

REGIONAL REPORT ON HIV/AIDS 2004



BUREAU FOR DEVELOPMENT POLICY AND REGIONAL BUREAU FOR AFRICA



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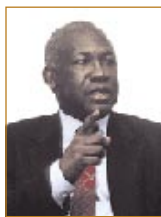
UNDP'S RESPONSE TO HIV/AIDS
IN SUB-SAHARAN AFRICA

The Answer Lies Within

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Foreword



Abdoulie Janneh



Shoji Nishimoto

The HIV/AIDS epidemic in sub-Saharan Africa demands an unprecedented response from the world community. UNDP country offices in this region have spearheaded a number of innovative initiatives to address the epidemic. This report however focuses on selected initiatives that have been led by UNDP at the global and regional levels, in partnership with country offices.

While many of the challenges presented by the HIV/AIDS epidemic are common to all regions of the world, UNDP is focusing much of its efforts on addressing specific key challenges in sub-Saharan Africa. First, impacting HIV/AIDS policies and enhancing human resource capacity continue to be of critical importance. Second, innovative strategies are needed to address the effect of HIV/AIDS on government and civil society institutions, and to overcome institutional inertia. A third key challenge is outlined in the recently released UNAIDS AIDS Epidemic Update 2004, which reveals that the number of women living with HIV/AIDS has increased in all regions of the world, leading to a growing “feminization” of the epidemic. Strikingly, among people living with HIV/AIDS between the ages of fifteen and twenty-four years in sub-Saharan Africa, 75% are young women and girls. In order to address this unfortunate trend, the issue of gender and HIV/AIDS constitutes a central focus of our efforts. Fourth, UNDP recognizes that without dramatically turning the course of the epidemic, many of the Millennium Development Goals (MDGs) for 2015 will not be achieved. The challenge of attaining the goal of halting and reversing the spread of HIV/AIDS, while positively impacting other MDGs, is one that we are continuously striving to achieve. A fifth key challenge is the effective implementation of well-coordinated and multi-sectoral national responses, with support from UN Country Teams.

Since the United Nations General Assembly Special Session on HIV/AIDS in 2001, much has been achieved in addressing HIV/AIDS in all regions of the world. As a cosponsor of UNAIDS, UNDP’s learning and successes are a result of the hard work and perseverance not only of our own staff but also that of our invaluable partners, without whom we cannot implement a strong response to the epidemic.

A handwritten signature in black ink that reads "Abdoulie Janneh".

Abdoulie Janneh

*Assistant Administrator and Director
Regional Bureau for Africa*

A handwritten signature in black ink that reads "Shoji Nishimoto".

Shoji Nishimoto

*Assistant Administrator and Director
Bureau for Development Policy*

Introduction

An Unprecedented Challenge Demands a Unique Response

The first case of HIV/AIDS came to the world's attention in 1983. Twenty years later, forty million people are estimated to be living with HIV and AIDS, and well over twenty million have already died of AIDS-related illnesses. In country after country, productive workforces are being depleted, and millions of orphans and elderly people left to fend for themselves.

Sub-Saharan Africa is home to the largest number of people living with HIV/AIDS. The epidemic continues to take a severe toll on this region. In some communities, few farmers are left to grow food, few teachers left to teach. The poor are getting poorer, and women and girls are being exploited more than ever. It is feared that if the course of the epidemic does not change, the existence of countries could be threatened.

And yet, millions of dollars have been spent. Policies and programmes abound in every country. Governments and donors have made their speeches. Resolutions have been signed. Condoms are being distributed. And more organizations than ever are engaged in responding to the HIV/AIDS challenge.

When it comes to HIV/AIDS, have we as a global community, truly asked the right questions? Given that most of the world today is still battling against HIV/AIDS and not making breakthroughs on a scale large enough to reverse the epidemic, it might seem that we are not asking the correct questions. So what could the right questions be – or perhaps the more appropriate and more significant ones – in the context of HIV/AIDS?

A close look at the Abuja Declaration and the UN General Assembly Special Session on HIV/AIDS Declaration of Commitment – which raise issues such as leadership, gender and vulnerability, points us in a certain direction. And it is here that our analysis of the epidemic as a psychosocial phenomenon, and not just a medical one, led us to some important discoveries. All analysis clearly reveals that the underlying causes of the epidemic – the deep rooted, almost hidden ones – lie in the domains of personal and social attitudes, perceptions, beliefs, practices and norms. These are the areas of gravest long-term concern. And the important questions that arise from them are not being voiced loudly enough – let alone answered adequately. But we have also seen that just as these questions and issues lie buried within individuals and communities, the answers or appropriate responses they point towards also lie there – within individuals, communities and institutions.

All analysis clearly reveals that the underlying causes of the epidemic lie in the domains of personal and social attitudes, perceptions, beliefs, practices and norms.

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HIV/AIDS is a complex problem requiring a complex response. The epidemic compels us to look deeply into our personal and social relationships to find the right answers and strategies. What is evident is that we need to develop leadership – at all levels, everywhere – leadership that is inspiring and empowering, and that will transform the world’s response to HIV/AIDS.

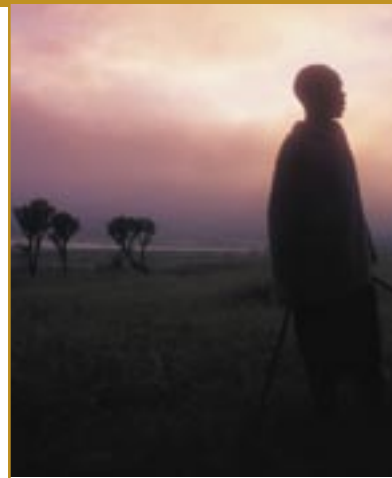
UNDP’s innovative approach – using scientifically designed tools and methodologies – to help individuals, communities and institutions discover the power of these answers that lie within themselves, has yielded remarkable breakthrough results. It is this process that we call transformation. Transformation and its results are probably the most fundamental set of answers yet to the difficult questions posed to humanity by the debilitating HIV/AIDS epidemic.

Transformative leadership is about creating deep and fundamental shifts of perspective-generating insights and distinctions. When such shifts occur they invariably clear the ground, as it were, for new possibilities to emerge – possibilities for a different and desirable future, or new solutions to previous deadlocks. It is the generation of such possibilities within individuals and groups, and the harnessing of unprecedented levels of capacity and commitment within leaders or organizations, that makes UNDP’s transformational Leadership for Results Programme unique, and the resulting breakthroughs more sustainable.

The impact of transformational thinking generates deep and profound change in individuals and institutions, and goes beyond addressing HIV/AIDS. It can be felt in all development areas – and is therefore extremely relevant in reaching the Millennium Development Goals (MDGs). UNDP’s strategies contribute directly to the goal of combating HIV/AIDS. Without achieving this goal, the MDG targets related to other development goals will be seriously jeopardized. In addition, work on all MDGs is enhanced by transformed leadership.

The HIV/AIDS epidemic calls for innovative responses that strengthen systems and structures, address the underlying causes, and produce meaningful results. As a cosponsor of UNAIDS, UNDP has led a number of efforts to challenge HIV/AIDS in the sub-Saharan Africa region. For more than a decade, the organization has made the case for the epidemic to be addressed as a development crisis. In the last few years, UNDP has built on that work to focus on generating a response to the epidemic that produces measurable results.

The worst affected countries need hope and results. Leadership is needed to address underlying causes, and promote multi-sectoral cooperation and partnerships. Institutions and communities need strengthening to provide care and support. Institutional inertia needs to be overcome. The capacity of communities to cope, care and prevent new infections needs to be fortified. The Leadership for Results



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INTRODUCTION

strategy works to address these issues. In addition, strategies are needed to deal with the loss of massive human capacity and to have basic services available for people.

HIV/AIDS is not only about a virus – it is about fundamental human behaviour and our relationships with each other. It is about fear, stigma, denial, silence, death and discrimination. It is about women’s status in society, and it is about sex – the deepest, most intimate actions between human beings.

It is clear that the scale, complexity, human trauma and dislocation brought on by the epidemic need a new kind of response. For too long, our responses to the epidemic have been limited to plans to strengthen infrastructure and systems while disregarding human attitudes that shape behaviour. While infrastructure is extremely important, merely investing in this area (establishing voluntary counselling and testing centres, for example) will not alone bring about the results we want to see. We need to address the attitudes and conditions that stop people from going to these centres (fear of stigmatization, for example) before a fundamental shift can be seen. The transformational methodology allows us to recognize the importance of addressing HIV/AIDS holistically – to look at “hidden” attitudes that shape behaviour, both individually and socially.

The purpose of this report is to highlight both the regional initiatives in sub-Saharan Africa, and the many initiatives that have been conceptualized as a result of the transformational methodology of the Leadership for Results programme. It is by no means a comprehensive account of the many exceptional efforts underway in the countries of sub-Saharan Africa.

It is clear that the scale, complexity, human trauma and dislocation brought on by the epidemic need a new kind of response.

Elizabeth Lwanga

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Overview

HIV/AIDS in sub-Saharan Africa

Epidemiological trends of HIV/AIDS in sub-Saharan Africa

The HIV/AIDS pandemic has taken its worst toll on the region of sub-Saharan Africa. While this region has only a little over 10% of the world's population residing within its borders, it is home to almost two-thirds of the 39.4 million people living with HIV/AIDS. This amounts to a staggering 25.4 million people living with HIV/AIDS in sub-Saharan Africa alone. In the year 2004, an estimated 3.1 million people in Sub-Saharan Africa were newly infected with HIV, while approximately 2.3 million died of complications from AIDS.

Southern Africa continues to be the worst-hit sub-region, with HIV prevalence rates surpassing 25% in some countries. South Africa, with 5.3 million living with HIV/AIDS, has the largest number of people with HIV of any country in the world. In Botswana, Lesotho, Namibia and Swaziland, prevalence rates still exceed 30% among pregnant women. However, in other southern African countries such as Malawi, Zimbabwe and Zambia, rates are stabilizing at lower levels, between 16% (Malawi) and 25% (Zimbabwe).

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Sub-Saharan Africa Regional HIV and AIDS estimates, end 2004

2003 2004	Adult (15-49) HIV prevalence rate	7.4% (range: 6.9 - 8.3%)
	Adults and children (0-49) living with HIV	25,400,000 (range: 23 400 000-28 400 000)
	Women (15-49) living with HIV	13,300,000 (range: 12 400 000-14 900 000)
	AIDS deaths (adults and children) in 2003	2,300,000 (range: 2 100 000-2 600 000)

Source: AIDS Epidemic Update, UNAIDS, 2004

¹ AIDS Epidemic Update 2004, UNAIDS.

² AIDS Epidemic Update 2004, UNAIDS.



A complex mix of economic, social, cultural, and political factors are driving the epidemic in sub-Saharan Africa.

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Despite modest declines in HIV prevalence rates in East Africa, notably in Uganda and in parts of Ethiopia and Kenya, the epidemic is far from being reversed. Notably, in Addis Ababa, HIV prevalence fell to 11% by 2003, down from a peak of 24% in the mid-1990s. However, there is no evidence for nationwide prevalence declines in other East African countries such as Tanzania and Eritrea.

Although varying in scale and intensity, the epidemics in West Africa appear to have stabilized in most countries. Overall, HIV prevalence is lowest in the Sahel countries and is highest in Burkina Faso, Côte d'Ivoire and Nigeria. Nigeria, the most populous African country, has the third largest number of people living with HIV/AIDS in the world, after South Africa and India.

Serious epidemics are also underway in Central Africa, with Cameroon and the Central African Republic worst-affected. Here, HIV prevalence among pregnant women appears to have stabilized—albeit at high levels of roughly 10%. In Chad, Congo and the Democratic Republic of Congo, HIV prevalence lies between 4% and 5%.

Factors fuelling the epidemic

While expert studies indicate that unsafe heterosexual sex is the primary mode of transmission of HIV in sub-Saharan Africa, one must delve into the underlying factors that contribute to this behaviour. A complex mix of economic, social, cultural, and political factors are driving the epidemic in sub-Saharan Africa. These include factors that are not unique to sub-Saharan Africa – the denial surrounding HIV/AIDS, stigma and discrimination against those living with HIV/AIDS, gender inequalities, poverty, and cultural beliefs and practices.

The stigma, denial and discrimination surrounding HIV/AIDS act as barriers against positive action in addressing the epidemic. Gender inequality also drives the epidemic in sub-Saharan Africa. While biologically women are more susceptible to contracting the virus, the vulnerability of women and girls – rooted in limited sexual power or autonomy – plays a role in the spread of HIV. Poverty and underdevelopment also play a role in HIV transmission, as do armed conflicts.

The latter do so through population displacement, sexual violence, breakdown of family structures, increased substance abuse, and breakdown of health systems and other services. Although they vary greatly by region and country, socio-cultural beliefs and practices can also factor into the spread of HIV.

¹ Accelerating Action Against AIDS in Africa, UNAIDS, 2003.

² Global Report on the HIV/AIDS Epidemic, UNAIDS, 2004.

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HIV/AIDS as a governance challenge

HIV/AIDS is a governance challenge of immense complexity. Success in tackling the epidemic will depend on how well the overall national response is governed, managed and coordinated, through strong leadership at all levels, dynamic interaction between government and civil society, and society-wide mobilization behind the common goal of containing this epidemic. The colossal escalation of the epidemic cannot be halted by one-dimensional interventions. The notion that public health measures alone can effectively address HIV/AIDS is refuted repeatedly each year as the virus continues to claim millions of lives. World leaders now recognize and accept that confronting the epidemic requires a wide range of coordinated actions spanning all sectors of government and society.

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UNDP's Response

UNDP's role in challenging HIV/AIDS in sub-Saharan Africa aims to address both the Millennium Development Goals (MDGs) as well as key goals set forth during the UN General Assembly Special Session on HIV/AIDS (UNGASS).

UNDP contributes toward creating an enabling policy and resource environment to achieve these goals by developing and popularizing cutting edge transformative methodologies for enhanced development effectiveness, governance and capacity. This contributes to the achievement of the MDGs, alleviating negative impacts on individuals, families, communities and systems, and unleashing the highest human potential for hope, transformation and results.

Leadership for Results is UNDP's breakthrough contribution towards supporting a country's overall response to HIV/AIDS.

What creates an Enabling Environment?

- Leadership and capacity development
- Community conversations – people's voice for policy
- Development planning and governance – inclusive and empowering at national and local levels
- Arts and media – generating new icons in society for social change
- Advocacy and action for vulnerable groups
- Access to treatment – trade policies
- Legislation and protection of human rights
- CSO strengthening
- Human capacity development and financial resources
- Policy dialogue and National Human Development Reports
- We Care – supporting our own staff

Leadership for Results is UNDP's breakthrough contribution towards supporting a country's overall response to HIV/AIDS. The four core components of the Leadership for Results programme – the Leadership Development Programme; Community Capacity Enhancement initiatives; Development Planning initiatives; and Arts and Media programmes – work synergistically, and use a unique and innovative process that helps create the enabling environment necessary to halt and reverse the spread of HIV/AIDS, by fostering hope, generating transformation and producing breakthrough results. Each component falls under one of the three Service Lines as delineated in UNDP's Multi-Year Funding Framework and Strategic

UNDP'S RESPONSE

Results Framework. This facet of UNDP's response is aimed at enabling people to envision a better future for themselves, their organizations and their countries, and to take steps to achieve their goals. The programme uses strategies and approaches that have a potential impact on all development issues, reaching far beyond HIV/AIDS.

UNDP's Regional Project on HIV and Development in sub-Saharan Africa, in collaboration with Sida, has evolved concepts, methods and tools, which have facilitated the understanding of the bi-directional relationship between HIV/AIDS and development efforts among policy makers in the sub-region. Using a combination of training workshops, real-time support to governments and non-governmental organizations (NGOs), and policy related research, the Regional Project has contributed to bringing HIV/AIDS to the centre of the development agenda in the region. As more and more policy makers have come to appreciate the importance of bringing HIV/AIDS to the core of development efforts, it has become clear that there is a need to evolve methods and tools that will translate this understanding into policies, strategies and actions.

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The Leadership for Results Programme, by addressing the underlying causes of HIV/AIDS and inspiring leaders to seek solutions within their own contexts, has created sustainable results, built capacity, and fostered a greater sense of ownership among stakeholders.

Results

The Big Picture

UNDP's efforts to address HIV/AIDS in sub-Saharan Africa have yielded promising results that address critical aspects of the HIV/AIDS epidemic.

The impact of these results is reflected in a number of key outcomes. These include the strengthening of national responses to HIV/AIDS, the development of leadership capacity and the formation of partnerships. Other initiatives support community decisions for sustainable change, and address stigma and discrimination and gender issues. Increased access to care and support, voluntary counselling and testing (VCT), and access to information and prevention methods are also important outcomes of UNDP's efforts across sub-Saharan Africa. The Leadership for Results Programme, by addressing the underlying causes of HIV/AIDS and inspiring leaders to seek solutions within their own contexts, has created sustainable results, built capacity, and fostered a greater sense of ownership among stakeholders. Through this programme alone, about 600 breakthrough initiatives, which have impacted more than one million people have been conceived and are in various stages of implementation. The breakthrough initiatives, the results of which are described throughout this report, are direct outcomes of UNDP's programmes. They are innovative initiatives, conceived and implemented by participants in Leadership for Results programmes to create breakthroughs in national responses.

"By empowering individuals with new thinking and thus new action, Leadership for Results, wherever implemented, has transformed deep-rooted beliefs, values, attitudes and practices that fuel the spread of HIV/AIDS."

Moustapha Gueye, Senior Policy Advisor, HIV/AIDS Group, UNDP

The results achieved in sub-Saharan Africa have transformed the outlook on HIV/AIDS in many countries. In Ethiopia, centuries-old harmful traditional practices are being spoken about and challenged by community members, including women, for the very first time. In Senegal, a number of ministries are mainstreaming HIV/AIDS into their plans and policies. In South Africa, a village chief volunteered a kitchen of his homestead for preparation of food for orphans and vulnerable children. In Lesotho, where the need for VCT services is great, the Prime Minister publicly underwent an HIV test, to encourage citizens to do the same. In Ghana, the first regional association for people living with HIV/AIDS has

RESULTS

been formed, and is providing a much-needed forum for HIV-positive people to share support and generate action. In two districts in Botswana, in order to increase their awareness and involvement, men are being recruited into the areas of peer education, behaviour change interventions, and prevention of mother-to-child transmission. In a number of countries in Africa, HIV/AIDS is being mainstreamed into university curricula, in order to prepare future policymakers to deal with the challenges of the epidemic. These are just a few examples of how UNDP's efforts in sub-Saharan Africa are yielding substantive results, and how these efforts are empowering Africans to create a better and healthier future for themselves.





Supporting and Strengthening National Responses

UNDP, with its governance mandate, is in an ideal position to assist nations in building and strengthening their national response to HIV/AIDS.

UNDP recognizes that the development of institutional capacities in the government and other sectors is key to addressing HIV/AIDS and facilitating change at a national level. UNDP's efforts in this area have resulted in the creation of HIV/AIDS policies, mainstreaming HIV/AIDS into national plans and budgets, and enhanced leadership and capacity building, all of which help to overcome institutional inertia and foster an enabling resource, policy and legislative environment which is conducive to the efforts of various stakeholders in addressing the HIV/AIDS epidemic. "Challenges to sub-national planning and implementation processes include questions such as: how to actively engage government, civil society organizations and international partners in addressing HIV and AIDS issues at the district level and how to institute and apply effective systems that ensure personal and collective accountability and guarantee results. - Benjamin Ofosu-Koranteng, Development Planning Specialist for UNDP's Regional Service Centre in Johannesburg, South Africa

UNDP, as a cosponsor of UNAIDS, works in close collaboration with the UNAIDS Secretariat and Cosponsors to strengthen national responses to the epidemic. In 2004, UNAIDS endorsed the "Three Ones" principles – one agreed AIDS action framework; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system. UNDP, along with the other UNAIDS cosponsors, is working to support the implementation of these guiding principles for the coordination of national AIDS responses.

In Ethiopia, UNDP programmes led to the mainstreaming of HIV/AIDS into the Ministry of Agriculture, as well as into the Tigray Regional Sector Plans. In Tigray, this mainstreaming has led to thirty-four districts submitting action plans for combating HIV/AIDS to the regional HIV/AIDS Prevention and Control Office. Such measures help not only by fostering an enabling environment in the country, but also by enhancing an institutionalized multi-sectoral response on the part of government sectors. In addition to improving sustainability of initiatives, mainstreaming of HIV/AIDS into ministries also strengthens national ownership of the response to the epidemic.

UNDP recognizes that the development of institutional capacities in the government and other sectors is key to addressing HIV/AIDS and facilitating change at a national level.

The Leadership Development Programme (LDP), which involves leaders from all sectors of society, also includes leaders from government institutions. The programme has led to a number of breakthrough initiatives being spearheaded by government employees. In Senegal, the programme was organized jointly with the Ministry of Health and the Executive Secretariat of the National Council for HIV/AIDS. It started in June 2003 with a session for key ministers in the Senegalese government. Advisors to ministers, and other division heads in several ministries have found ways to incorporate HIV/AIDS into their missions and policies. For example, the Ministry of Youth has initiated formal capacity building for its staff, and mainstreaming of HIV/AIDS in all programmes launched by the ministry. The Ministry of Public Administration has adopted an advocacy role by taking steps to reduce stigma and discrimination against people living with HIV in the workplace. The Ministry of Agriculture has mobilized its staff to create HIV/AIDS programmes in companies involved in rural development. The Ministry of Social Development has taken on the training of community-based organizations (CBOs), NGOs and focal points from local authorities for the implementation and follow-up of community-based initiatives that will aid in income generation for people living with HIV/AIDS.

The Ministry of Education in Senegal, in addition to mainstreaming HIV/AIDS into national curricula, is training over 1,300 “pilot” teachers on the use of HIV/AIDS guidelines and training twenty local authorities (administrative, political, religious and parents’ associations) on HIV/AIDS. The Ministry of Family Affairs is taking an active role in increasing knowledge of HIV/AIDS by sensitizing Senegalese families, particularly newlyweds and pregnant women, to the importance of VCT. The Ministry of Tourism is mobilizing key stakeholders in the tourism sector to commit to the HIV/AIDS response.

“The Leadership Programme has built capacity within all our ministries. HIV is an entry point. We can use these skills in all ministries and to address all MDGs. The Leadership Programme has brought out the latent potential which exists in all of us.”

Awa-Marie Coll-Seck, former Health Minister, Senegal

The government of Botswana had recognized effective leadership as the missing link in effective action against HIV/AIDS, and in development in general. While UNDP’s LDP programme has contributed to strengthening leadership across all sectors in Botswana, the country office has also worked closely with the Office of the President in improving personnel recruiting and training, with a capacity mobilization toolkit developed by UNDP. Resident Representative Bjoern Foerde



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In Qacha's Neck, the President of Lesotho, Pakalitha Mosisili was the first to be tested for HIV, as he initiated the Universal Voluntary Testing campaign.

SUPPORTING AND STRENGTHENING NATIONAL RESPONSES

believes that the most important and measurable impact of UNDP's work in the country has been the complete transformation of the concept of leadership, which he judges, at the end of the day, will have a very real impact on people's lives.

Given the complexity of the HIV/AIDS epidemic, Botswana's government, with the support of UNDP, is working towards a new relationship with its communities and local organizations, in which all parties take full ownership of their responsibilities and their rights, while engaging in productive partnerships to strengthen the capacity of their nation to respond to the epidemic. Notably, in the last programme cycle, 75% of the funding for HIV/AIDS programmes in the country was provided by the government of Botswana.

In Nigeria, where the LDP is being implemented with the National Action Committee on AIDS, advocacy from LDP participants has prompted the Governor of Kogi State to issue a directive that all ministries and local governments should allocate at least 2% to 5% of their budgets for HIV/AIDS control and prevention. In Bauchi State, the Governor approved the release of 10 million naira (approximately \$76,000) as a take off grant for the State Action Committee on AIDS. Furthermore, the wife of the Governor led an awareness advocacy team to 20 local government authorities.

"Participants in the LDP from Nigeria have, in a short time, demonstrated the ability to apply the concepts and techniques learned in the Programme to their various settings and institutions. Promising results are emerging, all pointing to the fact that it is possible to stimulate broad based action so badly needed to rise to the challenge of prevention - a key ingredient for containing the pandemic in Nigeria"

Mary Symmonds, Deputy Resident Representative, UNDP Nigeria

In Qacha's Neck, the President of Lesotho, Pakalitha Mosisili was the first to be tested for HIV, as he initiated the Universal Voluntary Testing campaign. This campaign, launched by the government of Lesotho, is supported by the UN country team including UNDP. The public testing of the highest-ranking government official is a phenomenal tribute by the government, exhibiting its high level of dedication to combating the epidemic in this small but deeply affected nation. As part of the campaign and as part of UNDP's own workplace initiative, thirty-three UNDP Lesotho staff members also tested for HIV. The Ministries of Health, Local Government and Agriculture in Lesotho are continuing efforts to roll-out testing across the country. Their testing campaign is guided by a policy framework that reflects many months of deliberation and innovation by the Government, UN agencies and donor partners. This framework provides the government, traditional leadership and partners in civil society with tools for action.

In Swaziland, UNDP works with the National Emergency Response Committee on HIV/AIDS (NERCHA). Recently, UNDP worked with NERCHA and a number of local NGOs to update the NERCHA registry of regional NGOs, and to outline the specific activities of each NGO. This exercise was undertaken to better coordinate efforts and identify potential gaps in services.

“We need a new style of leadership that looks at development through a different lens than we’re used to. The impact of the HIV/AIDS epidemic is dramatic, and cuts across all spheres of life. It has psychological, social and economic consequences. It’s how children grow up, it’s how families relate to one another. It’s how traditional Botswana relates to modern Botswana.”

Bjoern Foerde, Resident Representative, UNDP Botswana

UNDP also leads regional initiatives that aim to strengthen a nation’s capacity to respond to HIV/AIDS. Among these, the goal of UNDP’s Regional Project on HIV and Development in sub-Saharan Africa, which works in collaboration with Sida, is to facilitate the understanding of the bi-directional relationship between HIV/AIDS and development efforts among policy makers in the region. The director of this project, Dr. Roland Msiska, stresses the importance of conveying this idea to policy-makers. “HIV/AIDS is a symptom of development gone wrong – because had it gone ‘right’, HIV/AIDS would not have spread so rapidly. We need policy-makers to understand that development policies of the past are actually the explanation for why we find ourselves in the current situation. Once we all understand this, we can move forward and make the necessary changes.” The Regional Project has contributed to efforts to bring HIV/AIDS to the centre of the development agenda in the region. Initiatives of the Regional Project have included facilitating the adoption and implementation of more effective national strategic plans aimed at reducing the consequences of AIDS on human and social capital formation and utilization, and vice versa. Additionally, the Regional Project has initiated the mainstreaming of HIV/AIDS into university curricula in collaboration with the Association of African Universities. Mainstreaming HIV/AIDS into existing policy methods and tools such as National Human Development Reports, Poverty Reduction Strategy Papers, and local governments has been ongoing, in conjunction with the training of more than 1000 officers from government and national institutions (including UNDP Country offices) in the use of the methods and tools for mainstreaming. The Regional Project has also provided technical advisory assistance on HIV and development to countries as requested, in addition to producing and disseminating best practice information on responding to HIV in the context of development at both national and the regional levels.



HIV/AIDS is a symptom of development gone wrong – because had it gone ‘right’, HIV/AIDS would not have spread so rapidly.



SUPPORTING AND STRENGTHENING NATIONAL RESPONSES

UNDP has introduced the Southern Africa Capacity Initiative to help the most affected countries address the loss of productive people across government, civil society and the private sector.

UNDP has introduced the Southern Africa Capacity Initiative to help the most affected countries address the loss of productive people across government, civil society and the private sector. The initiative is providing support for stemming the erosion of capacity for planning and managing in key sectors, such as agriculture, health and education, and for laying the foundation for reorganizing the manner in which services are delivered. UNDP is providing advice to governments, civil society groups and the private sector in nine countries in the region and developing networks of expertise and best practices. This includes setting up systems to help support the large-scale anti-retroviral treatment programmes of the World Health Organization's (WHO) 3 by 5 Initiative, to provide HIV/AIDS treatment to three million people in developing countries by the end of 2005.

The Southern Africa Capacity Initiative complements ongoing efforts and promotes responses in a number of critical human capacity areas to enable countries in Southern Africa to address the complex human capacity challenge in a context of increasing brain drain, AIDS-related mortality, increasing need for access to treatment to extend lives, changing patterns of demand for services and increasing poverty. Country engagement missions have been undertaken in Namibia, Malawi, Swaziland, Zimbabwe, Botswana, Lesotho, Mozambique, Zambia, and South Africa, and national initiatives are being launched that build on the four interrelated components of the initiative's framework, including creating enabling policy environments to address the human capacity challenge; developing new approaches for enhanced service delivery; advancing innovative and urgent training to meet new demands for skills and capacity; and promoting capacity stabilization, maintenance and utilization.

Through the UNAIDS-led AIDS in Africa Scenario Building Project, UNDP has partnered with UNAIDS, the World Bank, the Economic Commission for Africa, the African Development Bank and Shell's Global Business Environment Team to develop scenarios exploring different potential paths for the HIV/AIDS epidemic in Africa, and resulting implications for policy and programmes. UNDP, with the support of the Kenya AIDS NGO Consortium, has also organized a highly successful regional programme focusing on strengthening civil society organizations' (CSO) leadership and responses to HIV/AIDS.

Mobilizing Leaders and Forging Strategic Partnerships

As highlighted in the UNGASS declaration, UNDP recognizes that strong, motivated and enlightened leadership in all sectors of society is crucial to stimulating change among governing bodies, communities and citizens of a society.

The forging of strong partnerships is also critical to staging a strong and collaborative response to the HIV/AIDS epidemic. UNDP's efforts on this front have led to enhanced leadership in all sectors of society, including governments, NGOs, CBOs and faith-based organizations. UNDP's strategies are also inspiring collaboration between government sectors at all levels, private sector organizations, media practitioners and artists, CSOs, faith-based organizations, and under-represented groups such as women and people living with HIV/AIDS.

Leaders in sub-Saharan Africa are not only gaining a deeper understanding of issues surrounding HIV/AIDS, but are also taking personal ownership of the epidemic that is causing such deep suffering within their families and communities, and amongst their fellow countrymen and women. Additionally, they are learning how to relate to and better understand their co-workers, allowing them to be more effective leaders. In Lesotho, after the first LDP session, the HIV/AIDS coordinator of the Lesotho Red Cross used transformational techniques to enhance her leadership and management skills. She did this by creating conversations among her colleagues where solutions were sought together. By using such an approach, she was able to nurture trust amongst her co-workers, and change the way in which they interacted with one another. The remarkable transformation seen in the leaders is truly inspiring, not only for the leaders themselves but also for the people with whom they interact. In this manner, the LDP process enlightens not only the participants, but through a multiplier effect, a much larger number of people. The LDP participants then take their own transformation one step further, by forming groups and designing initiatives that will yield breakthrough results.

"It is clear that ideas can only be nurtured in an environment that focuses on the person and encourages new thinking and risk taking – one must be open to change, including structural change"

Scholastica Kimaryo, Resident Representative, UNDP Lesotho



Leaders in sub-Saharan Africa are not only gaining a deeper understanding of issues surrounding HIV/AIDS, but are also taking personal ownership of the epidemic that is causing such deep suffering within their families and communities

⁵ Turning a Crisis into an Opportunity, edited by Scholastica Sylvan Kimaryo, Anne Githuku-Shongwe, Joseph O. Okpaku, Sr., Joseph Feeney, 2004.



MOBILIZING LEADERS AND FORGING STRATEGIC PARTNERSHIPS

LDP participants from all over sub-Saharan Africa have produced a number of exciting and innovative breakthrough initiatives that reveal the profound understanding and inspiration that they gained by participating in the programme. Breakthroughs begin as personal shifts in attitudes and behaviour of the participants, and are translated into initiatives designed by the participants, which are aimed at addressing all aspects of the HIV/AIDS epidemic at a national, community and individual level.

Transforming Leadership Styles for Increased Effectiveness

“Our work is highly stressful. In the past, my leadership style tended to be authoritarian. After the programme, I met with my staff and went through some of the Emotional Intelligence exercises. The result has been amazing. Productivity has improved and harmony at work has taken a turn for the better.”

Director of a home-based care NGO working with terminally ill patients, Swaziland

After the LDP sessions, participants in South Africa spoke with excitement about their experiences. Some spoke of the feeling of empowerment they gained, while others spoke of a new sense of empathy towards those affected by HIV/AIDS. Participants also came up with a number of ways in which they could share their own transformational experiences with others. One group decided to raise awareness of HIV/AIDS among traditional healers and the leadership of faith-based organizations in the province of Limpopo. Through such efforts, they were able to increase awareness about HIV/AIDS and help foster better understanding of the causes and consequences of the epidemic. Another initiative in Limpopo involved an investigation of the prevailing opinions and experiences on issues of disclosure of HIV status by members of the Provincial Legislature. This was done in an effort to understand behaviours and attitudes surrounding HIV/AIDS in order to design effective interventions in the community. Leaders in Limpopo were encouraged to lead by example in matters relating to HIV/AIDS.

In Botswana, an LDP participant felt better equipped to mobilize others in his organization. As an HIV/AIDS coordinator for the Ministry of Labour and Home Affairs, this participant promoted HIV testing in the workplace and made use of a youth drama group to encourage staff in the workplace to access VCT services. He has stated, “I stand to advocate and lobby for the financial support from

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government for these drama groups. The action step I can take is to involve [the drama groups] in peer education in the schools.”

Also in Botswana, a religious leader’s way of being was literally transformed by his experience with LDP. He describes becoming respectful of others’ perspectives, and acknowledging his limited experience with HIV/AIDS. This pastor is now willing to be associated with people he previously would have avoided, and he actively welcomes and cares for HIV-positive people in his community, instead of just praying for them. In communities of Botswana and other places where people look to religious leaders for guidance, their openness is crucial to an effective response. So too is the openness of political leaders. Recognizing this, an LDP group in Botswana decided to energize political leaders into action. Their programme, currently underway, aims to engage fifty political leaders as visible and accessible role models in responding constructively to HIV/AIDS. In light of the state of denial surrounding the epidemic, this initiative will provide a powerful message to the public. This particular initiative has also led to the forging of partnerships between UNDP, the Programme Planning Division of the National AIDS Coordinating Agency, the Botswana HIV/AIDS Response Information Management System and District Multi-sectoral AIDS Committees.

Whereas some initiatives designed by LDP participants focus on mobilizing leadership, others are directed at the formation and strengthening of partnerships between organizations within a country. Formal partnerships are important to stimulate non-governmental participation, broaden national ownership of the response and increase transparency. Furthermore, they ensure a truly multi-sectoral and multi-level response to the epidemic. UNDP’s programmes bring the government, NGOs, CSOs, the private sector and faith based organizations together to work towards reversing the course of the epidemic.

In the region of Kaolack in Senegal, LDP participants helped to set up a platform for coordinated HIV/AIDS actions for CSOs and NGOs working in the areas of prevention, providing VCT, and support for people living with HIV/AIDS. Another group formulated a strategy paper on the intensification of multi-sectoral mobilization in Senegal, in collaboration with the National AIDS Council.

In Lesotho, an LDP breakthrough initiative has led to increased cooperation at the district level, between District AIDS Task Forces, which are part of the Lesotho AIDS Programme Coordinating Authority, NGOs and other service providers. Monthly meetings and the assistance of leadership coaches trained by UNDP have enabled effective communication between different bodies in the districts. Furthermore, the high level of civil society participation has resulted in the lessening of institutional inertia, and has fostered a truly multi-sectoral response to HIV/AIDS in Lesotho.



Whereas some initiatives designed by LDP participants focus on mobilizing leadership, others are directed at the formation and strengthening of partnerships between organizations within a country.

In Botswana for example, while one LDP initiative brings together a national ministry and a youth drama group, another forges partnerships between commercial sex workers and a community development association.

An LDP initiative in Botswana aims to strengthen the implementation of national and district responses to HIV/AIDS by aligning and synergizing the functions of the National Ministerial AIDS Coordinators and the District AIDS Coordinators by 2005. This initiative relies on collaboration between the AIDS Coordinating Unit of the Ministry for Local Government, the Ministries of Labour and Home Affairs, the National AIDS Coordinating Authority, and the Office of the President. Given the impact of AIDS-related deaths on government institutions, the hope is that this initiative will facilitate human resource management in the near future as well.

In addition to the formal partnerships forged as explicit goals of the breakthrough initiatives, many other partnerships have been formed in the process of implementing the initiatives. Numerous breakthrough initiatives stemming from LDP programmes have required the cooperation of a number of stakeholders, and are thus bringing together a variety of individuals and organizations who are interested in collectively taking action against the HIV/AIDS epidemic. In Botswana for example, while one LDP initiative brings together a national ministry and a youth drama group, another forges partnerships between commercial sex workers and a community development association.

“As a surgeon and superintendent of a hospital, I did not initially realise what LDP had to do with HIV/AIDS. After attending the programme, I believe that we have no choice but to do the LDP if we are to overcome institutional inertia and create health facilities for people living with HIV/AIDS to ensure they are looked after without stigma and discrimination. LDP is also crucial to address the needs of women and girls.”

Berhanu Tadesse, LDP Coach

Up-scaling the LDP to Build Local Capacity

Built into UNDP’s strategy is the ultimate up-scaling of the LDP programme to build national capacity by training of local leadership coaches. To this end, UNDP initiated its first Coaches Training Programme in 2003, which has led to the training of 9 individuals in Ethiopia who are now qualified to lead LDP workshops. Of these coaches, one is already working internationally, leading workshops in Ghana and Papua New Guinea. In November 2004, Ethiopia broke ground by conducting the first ‘nationally’ run LDP workshop, in the Amhara Region. Additional programmes are in the planning stages in the regions of Tigray and Harar. Ethiopia is continuing in its efforts to institutionalize transformative



leadership methodologies in this and other ways. UNDP Ethiopia has been supporting the influential Civil Service Reform Programme of the Ministry of Capacity Building, by introducing the LDP and transformative leadership concepts to a broader civil service audience. In fact, the Ethiopian Civil Service College (ECSC), an integral institution in Civil Service Reform and a close partner of all ministries in Ethiopia, has committed itself to becoming a centre of excellence for transformative leadership methodologies. Following LDP workshops at ECSC, several members of the College will be chosen to be trained as LDP Coaches.

Ethiopia's National LDP Coaches are also involved in bringing together former participants to form an LDP Alumni Network, for which 400 alumni are already registered. This network will be an invaluable resource for knowledge sharing and research, and aims to eventually include alumni from other countries as well.

LDP coach Dr. Alemayehu Mekonnen feels that by forming an active network, the alumni will keep the ideas and vision of the new kind of leadership alive and practically useful to the countries in which they are working. According to Dr. Alemayehu, "By providing a forum for communication, the alumni network has the potential to be the fuel that keeps the LDP fire burning among participants region-wide."

In Senegal, the programme is now expanding at decentralized levels, strengthening regional, departmental and municipal HIV/AIDS sectoral plans. A programme is currently underway to support implementation of sectoral plans for the Security and Armed Forces.

Swaziland and Ghana have also begun the process of training local facilitators to run LDP workshops. By doing so, these facilitators can reach areas where workshops have not yet occurred, and they can share the powerful transformational methodologies with many more organizations in the country.

In Botswana, the initial LDP programme included about 100 participants. Currently, there is a waiting list of six more groups eagerly awaiting the opportunity to participate in the 9 month programme. Trade unions in Botswana have approached UNDP with requests for the programme. The local district governments have a group of 270 individuals awaiting the programme. To respond to the urgent demand and need for more programmes, Botswana is currently planning a capacity transfer programme, in which former LDP participants will be trained as coaches. The WHO 3 by 5 initiative will also be integrated into these training sessions, to ensure that leaders take action to increase access to antiretroviral treatment (ARVs) in Botswana. In the future, as more and more countries take similar action, the LDP methodologies and breakthroughs will have taken a life of their own, reaching into all parts of Africa, bringing hope and transformation with them.

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Supporting Community Decisions for Sustainable Change

UNDP recognizes that the answers to addressing the complex issues surrounding HIV/AIDS do not lie only in the hands of formal institutions and their leaders.

Input from communities is essential for identifying innovative, culturally appropriate and feasible methods for addressing HIV/AIDS. The Community Capacity Enhancement (CCE) programme is a component of the Leadership for Results strategy, which utilizes Community Conversations to address HIV/AIDS. Under the guidance of trained facilitators, communities engage in dialogue to break the silence surrounding HIV/AIDS, recognize underlying attitudes and behaviours that contribute to the HIV/AIDS epidemic within their communities, and identify their own solutions. The results of Community Conversations have been extraordinary. Unimaginable breakthroughs have taken place in communities in a number of countries in sub-Saharan Africa. Communities are discussing harmful practices and traditionally taboo subjects that pertain to the spread of HIV, and they are tackling important development issues that affect their families. Overall, community members are gaining a deeper understanding of the HIV/AIDS epidemic and how it plays out in their communities, and are becoming aware of the role that each of them can play in taking action to protect themselves and their communities from further devastation.

Some of the most striking examples of community breakthroughs initially came from Ethiopia, where a quiet social revolution has been taking root in certain locales since the inception of Community Conversations. This revolution is changing traditional norms, challenging existing social behaviour and paving the way for a new future free of HIV/AIDS and gender inequality.

In the village of Alaba in Ethiopia, Community Conversations have brought about a dramatic decrease in female genital mutilation (FGM). Community members and elders arrived at the understanding that this practice can increase a woman's risk of contracting HIV, and took a stance to end this harmful ritual. After hundreds of years of following this tradition, the community collectively made a decision, and history was made in this little village. Thousands of girls are no longer undergoing FGM. In October 2004, the NGO Kembatta Women's Centre held an event to celebrate this milestone, in the presence of 20,000 girls who had not undergone FGM and hundreds of newlywed couples with uncircumcised brides.

In the Yabelo district of Ethiopia's Oromiya region, communities recognized that the practice of extramarital sexual partnerships was fuelling the HIV/AIDS epidemic, and it was decided by the traditional governance system that this practice be banned. Likewise, the community decided that girls and boys in the

After hundreds of years of following this tradition, the community collectively made a decision, and history was made in this little village.

community are to be advised to abstain from pre-marital sex, and men who rape young girls will be punished. Furthermore, the community made the decision to recommend pre-marital HIV testing to couples intending to marry.

Stephen Lewis, the Secretary General's Special Envoy for HIV/AIDS, was amazed by the success of Community Conversations in Ethiopia. In his words, "In the Southern Region of Ethiopia, not far from the Regional Capital of Awassa, in the little community of Alaba, a remarkable experiment in community participation is taking place. It was designed by the United Nations Development Programme, in conjunction with "KMG" (Kembatti Mentti Gezzima), a powerful local NGO. The intention is to draw on the natural organic power of conversation, inherent in most indigenous communities, surround it with inspired facilitators, and get everyone in the village – and I mean EVERYONE – talking about subjects that have always been taboo. The theme is AIDS; the subjects are sexual. I will admit that I'm not quite certain how UNDP managed this: it is to their everlasting credit. What is happening takes one's breath away."

"CCE is a great methodology because it is about ordinary people realizing their potential to reach the future they have designed themselves. It is about taking decisions on critical societal issues that lead to action. It makes the formal process of planning and change management into community practices. Communities move from being spectators of development processes into participants."

Thebisa Chaava, CCE Expert

In Senegal, Community Conversations have broken communication barriers, and have opened up spaces for dialogue between men and women, both young and old, on issues related to sex. Due to the success of the conversations, communities have decided to use this method more often, and are even finding means to fund the gatherings. Two associations of people living with HIV/AIDS in Senegal have taken an active role in stimulating community dialogue by facilitating Community Conversations in their locales.

Community Conversations in Swaziland have resulted in rural chiefs, as custodians of traditional beliefs and values, taking the lead in their community's response to HIV/AIDS. Fifty-three rural chiefs, covering an area home to approximately 154,000 people, participated in a Community Conversation in which their capacity to mitigate the impact of HIV/AIDS on orphans and people living with HIV/AIDS was



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SUPPORTING COMMUNITY DECISIONS FOR SUSTAINABLE CHANGE

Community facilitators working at the village level have commented that the conversations have helped to challenge stigma and discrimination.

enhanced. Some chiefs have taken measures to mobilize community resources to help orphans and vulnerable children. This has often been achieved by releasing one to three hectares of land to be used to grow communal food stocks, along with resources to ensure that the fields are tilled. Protection and guardianship for orphans have also been discussed.

Community Conversations in Qomintaba in southeastern Swaziland have brought to the table other issues in addition to HIV/AIDS. Open dialogue within the community has led to discussions about how to improve water availability in the entire community. The Baphalali Swaziland Red Cross Society was able to mobilize the community to identify a solution, and is now building a dam to provide water for irrigation. Through Community Conversations, this community was able to overcome challenges and make a change that will significantly improve their lives.

In the provinces of Limpopo, KwaZulu Natal and Eastern Cape in South Africa, Community Conversations have taken place as a result of UNDP's HIV/AIDS and Poverty Programme, a partnership between UNDP, the South African Government and the Royal Danish Embassy. In these communities, the conversations are helping to address the fear, stigma and silence that fuel the epidemic, and are enhancing the ability of households to mitigate the impact of the epidemic. The conversations started modestly in 2002 and have already empowered several communities into action. Community facilitators working at the village level have commented that the conversations have helped to challenge stigma and discrimination. In some regions, there have been significant shifts in mind-sets regarding customary practices that could contribute to the spread of HIV/AIDS. Customary practices such as hlatswa dirope (sister bearing children with the husband of her barren sister) are being actively discouraged as a result of the Community Conversations. Other practices that have been reduced include ho kenela (wife inheritance). These changes are strongly recommended by women in these communities, who are finally being given a forum to openly express their opinions.

In Musina, South Africa, communities identified local establishments that were attracting youth and causing problems in the community. The local shebeens (unlicensed bars) that were operating "all day and night" were allegedly attracting school-going children. They were believed to contribute to crime in the community and the tendency of many youth to drop out of school. With the help of the police, such shebeens were closed down. The community of Mkhuhlu took a similar stand against shebeens selling liquor to young people. In Musina, in addition to the shebeens, the community noted that a truck stop in the middle of town attracted young women who often became involved in transactional sex. Community members feared that the presence of this truck stop was putting their young

“Alaba and Yabello have demonstrated that it is possible to bridge the elusive gap between HIV/AIDS awareness and behavioural change. That it is possible to do it in a short period of time, through a transformed leadership which sees hope and new possibilities in the face of resignation, takes a stand against the notion of a predetermined and hopeless future, and takes action to actualize this new future.”

Samuel Nyambi, former Resident Representative, UNDP Ethiopia

women at an increased risk for HIV infection. With the help of the local traffic police and the municipality, the truck stop was removed from the centre of town. These outcomes demonstrate the far-reaching impact of community dialogue, decision-making, and action. Furthermore, the actions taken by these communities have potentially ameliorated local troubles beyond HIV/AIDS.

In Ghana, CCE initiatives include activities around care and support, family sensitization, and HIV/AIDS education through churches, mosques and schools. In Eritrea, Community Conversations have led to the generation of at least twenty different community initiatives, addressing not only HIV/AIDS, but also issues surrounding malaria, and environmental sanitation and hygiene. These projects in Eritrea have been financed with \$350,000 from a government negotiated World Bank HIV/AIDS, Malaria, STDs and TB Control Project credit, and resources raised by the communities themselves.

The CCE approach enhances capacity for local responses, as well as capacity to transfer and share lessons learned with others (within a country as well as regionally and internationally). Once started, this process of transfer continues to grow among individuals, communities, as well as among an ever growing team of skilled implementers and facilitators. Therefore, this approach contributes to an expanded response to HIV/AIDS at the local, regional, national and international level.

Up-scaling CCE

Due to the success of Community Conversations in Ethiopia, there is enormous demand for up-scaling of this methodology. UNDP has taken on this challenge, with the ultimate goal of introducing Community Conversations to all 550 districts (woredas) in Ethiopia, in collaboration with the HIV/AIDS Prevention and Control Office (HAPCO) and with invaluable assistance from the government, NGOs, women's organizations, community and faith-based organizations and other UN agencies. To this end, UNDP and HAPCO have taken steps towards forging key partnerships in a number of regions to work towards mobilizing financial

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SUPPORTING COMMUNITY DECISIONS FOR SUSTAINABLE CHANGE

“In combating the HIV/AIDS epidemic, Community Conversations demonstrate that we all, as members of our community and as citizens of our country, need to unleash the leadership potential that resides in all of us: to take a stand for a better future, to understand the nature of our problems, to identify solutions to problems and to take action.”

resources, training coaches who can train CCE facilitators, and including trainers and facilitators in LDP workshops. In Ethiopia’s SNNPR region, 6.5 million Ethiopian Birr (approximately \$755,000) was mobilized from various donors to fund Community Conversations in that region. In the Amhara region, World Bank/IDA funds will be used to implement community conversations. Furthermore, Community Conversations have been included as an integral part of Ethiopia’s Round Four Proposal to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). In an official launch of the CCE methodology, the President of Ethiopia H.E. Girma Wolde Giorgis stated that “In combating the HIV/AIDS epidemic, Community Conversations demonstrate that we all, as members of our community and as citizens of our country, need to unleash the leadership potential that resides in all of us: to take a stand for a better future, to understand the nature of our problems, to identify solutions to problems and to take action.” By extending Community Conversations to communities all over Ethiopia, this powerful methodology will be used to address not only HIV/AIDS, but also issues beyond the epidemic, including community concerns related to development in general.

“The national up-scaling of Community Conversations in Ethiopia is happening at an exhilarating pace. CCE has just been made one of the main methodologies of the National Strategic Plan for a multi-sectoral response to HIV/AIDS (2004-2008), ensuring national ownership. More importantly it is being nationally resourced, including through the Global Fund. The resonance created by the demonstrated results of the Community Conversations has led to other partners (such as UNICEF, WFP, NGOs and regional governments) working with Community Conversations in over 100 districts with technical support provided by UNDP. The holistic approach of CCE implementers benefiting from leadership development training is contributing to major breakthroughs in Ethiopia’s fight against HIV/AIDS. What we are witnessing is an increasing demand for and application of the methodology, not only for HIV/AIDS but for other development issues such as governance and food security as well.”

Nileema Noble, Deputy Resident Representative, UNDP Ethiopia

Community Conversations to Meet Treatment Targets

The UNDP Regional Service Centre (RSC) in Johannesburg has identified intensification of Community Capacity Enhancement (CCE) activities as one of the key strategies for supporting the Southern Africa Development Community (SADC) countries to meet their committed targets for the WHO 3 by 5 initiative. The key objective of the strategy is to build the capacity of communities to address issues relating to treatment literacy and accessibility.

Key to the process is the use of skills transfer at the level of trainers and community-based facilitators to ensure a sustainable impact. Facilitators will be trained to conduct community conversations in their localities in support of treatment literacy, HIV testing, positive living, prevention of new HIV infections, and ARV adherence.

To this end, as part of the scale-up of CCE, nine consultants have recently been appointed to facilitate CCE rollout in their designated countries. These consultants will work closely with UNDP country offices, governments and other key stakeholders to:

- Identify partner organizations in countries where community conversations will be taking place, so as to broaden the base of support and increase ownership
 - Facilitate in-country skills building workshops for training-of-trainers and training-of-facilitators. This cadre of trainers and facilitators, referred to as Community Treatment Supporters, will be the front-line interface with communities
 - Undertake follow-up visits to strengthen and sustain capacity
 - Provide ongoing support throughout the process to ensure smooth, timely rollout of CCE
 - Facilitate participatory and qualitative evaluation through documentation, monitoring, dissemination of information, and experience sharing, in order to track progress and ensure clear, definable outcomes
- Provide ongoing updates to relevant UNDP country offices and regional and global programmes, capturing field-level progress

As part of its move towards scaling up of CCE, the RSC organized a three day CCE Briefing and Orientation in Johannesburg in December 2004, to update CCE consultants, Country Office focal points, and other key CCE coaches on how to integrate treatment issues in community conversations, thereby contributing substantively to 3 by 5 rollout.

Some notable results to emerge from the workshop and follow-up work include the following:

- Participants from the eight SADC countries represented requested follow-up in country missions. The consultation received validation from participants of all eight countries regarding potential of CCE in enhancing capacity for service delivery in the respective countries, and commitment to advocate for its use in national HIV/AIDS programmes, to empower communities to respond to treatment needs.
- Commenced skills transfer through the handover of the CCE trainer's manual and WHO technical materials. Nine international consultants/CCE coaches and three coaches for South Africa acquired skills for integrating treatment issues in community conversations, and are available to train national teams of trainers and facilitators in the use of CCE for addressing challenges of ARV rollout and the 3 by 5 initiative.
- Planned pre-enrolment missions in Malawi, Mozambique, and Namibia, scheduled for early 2005, to support in-country advocacy for use of CCE in 3 by 5, prior to the detailed enrolment missions.
- Jointly developed a preliminary implementation plan for CCE in 2005 for all participating countries.

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In Botswana the CCE methodology has been integrated into the work of the Ministry of Local Government. In fact, Botswana received \$100,000 from the US President's Emergency Plan for AIDS Relief (PEPFAR) to train more CCE facilitators – which is considered to be the beginning of a partnership between Botswana and PEPFAR. Also in Botswana, a partnership between UNDP, the United Nations Volunteers and the Ministry of Local Government is working towards placing fifteen local volunteers as trainers of CCE facilitators. The success of Community Conversations methodologies has now created a demand for them – once problems are identified, communities are recognizing that CCE methodologies can help them collectively identify and design effective solutions. In South Africa, UNDP supported the development of the national team of trainers for Community Conversations through a Master Trainer Workshop in San Lamer, Durban. Fifty-one individuals from nine CSOs participated, and are now equipped to share this powerful methodology with communities all over the country.

“Now we know where we are going, we know how we will get there because we are the ones who have designed the future, we will make the future happen ”

Community Conversations participant, Botswana



Addressing Gender and Power Relations

Recent reports on HIV/AIDS have brought to the fore the critical issue of HIV/AIDS and its effects on women and girls. The proportion of women living with HIV/AIDS has been steadily rising, to a point where today, half of the adults living with the virus worldwide are women.

Without concerted efforts to fight this trend by reducing gender inequalities, the plight of women will only continue to deteriorate. UNDP's efforts in the sub-Saharan Africa region are making headway into addressing the interplay between gender and socio-economic inequality and vulnerability. Efforts have ranged from empowering women to protect themselves from HIV, to increased leadership for women, to engaging men in the discourse around HIV and gender.

In Ethiopia, the formation of the National Coalition for Women Against HIV/AIDS was initiated by two participants of UNDP's Arts and Media programme – the State Ministers from the Women's Affairs Office and the Ministry of Information. The members of this Coalition include senior government officials and parliamentarians, and women working with civil society and grassroots organizations. Their mission is to come together, from all sectors of society, and to make HIV/AIDS, poverty and harmful traditional practices in Ethiopia a thing of the past. UNDP is supporting the work of this Coalition, which is involving women to reduce their vulnerabilities towards HIV/AIDS and to empower them. The Coalition seeks to ensure that women in Ethiopia become economically and politically empowered and provide inspiring leadership within their own families, in communities and in government plans and policies. According to UNDP's Deputy Resident Representative in Ethiopia, Nileema Noble, "The coalition is about doing business differently and with the utmost sense of urgency, where every challenge is an opportunity; where nothing is impossible and everything is possible."

In South Africa, one UNDP initiative spearheaded by an HIV-positive woman who works for the Department of Mining and Energy involved reaching out to commercial sex workers near the mines. In Botswana, an initiative from the LDP programme involved training of twenty commercial sex workers as peer educators. This resulted in increased awareness among the sex workers, as well as women taking greater control of their health. This initiative also has the potential to diminish the cycle of infection and re-infection within the sex worker community, and can have impacts far beyond the twenty women who were trained – they will educate other sex workers, who will in turn practice safe sex with their clients. This strategy also has the potential to go one step further, by motivating the clients themselves to adopt regular condom use and protect their partners.

UNDP's efforts in the sub-Saharan Africa region are making headway into addressing the interplay between gender and socio-economic inequality and vulnerability.



ADDRESSING GENDER AND POWER RELATIONS

Two Community Conversations facilitators in South Africa felt similarly empowered by their involvement in UNDP's programmes, and have had the courage and conviction to end their relationships with their own partners who were against condom use. One CCE facilitator declared "I know my boyfriend is not a faithful person, yet he refuses to use condoms when we have sex. I tried hard enough without success to convince him that we should use condoms, but he is still not willing to do so. I had no choice but to break up with him. I still love him, though." A fellow facilitator had a similar story, where despite her attempts to increase her boyfriend's awareness about HIV/AIDS, he refused to show any interest, and the couple eventually split up. Such accounts display powerful personal breakthroughs for these women, who have become aware of the risks of unsafe sex, and have felt empowered to take charge of their own safety.

An LDP participant in Swaziland had a personal breakthrough of "conscientious celibacy," to ensure her protection against infection. She took a radical personal stand as a woman, choosing abstinence in a marriage in which her husband was unfaithful. She said, "A big change was brought about in my life after Leadership for Results (L4R). I discovered that it is my sole responsibility to stay infection free. So when I discovered that my husband was not faithful and wouldn't talk about condoms, I imposed a sexual curfew...L4R is nurturing this commitment in that at speaking engagements, I openly mention my stand on sex." In addition to feeling empowered by the LDP, this woman is able to share her story with others and in the process impart the value of personal responsibility for one's health.

Another LDP initiative in Botswana envisions that over a five-year period, employees at the collaborating organizations in this initiative will be equipped with skills and knowledge on safe sexual behaviour and the basic right to equality of the sexes. The member organizations are the National AIDS Coordinating Authority, the Ministry of Health, Tebelopele, the African Comprehensive HIV and AIDS Partnership, the Women's Affairs Department, the District Multi-sectoral AIDS Committees (DMSAC) and local UN Agencies.

In Gaborone and Kanye in Botswana, a breakthrough initiative in progress aims to increase gender empowerment by engaging men in responding to the challenges of HIV/AIDS. The goal is to teach men that both sexes should be equal partners in relationships, and that they as men should respect women, be faithful and be positive role models for young boys. To this end, more men will be recruited into the areas of peer education, behaviour change interventions, prevention of mother-to-child transmission and ARV programmes. This initiative involves ministries, UN partners, DMSAC and local councillors. The power of this radical initiative that engages men lies in its potential to challenge deep-seated beliefs about gender roles in society.

The goal is to teach men that both sexes should be equal partners in relationships, and that they as men should respect women, be faithful and be positive role models for young boys.

ADDRESSING GENDER AND POWER RELATIONS

Recognizing that gender empowerment is central to successful action, another LDP group has decided to mainstream gender issues into the Kgatleg District HIV/AIDS Plans by March 2005. The team plans to facilitate gender empowerment sessions for the district development partners, and to encourage women to take on leadership roles. This breakthrough initiative, conceptualized notably by a majority male group, is remarkable in that it proposes to utilize the powerful district systems to enact policies that go against popular norms. Additionally, this initiative is breaking through organizational inertia and resistance to ensure that gender issues are brought to the fore. Such energy and momentum in a country so devastated by HIV/AIDS is affirmation that change and progress are indeed possible.

In Nigeria, an LDP group in Cross River State, which has the highest HIV rates in the country, has held several successful community mobilization and advocacy events that have addressed gender issues. During a visit by the group to the Odukpani community, the traditional ruler of the area mobilized the entire cabinet to discuss the role of harmful traditional practices such as FGM and wife inheritance in the spread of HIV/AIDS.

An LDP group in South Africa decided to investigate the role of gender in marriages and its impact on HIV/AIDS in selected households in the Vhembe district of Limpopo Province. They are looking specifically at dominant gender attributes in marriages and the complex state of sexuality within marriage. These investigations will provide insight into the gender issues in communities, and will ultimately allow for better design of strategies for addressing HIV/AIDS amongst married couples.



The team plans to facilitate gender empowerment sessions for the district development partners, and to encourage women to take on leadership roles.



These initiatives have helped to empower people living with HIV, transform attitudes and behaviours towards HIV-positive individuals, increase dialogue around HIV/AIDS in the workplace and elsewhere, mobilize policymakers, and sensitize journalists.

Reducing Stigma and Discrimination

Stigmatization of HIV-positive persons has powerful psychological consequences on people living with HIV/AIDS, and is a clear violation of human rights that also undermines prevention efforts.

In sub-Saharan Africa, stigma and discrimination still play a significant role in determining the course of the HIV/AIDS epidemic. Fear of stigma prevents people from getting tested to learn their HIV status. In the absence of this knowledge, people are less likely to take necessary precautions and may transmit the virus to others. Discrimination against people living with and affected by HIV/AIDS not only violates their human rights, but can also lead to lack of empowerment and fear of disclosing one's HIV status.

A number of UNDP's initiatives have made headway into breaking down this wall of shame that often surrounds HIV/AIDS. These initiatives have helped to empower people living with HIV, transform attitudes and behaviours towards HIV-positive individuals, increase dialogue around HIV/AIDS in the workplace and elsewhere, mobilize policymakers, and sensitize journalists. In addition to these LDP initiatives addressing stigma and discrimination, a number of CCE and Arts and Media initiatives are also playing a significant role in breaking down the walls of silence and instigating public dialogue.

The LDP programme has transformed the attitudes of many participants, who now view people living with HIV in a different light. This new attitude has often brought with it newfound compassion for those affected by HIV/AIDS, as well as recognition of their needs and their rights. One LDP participant in Ghana stated "I did not understand HIV-positive people. Now I think they need to be handled with care. I also think they are still productive members of society. Now when I produce my programmes I address the issues of stigma and discrimination."

In Botswana, LDP participants from the police force have brought about a remarkable change in how they deal with the issue of HIV/AIDS in the workplace. HIV/AIDS has been chosen as a priority issue for members at all levels of the force. Efforts have led to increased conversations about sexual practices, and a few words on HIV/AIDS at the end of every speech in the police service. Dialogue about HIV/AIDS has become more common, which has led to a reduction in the stigma associated with it. Condoms have been placed in boxes around the offices, and senior officers are setting an example by openly taking them. This workplace transformation reaches 7,000 police service employees, with a potential reach to 21,000 within their immediate circle of influence. Furthermore, officers who are

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sent to remote areas for long periods of time, and are more likely to engage in risky behaviours, are empowered by this initiative encouraging safe sexual behaviour.

Elsewhere, in the Lelhakang sub-district in Botswana, support groups for people living with HIV have come together and taken personal responsibility for finding solutions to erode stigma and discrimination. By using Community Conversations, people who are HIV-positive feel empowered to accept themselves and their ability to collectively identify effective tools for reaching out to people in the region to change how they view those who are affected. This initiative can potentially reach the entire population of 40,500 in the sub-district.

Also in Botswana, plans are underway to mobilize policy makers and increase their personal commitment to HIV/AIDS to play an active role in leading the response to the epidemic. Ministers of Local Government, Education and Labour and Home Affairs, city and district council members, Tribal Administration members, and even the president of Botswana have been or will be approached for their cooperation. Such efforts attempt to break the silence surrounding HIV/AIDS, reduce stigma and discrimination, and support people living with HIV in the workplace. This initiative also attempts to ensure access to resources in these organizations, and like others, brings together a number of organizations in an effort to strengthen the national response to HIV/AIDS.

In Ethiopia, an NGO of people living with HIV called Weledo Medhan chose to break the silence around HIV/AIDS through intensive education of the public, by giving public testimonies, increasing the number of their supporters and members, and by raising funds for the NGO. As a result of their initiative, members of the organization have been giving testimonies for individuals and institutions, including at the district level. The number of supporting members has increased, and more people are requesting to become members of the organization. These exciting results demonstrate the power of the involvement of people living with HIV in addressing stigma. Their willingness to be seen and heard as HIV-positive members of society has empowered others to come forward to either declare their own status or assist in addressing stigma.

In Ghana, Queen Mothers who are considered to be responsible for the welfare of their people, are held in high regard by members of their communities. Fifty Queen Mothers were sensitized about the importance of the reduction of stigma towards HIV-positive people in their communities. As part of another LDP initiative in Ghana, participants facilitated the formation of a public action group to promote equal opportunities for and reduced discrimination against people living with HIV. The group proposed to ensure that employed people affected by the virus are assured continuing employment and are not discriminated against or stigmatized



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The power of such initiatives lies in the potential benefit of the lessons gained from the research – lessons that can better inform action initiatives and will be applicable to larger numbers of people.

by colleagues in their workplaces. Another LDP initiative in Ghana drafted a workplace policy on HIV/AIDS, addressing issues of awareness and acceptance by employees.

A group of LDP participants in South Africa chose to conduct dynamic interviews to find out how integration of people with HIV is perceived, and what challenges may present themselves. Members of UN Agencies, government departments, NGOs and CBOs in Gauteng, KwaZulu and Limpopo were targeted for interviews. In Eluhlendlweni in the Hhohho region of Swaziland, a group of LDP participants also chose to investigate the factors contributing to stigma in the workplace, health care sector, communities and among religious leaders. Once they have gained insights into these factors, the participants hope that their findings can be applied to fight stigma, with a potential reach to 270,000 people in the region. These are two representative examples of LDP initiatives that have focused on research rather than immediate action. The power of such initiatives lies in the potential benefit of the lessons gained from the research – lessons that can better inform action initiatives and will be applicable to larger numbers of people.

In Senegal, an initiative called Pens Against HIV has led to the collation of ten novels produced by well known writers. These powerful writings aim to reach out to readers by talking about HIV in a positive and empowering manner. Plans are underway for the publication of this collection of books.

In Nigeria, a number of media professionals and artists involved in the LDP have been working towards the reduction of stigma against people living with HIV/AIDS. The journalists in the Federal Capital Territory's media group have produced a guide on "correct reporting language for HIV/AIDS" as a means to promote positive and empowering language. A total of 300 journalists have been sensitized, and the guide has been widely distributed in media houses, resulting in improved reporting on HIV/AIDS. Another LDP media group in Kogi State has initiated a radio programme called "HIV/AIDS and You" featuring a person living with HIV. This programme has led to increased discussions about HIV/AIDS, and has given many people living with the virus the confidence to come forward for assistance.

In Swaziland, one LDP group decided to investigate the underlying causes of stigma by stimulating national dialogue. They did this by hosting a phone-in radio programme to engage the public in discussions surrounding stigma and discrimination. Given that an estimated 80% of Swazis own radios, this initiative has the potential to reach almost 800,000 people in Swaziland, as well as listeners from outside the country.

Enabling Care and Support

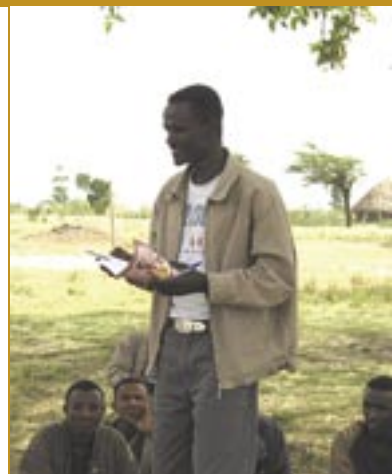
An estimated 4.1 million people in sub-Saharan Africa need treatment for HIV/AIDS, but only 70,000 to 100,000, or roughly 2%, receive treatment.

Treatment, care and support for those living with and affected by HIV/AIDS are critical. Availability of ARVs plays a role in both prevention and treatment efforts, as individuals feel encouraged to get tested for HIV if they know that treatment is accessible. Almost universally, relatives and friends provide up to 90% of care for people with AIDS within the home. All over sub-Saharan Africa, community-based programmes have sprung up to support their efforts. As a result of UNDP's LDP and CCE programmes, many more efforts have been initiated, which aim to provide care and support from not only family and friends, but also communities and institutions. Some initiatives are geared towards assisting and empowering people living with HIV/AIDS, through the formation of associations and support groups, income-generating projects such as vegetable gardens, and programmes for home-based care. Other initiatives provide care and support for those affected by HIV/AIDS, such as for orphans and vulnerable children.

LDP programmes have led to the formation and strengthening of support groups and associations for people living with HIV/AIDS in a number of countries. In the remote mountain areas of Hloahloeng, Qabane, Semonkong and Phamong in Lesotho, the District AIDS Task Force has facilitated the formation and training of 71 support groups. Seventy representatives from these support groups were given training on HIV/AIDS related issues and home based care. These support groups have enhanced capacity of communities to care for people with HIV/AIDS, in addition to initiating dialogue, which leads to reduced stigmatization and discrimination.

As a result of his participation in the LDP programme, the Head of the Swaziland AIDS Support Organization became conscious of the importance of including HIV-negative individuals in his organization. By opening up membership to people who are HIV positive and HIV negative alike, he hopes to send the message that anyone who wishes to help is welcome, and that both sides can work and learn together to improve support and counselling for people with HIV/AIDS.

In Eritrea, members of BIDHO, an association for people living with HIV, participated in the LDP. This was the first time that the organization had the opportunity to conduct capacity building activities for its members. Following



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“Before the LDP, many members were thinking of ‘when are we going to die’. Now people are thinking of how to progress in life. The pre and post status of members has completely changed.”

their experience, a number of members felt more able to be open about their HIV status, and also more hopeful about their lives as people living with HIV/AIDS. In one participants’ words, “Before the LDP, many members were thinking of ‘when are we going to die’. Now people are thinking of how to progress in life. The pre and post status of members has completely changed.” After the LDP, members started mobilizing for national membership. As a result, branches of this organization have now been opened up in two more regions (zobas), Dehub and Anseba.

In Ghana, an LDP participant from the Young Women’s Christian Association was inspired to conceptualize and facilitate the formation of the first regional umbrella association of people living with HIV/AIDS, by bringing together ten smaller associations in the Brong Ahafo region. In the process, she used innovative strategies to reduce stigma and as a result has encouraged more people living with HIV to join the associations. She states that, “People who felt stigmatized now confidently join the associations in their neighbourhoods to share mutual experiences on how to cope with and overcome the feeling of being stigmatized.” Her leadership and enterprise have also helped strengthen the associations, so that they may provide better service in home-based care and hospital-based support services. Her dream is to develop partnerships and mobilize resources to set up nine more regional umbrella associations, with the eventual goal of creating a national umbrella association in Ghana.

A number of LDP and CCE participants have facilitated initiatives that aim to economically empower people living with HIV, orphans and vulnerable children. In Addis Ababa, Ethiopia, media and advertising agencies have begun an internship programme to involve and empower HIV-positive individuals. In South Africa, a community garden has been planned, and basic gardening skills imparted to a youth group and farmer’s groups in Masakaneng in Seshego, to improve the nutritional status of people living with HIV/AIDS. In Eritrea, LDP participants have helped create programmes such as chicken and cattle rearing, and bee-keeping to generate income to support people with HIV. The chicken house, through egg production and sales, has supported the households of twelve families affected by HIV. The LDP initiatives were financed by a government negotiated World Bank HIV/AIDS, Malaria, STDs and TB Control Project credit for \$74,000.

In a densely populated community in Mbabane, the capital of Swaziland, a trench gardening project to produce fast-growing vegetables was initiated, within the limited land available for cultivation. Not only did this creative and development-oriented approach provide nutritious foods for people living with HIV/AIDS, but it

⁵ Global Report on the HIV/AIDS Epidemic, UNAIDS, 2004.



also prompted conversation about the issue of AIDS, thus breaking the silence and reducing associated stigma. Furthermore, the Mbabane City Council has adopted the project and sponsored it, with the intention of replicating it in similar settings. This small LDP initiative in one part of the city, which is already improving the nutrition of impoverished HIV-positive individuals, now has the potential to reach many more. And importantly, by positioning community members as sole custodians of such projects, the capacity of the community to respond to the needs of people affected by HIV in a sustainable manner has been enhanced.

Similar initiatives have taken place in Ntlabeni in South Africa, where communities have organized themselves into groups and are pursuing various income-generating activities, such as poultry-rearing, piglet-rearing, vegetable gardens and livestock rearing. The local municipality is fully behind the initiatives and has provided some groups with fencing material and seeds. In Ghana, training in income generating skills has empowered people living with HIV. In Nganda, Senegal, micro-credit initiatives have been started by communities, to support HIV-positive individuals and the Community Conversations gatherings.

Near the Mağuga Dam in Swaziland, community members fear that HIV rates are on the rise due to the interaction of the community with the construction workers hired to build this multi-million dollar dam over a period of five years. Community Conversations involving HIV-positive men and women, who fear that HIV infection is on the rise, have led to proposals for the formation of income-generating projects including vegetable gardens and open chicken ranches in the area. In Graskop, South Africa, Community Conversations have facilitated the establishment of a support group for people with HIV. A group of nearly 40 women and men have formed a consortium that will engage in agricultural activities, for which a local farmer, who is also a member of the consortium, has availed his entire farm.

In Dakar, Senegal, an LDP initiative currently underway is focused on mobilizing eighty private companies that utilize the services of the physicians who belong to the Senegalese Association of Private Companies Physicians (AMES). To this end, preparatory workshops and meetings involving the National Council for HIV/AIDS, NGOs, the Ministry of Labour and the Council for Private Sector Companies have been held. So far this had led to the formulation of a fully funded \$100,000 two-year plan geared towards sensitization initiatives in the workplace, care and support capacity building for physicians in AMES, and capacity strengthening for peer educators. More than forty companies have adopted policies and plans to achieve these goals. Also as a part of this initiative, a forum was held to address the role of company managers in the implementation of the ILO

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HIV/AIDS Guide, during which a Declaration of Commitment was signed by forty companies. In another part of Senegal, Casamance, sixty-five priests have been trained in HIV awareness, care, and support. With their HIV sensitization messages, HIV/AIDS campaigns and other special events, these priests together reach approximately 517,000 parishioners.

One LDP group in South Africa decided on an initiative to enhance the capacity of an HIV/AIDS Economic Development NGO in resource mobilization. The Tubatse Economic Development Organization is an NGO led by people living with HIV/AIDS. This NGO was chosen based on their outstanding work in the community and the enthusiasm shown by their members. Two income generating projects, a car wash and food garden project, were organized to provide resources for the NGO. While they have gained financial resources to help achieve their goals, this NGO has also learned of a creative way to raise funds in the future as well.

In the Berea district of Lesotho, an LDP breakthrough initiative has mobilized the community to enhance home-based care for persons living with HIV/AIDS. Six community-based workshops over a span of six months have provided training in general health and home-based care. This initiative encourages community participation as well as the support of community leaders.

In Eritrea, a current home-based care initiative, run by persons living with HIV/AIDS, has recruited twenty-five caregivers, themselves HIV positive, who are providing care to approximately seventy-five people. This programme is currently in the process of expansion to other communities. In the Butha-Bethe district of Lesotho, a programme providing care for expectant and nursing mothers has had a dramatic effect in the district. The programme involves HIV counselling and testing for expectant mothers, administering of Nevirapine to prevent mother-to-child transmission, and activities such as psychological support and income-generation geared towards supporting people with HIV, orphans and vulnerable children. Not only have partnerships sprung up and capacities been developed, but this breakthrough has moved towards an integrated response to addressing the issues of women and HIV/AIDS. The initiative has made an impact in the lives of many, and has also developed a strong foundation for continued collaborative responses to the epidemic.

Research focused at understanding how to build the capacity of home-based caregivers was conducted by an LDP group in South Africa. Twenty-three home-based caregivers from Mkhuhlu were trained in home-based care, stress management, project management and financial management. Following their training, dynamic inquiry interviews were conducted, both in the Mkhuhlu and

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Ha-Musha communities. Information from this inquiry will be used for developing improved training for home-based caregivers.

A number of community care initiatives have focused on providing care for orphans and vulnerable children. In Dundee, South Africa, the community has established a “Drop-in Centre” for orphans and vulnerable children. Due to limited funds, these children receive one meal on Mondays, Wednesdays and Fridays every week. The centre also provides Directly Observed Treatment (DOTS) for TB patients, who receive meals before each treatment. In South Africa, a group of home-based caregivers in Limpopo have opened a day care centre for vulnerable children. After school or crèche hours, children come to the centre to get meals, toys to play with, books to read and even assistance with their homework. Women who work at the centre also assist with birth registration of children in distress, as well as access to social grants.

In a similar project in the village of iXopo in KwaZuluNatal, South Africa, women have volunteered time to assist at a soup kitchen that provides meals to children in distress, three times a day. The local chief of the village has made one of his homesteads available to serve as a kitchen. The local branch of the Red Cross is helping out with a soup and maize meal for children in this village.

In Nigeria, LDP participants have facilitated the formation of support groups for people living with HIV/AIDS in Kogi State, and have provided trainings on home-based care for families in Bauchi State. The Nigerian First Lady invited the Kogi State government to nominate two children orphaned by AIDS for scholarships. In Leribe, Lesotho, the District AIDS Task Force, with the help of an LDP group, has facilitated the provision of monthly food parcels to orphans and vulnerable children and people with HIV. This programme, making use of the national registry of orphans and vulnerable children, has also encouraged school attendance.

Other initiatives addressing care and support for those living with HIV/AIDS include lobbying via the internet for free access to ARV medications for the needy in Ghana, monetary donations to HIV-positive individuals also in Ghana, and setting up a free telephone hotline for HIV/AIDS Information, Education and Communication and counselling by the Bethzatha Medical Centre in Ethiopia.



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Encouraging and Supporting Voluntary Counselling and Testing

Without access to VCT services, millions of individuals in sub-Saharan Africa will remain unaware of their HIV status.

This knowledge is critical for a number of reasons. Firstly, if someone tests positive, he or she must access treatment and support as necessary. Secondly, knowledge of one's status can encourage safe sexual behaviour, and also allows individuals to better plan their lives, as in the case of HIV-positive pregnant mothers. In the event that an individual tests negative for HIV, he or she can take measures for self-protection. UNDP's efforts in this arena aim to facilitate the formation of programmes to encourage and provide VCT services. While some of the initiatives described below provide VCT services in both government and private-sector workplaces, others reach out to communities to encourage people to get tested.

In Botswana, an LDP group has taken on the challenge of significantly increasing the number of people using VCT services in at least 100 workplaces, with a goal of having 75% or more test by the end of 2005. By decreasing stigma and discrimination, and increasing access to health care facilities, an increase in use of VCT services is expected. The group aims to accomplish this goal through advocacy and partnership with VCT providers, AIDS coordinators from public and private sectors, and union leaders. Collaborating agencies include a number of ministries, the National AIDS Coordinating Authority, local governments' Social Services and District Councils, and private enterprises.

In Maseru, Lesotho, LDP participants from the District AIDS Task Force (DATF) have run three workshops to raise awareness and sensitize people to the idea of VCT. As a result, there has been a 90% uptake on VCT in this initiative which involves CSOs, the national government, and local communities. The Mafeteng DATF has also initiated a programme that establishes and aids support groups for people living with HIV, who engage in promoting VCT and home based care among communities. In this district, a VCT facility was launched by the District Secretary, who by getting tested for HIV, exemplified this necessary action to all community members.

Other initiatives include a VCT facility established at the Accra Central Stadium in Ghana, which will attract civil servants as well as the general public. This project aims to provide VCT to at least 2,000 people by the end of 2005. In Ethiopia, a medical clinic has set up a free hotline for counselling services. In Durame, Ethiopia, an NGO called Kembatta Women's Centre also established a VCT facility, while in Eritrea, an LDP initiative led to increased availability of counsellors at eight VCT facilities. Other initiatives have focused on encouraging individuals to go for testing. In the Ziginchor area in Senegal, an LDP initiative aimed to increase

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Private Sector Involvement in VCT

In Swaziland, the LDP programme led to the initiation of a successful workplace initiative in a private sector setting. Led by the head of the Social Support Centre at the Standard Bank, who is an LDP participant, this multi-pronged workplace strategy has involved breaking the silence and denial among senior management, who have then led by example by getting tested for HIV. A photograph of the managing director of the bank receiving an HIV test appeared in the national newspaper, the Swazi Observer. These actions were facilitated by workshops using LDP methodologies including Emotional Intelligence, and encouragement for VCT among the management. Not only has this initiative led to increased discourse and use of VCT services among Standard Bank employees at large, but it has also created a demand for workplace programmes at other private companies. The formation of a Business Coalition Against AIDS, born out of this initiative, is facilitating a broader reach to the private sector in Swaziland. This LDP initiative has gone beyond small-scale success to invigorating action on a much larger scale. By involving the private sector in Swaziland, key actors are included in strengthening the national response to HIV/AIDS.

LDP participants in Ethiopia have facilitated the establishment of VCT facilities for staff members of the Crown Cork and Can factory. As a result of the commitment generated through the LDP, the company established VCT facilities for their employees and encouraged pre-marital voluntary testing among them. The factory now offers to cover 50% of the wedding costs for employees willing to undergo the confidential test before marriage. Other companies operating in the area have been inspired by the initiatives taken by Crown Cork and have started programmes for their own workforce. Shell Ethiopia has integrated information on HIV/AIDS, VCT and care/support services into their truck driver's operation manual. In Ghana, workplace programmes have been initiated with the Small Scale Importers Association, KAPITAL Radio, and Kumasi's Foxx FM Radio. Leadership assistance is also being provided to the Coca-Cola Workplace HIV/AIDS project in Ghana.

testing by 25% in a six month period. Already, this programme has prompted 347 community members to get tested for HIV, and many more are being encouraged. An LDP "mother's initiative" for mobilizing mothers in challenging HIV/AIDS has led to the training of fifty mothers and the testing of thirty-four mothers in Addis Ababa, Ethiopia. This event was covered in the national media, and will be followed up by programmes on the FM radio and Radio Fana. Plans are underway to up-scale this initiative to other parts of the capital city. In Ghana and Senegal, groups of women and youths, respectively, have been motivated to go together for HIV testing as well. In Lesotho, media practitioners have joined the movement to encourage VCT by printing editorials in local newspapers addressing the myths and fears associated with HIV/AIDS, and by getting tested themselves.



Improving Access to Information and Prevention Methods

Prevention is the mainstay of a nation's response to the HIV/AIDS epidemic, and needs to be implemented on a large scale to turn the tide of the epidemic. In sub-Saharan Africa, up-scaling prevention efforts can have a huge impact, and can avert HIV infection for millions of people. A number of UNDP initiatives have been increasing access to information about HIV/AIDS, and to prevention methods to mitigate the spread of the virus. Youth are being targeted through schools and organizations, with information on HIV/AIDS, and means for prevention. Sensitization and training efforts have targeted a variety of individuals, from hairdressers, agricultural workers, and local chiefs, to government and community leaders.

Reaching out to youth – the future of a nation

Youth between the ages of fifteen and twenty-four years are the most vulnerable and therefore also the greatest hope for turning the tide of HIV/AIDS. In sub-Saharan Africa, heterosexual intercourse is the main mode of transmission of HIV. A number of initiatives that have been implemented involve encouraging youth to become aware of HIV/AIDS and take action to prevent its spread. Interventions specifically tailored to appeal to youth and to promote safe sexual behaviours are necessary to reach out to this vulnerable segment of the population. In Senegal, multiple efforts are underway to address sexual behaviours among youth, by understanding communication styles used by youth, in order to promote behaviour change in appropriate ways. In the Thies region, prevention initiatives encouraging safe behaviour, targeting 3,000 youths between the ages of nine and eighteen, are being implemented. Another initiative in Diourbel, Khombole and Thienaba in Senegal is geared towards promoting awareness and behaviour change among youth who are members of twenty different associations that promote sports and culture. Thus far, fourteen of these associations, each with approximately 200 young men and women between the ages of fifteen and twenty-five, have been reached, with discussions on HIV, VCT, and prevention of transmission.

An NGO called Save Your Generation Association (SYGA) in Ethiopia focuses its prevention efforts on youth. In a recent initiative conceptualized with the help of LDP participants, SYGA has organized HIV/AIDS awareness and support programmes for evening university students, who as youth are likely to be vulnerable to risky behaviour leading to HIV infection. In Addis Ababa, school children are being engaged in peer group discussions to identify the challenges of HIV/AIDS and to come up with their own solutions. In twenty-five junior high schools in Addis Ababa, an LDP initiative is helping build effective mini-media groups to disseminate information on HIV/AIDS. In high schools in East Shoa in Ethiopia, anti-AIDS clubs are being established. In Ghana, an LDP initiative led to approximately thirty youths between twenty and twenty-four years old receiving life skills training as well as

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education on HIV/AIDS. Life skills training provides young people with knowledge and skills to help them make better choices to lead productive and healthy lives. In South Africa, an LDP group identified and supported a life skills development project at Sehlaku High School in the Greater Tubatse Municipality. Meetings were held with almost seventy parents and eighth and ninth grade students, and three workshops were conducted for parents alone.

While religious organizations and schools are one way to reach out to youth and families, television is another medium. In Swaziland, an LDP participant who is a presenter on Swazi TV, took a stand by engaging in conversations about HIV/AIDS with her family. She brought up sexual practices that go “unnoticed” and their links to HIV infection. By doing this, taboos of speaking about sex, particularly between generations, were broken, creating an environment more conducive to open discussions. Additionally, the messages of hope and self-respect, which are important to youth, are integral to her programme called “What’s Up,” which is sponsored by Coca-Cola.

In an LDP initiative called “Cutting-off HIV and AIDS,” 100 local barbers and hairdressers in Maseru, Lesotho, are being trained as HIV/AIDS peer educators. Each trainee has the potential to reach approximately 300 clients per month, and this small initiative therefore has the potential to reach 8500 clients, and hopefully, through these clients, many more family members and friends.

In Ghana, 250 agricultural workers and 120 chiefs were educated on HIV/AIDS and the protective effect of condom use. In addition to information, provision of 5,000 male and female condoms was an added incentive and motivation for individuals to practice safe sex. HIV/AIDS education was also provided to thirty-three paramount chiefs and 800 community members in four communities in Ghana. Open discussion about HIV/AIDS led to reduced stigmatization and increased condom use in these communities. Awareness initiatives in Ghana have also been expanded to the sports arena as well as universities in Kumasi – approximately 10,000 fliers on HIV/AIDS were distributed to football spectators at the Kumasi sports stadium.

In the Kembatta Zone of Ethiopia, the NGO Kembatta Women’s Centre obtained funding from a donor agency to introduce the female condom among commercial sex workers in the community.

In the “Giving HIV/AIDS a Face” prevention programme in Eritrea, people living with HIV are reaching out to schools and government offices. The coordinator states, “This project is beginning to break the silence, especially among students. They are very eager to participate in our activities. We are encouraged by this.”



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In Nigeria, an LDP initiative targeting four of the six states involved in the programme, has included advocacy visits to people from all sectors of society, in order to spread awareness of the HIV/AIDS epidemic, its effects and modes of transmission, as well as awareness of measures taken to combat the epidemic and the need to treat people living with and affected by HIV/AIDS with compassion.

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Other initiatives focused on HIV/AIDS awareness and prevention include the training of professionals from the tourism sector for their involvement in HIV/AIDS prevention in Senegal, and the training of 250 physicians and 400 nurses in the Senegalese army, to help reduce risky behaviour among army personnel.



Involving Artists and the Media to Enable Social Change

The involvement of artists and media professionals in a nation's response to HIV/AIDS is a powerful strategy that reaches great numbers of people, and helps create the enabling environment necessary for effectively addressing HIV/AIDS.

As highly influential members of society, artists and media professionals have taken on the personal responsibility of reaching out to the public and changing attitudes and perceptions about HIV/AIDS, and addressing the underlying causes that fuel the epidemic. The arts and media initiatives work synergistically with the LDP and CCE initiatives, often by scaling up the impact of the latter two programmes through broadcasting of the results across nations. Initiatives involving this key sector have led to the formation of arts and media coalitions, inspiring poems and paintings, TV and radio programmes, press reports, new and empowering icons for society, and arts and music festivals that engage the public in a positive and enlightened discourse around HIV/AIDS.

Ethiopia was the first country to host UNDP's Arts and Media Workshop in 2002. Artists, painters, poets, singers and media practitioners attended this workshop from all over the country. Unique to this workshop were the limited number of speeches and presentations, with a focus instead on giving participants the time and space to explore and challenge their thinking and create new icons and messages to activate social transformation. A cartoonist who participated in the workshop stated, "The workshop has given me ideas that I can use in the fight against HIV/AIDS. It has reinforced my conviction that women can play a leading role...and that men should play a supportive role to women. I have been energized to translate all these convictions into my work."

Rising to the challenge set forth in the workshop, participants created no less than thirty-eight inspiring poems featuring women as leaders, passionate expressions against stigma and discrimination, and new icons. By writing extensively about stories of courageous men and women responding to the epidemic, journalists brought to the public a new and empowering view of HIV/AIDS.

As a result of this workshop, an arts and media coalition was established - the Ethiopian Volunteer Media Professionals Coalition Against AIDS (EVMPA), which is conducting training for journalists to improve reporting on development activities and to advocate for HIV/AIDS in the media. EVMPA has also established strong ties with HAPCO. Gulan Kripalani, Media and Communications Specialist, HIV/AIDS Group, comments on the vast potential of this undertaking: "The Ethiopian media



Rising to the challenge set forth in the workshop, participants created no less than thirty-eight inspiring poems featuring women as leaders, passionate expressions against stigma and discrimination, and new icons.



INVOLVING ARTISTS AND THE MEDIA TO ENABLE SOCIAL CHANGE

By disseminating their powerful messages throughout the country, artists and media professionals have contributed to spreading the word about the quiet social revolution underway in parts of Ethiopia.

coalition brought together for the first time professionals from both private and government media, to address their common concern about HIV/AIDS Coalition members have begun to address the underlying causes of HIV/AIDS and highlight stories of courageous girls and women in the media as icons for social change.”

Also, following this workshop, an incredible forty-eight radio programmes addressing different aspects of the HIV/AIDS epidemic were produced and aired, with a reach to thousands of Ethiopians. These radio programmes challenged cultural stereotypes and created new female icons. By disseminating their powerful messages throughout the country, artists and media professionals have contributed to spreading the word about the quiet social revolution underway in parts of Ethiopia.

Swaziland held a Media Workshop in 2002. Participants hailed from private sector companies and theatre, as well as Swaziland’s radio and television stations. Swaziland’s National Communication Strategy was used as a springboard to initiate discussion around major themes of the HIV/AIDS epidemic. These discussions led to the development and production of radio and television programmes, some of which were showcased at the end of the workshop. Arts and media initiatives have also been born out of LDP workshops. In Swaziland, LDP participants came up with the idea of “You Wanted to Know” information capsules, which contain information and insights about HIV/AIDS, rendered in a colourful and artistic layout. These capsules appear in local print media and address topics around HIV/AIDS in the workplace, stigma, discrimination, and the importance of testing.

In August 2003, nearly 100 artists and media professionals participated in a UNDP Arts and Media workshop in Johannesburg, South Africa. Participants hailed from Botswana, Ghana, Lesotho, Swaziland and South Africa. With a key goal to generate positive and empowering images of both women and people living with HIV/AIDS, participants created written, visual, and audio materials on HIV/AIDS themes during the workshop. They also made personal commitments to promote hope and transformation among the public, in an effort to achieve lasting results. Inspired by the workshop, one participant commented, “I will not stand and watch. I will commit to making the circumstances I want in order to make the impossible possible.” Another participant proclaimed, “I commit to self awareness and the challenge to grow. To know my status, to find love and reflect that love. May we all sing LOUDLY.”

After returning from Johannesburg, participants were inspired to craft a variety of initiatives. A number of artists and media professionals in Swaziland organized a music and arts street festival held on World AIDS Day. With the cooperation of the City of Mbabane, NGOs, the government, the private sector and people living with HIV/AIDS, the street festival was a great success. Artists presented works inspired by their experiences of being infected and affected by HIV/AIDS. NGOs set up stalls,

INVOLVING ARTISTS AND THE MEDIA TO ENABLE SOCIAL CHANGE

and twenty music groups showed up to perform for the public. The festival gave artists the chance to reach the soul of people, in order to generate hope and action in the national response to HIV/AIDS. The festival was also used as a forum to promote VCT, and in an effort to encourage testing, several prominent figures were publicly tested for HIV.

“Observing the transformation in the arts and media workshop was inspiring, people’s pain and then their joy-filled insights showed the powerful influence of the methodology. How people then translated this to action, under challenging circumstances, was what makes me believe that this is a powerful missing link to responses that bear results. Their dedication is a testament to our infinite potential” says Catherine Moat, Communications Specialist, Regional Service Centre, South Africa.

In South Africa, a newly formed group called “Artists Doing AIDS” held an AIDS arts festival that celebrated the diverse experiences of people living with HIV/AIDS. “The ‘Artists doing AIDS’ consortium demonstrates how UNDP’s Arts and Media Leadership Initiative makes improbable partnerships a possibility and potential partnerships an inevitability” says Shivaji Bhattacharya, Senior Policy Advisor, Regional Service Centre, South Africa.



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Working with the Blantyre City Assembly and the Municipal Development Partnership, the programme has helped in developing an effective donor mechanism to generate resources for the city's response to HIV/AIDS.

Partnerships for Results

By forging strategic partnerships, UNDP's own efforts in addressing HIV/AIDS are enhanced, as are the efforts of collaborating agencies.

A few highlights of such collaborations are presented below. In addition to its work with other UN agencies, UNDP has forged ties with the African mayor's alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Partnerships with Civil Society Organisations

Over the past three years, UNDP has made considerable investment in developing the leadership capacity of CSOs working on HIV/AIDS. In sub-Saharan Africa, UNDP has collaborated with the Network of the African Council of AIDS Service Organizations (AfriCASO). For the first time ever, UNDP and AfriCASO convened all seven of AfriCASO's networks in a workshop to enhance the leadership capacity of network members and foster stronger cooperation and relationships for a strengthened response to the epidemic. In addition to AfriCASO, the networks include the Society of Women against AIDS, the Network of African People Living with HIV/AIDS, and the Central African, East African, Southern African and West African Networks of AIDS Service Organizations. UNDP has also funded and supported implementation of HIV/AIDS projects led by the CSO networks.

Developing City Responses to the HIV/AIDS Epidemic

Together with the Urban Management Programme (UMP) and the United Nations Human Settlements Program (UN-Habitat), UNDP has launched the "Developing City Responses to the HIV/AIDS Epidemic" initiative. The initiative links the UMP City Consultation Methodology – designed to bridge the gap between city administration and key stakeholders in civil society – with UNDP's LDP and CCE methodologies. The objective of the programme is to reinforce district HIV/AIDS responses by building capacity for local HIV/AIDS planning and implementation processes, and ensuring their integration into local development.

The programme has been rolled out in several cities, including Blantyre in Malawi, and Louga in Senegal. Working with the Blantyre City Assembly and the Municipal Development Partnership, the programme has helped in developing an effective donor mechanism to generate resources for the city's response to HIV/AIDS. Other successes in Blantyre include the creation of a workplace HIV/AIDS policy to address stigma and discrimination, as well as mobilization of city residents. The success achieved in Blantyre has received national recognition, with calls for the programme to be replicated in the rest of Malawi.

In Louga, Senegal, Community Conversations were instrumental in addressing issues of stigma and discrimination, thus allowing for freer dialogue on HIV/AIDS and demystification of misconceptions about the virus. The programme is currently in the process of expansion to four more cities in Senegal.

UNDP and AMICALL

UNDP, in conjunction with the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, launched the African Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL). Member countries include Burkina Faso, Côte d'Ivoire, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia. This alliance was developed to expand multi-sectoral action at the local level, where mayors and municipal leaders work together with community leaders and NGOs to identify areas where assistance is needed. Recent work on this initiative involves the development of mechanisms to facilitate rapid disbursement of funds to communities in need, as well as assistance to countries to help them diversify their sources of funding for HIV/AIDS. Additionally, action-oriented monitoring and reporting tools are being developed to identify problem areas and make necessary changes.

UNDP and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

UNDP is supporting the implementation of GFATM grants in a number of countries in sub-Saharan Africa, including Angola, Benin, Burkina Faso, the Central African Republic, Côte d'Ivoire, the Democratic Republic of Congo, Equatorial Guinea, Gabon, Liberia, Mali, Mauritania, Togo and Zimbabwe. UNDP is building the capacities of national stakeholders to effectively implement Global Fund grants, and in several countries is providing overall financial and programmatic oversight of the grants as Principal Recipient. In Togo, for example, UNDP execution of Global Fund projects has enabled decentralized units of the National Council Against AIDS to implement GFATM-financed activities in all six regions of the country. These regional activities are culturally sensitive and involve local NGOs and associations. As Principal Recipient, UNDP has also helped strengthen national coordination and harmonization of HIV/AIDS activities with other partners including WHO, UNICEF, and Population Services International. Moreover, UNDP has been building the capacities of national institutions, such as the National Council Against HIV/AIDS, the National Programme Against HIV/AIDS and the Association of People Living with HIV/AIDS to effectively deliver on project timelines and take over the role of Principal Recipient in due course.

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PARTNERSHIPS FOR RESULTS

In Benin, the government nominated UNDP as Principal Recipient for its GFATM grants for HIV/AIDS, Tuberculosis and Malaria. UNDP has provided information and assistance to members of the GFATM Country Coordinating Mechanism for implementation of the grant. The government's three national programmes have already implemented numerous activities with the support of UNDP and results in the areas of access to ARV, community based care for orphans and vulnerable children, and public awareness are already visible. UNDP's coordination capacity between the government and donors has leveraged the Global Fund's contribution, resulting in an important impact on national policy and partnerships. UNDP is also building on its country office network to strive towards harmonization of ARV protocols, to enable group purchases within the West Africa sub-region.

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UNDP's HIV/AIDS Workplace Initiative

The We Care Initiative was launched in 2002 to realize UNDP's commitment to full implementation of the UN Personnel Policy on HIV/AIDS among UNDP staff.

This global initiative aims to create HIV/AIDS competence in UNDP Headquarters, country offices and regional offices by the end of 2005. We Care Advisor Milly Katana believes that "HIV/AIDS is testing our ability of being the biggest humanitarian organization in the world. If we emerge out of the HIV/AIDS epidemic having proven that we can care for ourselves, we shall have the moral ground to care for the rest of the world." Through We Care, UNDP endeavours to create a work environment free of stigma and discrimination. In addition to providing comprehensive information sessions for UNDP staff and their dependants, We Care ensures that UNDP employees have access to treatment, condoms and VCT services. By including families in the workshops, the We Care initiative has also been instrumental in bridging the gap of knowledge between the workplace and home. Maria Ndlovu, a Regional Advisor for the We Care Initiative, stresses the importance of 'normalizing' the issue of HIV/AIDS to create a safe environment in which employees feel comfortable disclosing their status. As a woman living with HIV, Maria also emphasizes the importance of maintaining hope and not focusing on how or why one has become infected. In Maria's words, "Although HIV is an acronym for human immunodeficiency virus, for me, HIV stands for Hope – Hope Is Vital." UNDP's We Care Initiative is making headway into other workplaces as well. While some UNDP country offices, such as in South Africa and Zambia, are working towards inter-agency collaborations, other country offices including Botswana and Malawi have been inspired to take steps towards rolling out similar workplace initiatives among institutions nationwide.



In addition to providing comprehensive information sessions for UNDP staff and their dependants, We Care ensures that UNDP employees have access to treatment, condoms and VCT services.



The Way Forward

Looking to the Future

HIV/AIDS has taken its worst toll thus far on the region of sub-Saharan Africa.

This region has had to endure the devastation of the epidemic in addition to other crises, ranging from civil conflicts, drought and famine, to malaria and other communicable diseases. In the face of such vast devastation, the people of Africa have not lost hope, and are continuing to struggle against the challenges, to face each day with renewed optimism for the future. The successes of UNDP's programmes result from innovative and powerful initiatives that are unleashing the potential that lies within people. Through its numerous programmes, UNDP taps into not only individual potential, but also collective potential within communities, institutions and governments. UNDP recognizes the need for transformation at all levels of society, and has taken concrete steps to help achieve this. UNDP's strategies also ensure that the underlying causes of HIV/AIDS are explored and addressed. By working with all sectors and levels of society, the attitudes and behaviours that contribute to the spread and impact of the pandemic come to the fore, and allow for more effective strategies to be planned and implemented.

Through its programmes, UNDP fosters an enabling environment to strengthen national responses to HIV/AIDS, and to promote ownership and sustainability of the response. UNDP has played a critical role in helping countries to mainstream HIV/AIDS into Poverty Reduction Strategies and plan their overall responses to HIV/AIDS. Overcoming institutional inertia has allowed governments and their partners to take substantive action on a number of fronts, including mainstreaming HIV/AIDS into a number of ministries, and mobilizing resources for HIV/AIDS activities. UNDP is committed to moving forward in partnership with each nation, to continue to build a stronger response and up-scale programmes to increase their reach and promote sustainability.

The LDP reaches out to leaders with the ability to influence the response to HIV/AIDS at all levels of society. It empowers and inspires people to look within themselves to find answers to the difficult questions that are currently an inevitable part of their reality. Participants use their newly acquired skills and outlooks to conceptualize hundreds of breakthrough initiatives that impact the lives of millions.

Community Conversations have had a similar impact at the local level. Experienced facilitators have helped members of communities to reflect deeply within themselves to uncover the underlying attitudes and behaviours that contribute to the spread of HIV. In order to reach more people and to promote sustainability of their activities, a number of countries have already begun efforts to up-scale LDP and CCE.

Through its programmes, UNDP fosters an enabling environment to strengthen national responses to HIV/AIDS, and to promote ownership and sustainability of the response.

THE WAY FORWARD

Involving the arts and media sectors in tackling HIV/AIDS has given a powerful voice to the response to the epidemic. With the power and energy to influence a nation's citizens, artists and media professionals have reached millions with their icons and messages of hope and action.

UNDP's efforts in sub-Saharan Africa are empowering women to take control of their lives and destinies. UNDP is also committed to empowering people living with HIV/AIDS, by increasing their involvement in the response and by addressing the issues of stigma and discrimination, and care and support.

Key to UNDP's success is the formation of partnerships with UNAIDS co-sponsors, governments and other institutions. UNDP and its partners are laying down a solid foundation for nations to build upon to realize the Millennium Development Goal of halting and reversing the spread of HIV/AIDS by 2015. In addition to this goal, UNDP's efforts are also promoting the goals of gender equality and empowering women as well as developing a global partnership for development.

The numerous testimonies that point to the fact that UNDP's strategies are generating breakthrough results in the region also place a great responsibility on our future actions and strategies. It is evident that to make a substantive difference in Africa we need to take the Leadership for Results programme to scale – to reach key stakeholders in every country and community. To do this, UNDP will need to develop internal capacity – within our offices and our own staff. We will need to commit human and financial resources. We will need to demonstrate our steadfast commitment to the process of change that has been unleashed. We have begun a process that needs to be nurtured and supported. Only then will we see the realization of the goals set by UNGASS and the Millennium Development Summit.

While sub-Saharan Africa may be the region hardest hit by the HIV/AIDS pandemic, this is also the region with the greatest potential for hope and for action. UNDP's efforts in this region have revealed only the tip of the iceberg. The people of sub-Saharan Africa represent a vast storehouse of resource and innovation. We are seeing merely the beginning of their energetic and courageous efforts to generate an effective response to HIV/AIDS.



UNDP is also committed to empowering people living with HIV/AIDS, by increasing their involvement in the response to HIV/AIDS, and by addressing the issues of stigma and discrimination, and care and support.

Personal Reflections on the Leadership for Results Programme in South Africa

There is much to be applauded in all the HIV/AIDS response efforts underway. However, most of them, at least in my view, run the risk of remaining impotent, unless supported by interventions that generate a sense of responsibility, personal and ultimately, collective leadership.

The challenges in the response to HIV and AIDS have revealed what I have always implicitly known, but rarely had the courage to put squarely on the table for broad based discussion: “that the predominant approach and exclusive reliance on laws, policies and purely technical knowledge, alone, is limited in the extent to which we can secure and ensure the protection against stigma and discrimination towards people living with HIV and AIDS.”

The Leadership for Results Programme in South Africa was an effort to arouse and strengthen this sense of responsibility and leadership capabilities of individuals in institutions and society-wide, as an important aspect of responding to HIV/AIDS in forth right terms.

Looking back, I am both humbled and filled with a sense of fulfillment for the contribution and the legacy – personal, professional and organizational. I had the opportunity to champion and lead the South Africa Leadership for Results Programme, which was first launched in April 2001. At the time, I was driven by two strong and paradoxically opposing forces. As the manager accountable for UNDP results in the HIV/AIDS and Social Development Cluster, I had given my word to the Resident Representative that UNDP South Africa, would demonstrate what it means to generate a truly multi-sectoral response to HIV and AIDS. I also had a personal commitment to making a difference in people’s lives. Thus, I related to the programme with a strong attachment to results, which, as the programme evolved, I realized I needed to detach myself from.

What happened in the room on the second week of July 2001 could not be explained nor captured in any of our reporting and management tools, that is the Strategic Results Framework and the Results Oriented Annual Report. When two of the participants finished telling their stories – one on how the programme had made him realize how he was treating his family and wife and the other on how a breach in confidentiality by a physician had led to her losing a job and ultimately, quitting marriage, there was a profound silence, every one felt touched by a nameless sense of solidarity – we were all in tears. In that moment, something had shifted, in all of us. I experienced how the obstacles that were standing in the way of our personal, professional and organizational contribution to the HIV and AIDS response were brought to the fore and addressed in forthright terms.

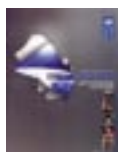
Ironically, as participants were reflecting on these breakthrough moments, I was confronted with a moment of personal leadership. That moment occurred to me like a choice between UNDP and the Leadership for Results Programme. I had received a message from the office that I was expected to be at a meeting with what was seen as a potential partner for resource mobilization. In addition, the office sent the driver to pick me up.

I had been too inspired and moved by the conversations and breakthroughs in the attitudes of participants, on gender based power relations, stigma and discrimination against people living with HIV and AIDS. My credibility about what is possible had been stretched. I chose not to join the office meeting. My commitment to results and to demonstrating to the participants that a leader needs to take a stand, created a context for me to make the decision – albeit very painful. I later realized that the two were not mutually exclusive. My commitment to the work on HIV and AIDS and to UNDP reflected a strong personal commitment to making a difference in people’s lives.

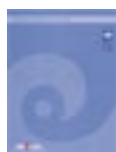
I now know, and to paraphrase Jim Collins, “anything is possible, and results can be achieved, provided we don’t mind who takes the credit.” I owe my experiences, personal and professional growth as well as the results achieved to many people. Most of all, to the UNDP Resident Representative in South Africa, the Deputy Resident Representatives, the UNDP HIV/AIDS Group in the Bureau for Development Policy, the Teleos Leadership Institute, the facilitators, participants in the programme and the programme staff in UNDP South Africa.

Metsi Makhetha, Regional Bureau for Africa, UNDP

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Acknowledgements

I would like to extend my sincere appreciation to current and former UNDP Resident Representatives, Deputy Resident Representatives, Programme Officers and key staff members for our collaboration on HIV/AIDS programmes in Botswana, Burkina Faso, Cape Verde, Eritrea, Ethiopia, Gambia, Ghana, Lesotho, Nigeria, South Africa, Senegal, Swaziland and Togo – including Estifanos Abebe, Helen Amdemikael, Benjamin Attiso, Mulugeta Betre, Joseph Byll-Cataria, Chinwe Dike, Robert Djangmah, Ibrahima Djibo, Ernest Fausther, Alfred Fawundu, Joe Feeney, Bjoern Foerde, Signe Frederiksen, Thandi Gama-Nkosi, Marx Garekwe, Hiwot Gebre Meskel, Eunice Gomes, Tegegnetwork Gettu, Naheed Haque, David Kim, Puleng Letsie, Jose Levy, Elizabeth Lwanga, John O Kakonge, Scholastica Kimaryo, Metsi Makhetha, Papa Mambaye Sow, Rose Mandevu, Lydia Matebesi, Mojakisane Mathaha, Jabu Matsebula, Marjorie Mavuso, Malume Mohale, Senait Mulugeta, Shuaibu Musa, Alphonse Nkouka, Nileema Noble, Samuel Nyambi, John Ohiorhenuan, John Onyeokoro, Kemi Oyegbile, Agnes Phiri, Riina Pilke, Ahmed Rhazaoui, Seikou Sanyang, Fidele Sarassoro, Iddrisu Siddiq, Lare Sisay, Mary Symmonds, Kelemework Tekle, Patrick Tema, Asrat Tilahun, Barbara Torggler and Kenichi Tsunoda. A special thank you to our national partners – without their dedication and commitment our collaboration could not have been such a success.

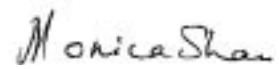
I would like to express my appreciation to colleagues in the Regional Bureau for Africa for our rewarding partnership. Thank you to Samuel Nyambi for creating the space for our successful collaboration through the Regional Service Centre, and for guiding our partnership in Ethiopia; and to Elizabeth Lwanga for our wonderful partnership in Swaziland, and for her continued commitment to working together in challenging the underlying causes of HIV/AIDS. My appreciation to Jeffrey Avina for our collaboration on the Global Fund

particularly, and to Metsi Makhetha for her partnership with us as HIV/AIDS focal point and her dedication to the Leadership for Results programme in South Africa. Thank you to Roland Msiska who has provided country offices and governments throughout Africa with support in planning HIV/AIDS responses and who has collaborated with us in Ethiopia and other countries; and to Bjoern Foerde and Roland Msiska for their contributions to this report. I would like to extend my warm appreciation to Nileema Noble, who through her unique energy and vision has supported and inspired leaders and communities to upscale the HIV/AIDS response in Ethiopia.

A very special thank you to our team, particularly Moustapha Gueye and Shivaji Bhattacharya for guiding Leadership for Results programmes in Africa, inspiring leaders in numerous countries to take the response to HIV/AIDS as a personal challenge and generating breakthrough initiatives; to Moustapha Gueye, Thebisa Chaava, Daouda Diouf, Tita Isaac, David Tiomkin and Coumba Diop Diene for leading the Community Capacity Enhancement Programme, strengthening Civil Society Organizations and supporting communities in finding their own solutions to HIV/AIDS; and to Shivaji Bhattacharya and Gulan Kripalani, who have inspired artists and media practitioners to form coalitions and establish festivals to address HIV/AIDS and empower women and people living with HIV/AIDS. Thank you to Djibril Diallo, former Director of UNDP's Communications Office, for his support to arts and media programmes. My appreciation to Benjamin Oforu-Koranteng, Youssouph Dieng, Caty Fall Sarr, Catherine Moat, Serra Reid and Nadia Rasheed for their commitment and support to country offices for implementation of UNDP's Leadership for Results programme; and to Milly

Katana and Maria Ndlovu for inspiring UNDP staff and families to openly discuss HIV/AIDS and challenge stigma and discrimination. Thank you to Caitlin Wiesen for her dedication to our work in Africa and to strengthening UNDP's Southern Africa Capacity Initiative; to Joseph Annan and Benjamin Ofosu-Koranteng for development planning initiatives; and to Olivier Adam, Nadia Fuleihan, Lori Lee and Lenka Tucek for our partnership with the Global Fund.

Finally, a very warm thank you to Gulan Kripalani for tirelessly managing all aspects of the report's preparation and production; to Shipra Srihari for conducting countless interviews and bringing our work alive in this report; and to Caty Fall Sarr and Nadia Rasheed for supporting the preparation of the report.



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