



The Alliance Newsletter

1st QUARTER 2010

The **Alliance**: Our goal is to reduce the social and economic impact of the HIV/ AIDS epidemic on communities in Africa. This newsletter informs you about the latest development and strategic direction of our mandate.

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1. EDITORIAL



Mayor Gilbert Manouan, Mafere Municipality, Côte d'Ivoire, The Alliance Coordinator

Welcome Note

Welcome to our first The Alliance Newsletter in 2010. This edition covers pertinent topics of gender, cross-border issues and environment related to HIV/AIDS. All these areas are the developmental mandate of local government.

2010 is a year that comes with much excitement in the African Continent. The Soccer World Cup will be played in our continent. Whilst this brings economic development, it also brings issues that challenge our efforts in the fight against HIV/AIDS. With the influx of tourists to the host country and spill over to the neighboring countries, there is evidence that the sex trade will increase. It is needless to mention that local governments will bear the brunt of all these activities and I would like to encourage my fellow mayors, their councils, officials and partners – civil society organization to be even more vigorous in their response to these challenges.

Best regards, sincerely Mayor Gilbert Manouan



2. THE ALLIANCE BASICS

- **The Alliance** = The Alliance of Mayors and Municipal Leaders on HIV/ Aids in Africa = members of the group who signed the Abidjan Declaration = chapters in 13 member countries plus The Alliance Secretariat
- **AMICAALL** = Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level = The Alliance's Strategy
- **Chapters** = The Alliance has chapters in 13 member countries, the chapters are usually named as e.g. AMICAALL Namibia
- **Secretariat** = The Alliance Secretariat is based in Windhoek, Namibia and is the coordinating body for all 13 member countries

3. HIV/AIDS & GENDER

A strong focus of the AMICAALL chapters' work lies on promoting gender equality and equity in Urban Local Governments' HIV/ AIDS activities. AMICAALL Uganda is one excellent example how The Alliance implements its work on the area of HIV/ Aids and gender.

AMICAALL Uganda Chapter was launched in November 2000 with the support of UNDP, UNAIDS, Uganda AIDS Commission and UN AMICAALL Partnership Programme (UNAPP). The Chapter is currently comprised of 110 designated

urban authorities and 34 Municipal Divisions in the country. The overall objective of the Uganda Chapter is to build the institutional capacity of urban local governments to ensure quality, equitable and timely HIV/AIDS service delivery at the urban local level. Given its strategic positing and mandate AMICAALL Uganda Chapter is considered as major player in the national response and a key entry point to HIV/AIDS response in local governments. The role of the Chapter is critical for the national response since it targets urban areas of the country which continue to experience the highest HIV prevalence (10.1%) compared to (5.7%) in rural areas.



Executive Secretary and National Coordinator of AMICAALL, Dr. John Mugisa, congratulates Miss Jane Nakasi, the Woman Representative on The Alliance Executive Council and Deputy Mayor of Lyantonde Town Council for her exemplary work in HIV/AIDS.

In order to reduce gender-based discrimination and promote equal rights and equal opportunities, AMICAALL Uganda Programme activities have been characterized by promotion of gender equality in HIV prevention and management in urban local governments. Promotion of gender equality and women's empowerment has been achieved through a number of approaches.

Promoting women's participation in governance and management of HIV/AIDS in urban local governments

The Uganda Chapter Alliance Constitution was amended to provide affirmative action for female Mayors to be elected to the Executive Council which is the organ that governs The Alliance Chapter and provides oversight to AMICAALL activities in the country. The Alliance Constitution gives all Mayors and elected Councilors irrespective of sex, the opportunity to be elected on merit for any post on The Alliance Executive Council including the posts of Alliance Chairperson. The Alliance Constitution also provides for two automatic women positions on the Alliance Executive; one position is reserved for a Woman Representative to advance women issues and other gender concerns.

The selection of Urban HIV Focal Persons (AMICAALL Local Coordinators) is guided by gender considerations. AMICAALL Local Coordinators serve as HIV Focal Persons and Coordinators of HIV/AIDS

activities in member urban authorities. Over the past years, more women have been appointed to the post of AMICAALL Local Coordinator. This has resulted in increased participation of women in the management of HIV/AIDS activities in the local government. Currently more than 50% of the Coordinators are women. This is significant progress considering that less than 40% of women were serving as Coordinators in 2005.



AMICAALL Local Coordinator for Soroti Municipal Council Ms. Hellen Alojo, facilitating a regional HIV/AIDS mainstreaming workshop.

The recruitment and training of AMICAALL peer educators and other beneficiaries is gender sensitive with a particular focus on equality in terms of numbers. The selection criteria developed by AMICAALL say that 50% of the peer educators and beneficiaries are female, and 50% are male. However, women are given a special consideration in some cases to promote equity. This approach ensures that gender concerns are taken into consideration in all AMICAALL activities including peer education, training, social mobilization and sensitization, and social support.

In addition, AMICAALL has promoted gender equality through supporting urban local governments to establish Multi-Sectoral AIDS Taskforces that are charged with management and coordination of HIV/AIDS response at local level. The AIDS Taskforce is a multi-sectoral committee that brings together stakeholders from the public and private sector, and faith based organizations to address HIV/AIDS within the decentralized response. The guidelines for the AIDS Taskforce require that at least 50% of the members are female. It ensures that every group is represented in the Taskforce and is able to voice out their views on HIV/AIDS including gender concerns.

Mainstreaming gender in HIV/AIDS activities in urban local governments

As part of promoting gender equality, AMICAALL has developed and disseminated a toolkit for HIV/AIDS mainstreaming in urban local governments. Amongst others the Toolkit identifies gender as a key development issue and outlines gender related factors as key drivers of the epidemic.

As a follow up, AMICAALL Uganda has trained urban leaders to mainstream HIV/AIDS in planning and budgeting. This has resulted in gender awareness among urban leaders in planning for HIV/AIDS. Urban local governments are thus encouraged to integrate activities that aim at breaking gender stereotypes, promoting women

participation in HIV/AIDS activities, empowering women with knowledge, skills and resources to prevent and manage HIV/AIDS.

Desegregation of data by sex

While promoting HIV/AIDS information flow through peer education, AMICAALL has ensured the collection of sex disaggregated data. The data collection tool for peer educators was designed to show the sex of every client reached with HIV/AIDS messages. Using this information, gender analysis is conducted to establish the different needs of men and women. This has helped to design targeted interventions and activities that meet the needs of the different categories in particular for young women. For instance, AMICAALL has trained commercial sex workers in sexuality and conduct of life. The training included skills to make healthier choices like negotiating for condoms, as well as money saving skills to find alternative income generating activities.

Despite limited HIV/AIDS resources to address HIV and gender concerns in Ugandan urban local governments, AMICAALL continues to support urban local authorities in integrating gender issues in their HIV/AIDS programmes. Gender related risks are prevalent in urban settings and continue to put the urban population at risk.

4. HIV/AIDS & ENVIRONMENT

The Environment as One Solution to HIV/AIDS Related Loss of Income

The achievement of Namibia's independence had various connotations attached to it, including gender equality, empowerment for all, and renewed loyalty to this southern Africa nation of sand, sun, and picturesque landscapes. With the HIV/AIDS pandemic now ravaging the country, however, thousands of people have been thrown into a new form of bondage. This bondage comes in three main forms.

Firstly, when a member of a household starts suffering from HIV/AIDS-related diseases, and more especially if they are the breadwinner of that family, there is a loss of income and productivity from that person. Secondly, coverage of medical costs results in a sharp increase of household expenditure. Thirdly, there is the indirect cost of absenteeism from school or work by other family members to take care of the patient. When that patient dies, impacts on surviving family members weigh heaviest as temporary loss of income becomes permanent. In cases where the HIV/AIDS infected family member was a spouse, it is common for the other half of the couple to be left infected with the virus as well. The infection in time ravages them as well and makes them less productive.



The United Nations states that a common feature of the HIV/AIDS effect on households is the rapid transition from relative wealth to relative poverty. This feature has been deemed especially visible in Zambia. Surveys show that this shift to poverty is especially common in households where the deceased was the patriarchal breadwinner and tenant of the house through his job.

Work on a project called the Community Enterprise Support Project (CESP) for Namibia first began in April, 2007. This project is co-funded by the European Community (EC) and the non-profit organization Voluntary Service Overseas (VSO). The main objective of the project is to improve the livelihoods of disadvantaged rural populations in the communal areas of Namibia. In an interview with Paul Collier, Program Manager of the Secure Livelihoods Program at VSO-Namibia, he stated, "Our project does not really integrate HIV/AIDS although it is an angle that we would like to take up. Internally, we have been exploring opportunities and the project is currently going through a review process following recommendations from our partners."

Collier also acknowledged the importance of assisting local households in environmental/natural resource usage as a source of livelihood in the event of lack of income due to HIV/AIDS. He said, “Although our current recommendations are in line with our donors’ and partners’ strategic plans, we are open to suggestions and recommendations from other public sectors. Perhaps HIV/AIDS integrated approaches to enterprise development are something we can take up in the future. Furthermore with regard to the CESP, depending on where target communities/beneficiaries are, specific requests/collaborations would be recommended where VSO is currently involved with enterprise development initiatives. Our volunteers don't have any HIV/AIDS related responsibilities in their respective job descriptions, but we encourage them to become involved in this through an integrated approach in their work with the respective communities.”

With loss in income and little guarantee of stable jobs, it becomes important for households to consider re affiliating themselves with the environment as a source of livelihood. In Zambia and Zimbabwe for example, it is not uncommon for families to save money to buy farms or land which they consequently cultivate. Indigenous crops such as cassava, maize, groundnuts, beans and others are often planted and are not only consumed by the family but also sold on a small-scale basis. Animals such as goats and chickens can also be

reared; these farms are regarded as an asset and something for the rest of the family to fall back on in hard times.



In Namibia, however, availability of fertile land is nearly non-existent. According to the Encyclopedia of the Nations, although 47 % of Namibia’s active population depends on agriculture for their living, less than 1 % of the country’s land is arable. The Caprivi and Kavango region in northern Namibia do, however, have potential for extensive crop and livestock production. The communal farms in that area are estimated to produce about 60 % of the country’s staple foods, such as mahango.

It is quite interesting that the most fertile areas of Namibia are located in border towns to Zambia, Angola, and Botswana. Historically, border towns often have the highest HIV/AIDS infection rates; and statistics for Namibia confirm this trend. The Caprivi region has the highest HIV infection rate in Namibia which is at 43 % compared to the lower 22.5 % for the rest of the country. These figures illustrate that communities and households in these regions face the brunt of HIV/AIDS and have

a dire need for natural resources that can aid in sustaining their livelihood. As indicated, environmental resources are there but the important question is: Are they being effectively used for the benefit of local communities hardest hit by HIV/AIDS?

In an interview with VSO volunteer John Odeke, working as HIV/AIDS Advisor for the Integrated Rural Development Nature Conservation (IRDNC), he acknowledged that the Caprivi Region is a major challenge in community natural resource mobilization efforts. He stated, “We look at the natural resources available and try to see how families can use them to survive without breadwinners such as parents. Although natural resources are available, they do not keep up with the widespread poverty that has been brought on by HIV/AIDS in that particular region. Our efforts to alleviate this poverty and HIV/AIDS related losses include training communities in bee keeping, mushroom growing and other activities. Once skills are learned, these activities are not difficult to manage and turn out to be a source of income and livelihood for poor families.”

5. HIV/AIDS & CROSS-BORDER ISSUES

The Dire Need for Cross-Border Programs

On 31st January, 2010, Bonita Gorrie-Nuttaall presented a television program on the atrocities occurring at the border between South Africa and Zimbabwe. This program was broadcast by the South Africa TV channel M-Net on its “Carte Blanche” Program and included information provided by researcher Susan Comrie. According to Comrie, an estimated number of 10,000 Zimbabweans migrate to South Africa every week.



With a cost of up to 3,000 Rands for an individual to get a passport, most immigrants resort to entering South Africa illegally. This fact is seen by some as a money-making business venture. “Businessmen” locally known as guma-gumas have emerged with the initial role of overseeing the smuggling of illegal immigrants into the country. For a fee of about 200 to 300 Rands per individual or other forms of payment such as giving up personal belongings, the guma-guma guide immigrants through the treacherous bush paths along the border area and protect them from authority figures such as soldiers. ‘Protection’ often comes in the form of bribes offered to these border-post authority figures. It is a way of ensuring that they turn a blind eye to occurring irregularities.

Recently, however, some members of the guma-guma have become greedy and reckless. They rob, assault, and rape defenseless immigrants in a rapidly increasing morbid trend. In Carte Blanche’s interview with him, Giuseppe Demola from the organization Doctors Without Borders, stated: “Since 4th of January, we had almost 20 cases of victims of sexual abuse. Most of the cases, they are women or girls who have been sexually abused during crossing the border.” Cases of sodomy and other risky sexual behaviors have also been reported not only as occurring along the Zimbabwean-South African border but at other borderlines such as the Zambian-Zimbabwean

border. Here sex trade has been rife for the last several years.

In 2007, the Southern Africa Development Community (SADC) HIV and AIDS Database and Information Portal stated the following: “Mobile and migrating populations are at high risk to acquire and transmit HIV infections. Development initiatives of SADC member states and companies to develop corridors (such as railways and ports that enable business relations among countries) lead to increasing trade and cross border traffic in the Southern African region. Some national governments and the SADC Health Desk formulated and issued plans to combat HIV/ AIDS/ STI’s (Sexually Transmitted Infections). However the implementation of these plans and a concerted action against HIV/ AIDS/ STI transmission in the road transport sector in Southern Africa is not yet effective.”



In November 2007, members of parliament from Namibia and Angola formed a delegation to go on a cross border oversight mission along the Angola-Namibia borders. The objectives of the mission included finding out the extent of the link between population mobility and HIV and AIDS, as well as investigating the extent of the increasing mobility of women as traders, sex workers and victims of trafficking. Findings indicated that there were

seriously high levels of HIV/AIDS transmission along border towns.

Although they are currently not part of The Alliance’s mandate, cross-border programs are an incentive that fit with its 5th Strategic Objective (S.O.), and so would be well worth considering. This S.O. stipulates: ‘The Alliance should develop and implement a positioning and marketing strategy for The Alliance as the key agency in the HIV/AIDS response across the continent, with an emphasis on major urban centers.’

Marketing strategies tend to be highly effective when comprised of various sub units or ‘functional arms’ that work together to achieve a common goal. The adoption of various projects such as cross-border programs would serve as the diverse functionality aspect of The Alliance. Also, dealing with urban centers in the fight against HIV/AIDS is often problematic because these areas comprise a demographically and culturally varied collection of individuals.

In the Alliance’s efforts to sensitize and raise awareness on the HIV/AIDS issue, an approach that may suit one group of people may be scorned by another. For example, whereas, urban city populations may be content with educative materials such as brochures and pamphlets, Alliance representatives at the root level might actually have to drive or stroll to border towns. Once there, they would have to educate the high risk groups such as illegal immigrants, cargo truck drivers, and prostitutes vis-a-vis.

Cross-border programs are positioning and marketing strategies that are currently in hibernation. If cultivated, they may well stamp a positive impact on not only Namibia and its Southern Africa (SADC) neighboring countries but other Alliance chapters and their neighbors as well.



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