

Dear Friends,

This week, Firelight and the rest of the United States will be celebrating Thanksgiving- a holiday where we gather with our families and loved ones to be grateful for all that we have. As Aili, our Program Officer, shared last week: we are all very thankful for you! So this week, we will be reflecting on how lucky we are to work and support your amazing organizations which dedicate all that you have to making your communities more health, happy and hearty.

There are several informative resources in this week's episode of the Newsflash! Please be sure to review the 'HIV, Health and Your Community' guide that is attached. The target audience is for youth and children to learn about HIV, however it can be easily used for many populations (including home based care programs, health volunteers, an informal training guide, etc). It is very well written and illustrated. Enjoy and have a great week.

Sincerely and Thankfully,
Firelight Team

- Call for Submissions: Global Creative Contest
- IRIN Indepth: Coping with crisis
- AWID's review of the 2010 UN Human Development Report
- HIV, Health, & Your Community: A Guide for Action

Call for Submissions: Global Creative Contest

The Global Youth Coalition on HIV/AIDS (GYCA), a program of TakingItGlobal, is organizing a creative contest for young people (15 to 29 years old) from all over the world. The contest is focused around youth perspectives of HIV and AIDS and how this is communicated through creative expression. August 2010 - August 2011 was designated by the UN General Assembly as the International Year of Youth, time when issues related to young people will be highlighted and privileged, particularly in the context of the Millennium Development Goals. This key event provides an opportunity to explore themes with youth and capitalize on the focus on young people to bring creative youth voices to the forefront. Deadline for submissions: January 30, 2011.

For more, go here: <http://gg.tigweb.org/GYCA/Globalcreativecontest/#rules>

IRIN Indepth: Coping with crisis
AFRICA: Five ways to reduce trauma in HIV orphans

When a child loses a parent to HIV/AIDS, grief counselling helps with the trauma of loss, but when the child is both poor and orphaned, the chances of a fulfilling life are significantly diminished.

Studies have found high levels of psychological distress among such orphans, and suggest interventions to improve their mental wellbeing. Here are some ways to minimize trauma among these children:

Keep them in the family

Most African orphans remain with their extended families, being cared for by either the remaining parent, grandparents or other relatives. Studies show that staying with family is best for children; institutional care should only be a temporary solution or last resort.

Keeping brothers and sisters together also enhances their emotional wellbeing; a 1998 Zambian study found increased emotional distress after sibling separation.

In addition, it appears that remaining with closer relatives rather than more distant ones is also better for orphans. A 2003 study in the district of Rakai, central Uganda, found that the more distant the relative, the lower the chances of child survival.

Meet their basic needs

Few African parents leave wills, and property grabbing is common when adults die; in a Ugandan survey, 21 percent of orphans aged 13-18 reported property grabbing. The phenomenon undermines the livelihood of families already weakened by the death of parents.

In addition, families who take in orphaned children are often poor themselves; additional mouths to feed often stretch limited resources to breaking point. These families may need economic support to a larger number of dependents.

A 2008 study suggested that programmes such as school-feeding schemes, sustainable food and gardening projects, employment initiatives and targeted assistance for grant applications could have positive mental health impacts on AIDS-orphaned children.

Provide psycho-social care

Dealing with the loss of a parent is tough enough, but watching a parent die, adjusting to a new family and dealing with stigma and a much worse economic

position make counselling all the more important. A 2002 study in Tanzania's commercial capital, Dar es Salaam, found that orphans were significantly more likely than non-orphans to internalize their problems, jeopardizing their long-term mental health.

Grief counselling is important, notably for younger children who do not yet fully grasp the concept of death. Orphans may also need more life-skills training, particularly if they are not living in traditional family set-ups and have little chance of learning, for instance, gender roles and how to make the transition from childhood to adulthood. Peer support groups can be especially helpful in allowing orphans to share their feelings with people who may be going through similar situations.

Keep them in school

School drop-out rates tend to be higher among orphaned children; they often quit school to care for sick parents and never make it back into the education system. A 2004 Princeton University study of 10 sub-Saharan African countries found that orphans were at significant risk for lower school enrolment.

"When these orphans are not in school something happens, they refuse to think, but once they get back in school they regain focus on their lives," she told IRIN/PlusNews. "The difference between the child on the first day of farm school and one term later is amazing - they begin to look like any other child."

Free primary education has gone some way to improving overall school attendance, but other factors, such as living with a non-relative, continue to hamper orphans' education.

School-based peer support groups have also been shown to reduce psychological distress of orphaned younger children and teenagers.

Caring for the carers

Families taking in orphans face challenges too - a new household structure, additional expenses and the responsibility of caring for psychologically distressed children.

Custodial families may need counselling themselves to adequately respond to the emotional needs of orphans.

Surviving grandparents often step into the role of parent when their children die from AIDS-related causes. A Ugandan study found that custodial grandparents experienced extreme economic deprivation, felt physically challenged with care-

giving and emotionally stretched by concerns for the children under their care.

According to a 2009 South African study, families caring for orphans are not receiving the support they need; the authors found a lack of assistance from social support services and family. They recommended that health workers and home-based caregivers be trained to support orphans' caregivers.

Authors of the Ugandan study recommended that grandparents be offered "respite care, child care, parenting support, support groups and skills development and recreational opportunities for the grandchildren".

For more, go

here: <http://www.irinnews.org/InDepthMain.aspx?InDepthID=87&ReportID=90992>

AWID's review of the 2010 UN Human Development Report

By Kathambi Kinoti (<http://awid.org/eng/Issues-and-Analysis/Issues-and-Analysis/Human-Development-What-does-it-really-mean>)

What is well being? Is it individual or collective wealth, health, and/or political participation? Over the past 20years the United Nations has produced an annual Human Development Report that attempts to measure how far nations have gone in ensuring that their citizens are healthy, safe, politically engaged and equal to each other.

According to the 2010 report, the criteria that the UN currently uses to measure wellbeing are:

- * "Social progress- greater access to knowledge, better nutrition and health services.

- * Economics – the importance of economic growth as a means to reduce inequality and improve levels of human development.

- * Efficiency - in terms of resource use and availability. Human development is pro-growth and productivity as long as such growth directly benefits the poor, women and other marginalized groups.

- * Equity - in terms of economic growth and other human development parameters.

- * Participation and freedom - particularly empowerment, democratic governance, gender equality, civil and political rights, and cultural liberty, particularly for marginalized groups defined by urban-rural, sex, age, religion, ethnicity, physical/mental parameters, etc.

* Sustainability - for future generations in ecological, economic and social terms.

* Human security - security in daily life against such chronic threats as hunger and abrupt disruptions including joblessness, famine, conflict, etc.”

Not surprisingly, the country with the highest human development score is Scandinavian: Norway. The one with the lowest score is Zimbabwe. This year’s report also makes conclusions about patterns in human development based on the past 20 years of observation. Some of the conclusions are that:

“People in most, but not all, countries have made steady, long-term advances in health and education over recent decades.

- There has been no general convergence in income across countries, despite major growth surges in East Asia, the Pacific and India.
- The correlation between changes in income and changes in health and education over the last 40 years is weak. The most plausible explanation is that developing countries today face different opportunities and processes than those prevailing in the past.
- This does not mean that growth is unimportant— command over resources is still key to expanding many capabilities. It does mean that progress in health and education is attainable even when growth proves elusive.
- Global knowledge and technology are opening new options and paths and reducing

the costs of basic achievements, putting a greater premium on policies that take strategic advantage of opportunities.

- The paths to success are diverse, with enormous variation in outcomes for countries with similar initial conditions. Many countries have done well in the long term by emphasizing health and education; others have striven for rapid economic growth, though sometimes with a high cost to environmental sustainability.
- The policies and reforms compatible with progress vary widely across institutional settings and depend on structural and political constraints. Attempts at transplanting institutional and policy solutions across countries with different conditions often fail.”

Women’s situation

The Human Development Report does not provide a gendered breakdown of its findings. However it does introduce a new index that adjusts the human development index to reflect gender inequality. The Gender Inequality Index measures three dimensions: women's empowerment, reproductive health and presence in the labour market. The indicators of these dimensions are maternal mortality, adolescent fertility, parliamentary representation, educational attainment and labour force participation.

The report shows that the most gender-equal country is the Netherlands, while the most gender-unequal country is Yemen. Seven out of the ten bottom countries on the UNDP scale are in Africa, but Burundi scores exceptionally well. The report reaffirms what women's rights advocates have been saying for decades: countries with unequal distribution of human development also have high levels of gender inequality. It also reiterates that as in the case of Burundi and Rwanda, money is not the most important requirement for making lasting changes for women's rights. Policies and political will go much further. Qatar, which has made impressive strides economically performs poorly when the Gender Inequality Index is applied to its human development record.

According to the report, reproductive health (or lack thereof) is the largest contributor to inequality. If data was available, perhaps it would show that reproductive roles assigned to women are actually the largest contributors to inequality. The authors of the report acknowledge that there is little information available about how women's unpaid labour affects their well-being, and therefore they do not address the extent to which this impacts on local, national and international economies.

Lessons learnt

Tunisia gets a favourable mention as a country whose reforms for women's rights have positively impacted its human development. At independence more than 50 years ago it raised the minimum age for marriage, introduced family planning, legalised abortion, allowed women to initiate divorce and gave them the right to vote and stand for election. This, the authors of the report say, has had a deep and lasting impact on the human development of the country.

Another thing that the country did right was to focus on its own priorities in an age when international financial institutions and other powers were prescribing (or imposing) economic reforms that were ultimately detrimental to national economies, such as structural adjustment programmes.

The 2010 Human Development Report also reviewed other dimensions of human development and found that:

“Formal processes of democracy have proliferated at national levels, so that most people now live in democratic societies and have the chance to vote in local elections as well—though democracy does not always ensure accountability.

•International, intergroup and interpersonal inequalities remain huge in all dimensions of well-being, and income disparities are on the rise.

•There is increasing evidence that the world’s current production and consumption patterns are environmentally unsustainable.”

The report does not go far enough in analysing the situation of people who are not heterosexual or who do not have abilities that are not commonly seen as the norm. It does attempt to address the multiple dimensions of poverty and gender inequality by introducing new indices. Since inequalities are so much at the centre of under-development, these indices should have been more central to the report.*

For the complete report, go here: <http://hdr.undp.org/en/reports/global/hdr2010/chapters/en/>

HIV, Health, & Your Community: A Guide for Action

HIV, Health, & Your Community: A Guide for Action is an excellent resource for health educators and community workers worldwide – particularly anyone concerned about preventing HIV transmission and providing community-based care. Despite recent medical advances that are keeping people with HIV healthy, those working on HIV and AIDS know how important prevention remains. HIV, Health, & Your Community is an important tool to help individuals and communities educate themselves about living with HIV, preventing transmission, and supporting and caring for people with HIV—which includes using ART (antiretroviral treatment). This book is a thorough, easy-to-understand guide for health workers throughout the world, and is accessible to those with little medical or technical knowledge. Topics range from the biology of the virus and the epidemiology of the disease to the mechanics of designing prevention programs and mobilizing resources, even writing grant proposals.

You can download this guide for free, or act now and receive this discount – \$9.00 per copy, 50% off of the normal price of \$18.00 – please visit our online store or email our Book department at atbookorders@hesperian.org. This offer is valid through December 31, 2010.

For the guide, go here: http://www.hesperian.org/publications_download_hiv.php
or open the attachment to this email

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.