

Firelight Newsflash! 14 June 2010

Dear Friends,

This episode of the Newsflash! has several opportunities for funding from www.FundsForNGOs.org. We hope these will be helpful for your organizations. Also, there is a helpful tool adapted from Faye Dresner who talks about the importance of honest, open, self-reflection for healthy relationships. From all of us at Firelight, we hope that you have a great week.

Sincerely,
Firelight Team

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Funding opportunities:

- USIP's 2010 Annual grant competition for Peacebuilding Projects, deadline 1 Oct 2010, www.fundsforngos.org/latest-funds-for-ngos/usips-2010-annual-grant-competition-for-peacebuilding-projects/#axzz0qrbvu6x7
- Wise Awards 2010 for Innovative Education Practice, deadline 15 July 2010, www.fundsforngos.org/latest-funds-for-ngos/wise-awards-2010-for-innovating-education-practice/#axzz0qrcRPBwI
- Funding Opportunity for Prevention of Gender-based Violence Projects, deadline 1 July 2010, www.fundsforngos.org/latest-funds-for-ngos/funding-opportunity-for-prevention-of-gender-based-violence-projects/#axzz0qrcz8Hml
- Free the Slaves: 2011 Freedom awards, deadline 1 Aug 2010, www.fundsforngos.org/latest-funds-for-ngos/free-the-slaves-2011-freedom-awards/#axzz0qrdN9B2v
- CNN Nominations for Hero Awards (USD \$100,000, or \$25,000), deadline 1 Aug 2010, www.fundsforngos.org/latest-funds-for-ngos/cnn-invites-nominations-for-2010-cnn-heroes/#axzz0qrdhB5o3
- Freedom to Create Prize for art that fights oppression, stereotypes or builds community trust, deadline 15 Aug 2010, www.fundsforngos.org/latest-funds-for-

ngos/freedom-to-create-prize/#axzz0qrdzhfsu

- Human Rights Advocates Program: Tools and knowledge for grassroots leaders working for the promotion of human rights, application deadline 19 Nov

2010, [/www.fundsfornbos.org/latest-funds-for-ngos/human-rights-advocates-program-tools-and-knowledge-for-grassroots-leaders-working-for-the-promotion-of-human-rights/#axzz0qreyDIRh](http://www.fundsfornbos.org/latest-funds-for-ngos/human-rights-advocates-program-tools-and-knowledge-for-grassroots-leaders-working-for-the-promotion-of-human-rights/#axzz0qreyDIRh)

For more funding opportunities, visit: www.fundsfornbos.org

nam/Aidsmap news

Behaviour change programmes have had little impact on HIV incidence amongst girls and women in poorer countries

Michael Carter, Wednesday, May 19, 2010

Behavioural change interventions to prevent sexual transmission of HIV among women and girls in resource-limited settings have had limited success, according to a systematic review published in the online edition of AIDS and Behavior.

Only eight randomised controlled trials or prospective studies with a control arm could be identified by the investigators. Moreover, only two of these programmes reduced HIV incidence. Three other interventions had an impact on HIV risk behaviours or the incidence of sexually transmitted infections.

Approximately 50% of worldwide HIV infections are in women and girls. However, the impact of HIV on women in the countries hardest hit by HIV has been more severe, with 60% of HIV infections in sub-Saharan Africa being in girls or women.

The development of female-controlled biomedical methods of HIV prevention, such as microbicides, has been slow and disappointing. Therefore HIV prevention for women and girls is reliant upon behaviour change – for example, delayed sexual debut, a reduction in the number of partners, and condom use. These methods of prevention are largely controlled by male partners, and in many cases women and girls are unable to insist on behaviour that could protect their sexual and reproductive health.

Mindful of these circumstances, an international team of investigators conducted a systematic review of behaviour change interventions to see if they reduced either HIV incidence or HIV risk behaviours.

Randomised controlled trials or prospective studies with a control arm conducted after 1990 was eligible for inclusion.

After an exhaustive literature search, the investigators were only able to identify eight studies (reported in eleven research papers) that met their inclusion criteria.

Six of the studies were conducted in Africa, one was carried out in India, and one in Mexico.

A total of 42,000 women or girls were included in these studies, and these people

were followed for an average of 2.6 years.

The type of intervention varied from a single counselling session to more extensive and long-term support.

Only two interventions had an impact on HIV incidence.

The first of these was a six-month programme of group education and motivational sessions for female sex workers and brothel madams in Mumbai, India.

The intervention for the sex workers consisted of the use of motivational literature and videos, group discussions, and the use of pictorial resources focusing on HIV and condom use. The women were instructed how to use condoms correctly, and encouraged to educate their clients about condom use.

Brothel madams were educated about the economic benefits and importance of maintaining the good health of their sex workers.

HIV incidence was reduced by 67% in the intervention arm compared to the control arm. However, the investigators noted that condoms and lubricant were only provided to women in the intervention arm, and were not given to the sex workers in the control group.

This intervention was also shown to reduce the incidence of both syphilis and hepatitis B.

The second study was conducted in Uganda, and this showed that attendance at an HIV study event in the previous year reduced HIV incidence by up to 59%.

Incidence of herpes simplex type-2 (HSV-2) was also reduced by 45%.

Three other interventions were successfully reduced the incidence of sexually transmitted infections, but not HIV. Condom use higher in the intervention arm in the Mexican study than in the controls (27 vs 18%, $p < 0.01$).

“This review has highlighted the reality that current behavior change interventions, by themselves, have been limited in their ability to control HIV infection in women and girls in low- and middle-income countries,” comment the investigators.

The investigators highlight that women and girls often have little control over their sexual and reproductive health and in many cases are unable to insist on condom use.

A “combination” approach to prevention is advocated by the study’s authors, one that addresses both behavioural and biomedical risk factors.

They write, “the diminishing hope that a single behavioral or biomedical prevention intervention will be sufficient to address the growing HIV pandemic has heralded a programmatic shift towards combination HIV prevention programming.”

Reference

McCoy SI et al. Behavior change interventions to prevent HIV infection among women living in low and middle income countries: a systematic review. *AIDS Behav*, online edition, DOI 10. 1007/s10461-009-9644-9, 2010.

For the article, go here: www.aidsmap.com/en/news/6AC9947E-A048-417D-94D4-1E6079A98EC1.asp

NEWS ON SA TEENS' SEX LIVES

19 May, 2010 10:00:00By James Hall

Some pockets of neighbouring South Africa closely mirror the social and medical situation in Swaziland, and it is sometimes useful to read reports on AIDS developments in that country with an eye on similar situations here.

Fascinating data was released this week from a study on the sexual behaviour of teenage boys and girls in South Africa. For advocates of abstinence and safe sex, the report offers grim reading.

It shows that more than one in 10 boys and one in seven girls have had sex by the time they turn 15.

Why that is discouraging has nothing to do with allowing teens to explore their sexuality, or from the standpoint of traditional morality, but strictly from the point of view that less sex means less AIDS.

Sticking to a single partner, putting off sex and using condoms are three of the best ways to avoid HIV infection.

What we learn from the SA survey, which was conducted from interviews with 15 000 households across that large country, is that the message of "self-preservation" is not proving more powerful than teenage sexual urges or the inducements of older, gift-giving partners.

The report was compiled by the Human Sciences Research Council from data collected in 2008 for a national HIV prevalence survey.

Amongst the youngest teens, aging from pre-teen 12 year-olds to the 14-year-old age group, 10.8 % of boys, and 14.5 % of girls, said they had already had sex.

Amongst the South African provinces, the lowest HIV prevalence among all children from birth to 15 is found in the Western Cape, where it is less than 1%.

KwaZulu-Natal has a childhood HIV prevalence rate of 3.4 %, and Mpumalanga has the highest prevalence of SA's nine provinces, at 4.5 %.

Who do they have sex with?

The "Sugar Daddy" versus "Sugar Mama" syndrome, where teens are seduced by older partners of the opposite sex with gifts of cash and other inducements, shows a strong tendency to victimise girls. The interviewers found that most of the boys surveyed had sexual relations with girls who were their own ages or were aged approximately the same as their boy partners.

For girls it was a different story.

Over 25 % of girls had sexual relations with older male partners. These men were at least five years older than them, and most were older than that. The girls, who made up a quarter of all teenage girls in South Africa, said these sexual encounters were 'recent.'

"This type of behaviour puts the girls at risk of contracting HIV at an early age because older male partners were more likely to be HIV positive," noted the

report.

What we learn is that there are more older men proposing and have sex with teen partners than older women.

The social and economic reasons for this are for sociologists and economists to delve into when they comment on the study's statistics, which hopefully they will. But suffice to say the widespread practice of 'Sugar Daddies' seducing teen girls is a reality that should be of concern to every father who has a teenage daughter. Among boys who were sexually active in the 15 to 18 year group, one in three had had more than two sexual partners in the last year.

That's about 33 %.

The figure was lower for girls than boys. 9.5 % of girls had more than two sexual partners during the past year.

Good news on condom usage

There is good news in the report. Teens are using protection like condoms while engaged in sex. Given the historic resistance to condoms by Southern Africans, and the contempt found for them by males of all ages even in recent years, this is a significant finding.

It means that young people are aware of AIDS and wish to avoid contagion.

The education campaigns, often dismissed as being "heard but not practiced," may indeed be getting their messages across. In fact, teenage boys almost all teenage boys used a condom in their last sexual encounter. The exact figure was 92.1 %.

More good news: parent to child transmission diminishing

If health education campaigns aimed at encouraging safe sex or at least condom use appear to be having a positive impact, also if significant cheer should be the report finding that the number of infants born with HIV is declining, and this can probably be attributed to efforts to reduce the transmission of HIV from HIV-positive pregnant women to their babies at birth.

The report also said HIV prevalence among infants from birth to two years was 2.1 %. The average of HIV prevalence for older babies up to four years is 3.3 %. This means that during the past two years fewer HIV positive mothers are passing HIV onto their babies compared to the two previous years.

A third-fewer babies are infected, and this is a positive development.

Some analysts of the report are already giving credit to mother-to-child transmission prevention programmes carried out by national government health ministries partnering with such agencies as the United Nations children's Fund (UNICEF).

"During that (recent two-year) period, coverage had increased significantly to reach almost three quarters of HIV-positive mothers with antiretroviral treatment (in South Africa)," the report noted.

A larger and better-endowed country than Swaziland, South Africa benefits from consistent data and studies, and it would be interesting to see if the diminishment of mother to child HIV transmission is similarly found here.

In all likelihood, the local situation should yield similar improvement.

For the article, go here: www.observer.org.sz/index.php?news=13421

Commonwealth News and Information Service (London)

Africa: Giving a Voice to Unpaid HIV Care Workers
7 June 2010

'The voices of carers speak to their daily struggles with life decisions that have socio-economic and political implications for their families and communities' - Dr Meena Shivdas
The crucial role of unpaid carers looking after people living with HIV/AIDS should be urgently recognised as a missing part of the treatment equation.

In a statement prepared for the 9th Commonwealth Women's Affairs Ministers Meeting (9WAMM), a group of 16 Commonwealth parliamentarians said the invisible and unvalued contribution of unpaid care workers impacted negatively on the wellbeing of families.

The parliamentarians and researchers met in Barbados over the weekend for an advocacy workshop to discuss research on the gender and policy dimensions of unpaid HIV care.

"At the centre of the AIDS response are the 12 million people who urgently require access to treatment, care and support. Eight million people who require treatment but do not have access to it are care for at home mostly by women and children, especially girls. These unpaid carers are the missing factor in the treatment equation," they said.

This was particularly pertinent in the context of the global public debt crisis, which will have a huge impact on HIV treatment and care, with cutbacks impacting on healthcare. "It is imperative that we place the unpaid HIV carer in the household as part of the core response to HIV," they agreed.

The workshop was organised by the Commonwealth Secretariat and the Commonwealth Parliamentary Association (CPA).

Worldwide, there are 33.4 million people living with HIV and nearly two thirds of them are Commonwealth citizens. Over half are women.

Dr Meena Shivdas, Advisor at the Secretariat's Gender Section said that the research was undertaken as a response to a paper on financing gender equality in HIV interventions, presented when Women's Affairs Ministers last met in Uganda in 2007.

"This paper set off discussions on unpaid full time HIV care and the need to amplify the voices of carers to make the links between the dignity and rights of carers and the economics of policy and programme decisions on HIV.

"The voices of these carers -- women, men and children -- speak to their daily struggles with life decisions that have socio-economic and political implications for their families and communities."

Countries covered in the research were Bangladesh, Botswana, Canada, Guyana, India, Jamaica, Namibia, New Zealand, Nigeria, Papua New Guinea and Uganda.

The research was undertaken by Professor Marilyn Waring, a former MP from New Zealand and CPA member whose extensive work on women's unpaid work is globally acknowledged. She is currently at the Auckland University of Technology. Dr Robert Carr, the author of the paper that set off the research, is the Director of ICASO, and a global HIV activist. Associate Prof Anit Mukherjee is a health economist at the National Institute of Public Finance and Policy, New Delhi, and a lead author of the AIDS Commission in Asia report. Dr Shivdas is the fourth member of the team, and works on human rights, the law and HIV.

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For article, go here: http://allafrica.com/stories/201006071374.html?utm_&&

UGANDA: When do we tell children they are HIV positive?

KAMPALA, 3 June 2010 (PlusNews) - A Ugandan draft policy recommending that HIV-positive children be informed of their status by the age of 10 has drawn mixed reactions from health workers.

The previous policy required parental consent to tell children under the age of 12, but the new policy allows health workers - with the support of parents and guardians - to disclose HIV status after the child has been prepared and an assessment of their ability to understand and deal with the condition has been made.

Dr Benson Tumwesigye, national HIV testing and counselling coordinator in the Ministry of Health, said the new policy was intended to improve children's adherence to their life-prolonging antiretroviral (ARV) medicines, which would be easier if they knew why they had to take the drugs.

Better adherence

"In my experience a child disclosed to at an early age copes better than those who get to know their status when they are teenagers. They easily adapt to the new lifestyle as adolescents growing up, and adhere better [to ARVs]," said Cissy Ssuuna, counsellor coordinator at the paediatric HIV clinic of the Baylor College of Medicine in the capital, Kampala.

"With some children - as early as at four years - they know something is wrong with them and ask so many questions about why they are taking drugs and their siblings are not taking them; they ask their parents when they can stop taking drugs."

Ssuuna stressed the need to involve parents and guardians as much as possible, and to ensure children were properly prepared to deal with the news of their HIV status.

A Ugandan study in 2006 indicated a need for service providers to support caregivers in disclosing their children's HIV status to them, so as to ensure adherence to treatment.

Hard to tell

Another study, in 2008, said stigma linked to HIV was one of the main reasons disclosure to children was so sensitive. Parents also feared disclosing their children's status to them because it meant disclosing their own.

A lack of clear guidelines was another problem. "Counselling policy directors confirmed the absence of policy and training guidelines on the subject of parent-child disclosure," the study said. "Counsellors reported improvising, and giving inconsistent advice on this common concern of clients."

Many service providers were hesitant about adopting the new policy. "It is not a good thing because of stigma; some of these children do not understand, and they may boldly announce, 'I am HIV positive', in public places. They are not like adults who can evaluate what to say and when," said Norah Namono, public relations officer for Mildmay Uganda, an HIV treatment centre in the capital.

"Why should they say that children need to know their status when there are adults [who do not], like men who do not tell their wives?" one mother at the Mildmay centre asked. "There is no policy on partner notification; why should we sacrifice the children first?"

Ssuuna noted that disclosure, even to older children, could come as a shock.

"The older ones cry because they come in confident that they have never had sex, not knowing that they acquired it [HIV] at birth," she said.

"The younger ones are partially disclosed to, telling them that they have to take their drugs religiously lest they fall sick because they have a chronic disease."

All the service providers IRIN/PlusNews spoke to said they would require more information and guidance before they could adopt the new policy.

Report can be found online at:

<http://www.plusnews.org/report.aspx?ReportId=89349>

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Africa: U.S. Summit Sets Agenda for Women

Victoria Ibanga

11 June 2010

Washington, DC — African women rose from engaging discussions Tuesday with a call for women to rise up against non-performing women leaders in political positions who do not support their cause.

While calling for the removal of women leaders, who lack focus to create opportunities for those who would advance women's interest, they said African women could make a change in their communities, if the few in decision-making bodies have the interest of women at heart.

Speaking on the theme, "African Women's Leadership: Our Role in Advancing Family Planning," at the on-going Women Deliver Conference in Washington, DC, the speakers said although a lot of things were against women, they could make impact with the creation of conducive environment and political will by governments.

However, Ms Iyabo Bello-Obasanjo, Chairman, Senate Committee on Health, described the call as uncalled for and improper, saying the proposal was not workable since most of the women in parliaments or political offices were not put there by women.

She said: "The fact is that most women leaders were not put there by women movement, how then you can remove them. You didn't put them there in the first place so on what basis would they remove them? The idea of removing them is not ideal."

She agreed with the speakers that it was necessary to have many women in political positions, but advised women's movements to be always supportive of women leaders so that they in turn can support the movement, saying women in

political positions work in consensus with men in capacity building and would not be ideal to advance only women cause.

Their discussion centered on what it would take to involve community leaders to help advance Family Planning and other women empowerment issues across Africa, particularly in the countries that have the highest unmet need.

In her presentation, Mrs. Bisi Adeleye-Fayemi, the Executive Director and co-founder, African Women's Development Fund, said it would be necessary for African women to have a voice as well as power and control in issues that concern them.

She said: "Having a voice is important and is also connected to the issue of power; as we are talking about family planning, we are also talking about fertility planning and African women lack the power to negotiate with their male-counterparts."

Adeleye-Fayemi said one of the biggest challenges or tasks was the issue of accountability and misplacement of priority, saying it would be necessary for women leaders to ask themselves how women can sustain the issues they have in their communities.

She said one of the strategies by her organisation was to harness the potential of women leaders, women in politics, in media, in business, among others, as a platform to advance the cause of family planning and other women issues.

She said to make any meaningful progress, the number of women in parliament would help push women issues even as she said the few in parliament must have interest in women's issues or be prepared to be removed.

In her presentation, a Member of Parliament in Uganda, Ms Sylvia Ssinabulya, said female Parliamentarians in her country had made invaluable contributions to the achievements in health which the government has recorded so far by forcing it to make maternal health a priority.

She said: "Uganda has been able to meet the Millennium Development Goals (MDGs) on HIV/AIDS as far back as 2006. Uganda was one of the countries with the highest number of maternal mortality and HIV/AIDS rates, but all that has changed because of the involvement of all stakeholders in pushing the issues.

"Although we are operating in a hostile environment where maternal health issues were downplayed, we were able to break the circle and make some progress," and advised other African countries to follow-suit for greater impact."

On maternal health issues, the Family Planning Programme Manager, Zanzibar Ministry of Health, in Tanzania, Dr. Hanuni Sogora, identified social cultural

barriers, limited spousal communication; low empowerment of women, rumours and misconceptions as factors militating against the acceptance of family planning in African countries.

Sogora said a lot could be achieved if stakeholders could advocate for increased budget allocation to health and engage in training and re-training of service providers on new contraceptive technologies.

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For article, go here: <http://allafrica.com/stories/printable/201006110687.html>

Leader: First, Know Thyself

In countless publications, you can find a number and variety of definitions of leadership and ways to develop it. And while there are many ways to define leadership and many ways to develop the skills to be a leader, there is only one ingredient in leadership development whose importance is absolutely irrefutable, and that is knowing yourself.

A book called Putting Emotional Intelligence to Work by David Ryback says that “In the twenty-first century, the criteria for leadership will be not only knowledge and experience, but also healthy self-esteem and sensitivity to others’ feelings.” The book goes on to say that “The emotionally intelligent leader knows how to create instant rapport with practically anyone. She’s confident, self assured...[and these types of leaders are] adept at reading the unspoken, collective feelings of the teams they oversee.”

What the book doesn’t say is that in most people those talents aren’t in-born. And they’re next to impossible to develop without a significant awareness of and ability to understand your own feelings, thoughts, and insights.

It is important to cultivate your ability to listen to the subconscious, internal messages you give yourself (which we all do), i.e. “I’m not smart enough, innovative enough, confident enough, etc.” Setting aside your unspoken emotions to consider another’s first takes a consciousness of what you are feeling. Then a leader must be willing to delay addressing their own feelings in order to deal with his subordinates’ feelings. This is not always easy.

There are so many examples of how a lack of emotional awareness impacts the ability to lead. We tend to see in others those negative qualities that we do not like about ourselves. Imagine how difficult it would be to manage or lead an employee whom you can’t stand being around?

Try this – think about those co-workers that aggravate you the most and why.

Then consider whether or not those qualities are ones you possess. Ask your trusted advisors who are willing to be honest with you to help you with this exercise. You might be surprised at what you learn. If nothing else, you may see those troublesome people in a different light.

“Leadership is not so much about technique and methods as it is about opening the heart. Leadership is about inspiration—of oneself and of others. Great leadership is about human experiences, not procedures. Leadership is not a formula or a program, it is a human activity that comes from the heart and considers the hearts of others. It is an attitude, not a routine.” ~Lance Secretan
Opening your heart and thus becoming an effective leader is a conscious, intentional process that takes effort, persistence and a willingness to examine your thoughts, motives and emotions. Self-awareness is the first step in transformation so if you are interested in becoming a better leader or manager, the process starts with you. Ask your trusted advisors to support you on this journey. While it may not always be smooth or easy, the rewards of self-awareness and the ability to exercise emotional intelligence are well worth it for you as a leader and for those with whom you work.

Adapted from Faye Dresner’s article

at: <http://content.opportunityknocks.org/2008/04/17/12907-leader-first-know-thyself/>

As part of the Firelight Foundation’s Capacity Building Program, Firelight provides “Newsflashes” to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website: <http://www.firelightfoundation.org/newsflash.php>.

We welcome your comments, feedback and ideas for upcoming Newsflashes at newsletter@firelightfoundation.org.