc. including securing key people as session chairs, speakers, workshop leaders, and rapporteurs. Specifically, they conducted the following tasks:

- Structuring the conference programme
- Inviting session chairs and speakers
- Determining invited papers and selecting contributed papers or poster presentations
- Scheduling the sessions
- Publications and documentation of the conference, including written record of the conference, and abstracts book, and works closely with the speakers and session chairs
- Developing the time table for the tasks to be undertaken by the Committee, taking the above into consideration (see conference programme attached as Appendix number – Dimitri, please add)

11.3 The Conference Scientific Committee

- This committee, made up of both local and international experts provided valuable advice, guidance, and support to the COC. The Conference Scientific committee executed the following tasks:
- Conceptualized the purpose and objectives of the conference
- Conceptualized the theme and sub-themes
- Determined levels of papers to be presented; types of papers suitable for presentation (e.g. only original papers, papers never presented elsewhere, etc.), ratio of invited to contributed papers
- suggested appropriate speakers, moderators, and round table leaders for the different sessions. Reviewed and approved conference programme
- Discussed proposals for plenary topics, symposia, workshops and round table discussions,
- Managed and supervised the abstract review procees

11.4 The Conference Secretariat

The conference Secretariat played as an extremely important role, including:

- Handling all incoming inquiries for conference materials and information on logistical details, in an efficient, prompt, correct and courteous manner
- Receiving and referring inquiries about the conference

- Preparing correspondence
- Maintaining mailing lists and doing the mailings
- Setting up meetings and attending meetings of conference committees and sub-committees
- Collating materials to be distributed
- Acting as focal point for correspondence with speakers and session chairs
- Providing general clerical and secretarial support to the committees and sub-committees

12. CONCLUSION

In concluding the Conference, the 7th SAHARA Conference 2013 was announced. The conference will be held in Dakar, Senegal. The theme of the 7th SAHARA Conference 2013 is "AIDS: 30 YEARS AFTER. Consolidating successes, facing new challenges, driving solutions for health, social and development problems in Africa".

APPENDIX 1: EXAMPLES OF PUBLISHED MEDIA

SAHARA 2011 Conference converges leading stakeholders in HIV/AIDS under one roof in Port Elizabeth - 28 Nov – 2 Dec 2011

S.A.H.A.R.A CONFERENCE 28 NOV - 2 DEC 2011

HSRC Human Sciences Research Council

Nelson Mandela Metropolitan University

Routledge Taylor & Francis Group

"The 6th SAHARA Conference 2011 would not have been possible without the support of the HSRC, particularly, the CEO, Dr Olive Shisana and the conference partner institution, NMMU, facilitated by the tireless efforts of Prof Thoko Mayekiso (DVC) and Prof Velile Notshulwana (Executive Dean) as well as the overwhelming support from the principal conference sponsors, who despite the current global economic crisis and a myriad of other funding demands, continued to support the SAHARA conference" said Prof Nancy Phaswana-Mafuya, Director of SAHARA and Chairperson of the 6th SAHARA Conference 2011.

The 6th SAHARA Conference 2011 has been a great networking opportunity bringing together under one roof various HIV/AIDS stakeholders to engage on the theme of the conference: Are we turning the tide on HIV/AIDS? The delegates answered this question based on evidence and demonstrated that we are turning the tide on HIV/AIDS globally and most importantly regionally although much additional effort needs to be made to intensify the UNAIDS international campaign for Zero AIDS-related deaths, Zero new infections and Zero discrimination.

The conference had a strong Africa focus with 561 delegates from 36 countries all over the world, 23 of which were African. These delegates were royally welcomed to the friendly city at the civic reception held at the city's premier conference venue, Feathermarket Centre, sponsored and hosted by the Honourable Executive Mayor of NMBM.

The 6th SAHARA Conference 2011 featured top level local plenary speakers including Dr Olive Shisana (CEO, HSRC), Prof Cheick Niang (SAHARA West Africa), Dr Alphonse Mulumba (SADC), Dr John Fiero (USAID), Dr Wayne Gill (UNAIDS), Ms Josee Koch and Dr Dorothy Mbori-Ngacha (UNICEF) and Mr Ngoni Chibukire (SAFAIDS). Our international plenary speakers included the Executive Director of the International AIDS Society, Mr Bertrand Audoin, Minister Sekai Holland from the office of the Presidency in Zimbabwe, Dr. Sumarjati Arjoso, MP from Indonesia and Her Excellency Molelekeng E. Rapolaki, former Ambassador of the Kingdom of Lesotho to the United States.

The 6th SAHARA Conference 2011 had a strong capacity building focus with 13 pre-conference workshops, 38 plenary presentations, 23 capacity building workshops, satellite sessions and roundtable discussions, and numerous parallel oral presentation and poster sessions. Satellite sessions included the youth dialogues on HIV/AIDS, responses of faith-based organisations to the HIV/AIDS pandemic, the integration of HIV/AIDS into the curriculum, the impact of group sex events on the HIV epidemic and intravenous drug use and HIV, MSM and HIV/AIDS, Sex and Gender-based Analysis and HIV/AIDS Research, and the SAHARA 2011 HEAIDS Summit on Higher education involving 24 universities and FET Colleges.

In her closing remarks, Prof Nancy Phaswana-Mafuya, announced the theme of the 7th SAHARA Conference 2013 "AIDS: 30 YEARS AFTER: Consolidating successes, facing new challenges, driving solutions for health, social and development problems in Africa, Dakar 2013

Nous espérons vous voir à Dakar en 2013! ".

The 6th SAHARA Conference 2011 closed with a luncheon to celebrate the partnership between SAHARA and Routledge Publishers regarding the publication of SAHARA-J, SAHARA's flagship journal. Dr Olive Shisana, the CEO of the HSRC, indicated that she was delighted that SAHARA could conclude a strategic partnership with Routledge to publish the HSRC's flagship journal, SAHARA-J.

SAHARA-J related questions can be directed to sa.journals@tandf.co.uk at Routledge or contact the Managing Editor, Dr Dimitri Tassiopoulos, HSRC/SAHARA at SaharaJ@hsrc.ac.za.

Dr Vitalis Chipfakacha, SADC Secretariat, Minister Sekai Holland from the office of the Presidency in Zimbabwe, Mr Bertrand Audoin, Executive Director of the International AIDS Society, Dr Alphonse Mulumba, SADC Secretariat Prof Nancy Phaswana-Mafuya, Chairperson of 6th SAHARA CONFERENCE 2011

WORLD AIDS DAY Advertorial

Driving back HIV/AIDS

Conference brings together those at the centre of research into the epidemic

Prof Nancy Phaswana-Mafuya: Director of SAHARA and Chairperson of the 6th SAHARA Conference 2011.

Prof Nancy Phaswana-Mafuya

The 6th SAHARA Conference 2011, co-hosted by the Human Sciences Research Council (HSRC) and the Nelson Mandela Metropolitan University (NMMU) is scheduled to take place from the November 28 to the December 2 2011 at the NMMU in beautiful coastal city of Port Elizabeth in the Eastern Cape, named after our hero, former President Nelson Rolihlahla Mandela. SAHARA was established in 2002 by Dr Olive Shisana, while Executive Director of the Social Aspects of HIV/AIDS and Health Research Programme of the HSRC and now CEO of the HSRC. SAHARA is an alliance of partners established to conduct, support and use social sciences research to prevent the further spread of HIV and mitigate the impact of its devastation in sub-Saharan Africa. SAHARA has regional offices in West Africa, East and Central Africa and Southern Africa. SAHARA's mission is to conduct HIV/AIDS multi-country studies that generate evidence for policy-making and programme development while at the same time building individual and institutional capacities; and to effectively disseminate research findings from own studies through the biennial SAHARA conference, the internationally accredited journal called Journal of Social Aspects of HIV/AIDS (SAHARA J)and our network of researchers, policy makers and practitioners in a number of sub Saharan African countries. SAHARA has partnered with NMMU to realise the 6th SAHARA Conference 2011. NMMU opened on January 1 2005 as a result of a merger of the PE Technikon, the University of Port Elizabeth and the Port Elizabeth campus of Vista University. The university is an engaged and people-centred university serving the needs of diverse communities by contributing to sustainable development. NMMU is a medium-sized tertiary institution with about 25 400 students. 9% of the students are international students, mainly from SADC. The vision of NMMU is to become a dynamic African university, recognised for its leadership in generating cutting-edge knowledge for a sustainable future. The mission of NMMU is to offer a diverse range of quality educational opportunities that will make a critical and constructive contribution to regional, national and global sustainability. The partnership between SAHARA and NMMU on the SAHARA Conference came about as a result of the memorandum of understanding that the two institutions signed in June 2010 to co-host the 6th SAHARA Conference 2011, among others. The 6th SAHARA Conference 2011 represents a repeat of the unique characteristics that embody the five successful SAHARA conferences held since 2002 in different African countries. This conference is one of the largest of its kind, focusing on the social aspects of HIV/AIDS. It transcends the boundaries of biomedical paradigms, bringing together those involved in producing research and those at the centre of the epidemic in an interdisciplinary, multi-stage, and multi-sectoral environment. The 6th SAHARA Conference 2011 has a strong Africa focus with delegates from more than 34 African countries gathered to exchange information, views and experiences on recent advances in the field of the social aspects of HIV/AIDS in order to contribute to the much needed development and scale up of effective evidence-based HIV/AIDS prevention, treatment and care approaches and policies. The 6th SAHARA Conference 2011 is a great networkingopportunity bringing together under one roof various HIV/AIDS stakeholders to engage in the HIV/AIDS research agenda for sub Saharan Africa. The 6th SAHARA Conference 2011 has a strong capacity building focus which is demonstrated by its Continuing Personal or Professional Development (CPD) accreditation status, an accreditation which demonstrates a commitment to structured skills enhancement and personal or professional competence. The 6th SAHARA Conference 2011 addresses a critical question that needs to be answered based on scientific evidence: "Are we turning the tide on HIV and AIDS? The social, political and economic landscape of HIV/AIDS". There are six tracks which attempt to answer the theme of the conference, namely: HIV/AIDS Epidemiology, HIV/ AIDS and Human Rights, Most at Risk Populations, HIV Prevention, accessibility, uptake and adherence to treatment, and political accountability in the response to HIV/AIDS. We are hoping that by the end of the 6th SAHARA Conference 2011 we would have turned our conference theme question into a statement of fact backed by evidence showing the status quo in Sub-saharan Africa in terms of successes that need to be scaled up and gaps that need to be closed.

The 6th SAHARA Conference 2011 has a thought-provoking and diverse programme, characterised by not only with high level presentations, but with significant highlights such as the celebration of the partnership between Routledge and SAHARA J, the Launch of a special conference issue of SAHARA J, a Civic Reception to be hosted by the NMBM Executive Mayor, the SAHARA HEAIDS Summit facilitated by HEAIDS, the Launch of the Eastern Cape HIV/AIDS/STI/TB Provincial Strategic Plan facilitated by the Eastern Cape AIDS Council, the World AIDS Day Commemoration and the announcement of the SAHARA book project. A further privilege is a special preview at the 6th SAHARA Conference 2011 of the film "Inside Story - the science of HIV/AIDS", prior to its world premiere in 2012. The 6th SAHARA Conference 2011 is particularly grateful to have Mr Bertrand Audion, Executive Director of the International AIDS Society, as our very special international guest to grace our Conference. A special word of appreciation goes to our conference partner, NMMU, in particular Prof Thoko Mayekiso (Deputy Vice Chancellor: Research and Engagement) and Prof Velile Notshulwana (Executive Dean: Faculty of Arts) for their visionary leadership and immeasurable support for the 6th SAHARA Conference 2011. The 6th SAHARA Conference 2011 also extremely grateful to all our sponsors who, despite the current global economic crisis and a myriad of other funding demands, continues to support the SAHARA conference, especially our principal sponsors: the Swiss Agency for Development and Cooperation (SDC), HEAIDS, United Nations Development Programme (UNDP), Taylor Francis Group / Routledge and the Open Society Foundations. To the rest of the partners, conference committee members, colleagues, and all delegates, thank you to each and every one of you, without you the 6th SAHARA Conference 2011 would not have materialised. To the SAHARA family – a big thank you – as you have done marvellous work behind the scenes to make this Conference happen.

Thank you. Rea Leboga, Merci beaucoup, Enkosi, Baie Dankie

WORLD AIDS DAY

Routledge to publish SAHARA-J: Journal of Social Aspects of HIV/AIDS

Routledge
Taylor & Francis Group

Routledge, part of the Taylor & Francis Group, and the Social Aspects of HIV/AIDS Research Alliance are pleased to announce a partnership to publish the acclaimed open access SAHARA-J: Journal of Social Aspects of HIV/AIDS from 2012.

SAHARA-J publishes peer-reviewed contributions of the highest quality from researchers in South Africa, other countries in Africa, and around the world. MEDLINE-listed and JCR®-ranked, the journal disseminates vital research on social factors relating to HIV/AIDS, including care, support, behaviour change, behavioural surveillance, counselling, impact, mitigation, stigma, discrimination, prevention, treatment, adherence, culture, faith-based approaches, evidence-based intervention, health communication, structural and environmental intervention, financing, policy, media, etc.

Routledge is a leading social science publisher with a strong portfolio in the social, cultural, and psychological dimensions of HIV/AIDS and a dedicated South African operation. Routledge titles include AIDS Care, African Journal of AIDS Research (co-published with NISC) and Journal of HIV/AIDS & Social Services, among others within a growing Public Health & Social Care journals and books programme. Since 2007, Routledge has hosted an active editorial office in Johannesburg, working with society and institutional partners and with local co-publishers UNISA Press and NISC, to support and showcase top research from the region. Routledge, a founder member of Publishers for Development, is a keen supporter of a wide range of philanthropic access and author support initiatives, including Research4Life, INASP's PERii programme, African Journals Online, AuthorAID, and others.

The new partnership to publish SAHARA-J forms part of a wider open access initiative being invested in by Taylor & Francis in 2012. As part of Taylor & Francis Open, SAHARA-J will publish articles accepted after rigorous peer review on an open access basis for immediate online global dissemination, benefiting from rapid publication, high visibility marketing, and discoverability through Taylor & Francis Online. Authors will contribute an affordable publication fee or be eligible for a waiver based on the country of affiliation.

Dr David Green, Global Journals Publishing Director, comments on the publication of SAHARA-J within the Taylor & Francis Open programme, "Taylor & Francis is committed to producing high-calibre journals that showcase quality global research. We believe that this content should be widely disseminated and are now exploring open access business models to enable universal access in ways that are sustainable and meet the needs of research communities. We feel the time is right to increase the scope of our open access offerings to sit alongside the cost-effective subscription and licensing options, and indeed the South African co-publication arrangements, we offer to libraries. We are proud to partner with SAHARA in publishing SAHARA-J, a foremost forum for HIV/AIDS research, working together to support its increasing impact in society and the global knowledge community." Doctor Oliver Shisana, the CEO of the HSRC, indicates that she is delighted that SAHARA could conclude a strategic partnership with Routledge to publish the HSRC's flagship journal, SAHARA J.

The partnership will be launched at the 6th SAHARA conference 28 November–2 December and further details will be available soon on the SAHARA (www.sahara.org.za) and Taylor & Francis Online (www.tandfonline.com) websites.

For more information on Routledge's HIV/AIDS programme, including featured articles, visit www.tandf.co.uk/journals/explore/routledge-AIDS-research.pdf and on Routledge's Africa programme, visit www.tandf.co.uk/journals/africa. SAHARA-J related questions can be directed to sa.journals@tandf.co.uk at Routledge or contact the Managing Editor, Dr Dimitri Tassiopoulos, SAHARA at SAHARAJ@hsrc.ac.za.

APPENDIX 2: CONFERENCE COMMITTEE MEMBERS

THE ORGANISING COMMITTEE

Prof Nancy Phaswana-Mafuya, Human Sciences Research Council, Chair
Prof Leickness Simbayi, Human Sciences Research Council
Prof Thoko Mayekiso, Nelson Mandela Metropolitan University
Prof Velile Notshulwana, Nelson Mandela Metropolitan University
Dr Dimitri Tassiopoulos, Human Sciences Research Council
Ms Bridgette Prince, Human Sciences Research Council
Mr Edgar Joshua, Human Sciences Research Council
Dr Ebrahim Hoosain, Human Sciences Research Council
Ms Kim Trollip, Human Sciences Research Council
Ms Babalwa Booi, Human Sciences Research Council
Ms Ina Van der Linde, Human Sciences Research Council
Ms Margot Collett, Nelson Mandela Metropolitan University

THE SCIENTIFIC COMMITTEE

Dr Olive Shisana, Human Sciences Research Council
Prof Leickness Simbayi, Human Sciences Research Council, Chair
Prof Nancy Phaswana-Mafuya, Human Sciences Research Council, Co-Chair
Prof Thoko Mayekiso, Nelson Mandela Metropolitan University
Prof Velile Notshulwana, Nelson Mandela Metropolitan University
Dr Dimitri Tassiopoulos, Human Sciences Research Council
Prof Thomas Rehle, Human Sciences Research Council
Prof Pamela Naidoo, Human Sciences Research Council
Dr Jeremiah Chikovore, Human Sciences Research Council
Dr Ebrahim Hoosain, Human Sciences Research Council
Prof Cheikh Niang, SAHARA WA Region
Prof Mambure Kasese-Hara, WITS University
Prof Naydene de Lange, Nelson Mandela Metropolitan University
Prof Lesley Wood, Nelson Mandela Metropolitan University
Dr Calvin Gwandure, WITS University
Prof Frans Bezuidenhout, Nelson Mandela Metropolitan University
Mr Rodrigo Garay, AIDS Accountability International
Prof Frikkie Booysen, Free State University
Yandiswa Skweyiya, Medical Research Council
Dr Desire Kamanzi, Kigali Institute for Health
Prof Peter Baguma, Makerere University
Dr Placide Tapsoba, Ghana Population Council
Prof Lewis Aptekar, San Jose States University
Prof Dominique Meekers, Tulane University
Dr Ariel King, Ariel Foundation
Prof Marlene Temmerman, Ghent University
Dr Sanjay Garg, University of Auckland
Mr Warren Bretteny, Nelson Mandela Metropolitan University
Dr Tom Were Okello, Walter Sisulu University

THE PROGRAMME COMMITTEE

Prof Nancy Phaswana-Mafuya, Human Sciences Research Council, Chair
Prof Leickness Simbayi, Human Sciences Research council
Dr Dimitri Tassiopoulos, Human Sciences Research Council
Dr Ebrahim Hoosain, Human Sciences Research Council
Prof Thoko Mayekiso, Nelson Mandela Metropolitan University

Prof Velile Notshulwana, Nelson Mandela Metropolitan University

THE SCHOLARSHIP REVIEW COMMITTEE

Prof Nancy Phaswana-Mafuya, Human Sciences Research Council, Chair
Dr Dimitri Tassiopoulos, Human Sciences Research Council
Ms Babalwa Booi, Human Sciences Research Council

THE CONFERENCE SECRETARIAT

Ms Babalwa Booi, Human Sciences Research Council
Ms Nolonwabo (Cleo) Mhlanga, Human Sciences Research Council
Ms Yolande Shean, Human Sciences Research Council
Ms Nozuko Ngcukana, Nelson Mandela Metropolitan University
Ms Ndileka Jacobs, Nelson Mandela Metropolitan University
Ms Yolande Ferreira, Nelson Mandela Metropolitan University
Ms Tamlynne Wilton, Head: FPD Conferences & Special Events Department
Mrs Thereza Grobler, Conference Operations Manager
Ms Mary Mabudafhasi, Conference Coordinator
Ms Gwynneth Makuwaza, Conference Administrator
Mrs Kate Gindra, Exhibition, Sponsorship & Marketing Administrator
Ms Kubeshni Nair, Registration Manager
Ms Lashika Chinsamy, Registration Officer
Ms Tshepo Gaofetoge, Registration Officer
Ms Khutso Malatji, Registration Officer
Mr Deepik Kassen, IT Manager

APPEMDIX 3: NMMU VOLUNTEERS

Halén Swartz
Vuyolwethu Ngqondi
Odwa Magwentshu
Sibongiseni Twanani
Nompumelelo Basse
Lauren Le Roux
Vuyokazi Duma
Luke Mahlangu
Asa Ntari
Zihle Wali
Mandilakhe Blankete
Nwabisa Duma
Nomveli Booi
Nosimpiwe Maqoko
Beauty Ncube
Lerato Ntaba
Siphokazi Ngcukana
Camagu Nompetsheni
Nomfezeko Sombhalo
Lonwabo Rooibaard

S.A.H.A.R.A CONFERENCE

28 NOV - 2 DEC 2011
Nelson Mandela Metropolitan University, Port Elizabeth, South Africa

Thank you

The 6th SAHARA Conference 2011, co-hosted by the Human Sciences Research Council (HSRC) and Nelson Mandela Metropolitan University (NMMU), would like to thank you for your active participation in and attendance of our recent conference.

We would like to thank you for your enthusiasm and commitment that filled 6th SAHARA Conference 2011 to capacity.

We are pleased to say that the feedback we received indicted that it was a useful and worthwhile event, characterised by a range of stakeholders from the African Continent and other parts of the World, put together under one roof with high-level speakers, interesting topics, diverse satellite sessions, workshops and roundtable meetings.

We would also like to invite you to start preparing for the 7th SAHARA Conference 2013 entitled: "AIDS: 30 years after: consolidating successes, facing new challenges, driving solutions for health, social and development problems in Africa", taking place in Dakar, Senegal.

Nous espérons vous voir à Dakar en 2013!

We wish you well over the holidays, a new year of peace, good health and success. And if you are travelling, may you enjoy a safe trip.

Happy holidays and all the best for 2012!

HSRC Human Sciences Research Council

CONTACT: SAHARA || +27 (0)41 399 8700 / 8710 Fax: +27 (0)41 399 8711

Website: www.sahara.org.za

Nelson Mandela Metropolitan University

6TH SAHARA CONFERENCE 2011 DELEGATE TALKBACK SELECTION

"... you and your team have done a sterling job. I am so happy that the SAHARA conference was very successful... Perseverance is mother of success and you have shown that you can do it; you raised funds, pooled together the best international scientists you could bring and revived the African connections."

Dr Olive Shisana, Chief Executive Officer, Human Sciences Research Council, South Africa

Thank you very much for the best conference organizing I have witnessed. You have given Zimbabwe an effective platform to articulate our case. The Silent No More Movement is an important development and here we are thinking of how to support them to become truly international, effective and grow to include Zimbabweans in the Diaspora around the world.

Senator Sekai Holland, Minister of State in the Prime Minister's Office, Zimbabwe

"I can't wait for the next opportunity to collaborate with you."

Capt. Francis A Obuseh, USAF USAFE 17 AF/SG, USA

"Just to say thank you for organizing a very enriching conference"

" ... I congratulate you for the milestone you have made to set SAHARA on the international agenda. I'm grateful for having attended the 2011 SAHARA Conference in Port Elizabeth, SA and for the support I got from the SAHARA staff. ... I know how much the SAHARA Conference has contributed to make me stand at the international level of social research relating to HIV/AIDS"

Mr Denis Nuwagaba, Inter Religious Council of Uganda, UGANDA

"It was such a great experience to interact with researchers, scholars and activists from all over Africa"

"I want to thank you on behalf of Rodrigo Garay and my AAI colleagues for that opportunity which was afforded by our collaboration with SAHARA"

Mr Danga K. Mughogho, Liaison Officer: AIDS Accountability International, South Africa

"I just wanted to thank you all once again for the excellent conference organising and for taking the lead on networking which we think is of extremely high importance in Africa at the moment"

"The conference was clearly a huge source of inspiration for all our delegates and it has given them much motivation to join the nascent networking activities"

Mr Tamas Varga, Programme Officer: Global Drug Policy Program, Open Society Foundations, Hungary

"Thanks a lot for selecting my abstract ... and for the hospitality at the conference".

Dr Tapati Dutta, International AIDS Vaccine Initiative, Defence Colony, New Delhi, India

"It was really nice reconnecting during the recent SAHARA conference. I really enjoyed everything and the dinner was icing on the cake. Thanks so very much for your hospitality."

"I am already missing you all. I really enjoyed connecting with you and your team. "

"Let's remain connected."

Dr Annamore Matambanadzo, University of Pittsburgh, USA

"On behalf of myself and the Silent No More delegation, I would like to send a profound Thank You for all you did for us during the SAHARA 6th Conference. The reception was first class and the experience was awesome. We will forever be indebted to you"'

Mr Den Moyo, Silent No More Movement, Zimbambwe

"Wow, what an experience!!"

"... It was an historic experience to rub shoulders with eminent researchers in my field. The conference in totality has opened new research frontiers for me which I would wish to exploit further."

"The conference was professionally organised and it was an enormous pride that at the heart of it were our African Women! Your indefatigable spirit in attending to the diverse needs of all the participants was just phenomenal."

Mr Chris Dzimadzi, Programme Director: Functional Literacy for Integrated Rural Development (FLIRD), Lilongwe 3, Malawi

"Hope you have had time to rest following such a successful event you had last week".

Ms Coceka Nogoduka, MPH, PEPFAR Provincial Liaison, Eastern Cape, South Africa

"Congratulations!! "

Prof. Mzo Sirayi, Executive Dean: Faculty Of The Arts, Tshwane University of Technology, South Africa

"It was indeed a pleasure for having invited us to the SAHARA and most importantly for allowing me to do a presentation on the Monitoring and Evaluation and Research in Zambia."

Mr Bwalya Mubanga, National HIV/AIDS/STI/TB Council, Lusaka, Zambia

"... I really enjoyed assisting there and it will be my pleasure to assist at Sahara in future".

Mr Mandilakhe Blankete, NMMU Student Volunteer, Nelson Mandela Metropolitan University, South Africa

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