Economic
Commission
for Africa

CHGA
Commission on HIV/AIDS and Governance in Africa

Impact of HIV/AIDS on gender, orphans and vulnerable children

Discussion outcomes of CHGA Interactive Cameroon

November 2004

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About CHGA

Under the Chairmanship of the Executive Secretary of the Economic Commission for Africa (ECA), **K. Y. Amoako**, the Commission on HIV/AIDS and Governance in Africa (CHGA) represents the first occasion on which the continent most affected by HIV/AIDS will lead an effort to examine the epidemic in all its aspects and likely future implications. The challenge for CHGA is to provide the data, and help consolidate the design and implementation of policies and programmes that can help contain the pandemic in order to support development and foster good governance.

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Acronyms

ABC	Abstain, Be faithful, (use) Condoms
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
CBO	Community Based Organization
CHGA	Commission on HIV/AIDS and Governance in Africa
CSO	Civil Society Organization
ECA	Economic Commission for Africa
FAO	Food and Agriculture Organization
FBO	Faith–Based Organization
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
UNICEF	United Nations Children's Fund
UNGASS	Special Session of UN General Assembly on HIV/AIDS (New York, 25-27 June 2001)
VCT	Voluntary Counselling and Testing
WHO-AFRO	World Health Organization Regional Office for Africa

About CHGA Interactive

The central task for CHGA is to provide recommendations for African policy makers on their response to the challenges posed by the HIV/AIDS pandemic. CHGA is concerned with ensuring that findings and recommendations of the Commission should reflect the experiences of the widest possible constituency. A central plank in ensuring this, is CHGA Interactive. CHGA Interactive is driven by a series of five sub-regional consultations or public hearings, unique for a UN Commission, on the following themes: orphans, gender, youth, treatment and care, prevention of mother-to-child transmission, human capacity, rural livelihoods, food security and nutrition.

Under the auspices of CHGA Commissioners, each CHGA interactive session provides an opportunity for a wide range of stakeholders and constituents to not only share experiences and discuss the way forward in their sub-regional context, but to also identify key messages to facilitate the Commission's advocacy work and key policy recommendations. The outcomes of each meeting informs the work of CHGA as well as its final report.

Four groups are particularly important as participants in this process:

- African policy makers. CHGA interactive provides an opportunity to solicit their views and to ensure that their core concerns are adequately reflected in the Commission's Final Report.

- Associations of people living with HIV and AIDS. These organizations are key stakeholders with unchallengeable legitimacy on all issues surrounding the HIV/AIDS epidemic. CHGA seeks to engage with these to elicit their views, as well as receive their guidance on prioritization of the Commission's core recommendations.

- Civil society organizations (CSOs) including community based organizations (CBOs) and local and international non-government organizations (NGOs) directly involved in service delivery. CHGA Interactive seeks to engage these in policy dialogue and formulation, so that their experience can be distilled into policy recommendations, and CHGA recommendations can be useful to their activities.

- Public policy and advocacy organizations concerned with governance and democracy, human rights, peace and security. This includes a range of specialist CSOs, women's associations, trade unions and professional associations, churches and faith-based organizations, and some research institutes.

Interaction with these is key to ensuring that CHGA's recommendations are draw on the wealth of experiences that these organizations have accumulated, and that CHGA recommendations are relevant to the contexts that these are engaged in.

CHGA Interactive: Cameroon, focusing on HIV/AIDS and gender, orphans and vulnerable children took place in Yaounde, 13 and 14 December 2004.

CHGA Interactive: Cameroon

Participants

Two CHGA Commissioners, Mr. Bassary Touré and Dr. Paolo Teixeira, presided over the interactive session. The Commission was also grateful to count among its prominent participants members of Government from The Republic of Cameroon. These included H.E. Urbain Olanguena Awono, Minister of Public Health and Chair of the National AIDS Control Committee; H.E. Catherine Bakang Mbock, Minister of Social Affairs; H.E. Suzanne Bomback, Minister of Women and Family Affairs; H.E. Haman Adama, Minister of Basic Education; and Dr. Léopold Zekeng, Permanent Secretary, National AIDS Control Committee.

In addition to the distinguished guests listed above, approximately 140 participants from the Central African subregion attended the session. These included policy makers, public service providers, civil society organization, national and international NGOs, CBOs, faith-based organizations (FBOs), UN agencies, public health care providers representatives.

Structure of the meeting

The meeting, which lasted one day and a half, was divided into three main sessions. In the first session, participants offered their views and experiences on available response strategies to the challenge of orphans and vulnerable children after listening to three presentations on the topic. In the second session, participants discussed the dynamics of HIV/AIDS and gender after hearing to three inputs by experts in the field. In the third session, the participants divided themselves into three working groups to further examine specific facets of each thematic area: (i) HIV/AIDS and gender dynamics; (ii) HIV/AIDS and orphans and vulnerable children; and (iii) Gender and sexual violence. In each of the working groups, participants developed a set of specific recommendations, which they presented in the closing plenary.

The presentations and the speakers were as follows:

HIV/AIDS, orphans and vulnerable children

Responding to the Agricultural Knowledge and Skill, Needs of Orphans: The food and agriculture organization (FAO,) Junior Farmer Field and Life Schools Approach, by Gabriel Rugalema, Food and Agriculture Organization.

Orphans and vulnerable children: issues and challenges, by Hilda Tadria, Economic Commission for Africa.

The experience of the 'Centres d'Accueil et de l'Espoir', by Soeur Marie-Thérèse Brigit Mewoulou, Centres d'Accueil et de l'Espoir, Republic of Cameroon.

Dynamics of HIV/AIDS and gender

Gender dynamics and HIV/AIDS in Africa: Issues and challenges, by Jean-Baptiste Koah, Ministry of Women Affairs and Family Welfare, Republic of Cameroon.

Sexual violence and HIV/AIDS, by Esther Andale, AVLS, Republic of Cameroon.

Background and context

The feminisation of HIV/AIDS

Recent estimates peg the total number of people infected with HIV at around 40 million globally. Of these, an estimated two-thirds live in sub-Saharan Africa.

Women comprise an increasing proportion of people living with HIV/AIDS worldwide. Global prevalence among women has accelerated from 41 per cent of infected adults in 1997 to 50 per cent in 2002. In sub-Saharan Africa, women account for almost 6 out of every 10 persons living with HIV/AIDS (UNAIDS 2004). Sub-Saharan Africa is the only region, globally, where more women than men are infected with the virus.

Among youth, this gender gap is exasperated. Seventy-five per cent of all young people living with HIV are female. As is shown in figure 1, these gender disparities can be quite staggering: in each of the two countries represented, prevalence levels among young women are between three and four times higher than the levels among young men (World Health Organization Regional Office for Africa, (WHO-AFRO) 2003).

HIV prevalence among young men and women aged 15-24 years in national population based surveys, 2001

The gender gap is even greater among the younger population

Data source: WHO-AFRO 2003.

In Africa, the pandemic exhibits considerable variation across the different subregions. The central African region is not as hard hit as the southern and eastern African regions, but alarming levels of HIV prevalence are recorded here too. In Cameroon, the median prevalence among women attending antenatal clinics in 2000 – 2002 was 10.3 per cent in the capital, and 11.3 per cent in rural areas. Central African Republic records a median prevalence level as high as 15 per cent, and 16.5 per cent in rural areas (WHO-AFRO 2003). This high rural prevalence sets the central African region somewhat apart, as in other subregions, prevalence is higher in urban areas.
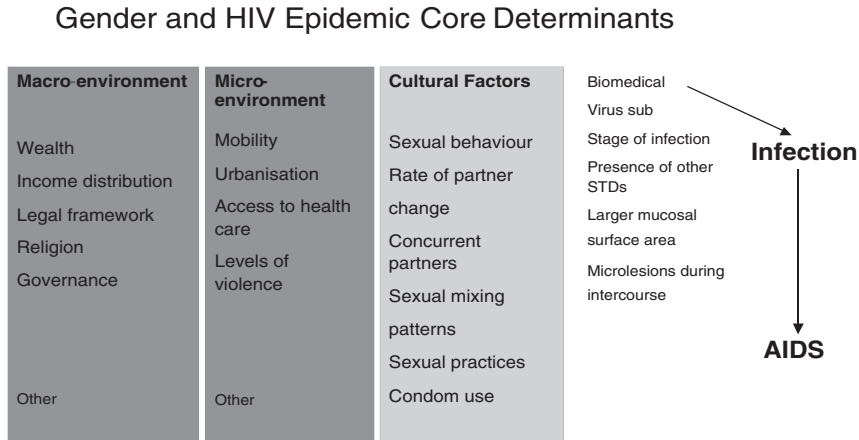
Factors fuelling the feminisation of the epidemic

Women are more susceptible to HIV for biological reasons. Viral concentration in semen is higher than that in vaginal fluids, and women have a larger mucous surface, which is exposed to the virus for longer durations. However, this cannot explain the sudden acceleration of HIV prevalence among women and the subsequent feminization of the epidemic in Africa: the socio-cultural context needs to be scrutinized for explanations.

The gender dimensions relevant to HIV/AIDS penetrate a whole range of aspects of society, including the economic, legal, cultural, religious, political and sexual status of women. Riding on the back of existing gender inequalities, HIV/AIDS aggravates the situation of women, translating existing differences into harsher conditions on the ground – and into higher HIV prevalence for women. The dynamics of gender and HIV/AIDS does this by creating multiple mechanisms that exacerbate the vulnerability of women both to contracting the virus, coping with the disease and caring for others infected and affected by the pandemic. Many of these links do not only manifest themselves as mechanisms of vulnerability, but also become factors that fuel the spread of the epidemic.

The determinants of HIV/AIDS infection can be grouped into macrolevel and microlevel, cultural and biological factors. The macrolevel factors, such as governance and poverty levels, provide the gendered framework for actions taken by the individual woman and man. These actions are also structured by microdeterminants, which can be grouped into factors related to the individual's immediate environment, as well as biomedical factors. Figure 2 below provides an overview of the different, complexly interrelated factors that form the context of vulnerability to infection at the individual level, as well as the trajectory of the pandemic at the structural level.

Figure 2: Macro, cultural and micro determinants, gender and HIV/AIDS

Gender and HIV Epidemic Core Determinants

Macro-environment	Micro-environment	Cultural Factors		
Wealth	Mobility	Sexual behaviour	Biomedical	
Income distribution	Urbanisation	Rate of partner	Virus sub	
Legal framework	Access to health	change	Stage of infection	**Infection**
Religion	care	Concurrent	Presence of other STDs	
Governance	Levels of violence	partners	Larger mucosal surface area	
		Sexual mixing	Microlesions during intercourse	
		patterns		
		Sexual practices		
Other	Other	Condom use		**AIDS**

These are explored in further detail in the discussion outcomes presented below.

Escalation of the orphan crisis

Levels of orphanhood have always been high in sub-Saharan Africa, as a result of high mortality in general, and high maternal mortality in particular. The AIDS pandemic, however, targeting the age group consisting of caregivers and parents, increases the number of orphans to unprecedented levels. It is estimated that there were 43.4 million orphans in Africa at the end of 2003, a number projected to increase to 50 million by 2010. The increase is largely due to AIDS, with an estimated 12.3 million AIDS orphans at the end of 2003, rising to 18.4 million in 2010 (United Nations Children's Fund (UNICEF) 2004). Robbed of their parents' care, support and socializations, these represent a 'skipped generation' on the African continent.

At the household level, the orphan crisis leads to changes in the household composition, as well as to the present rise in numbers of child-headed households, child caregivers, and elderly caregivers. At the national level, this raises a number of issues: increased mortality, fall in life expectancy, changing age structures, increased food insecurity, and reduced household saving. Orphanhood exacerbates gender inequalities: girl orphans are overworked and often sexually exploited by their caregivers, they are more likely to drop out of school, and they are more often dispossessed of their parents' property (Tadria 2004, UNICEF 2004).

In the past, traditional support mechanisms such as the extended family and community seemed able to absorb most of the children in need. However, reports increasingly indicate the breakdown of traditional support mechanisms, as they are faced with increasing demands for orphan care and support. External support, provided by public, private or voluntary agencies, is therefore increasingly in demand (Tadria 2004).

Although policies and programmes for support provision are increasingly being put in place, African governments are struggling to meet the needs of orphans. It is estimated that only 3 per cent of orphans and vulnerable children in low and middle income countries receive any form of public support (UNAIDS 2004).

The complex interplay between gender, orphans, violence and HIV/AIDS

Gender discrimination and challenges to orphans reinforce each other in a number of ways. First, girl orphans, being both girls and orphans, are doubly vulnerable, and particularly exposed to sexual abuse and other forms of exploitation. They also have lower access to education and health services. All orphans are at greater risk of marginalization in the household they are part of, and the community, and at greater risk of poverty. Taken together, this increases orphans', and particularly orphan girls' vulnerability to HIV infection.

Second, women traditionally play a major role in the care economy, and this means that caring for the sick, as well as for orphans falls squarely within their domain. For African women, taking in orphans therefore increases the already overwhelming burden of care (UNICEF 2004). Female-headed households are not only more likely to be poor; they are also more likely to take in orphans than male-headed households. Female-headed households affected by HIV/AIDS are therefore more likely to enter into an irreversible downward spiral of increasing expenses, contributing to the present feminisation of poverty. The process is thus insidious, as poverty is considered one of the main factors fuelling the epidemic.

Third is the issue of stigma and ensuing discrimination. Both women and orphans face more AIDS-related stigma, discrimination and marginalization than men. This exacerbates their already disadvantaged position and lower access to testing, treatment and care. Because the struggles for equality begin in the family, it is also the primary site for stigmatization, discrimination, violence and abuse against women and children, especially orphans. Research has demonstrated that key to the household's response when struck by HIV is not the women's, but their spouse's reaction to the new crisis in the family (CHGA, forthcoming).

Fourth, women's control of their own bodies and sexuality is considered key to prevention. This principle is also enshrined in UN conventions and declarations that

African countries have committed to, including the Declaration of Commitment from the 2001 UN Special Session on HIV/AIDS. Placing the issue in the context of upholding human rights obligations, African governments have committed – within 2005 - to "… empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection" (UNGASS Declaration of Commitment[1], paragraph 59).

To date, HIV prevention efforts have focused on individual behaviour modification and chastity. However, this approach generally fails to take into account women's – particularly young women and adolescents' - lack of control of their own bodies and ensuing lack of control over their own sexuality. The vulnerability this leads to is particularly emphasized by the fact that marriage and monogamous relations by women do not protect them against HIV. In some African countries it has been found that married 15-19 year old females have higher HIV infection rates than non-married sexually active females of the same age (UNAIDS 2004). The ABC message – *A*bstain from sex before marriage, *B*e faithful to your partner, or, if you can't, use a *C*ondom - is promoted in a number of HIV/AIDS prevention campaigns. Previously hailed, it has now been found to increase stigma for HIV positive women. Married and/or faithful women, even women who abstain from sex but have been raped, have unfoundedly been accused of having multiple partners of extramarital affairs, when indeed they have been infected by their sole partner. Orphan girls are a particularly vulnerable group, as they face increased risk of violence and sexual exploitation. Invisible, uncounted and unaccounted for, the orphan girl continues to be marginalised, sexually abused and exploited (Tadria 2004).

Fifth, the high levels of violence against women and girls, particularly sexual violence, exacerbate the subordinate situation for women as well as creating situations where, if the perpetrator is HIV positive, the risk of transmission of the virus is higher. Violence is not only violence committed by strangers. In some countries, up to one in five women have experienced violence from an intimate partner. Up to a third of girls report that their sexual initiation was forced (UNAIDS 2004). The existing high social tolerance for violence against women and children increases their vulnerability to HIV infection, and forms part of the dynamics that underpin the spread of HIV in Africa.

Discussion outcomes

During the interactive session, a number of experiences, reflections and suggestions emerged. These have been structured and clustered into sections. The first section is concerned with the underpinnings of the epidemic, investigating socio-cultural factors in African societies that facilitate the spread of HIV virus, particularly factors that render women and girls vulnerable to HIV infection. The second section focuses on orphans and vulnerable children. The third deals specifically with sexual violence, an issue that emerged as crucial during the meeting.

Gendered socio-economic factors underpinning the epidemic

"Africa needs empowered and healthy women for its leadership and development."
HE Urbain O. Awono, Minister of Public Health and chair of National AIDS Control Committee, Cameroon

The subordination that African women and girls experience creates vulnerability to infection through a number of paths. Women are economically dependent on the men in their family, be it their father or their husband, and therefore also depend on the men's goodwill for their upkeep and livelihood. Legally, women have less access to productive assets such as land and credit. Women's rights are generally not respected, and women enjoy minimal protection against abuse and exploitation. Girls are less educated, which again contributes to lower social status and lower ability to capitalize on available information. Social constructions of masculinity and femininity render women powerless to resist their husband's or partner's demands for unprotected sex. These and other gender dynamics underpin the spread of HIV in Africa, and lead to the present feminisation of the epidemic.

Economic and legal empowerment of women

"No country treats its women as well as it treats its men." *Hilda Tadria, Economic Commission for Africa*

Some participants compared different interventions, and accentuated the need for economic empowerment of women as a powerful means to combat the epidemic.

They emphasised that without economic independence, a woman is not in an equal position to negotiate with her partner.

Economic empowerment of women requires not only changes in deep-rooted cultural practices. Participants underlined the need for the establishment of legal frameworks to ensure that women have access to land, credit and other productive assets on par with men. Existing legal frameworks are at best patchy, and in many cases render women powerless. The revised and consistent legal frameworks need to be more aggressive in upholding women's basic rights and institute sanctions and punishment for discrimination against women.

Role of culture and tradition

"Our African culture merits tailor-made prevention and mitigation strategies. We need to work at the level of the household, focusing on prevention so that households avoid the shock of HIV/AIDS." *Hachim Koumaré, Director, ECA-Central Africa subregional office*

While some cultural values may be positive, participants also raised a number of traditions and cultural practices that contribute to the subordination of women and to the spread of HIV. These include female genital mutilation, wife inheritance, and forced and early marriages, especially when the husband is a much older man. Cultural factors may also contribute to the difficulties in encouraging behaviour change through the traditional means such as campaigns and mass media, and need to be better understood in order to make prevention more effective.

Involvement of men

Participants were concerned that gender issues are still generally seen as women's issues. Although addressing the gender dynamics that further the spread of HIV requires the participation of both genders, men are only involved to a very limited extent. This may be a result of a lack of interest and unwillingness to relinquish status and privileges they have under the present system. However, women may also have excluded men in discussions and actions to empower women. Participants called for greater partnership between men and women in order to address unhealthy gender dynamics. One participant stated that empowering men to be equal partners with women also means that men treat themselves better.

Sexuality, gender and HIV prevention

"The conditions of women make them more prone to HIV infection. We should therefore lay the emphasis where it is most needed: in enabling women and men

to exercise their knowledge of how to protect themselves against HIV infection."
Leopold Zékeng, Permanent Secretary, National AIDS Control Committee, Cameroon

The vast majority of People Living with HIV/AIDS (PLWHA) in Africa were infected through heterosexual intercourse. The more distant socio-economic factors detailed above provide the structural underpinning for transmission of HIV. Participants also discussed the more proximate gender-related factors that pave the way for HIV transmission, as well as how to best counter these and thereby prevent further spread of HIV.

Access to female-controlled prevention methods

Participants were concerned about the perceived general unwillingness of men to have protected sex, and the lack of female-controlled methods for preventing HIV transmission during sexual intercourse. The female condom and further development and dissemination of microbicides were raised as possible tools for prevention that women themselves control and use. However, the female condom is still too expensive and in too short supply to be widely available. It was also raised that using the female condom requires a similar kind of negotiation as using the male condom, and may therefore not be the solution that some participants argued. Microbicides, which have the potential to be used as creams or gels killing the virus, are still at the research stage.

Participants also pointed out that the lack of access to condoms on the part of those actually willing to use them contributes to the spread of HIV. The present supply of condoms in Africa is far from enough. Ensuring adequate supply of male condoms would therefore also increase their use.

Abstinence, faithfulness and condom promotion

"Women trust their male partners – although the men are the ones who bring HIV into the house." *Paolo Teixeira, CHGA Commissioner*

Participants from a number of countries in the subregion described their country's HIV prevention strategies. These all employed variations of the ABC message: Abstain (outside relationships), Be faithful (in relationships), and if you can't, use a Condom. Participants raised the question of whether education on issues of sexuality and condom promotion contributed to more sex among youth. Others described the reality of ABC programme implementation: it seems that the focus is on the A and B, while the much-needed C is largely ignored, leading to more unprotected sex.

The ABC approach was also criticized for being too focused on the individual, when the practices that the ABC addresses have deep cultural roots that must be addressed at the structural level. Another criticism levelled at this approach was that it assumes that

both partners are able to negotiate their own abstention, faithfulness or condoms use – while in reality it is men that make these decisions. If the man has multiple partners and does not use a condom, his female partner is vulnerable, even if she is faithful.

Orphans and vulnerable children

"We cannot afford threats to children's survival that exist because of poverty and HIV/AIDS." *HE Catherine B. Mbock, Minister of Social Affairs, Cameroon*

There have always been high levels of orphans in Africa, as a result of generally high mortality and specifically high maternal mortality. AIDS, however, increases the number of orphans to unprecedented levels, and traditional support mechanisms are struggling to cope with the increasing demands for care and support. AIDS orphans suffer the psychosocial problems that other orphans do, but have the additional burden of the stigma associated with HIV/AIDS. The presenters stressed that AIDS orphans are stigmatized and further marginalized in the communities, and therefore need targeted interventions. Gender and orphan challenges overlap in that the girl orphans are particularly vulnerable to sexual abuse and other forms of exploitation, as well as having less access to education and health services, increasing their vulnerability to HIV infection.

Prevention of orphanhood

An important intervention is to prevent children from becoming orphans in the first place. This can be achieved through either preventing HIV infection in the parents, or through prolonging infected parents' lives through providing treatment and other forms of health-sustaining support. However, the numbers of Africa's orphans are growing, and the participants' reflections on how to best meet the challenges of the existing and future orphan crisis are captured below. As with the pandemic at large, participants raised needs for both an immediate crisis response, as well as a more long-term approach to addressing these issues.

A rights-based approach: appropriate legal and policy frameworks

Ensuring that the rights of orphans are respected was seen by participants as fundamental to addressing orphan-related challenges. All African countries have signed international conventions committing to protecting children's rights. These include the UN Convention on the Rights of the Child, and other human rights conventions and instruments, effective at the global, regional and sub-regional levels, such as the African Charter on the Rights and Welfare of the Child. Participants argued for the

harmonization of national legal frameworks with international commitment, and for the actual implementation and enactment of these legislative frameworks.

Urgent needs include the protection of children from sexual violence, exploitation and abuse; abolishment of early and forced marriages through enactment of laws setting a minimum legal age for marriage; and access to education and health services, particularly for girls. A problem that orphans have faced is the lack of protection of their inheritance rights. As the parents die, orphans find themselves without legal entitlement to their parents' assets, including land and property, and often see these taken away by relatives and others. In this context, participants therefore stressed the need to ensure that orphans' inheritance rights are protected, in order to facilitate orphans' keeping assets that enable them to sustain their livelihoods.

Long-term planning and integration of HIV/AIDS into government policies and programmes is key to mitigating the impact of the epidemic on vulnerable groups. Children have the right to participation and consultation in matters that affect their livelihood and care.

How to care for orphans: community vs. institutions

"Both community-based and institutional care can work. What matters is that the children are tracked and monitored properly, to ensure that their rights are respected and their needs are met." *Hilda Tadria, Economic Commission for Africa*

Participants and presenters discussed the different types of care that are and could be provided for orphans. There are two main types of care: community-based, where orphans are cared for by the extended family and the community, and institution-based, such as orphanages. Some programmes employ a combination of the two. Participants found positive and negative aspects of both. The community-based model, where orphans are mainly cared for within the extended family, has long been hailed as the African solution to the orphan crisis. However, sexual and other types of abuse are rife within this care model, as is exploitation of orphan labour. Girl orphans are particularly vulnerable. Abuse has also been found in institutions, where understaffing and neglect is a common problem. However, there are good examples of care for orphans through community support for orphan-headed households, through institutions such as orphanages providing material and psychosocial support for extended families and communities caring for orphans

The participants with experience in this field stressed the importance of monitoring and follow-up to ensure quality of the care, as opposed to the type of care provided. The persistent gender inequalities that permeate communities also increase the vulnerability of girl orphans, who need particular follow-up. Governments, therefore, have an important task in ensuring that children's rights are respected, and needs met, including the rights and needs of orphans.

The reintegration of orphans into society also emerged as a concern among participants. Care for orphans was seen as a way to substitute the socialization and transfer of skills and knowledge that parents would normally take care of, with the aim to create integrated and well-adjusted members of society. Orphans, who may lack access to education and other types of services, as well as growing up on the margins of society, may find it very difficult to become productive members of society as adults. Communities as well as societies at large find themselves ill prepared to absorb the growing number of young adult orphans. Participants therefore stressed the need for orphans to live as 'normally' as possible, easing reintegration into society.

Socialization: transfer of knowledge and social skills

"The learning process breaks down when parents die. Someone has to ensure that knowledge and skills are imparted, to enable these children to grow up to become integrated members of the community." *Gabriel Rugalema, Food and Agriculture Programme of the United Nations*

The presenters and others with experience in this field emphasized that orphan programmes must cause as little disruption as possible to the care that is provided for orphans. This includes facilitating the orphans remaining close to their homes and communities of origin, attending the same school, and as far as possible retaining their social networks.

Key interventions in enabling orphans to grow up to become integrated members of the community were found to be those interventions that bridge the lack of skills and knowledge that should have been transferred by parents. An example of such an intervention is the FAO Junior Farmer Life Schools (JFLS). Here, orphans learn farming skills they would otherwise have learnt from their parents, enabling them to farm and earn a livelihood. Participants in JFLS still attend their local school. Participants from organizations running orphanages also stressed the importance of children participating in the same activities as other children – such as going to the school closest to their original home, participating in sports and other social activities with other children, having friends outside the orphanage, and being able to invite friends back to the orphanage. When children leave care programmes, it is important to follow them up until they can manage on their own. Sister Marie-Thérèse Brigit Mewoulou, a presenter who manages an orphanage in Cameroon, described how her organization provides a gradual integration into the community. This is achieved through placing children from the orphanage in foster homes that are visited regularly, to prepare the children for life in a community.

Partnerships in service delivery

"Promoting gender equality and fighting HIV/AIDS requires the participation and cooperation of all sectors." *Jean-Baptiste Koah, Ministry of Women and Family Affairs, Cameroon.*

 Participants called on governments to provide the enabling legal framework to meet challenges related to the escalating orphan crisis. However, in providing services and caring for orphans, the need for partnerships was emphasized. A range of non-state actors is already involved in providing care and support to orphans. This includes orphanages run by FBOs, self-help organizations and networks of PLWHA supporting orphans in the community, and national and international NGOs providing various forms of support. Participants expressed a need to coordinate these actors better in order to stretch limited resources further. As the number of orphans escalates, there is also an urgent need not just for better coordination, but also for increased resources to meet their needs.

Participants discussed whether delineating between AIDS orphans and other orphans is appropriate. Those in favour of this approach stated that AIDS orphans have special needs, and by treating them as any other orphan the inequalities and discrimination that they have already been exposed to are not redressed. Those opposing delineation said that it is impossible to know whether a child is an AIDS orphan or not, as most parents are not tested, and they were also afraid that delineation would contribute to further stigmatisation of AIDS orphans.

Orphans living with HIV

A proportion of the AIDS orphans are HIV positive themselves. Service providers advocate strongly for the provision of services to this group along the same lines as to other orphans. However, they may have special needs, such as medical treatment, and may also not be able to participate in the same activities as uninfected children as a result of illness, fatigue and other health challenges. One challenge mentioned by participants is the lack of access to medication, particularly anti-retroviral therapy (ART). However, paediatric HIV treatment is still in its infancy, and while infants benefit from ART, more research and better calibrated medication is urgently required. More knowledge on nutritional supplements and other health-inducing interventions is also needed.

"Governments need to prioritise orphans in policies in programmes, and ensure that adequate financial and human resources are made available for those who provide care and support for this very vulnerable group." *Soeur Marie-Thérèse Brigit Mewoulou, Centres d'Accueil et de l'Espoir, Cameroon*

Sexual violence

"Sexual violence fuels HIV/AIDS and is aggravated by the discrimination and subordination of women which permeates our societies. It is inextricably linked to the HIV/AIDS pandemic in our societies, and must be addressed if we are to adequately address HIV/AIDS." *Esther Andale, Association de Lutte Contre les Violences Faites aux Femmes*

During the discussions on gender, orphans and HIV/AIDS, sexual violence emerged as a crucial issue, so important that it merited separate examination. In some African countries, up to one third of girls report that their first sexual encounter was forced. This problem is exasperated by the lack of protective legislative measures. In a number of countries, for example, marital rape is not illegal. Many African countries experience armed conflict, and sexual violence forms part of the atrocities committed. A function of the entrenched discrimination against women, most of the violence is perpetrated by men, with women as the victims.

Rape and sexual violence increases the risk of HIV transmission. While the data are sparse, it is clear that the levels of such violence do not seem to be decreasing. On the contrary, in some contexts sexual violence may be on the increase. Some sexual violence may even be spurred by HIV, as in some cases infected men believe that sex with a virgin – forced or voluntary – will 'cleanse' and cure them.

Violence against women, including sexual violence, takes a number of forms. These include acts of domination, humiliation, and physical and verbal violence. Acts of violence can be carried out by an intimate partner, a family member - or by strangers. Sexual violence and rape has been used as a weapon of war by armies. Female genital mutilation, forced and early marriages are also forms of violence against women.

Abuse of children, with girls being particularly vulnerable, is one form of sexual violence which orphans are susceptible to, as they do not have the protection that parents would normally provide.

Legal frameworks for prevention and mitigation

Participants addressed the low levels of protection afforded to women and to victims of sexual violence and the present weak, patchy and inappropriate legal frameworks. Effective legal frameworks and measures that address violence against women, men, and children are urgently needed. Participants also stated that legal frameworks must be harmonised with international conventions and legal instruments on violence, particularly concerning violence against women and women's rights. To mitigate the effects of violence, victims must be empowered to pursue the case through the legal

system through the provision of effective legal frameworks, accessible courts, legal aid, and simplified legal procedures, as well as provision of access to counselling, medical care and post-exposure prophylaxis (PEP).

To prevent violence against women, participants called for girls and women to have access to education, access to employment and credit, safety and peace in rural as well as urban areas, protection of refugees, and prohibition of female genital mutilation. Participants also called for the rethinking of notions of masculinity and femininity, where men also need to be empowered to not resort to violence, with women and men working in partnership to eradicate sexual violence.

Messages

The importance of effective legal frameworks

Present legal frameworks are inadequate, and do not provide appropriate sanctions against violence and deep-seated gender inequalities. Legal frameworks therefore need to be revised and enacted, ensuring the rights of children and orphans to education, inheritance, and a decent life, ensuring human rights, protecting women and girls from violence and discrimination. Legislation must also protect PLWHA, including women living with the virus, from stigma and discrimination. African governments have ratified a number of conventions, global, regional and subregional, protecting the rights of women and children. These need to be harmonized with national law and implemented.

Mainstream concerns related to gender, orphans and vulnerable children

Concerns related to gender, as well as to orphans and vulnerable children, should be mainstreamed in all public policies and programmes. To ensure that concerns are taken on board, there should also be central coordination facilities to ensure that the needs of women, orphans and vulnerable children are taken care of, as well as ensuring that the challenge of violence is appropriately addressed.

Challenge deep-rooted subordination of women

Traditionally and culturally, African women generally do not enjoy the same status as men. This underpins discrimination against women, and also fuels the spread of HIV on the continent. Strong leadership is needed to address this reality. Leaders particularly need to organise an integrated response that addresses the subordination of women at all levels in African societies. This includes involving women at all levels of decision-making.

Promote life skills and psychosocial health of families

Families and communities should be provided with life skills education, in or1der to enable true partnership between the genders in negotiating sexual behaviour. Counselling should be made available to ensure the psychosocial health of families.

Counter stigma and discrimination of PLWHA and orphans

PLWHA, particularly women, still experience high levels of stigma and resulting discrimination, further marginalizing this group. Orphans, particularly AIDS orphans, are also discriminated against. Countering stigma and discrimination must be a core part of AIDS-related policies and programmes.

Empower women economically

Empowering women economically and facilitating women's financial independence would be an important step in achieving greater equality between the genders.

Provide equal educational opportunities for girls

Girls, particularly orphans, have lower access to education than boys. Girls' education lays the foundation for economic empowerment and redressing gender inequalities, and must therefore be promoted by policy makers and other leaders.

Monitor and track orphans

Orphans are vulnerable to abuse by their foster family as well as in institutions.

Governments need to put in place reliable systems for tracking orphans as well as monitoring their situation, to minimise abuse and exploitation.

Economic and educational empowerment of orphans

Orphans need to be provided with the necessary skills and means to sustain their livelihoods. This include inheriting their parents' property and assets, access to formal education as well as acquiring necessary skills such as farming skills, and provision of microcredit.

Provide female-controlled prevention methods

Female-specific and female-controlled tools of prevention need to be made available, including further research on and promotion of microbicides.

Ensure access to treatment and PMTCT at the local level

Care, treatment and other necessary services must be available at the local level, for both female and male PLWHA. HIV-positive pregnant women must have access to prevention of mother-to-child transmission of the virus (PMTCT), including interventions and treatment to keep the mother and the wider household healthy for as long as possible.

Promote partnership between women and men

In order to address the challenges related to gender inequality, sexual violence and orphans and vulnerable children, women and men need to work in partnership. Women must be empowered to participate equally with men at all levels in society. Men must specifically be involved in prevention of the spread of HIV and in the promotion of voluntary counselling and testing (VCT).

Promote partnership between public, private and voluntary actors

It is the role of governments to provide the enabling legal framework to meet challenges related to HIV/AIDS and gender, orphans and vulnerable children. However, a range of public, private and voluntary actors are and should be involved in the development of policies and programmes, and in the provision of services. These should be supported, and partnerships between the actors promoted.

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Endnotes

[1] Twenty-sixth special session of the General Assembly; special session of the General Assembly on HIV/AIDS , 25 June to 27 June, 2001, New York