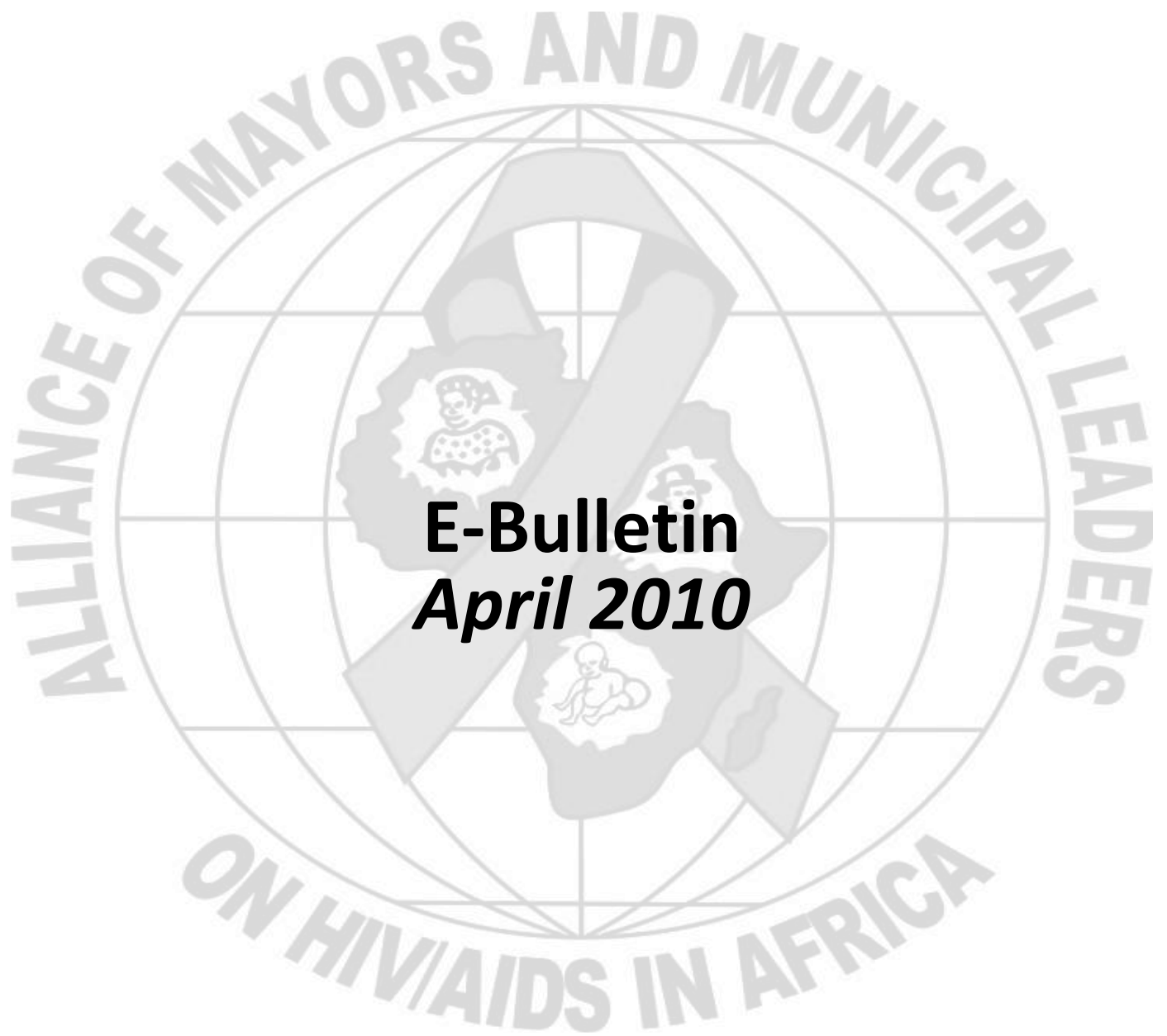




ALLIANCE OF MAYORS AND MUNICIPAL LEADERS ON HIV/AIDS IN AFRICA



Welcome Note from the Editor



Alice Mwanaumo Simushi (left) will start as The Alliance Communications Manager from May onwards. She's taking over from Eva-Maria Koesters (right) whose placement as VSO volunteer at The Alliance will finish end of April.

Dear Alliance Members,

Today I'm writing to you for the last time as The Alliance Communications Manager. I've been working for The Alliance Secretariat since October 2009 as a VSO (Voluntary Services Overseas) volunteer and will finish my placement end of April 2010. During the last months I was in charge of all communications and relationship management related topics. Together with my excellent assistant Alice Mwanaumo Simushi and the management team we achieved a lot in various areas: just to mention some of our achievements, we sent out monthly E-Bulletins and the quarterly Newsletter, we set up a homepage concept and have already started the implementation of new web pages for the Secretariat as well as for each Chapter. You can read more about our completed tasks in the communications update article in this E-Bulletin.

As always you'll also find our recurrent topics such as the Person of the Month and our Discussion Forum in this publication. Both sections are very important for The Alliance networking: you get to know each other better and can exchange opinions and ideas to learn from each other and to improve your daily work. My wish for the future of The Alliance is that all of you continue to participate actively in this great forum. Together you can achieve even more!

To guarantee continuity and sustainability in the communications area, Alice Mwanaumo Simushi will take over my tasks in the future. Please support her actively and give continuous feedback. Your opinion is always highly welcomed as your needs determine the Communications Manager's actions. In addition I set up a Communications Handbook that'll help every future Communications Manager to quickly understand the structure and needs of The Alliance in the communications and relationship management area.

Last but not least I would like to thank all of you for your support in the last months. I really appreciated every single comment and feedback because it helped me to customize my support to The Alliance's needs. I wish all of you the best for both your professional and personal future. Keep up your excellent and important work!

Best regards from Windhoek,

Eva

Person of the Month



Mah Niangadou Drabo

Name: Mah Niangadou Drabo

Role: AMICAALL Mali Programme Coordinator

Location: Bamako, Mali

What keeps you motivated to work for The Alliance?

I never chose to work for The Alliance. It is because of my devotion that partners made a proposal, which was accepted by my department and The Alliance Chairperson. Today my motivation is the suffering of

people living with HIV and AIDS. I am convinced that it is through developing local strategies that we will be able to bring them relief and prevent further infections. I have experienced AIDS very closely. I assisted two people dear to me who were dying.

I am think it is an evil that exists and I wish to save human lives through my daily behaviour and messages. For that purpose, I trust the strategy of AMICAALL.

From your point of view, what are the main challenges The Alliance has to face?

The challenges are: the insufficient number of meetings among member states' leaders, the lack of financial support for member states; and the lack of media utilization.

If The Alliance wants to be successful what do we need to focus on?

The Alliance has already succeeded in many things. To perfect itself it needs to be visible, show action through its national chapters. Communication among chapters is still timid.

Where can we typically meet you if you are not at work?

After work, I am at home in my village or in my field.

The Alliance Secretariat- Articles

World Urban Health Day 2010

World Urban Health Day 2010 focused primarily on urbanization and health. This year's theme was "Urbanization and Health: Urban Health Matters." This event was headed by the campaign '1,000 Cities - 1,000 Lives'. Under this campaign, events were organized worldwide encouraging cities to open up their streets and towns for health-related

activities. The other aim was to collect 1,000 stories of urban health success stories in specific cities.

This year World Urban Health Day was on 9th April. Under the theme, "Intensifying Urban Responses to HIV/AIDS in Namibia", a conference was held at Windhoek's Hotel Roof of Africa. This conference was a joint collaborative effort by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the City of Windhoek, the United Nations Habitat, and AMICAALL Namibia. Various organizations presented their contributions on the topic. In their presentation, Justine Hunter and Naita Hishoono of The Namibia Institute for Democracy (NID) stated that one of their research studies sought to determine how the AIDS epidemic can contribute to state fragility in terms of the functioning of local government. This fragility often includes mortality among councilors, loss of institutional memory, decrease in municipal revenues, and service delivery failures.

According to NID, "Local authorities might be ill-equipped in the fight against HIV and AIDS due to capacity problems (in terms of human and financial resources), often exacerbated by the effects on its skill and revenue base." The NID also conceded that in recognition of the need for a decentralized approach to the HIV/AIDS pandemic, the Namibian government supported the establishment of the Declaration of the Association of Local Authorities in Namibia (ALAN) on HIV/AIDS and the AMICAALL programme. The big question asked, however, was, "Have these declarations been put into practice by the signatories?" A huge determining factor would be for these establishments to share and report their success stories and failures.

AMICAALL Namibia gave an overview of their recent activities. These include workplace programs such as leadership advocacy training, peer educator training, HIV/AIDS teams training, policy

development, and HIV/AIDS programme planning and budgeting. Other activities are Community Capacity Enhancement (CCE) programs such as the recruitment of regional coordinators, coaching for national trainers and regional Coordinators, and international CCE advanced training.

AMICAALL Namibia has had several successes, such as its collaboration with regional councils, its creation of operational documents (the constitution, HR policy, Strategic Plan and ToR's) and its partnership with local authorities who fund some of its activities. AMICAALL, however, also has a number of challenges, the major ones being the lack of sufficient funding. For instance, the Global Fund has over the years, reduced funding and CCE funding has also taken a blow in 2010. Areas of future support include: technical support to mobilise resources, implementation of plans, support to operationalise strategy documents and plans, and support to coordinate and collaborate.

The Rural Thirst for Information, Education, and Communication Programmes on HIV/AIDS

In most southern African countries, HIV/AIDS is a scourge that mostly affects urban populations. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2005 statistics, the 2003 HIV/AIDS prevalence rate in Namibia was 21.3 %. The urban HIV/AIDS prevalence rate in Windhoek alone took up a hefty 24 % of this figure. In South Africa, the 2003 HIV/AIDS prevalence rate was 21.5 % with an urban HIV/AIDS prevalence rate of 15 % in Cape Town, and 28 % in Durban. In Zambia, the national HIV/AIDS prevalence rate was 16.5 % in 2003, with an urban prevalence rate of 22% in Lusaka. These figures were noted by <http://programs.ifpri.org>.

It is perhaps because of this phenomenon that a large number of awareness campaigns on the disease are more targeted at these populations than those in rural areas. However, it is important to note that HIV/AIDS is an extremely mobile pandemic. As a result, a large number of rural inhabitants are also at high risk of contracting and spreading the virus.

Despite 70 % of its population residing in rural areas, there is an ill-acknowledged need for Namibia's national response to HIV/AIDS to be diversified. In his case study of Namibia, Desmond Cohen states that a lot of countries in Africa have pursued economic and social policies which are urban biased. These policies favor those who live and work in cities to the disadvantage of rural populations. These biases in policies and in access to public services are factors in the transmission of HIV and the subsequent spread of the epidemic.

Populations in Namibia have two main disparities in aspects such as income, lifestyle, and assets. 65 % of the country's national income is received by only 10% of the population. This means the remaining 35% of income is shared out among a disturbing 90 % of Namibia's people. In essence, the rich in Namibia are very rich while the poor are very poor. Like in many other African countries, an intermediate social class barely exists. And unfortunately, inequality in Namibia seems to extend even beyond income and figures.

According to Cohen, "All of the social indicators for Namibia point to a situation of great inequality in access to schooling, and health care, as well as in the provision of housing, electricity, water, and sanitation. There are deep ethnic, regional and rural/urban differences in most of the aspects of life which determine the standard of living. These differences have great implications for the HIV epidemic both in terms of what they imply for risk behaviors but also in terms of what can be achieved through HIV-related programme

activities. It becomes immensely difficult to reach largely illiterate rural populations through Information, Education, and Communication (IEC) programmes - whether these are targeted at adults or at children/youth."

It seems as though the initiative to partner with local communities at the grassroots level often falls with a small array of groups such as non-governmental organizations and charity groups. In addition, national policies on HIV/AIDS information dissemination to rural areas are few and vague.

In late 2009, while researching the topic of post-exposure prophylaxis (PEP) medication to survivors of rape, an interview was held with Dr. Bernard Haufiku of the Windhoek-based Roman Catholic Church Hospital. He stated, "Although the Ministry of Health and Social Services has a lot of information and campaign strategies on PEP and other HIV/AIDS related topics, most people outside urban centers do not have access to these campaigns. A lot of information is on paper and in English. What happens to those women who can't read English? We need to accept and understand that people from different educational and cultural backgrounds will need different sensitization approaches."

Haufiku went on to emphasize, "We cannot send a busload of English-speaking people to Katima and expect them to achieve positive results. We need to bring ourselves down to the level of these rural women and their families, sit around the fire with them and educate them about PEP and their sexual health."

Namibia is not the only southern African country failing to adequately communicate HIV/AIDS awareness campaigns to its rural communities.

According to The Swaziland Human Development Report, a major challenge of Swaziland's national response to the pandemic is its inability to stimulate widespread positive sexual behavior. The report states that this can be attributed to various

factors, including the general scarcity of information and communication material, and the failure to balance investment that is made in mass media communication as opposed to interpersonal and community-based communication approaches.

The report states, "Very little effort has been invested in understanding and addressing the factors that in the first instance make members of the Swazi society knowingly engage in high-risk sexual practices. Information and communication interventions that fail to address these factors are not empowering the people, as they do not equip them with the tools required for overcoming specific vulnerabilities."

AMICAALL Chapters articles



AMICAALL Tanzania National Coordinator, Cyprian Paul Magere

Status update: Zanzibar Municipal Council and HIV/AIDS

During a reporting period of January to March, 2010, AMICAALL Tanzania was part of a team that conducted a monitoring and supervision visit among four municipalities, namely, Zanzibar, Iringa, Morogoro and Kigoma/ Ujiji. The other team members were the Tanzania Commission for AIDS (TACAIDS) community technical officer, Tanzania Cities Network Coordinator and Council HIV and AIDS Coordinator.

Zanzibar comprises two main islands called Unguja and Pemba. According to a report written by AMICAALL Tanzania National Coordinator, Cyprian Paul Magere, “Zanzibar Municipality is the economic, political and cultural centre of the islands as well as administrative headquarters of Zanzibar Government.” HIV/AIDS is unsurprisingly existent in this hubbub of activity.

During its project, the team interacted with the acting municipal director and 16 members of multi-sectoral AIDS municipal committees. Information shared included statistics from the Tanzania HIV and Malaria Indicator Survey 2007/2008, which indicate that Zanzibar has an average infection rate of 0.6% (women being 0.7% and men 0.5%).

Drivers of the HIV/AIDS pandemic in Zanzibar include high risk behaviours and practices accompanied with low perception of HIV/AIDS transmission risk, the persistence of stigmatisation and discrimination against HIV/AIDS and mobile populations such as fishermen and soldiers. Other drivers of the spread of HIV/AIDS are scenarios of gender imbalance. In Zanzibar, women are more at risk than men because of certain cultures and beliefs that discourage women’s involvement and empowerment in societal issues. Also, few women can make decisions in their families, and more women are subjected to domestic violence.

The Zanzibar HIV/AIDS committee has made considerable progress. Magere states, “HIV and AIDS committee members promote behaviour change and communication in relation to HIV and AIDS through field visits and community conversations, the messages communicated to different community groups include abstinence until marriage and being faithful to one partner as ways of prevention of HIV transmission.” The committee members also encourage communities

to participate in Voluntary Counselling and Testing (VCT) and antenatal care for pregnant women.

Formed in 2009, the Municipal HIV/AIDS Committee is a new body and so faces many challenges. One of these challenges is insufficient resources (funds and materials for education people). In this regard, the committee has not yet received any guide or training manuals. There is also no strategic plan and work place policy at the municipal council to guide proposed interventions. Cultural and religious beliefs sometimes also act as challenges; for example, opposition against condom use is still high among some communities.

According to Magere, “During the discussion, members requested AMICAALL to support the Zanzibar Municipal Council with the provision of capacity strengthening (building) sessions on their roles and responsibilities towards HIV/AIDS, assistance in strategic planning of council HIV/AIDS interventions, human rights and stigma reduction and the maintenance of regular support visits and technical

Discussion Forum

Lots of African cultures are blamed to be the origin of the spread of HIV/AIDS. However, other cultures aid in curbing it. What is your awareness on cultures that curb the spread of this disease?

“Parental guidance on who to marry or not to marry- parents can demand the HIV/AIDS results of their daughter/son in-law before marriage. Initiation (sikenge) is another cultural practice that curbs the spread of HIV/AIDS – It has been said that one of the reasons men/women cheat is because of lack of sexual satisfaction in marriage- so if young people can go through (sikenge) before marriage, I feel it will reduce unfaithfulness in marriage



because people will be able to enjoy sexual satisfaction with their spouse.”

-Maria Atejioye, AMICAALL Namibia-

On the Calendar

- The World Association of Non-Governmental Organizations (WANGO) is hosting the 2010 WANGO Africa Conference from 29 April to 2 May 2010 in Nairobi, Kenya.
- IZA and the World Bank are hosting the 5th IZA/World Bank Conference: Employment and Development from 3-4 May 2010 in Cape Town.
- Regional Capacity Building Partners, a network of professional organizations and individuals who have combined their skills and experience to explore cost-effective ways of strengthening the response to HIV and AIDS, climate change, governance and leadership issues, among other development concerns, is conducting a course on Managing HIV and AIDS Programmes from 17-21 May 2010 in Nairobi, Kenya.
- The IEEE Communications Society is hosting the International Conference on Communications from 23-27 May 2010 in Cape Town. This will be the first time that ICC has been held in Africa.

End on a light note... something to think about

“Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful.”

-Albert Schweitzer



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