

HIV/AIDS WPAY Evaluation



HIV/AIDS and Our Generation: The Report

Assessing Kenya's Efforts to Improve the Lives of Young People

The Global Youth Coalition on HIV/AIDS (GYCA) is an alliance of networks and organizations from around the world that seek to empower young people (aged 15 – 30) to battle the HIV/AIDS epidemic through comprehensive networking and knowledge sharing, advocacy, capacity-building and youth involvement at international conferences.

GYCA recognizes that while there are a lot of organizations and networks dealing with the many facets of the HIV/AIDS pandemic and working with young people across the globe, there has been no global coalition that draws together a diversity of youth affected and infected by HIV/AIDS, and that facilitates collaboration between youth groups doing similar work within the regions, as well as linking these organizations to others that can provide them with the necessary technological and organizational capacity at the local, national, regional, and international levels.

GYCA does not seek to duplicate existing efforts, but rather, to enhance the efficacy of these ongoing efforts so as to solidify the common cause.

We seek to create an alliance that will not only fill the void, but also serve as a central clearinghouse of consistent, reliable and free information that is accessible to all young people.

February 26th was set aside as the Global Day of Youth Action to End HIV/AIDS. One this day across the region and around the globe, thousands of young people raised their voices together, presenting themselves as a unified front and the generation that will see

an end to HIV/AIDS. This day was set aside because it represents a key strategic moment before international gatherings that will take place, including the World Bank/ IMF Spring Annual Meetings, Global Fund Board meeting and the G8 meeting in July.

GYCA East Africa region organized events in Mbarara (Uganda), Dar Es Salaam (Tanzania), Mombasa, Mvita, and, in Nairobi a discussion forum 'HIV/AIDS and our Generation, (using the Making Commitments Matter Toolkit) with the purpose of assessing how Kenya's policies and programs are affecting young people, and to what degree meeting their needs. The event brought together a youthful audience, AYP and OIYP action partners, youth groups, academia, and dignitaries. Unfortunately Dr Githagui, Snr. Social Development Specialist, World Bank, was at the last minute unable to attend due to an unexpected endeavor.

The morning began with amazing edutainment from the all guy rap ensemble 'BMF'. It was purely Poa! Patrick Mpedzisi Coordinator of the African Youth Parliament was the moderator.

The keynote address was delivered by Mrs. Harriet Kongin, Private Sector/ Civil Society Manager, National Aids Control Council.

To begin with it recapped what numerous studies have revealed, that an estimated 50% of all new HIV/AIDS infections occur among youth aged 15-24.

'The present Kenya National HIV/AIDS Strategic Plan (KNASP) 2000-2005 identifies the youth as one of the high-risk priority groups. Adolescents and youth-in and out of school are a major target group that NACC seeks to work with in the overall fight against HIV/AIDS. National Aids Control Council (NACC) has therefore endeavored in the past to support initiatives that aim at reduction of HIV/AIDS prevalence among youth through involvement of youth themselves.'

Various strategies that have been employed by NACC include:

1. In collaboration with Ministry Of Education, teaching about HIV/AIDS in schools and colleges

'Concerns were raised about the effectiveness of introducing HIV/AIDS awareness into an already flowed and gravely strained educational system, adding another subject, however beneficial, in all likelihood would be no more than a burden!'

2. Advocacy and social mobilization
3. Decentralization, community participation and partnership
4. Capacity building
5. Integration of HIV/AIDS information into all service delivery points

Highlighted was the role of NACC as an overall national coordination body that gives direction to its partners who facilitate the implementation process. NACC is also involved in resource mobilization and has been credited for its fast response in adapting the UNAIDS Three Ones.

Some of NACC's notable achievements witnessed so far in the national response with regards to youth, include:

1. The active involvement of young people in behavior change communication campaigns, which have seen youth themselves participating in developing youth specific messages that they as young people can identify with. The 'tume chill' campaign was given as an example

‘No doubt the ‘tume chill’ slogan is popular among young people, but concerns were raised as to the effectiveness of such a campaign in the rural areas, when the avenues of the campaign mostly involve the use of adverts on TV and billboards, both of which are not very manifest in rural areas. Also arising were concerns about the verbal content of one of the TV adverts in which language thought to be somewhat unbecoming to young girls is used. Is this concern substantial enough to deem the said advert counterproductive?’

2. The increase in the number of organizations striving to facilitate programs on peer counseling and enhance access of HIV/AIDS related information, education and services to the youth (IEC).

‘But are we spending too much on IEC material? It was revealed that many young people are tired of being bombarded with posters, that we are tired of being frightened into submission. If we are so well informed, and in every sense over saturated with the extensive facts about HIV/AIDS, then why do we continue to put ourselves at risks? Why are young people still getting infected? Isn't knowledge by itself enough anymore, was it ever? Then how else can we make the threat more tangible, more real when within a decade a whole generation of young Africans could be lost?’

3. The increase in the past five years of publicity activities on HIV/AIDS prevention e.g. drama and role plays, songs and poems, public debates targeting and involving youth, and the marked improvement in networking and collaboration among youth organs through initiatives like the Global Youth Coalition on HIV/AIDS.

These are all positive steps that need to be enhanced as we move together towards implementation of the next Kenya HIV/AIDS Strategic Plan (2005-2010).

‘We are in the second decade of HIV/AIDS,’ affirmed Mrs. Mutemi-Wangahu, ‘not enough has been done.’

She asked us to consider how vulnerable we truly are, reiterating that youth remain a top priority to UNICEF.

‘It is estimated that more than four young people are infected every minute; over 6,000 each day; and more than 2.3 million each year. Aids is the 4th largest cause of death globally and leading cause in Africa. Youth are the most vulnerable, even more so young women. Sub-Saharan Africa is home to just over 10% of the worlds population-and almost two thirds of all people living with HIV. Annually an estimated

75% of all AIDS related deaths are recorded in sub-Saharan Africa, one of the worlds poorest regions.’

There has been a notable decline in the HIV prevalence though. But, the trend does not necessarily suggest that the epidemic is slowing. On the contrary it could simply indicate that the large number of people dying of AIDS is roughly equal to the number of people being newly infected with HIV.

Mrs. Mutemi-Wangahu confirmed that incidence is still going up, and in reality, risky behavior among young people had increased. And also that for every 10 men living with HIV/AIDS, there are 45 women.

‘**C**learly a woman’s right to autonomy in choices relating to sexuality is regarded almost nowhere. No matter how intelligent or how capable she might be, it is never easy for her to negotiate her claim to safer sex. She can completely understand why she should be using a condom but has no control over the decision.

Gender based discrimination remains at the heart of the epidemic. Increased abuse and greater poverty among women, especially young women, and the denial of their economic, social and cultural rights exposes them to greater exploitation and higher risk of infection.

“my daughter is like medicine when I feel like I want to die, I look at her and know I want to go on living’ PLWHA.

In every country where HIV/AIDS transmission has been reduced, it’s among young people that there have been the most notable reductions, both in HIV/AIDS prevention and overcoming related stigma.

NACC’s response to involving all stakeholders has been to have national youth representation in the preparation process of the next KNASP 2005-2010, which began mid last year. Vital information presented by young people showed that there was notable progress made in youth HIV/AIDS interventions and programs. Mentioned was:

1. An increase in the coverage of young people in and out of school through community media
2. Greater participation of young people at national and international conferences and in peer education
3. Increase in participatory activities that are attractive to and target young people, including theater for development, games, tournaments, concerts, health clubs
4. Development of youth friendly centers, youth lead NGOs, and youth networking mechanisms i.e.: National technical working group on youth

Additionally, various key issues and gaps were identified.

Mr. Kogolla highlighted the occurrence of overlapping, and conflict within and between government ministries. He suggested social audits for NACC. Mr. Kogolla also led us to ponder our course of action if we were Chief Executive Officer of the NACC. Furthermore he questioned whose responsibility it was to improve the lives of young Kenyans. Was it youth themselves? The donors? Non-Governmental Organizations?

‘The government has the main responsibility. But also young people have a key role to play. At the end of the day it’s our country, our responsibility,’ he said.

Are we making enough constructive noise to let our leaders know that we expect them to act, sooner rather than later to guarantee the rights of every young Kenyan? They see the cruel and continuous parade of death; they know what is happening, the extent of our suffering, of our despair, and still, we exist at the bottom of the their priorities.

‘**T**he National Youth Policy is a blueprint for youth development initiatives. It recognizes youth as people aged between 15 and 30 years. Health related problems, which includes HIV/AIDS, is one of the eight thematic areas of great concern identified in the document. The policy visualizes a society where youth have equal opportunities as other citizens to realize their full potential, productively participating in economic, social, political, cultural and religious life without fear or favor. The overall goal of the policy is to promote youth participation in democratic processes as well as in community and civil affairs and ensuring that youth programmes involve them and are youth centered. Until when, shall we wait for Parliament to adopt the National Youth Policy (NYP) as a youth bill?’

It is evident, that HIV/AIDS is changing civilizations forever; ravaging continents’ demographics; hacking away more than 20years of hard gains made in education, food security and socio- economic development; moreover the poverty has left us disarmed and highly susceptible to HIV/AIDS.

These challenges are not new, it is only that now, we have greater understanding of the issues. HIV spreads fastest and widest in conditions of depravation, powerlessness and lack of resources, conditions in which many young people live.

Some of the recommendations made and given priority include:

- Effectiveness of Voluntary Counseling and Testing Centers (VCTs). They are abundant but how effective are they? Discrimination and exclusion have hindered the efforts of many young people seeking the type of counseling, STI (Sexually Transmitted Infections) testing, treatment (including access to life saving ARVs) and support that is required to ensure that those who are not infected remain uninfected, and the infected and affected are well cared for. Information, education activities and services need to be more humane and youth friendly in approach, and facilities must cater for other vulnerable groups including the girl-child, orphans, street children, youth with disabilities, young refugees and youth in children headed households.
- Behavioral change communication messages: They need to be conceptualized towards a youth focused environment, taking into consideration that i) although young people are grouped all together, we are not all the same, and ii) behavior change is a very individual thing, influenced but factors such as environment, economic and social engineering i.e. how one responds to issues such as homosexuality, prostitution.

Mrs Mutemi-Wangahu said that young people need to be told the truth. That sex is good, but it's the When, How, and With Whom, that are important. We can live with sex, but we must be responsible, without it we wouldn't be here.

- The sufficiency of ABC approach, and the frailty and inconsistencies of other advocacy approaches. It was suggested that this should be overcome through unique and comprehensive curriculum expansion of peer education activities including peer counseling, and mainstreaming HIV/AIDS into all youth programmes and activities.
- The lack of youth-adult relationships. Young people need role models, people they can trust and relate to.
- Youth networks need to be strengthened as well as more forums developed for dialogue and discussion.
- The increased exposure of youth to pornographic materials that have a direct impact of on their sexual behavior. It was suggested that youth involvement in mass media such as radio programs and TV documentaries and the use of youth recommended effective channels of communication be increased.
- Fighting Poverty. No measure would be as effective in fighting HIV/AIDS as eradicating the violence of poverty. The key is to invest in education, especially adolescent reproductive health, critical to fighting poverty and HIV/AIDS. Education has the capability to break the poverty cycle, facilitated by economic growth and properly managed social budgets.
- Gender Discrimination: Denying young women their civil liberties, including their sexual and reproductive rights will only endorse the swell of HIV/AIDS. Gender sensitivity must be an integral part in every single strategy, policy and agenda related to prevention, treatment and care, if we are seriously determined to confront this global menace.
- Youth Policies. The rapid proliferation of HIV/AIDS amid the youth populace has exposed profound shortcomings in the government's youth policies and efforts meant to stem the mushrooming of the epidemic. Existing policies need to be reevaluated, enhanced, and measures taken to ensure that they are promptly and suitably implemented to remedy those shortcomings. Also to be addressed is poor representation of youth at the policy and planning arena, and the need to develop a comprehensive youth HIV/AIDS policy that will be harmonized with other existing youth policies.
- Above all programs must be sustainable. Neglect and under funding of programs greatly undermines the many efforts harnessed to curb the spread of HIV.

Besides generating knowledge, this forum provided an opportunity for youth to share and exchange information on HIV/AIDS, discuss common strategies of fighting the pandemic

and mobilizing resources for individual and joint efforts. The invaluable insights and contributions that were made have been noted and are being incorporated into our WPAY assessment and the GYCA process. In the coming weeks we have planned various consultative forums to further enhance the World Programme of Action for Youth (WPAY) assessment.

Mrs. Kongin further stated that the next KNASP will continue to give focus to the youth as a vulnerable group that will indeed need special attention both at policy and implementation levels. And that NACC would continue to urge its partners in the fight against HIV/AIDS to support youth initiatives such as this one which aims at enhancing partnerships and networking among youth in the region and internationally, for we believe that without joint efforts we can achieve very little. We therefore congratulate GYCA for organizing this event, which serves as an opportunity for dialogue on issues that affect our youth. This type of partnership as witnessed today should go beyond Nairobi and reach out to youth at district and community levels through establishment of youth forums at all levels starting from constituency levels. These forums will provide an opportunity for youth to discuss issues on HIV/AIDS as it affects them and also set youth specific strategies of response in accordance with KNASP priority areas.

If we are to make significant advancements in the fight against HIV/AIDS we must ensure that young people are included at the frontlines. We shall not relent, we shall not get tired of advocating for greater participation of youth and youth organizations at local, national, regional and international levels in the fight against HIV/AIDS. We have the potential, and an obligation. We must remain vigilant, convinced that our actions or lack of them have strong bearing on the very existence of our communities. HIV/AIDS has become a disease of the young, the worst consequence of poverty, discrimination and ignorance. We cannot, and must not, stand aside and watch another generation, our generation, be destroyed by HIV/AIDS

Youth, does not mean immortality, and I urge you all; to choose life.

Constance Georgina Khaendi WALYARO
Global Youth Coalition on HIV/AIDS
East Africa Focal Point

Panel

Mrs. Harriet Kongin	Private Sector/ Civil Society Manager, National Aids Control Council: Keynote Speaker
Dr. Nyambura Githagui	Snr. Social Development Specialist, World Bank
Mrs. Roslyne Mutemi-Wangahu	Project Officer HIV/AIDS, UNICEF
Mr. George Kogolla	Executive Director, Youth Alive

GYCA is currently working on two initiatives:

- UNAIDS is in the process of developing a global strategy to intensify HIV prevention. The UNAIDS prevention strategy is one of the most important priorities for UNAIDS for 2005. As part of this very important process, UNFPA is conducting a youth consultation to involve GYCA in shaping effective approaches to HIV prevention. Participating with us are UNFPA's Global Youth Partners and UNICEF's Voices of Youth.
- Global Mapping Project. We are seeking to create an on-line interactive directory of all of the youth organizations around the world working on HIV/AIDS issues. This global mapping project will make it easier for GYCA and GYCA organizations to communicate and collaborate

GYCA aims to link the countless youth and youth organizations from around the world working on different aspects of the global HIV/AIDS crisis in a global network. In doing this, GYCA will work with existing regional and national networks. GYCA has four essential inter-related long-term goals:

1) Capacity Building - Strengthening and expanding the work that existing youth organizations are already doing. GYCA hopes to be able to offer training, expertise, funding (hopefully!) etc. It also hopes to empower youth to work on youth led projects in collaboration with major international organizations like UNAIDS .

2) Best Practices/Networking - Facilitating communication and resource-sharing between groups around the world. Some examples of resources that GYCA could help disseminate: Printed material (pamphlets, information sheets, etc.), campaign ideas, high school outreach materials, speaker/advisor database and contact information, music and theatre project materials, HIV/AIDS prevention and awareness kits, etc.

3) Political Advocacy - GYCA would like to help organize and promote world wide youth-led campaigns, and act as the global mouth-piece for youth on HIV/AIDS issues.

4) International AIDS Conferences - GYCA hopes to facilitate greater youth involvement in these conferences, starting in Toronto in 2006.