inTOUCH
Media Resource Desk
Assisting Journalists to stay informed.
SAFAIDS Southern Africa HIV and AIDS Information Dissemination Service

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The Challenges of Reporting a Rape

by Pushpa Jamieson (Malawi)

Inside this issue:

Female rape victims often do not report the crime because of the secondary violation they often experience when they have to explain what happened.

"I felt like a criminal and yet I had gone to report a crime committed against me!"

These words, spoken by a woman who went to a police station to report being raped, ring true to my ears.

As I too enter the police station in Area 3 in Malawi's capital, Lilongwe - on an investigation of the issue - I come to an abrupt stop. Facing a counter that is barely five walking paces from the door, I see a good number of people milling around and standing in front of the counter waiting to be attended to or waiting for responses to enquiries that they have made.

Behind the counter are at least four male police officers and one policewoman. All are very busy this Monday morning. There is a lot of activity behind the counter with various instructions being shouted around.

One young policeman comes to ask if he can help me and I respond,

"I would like to see someone from the Rape Victim Support Unit please."

The place comes to a sudden stop and an abrupt hush descends on the place with all eyes turning to me. Those who have not heard my request ask others what is going on or whisper,

"What did she say?'

Until I am led away to the requested unit, no one speaks or even moves. There is just a deathly silence, with many pairs of eyes watching me inquisitively. I feel exposed!

I have just experienced - first hand, what a rape survivor or anyone would have to endure on reporting a rape.

Reporting rape is the first step towards the person receiving any form of help, either medical or legal. But because of the fear of secondary victimisation, this is the step that many victims are unable to take.

Failure to report the rape means that no medical assistance is received and the perpetrator is not brought to book for committing this crime.

Jessie*, a 36 year old divorcée and the mother of one son, is a rape survivor. She was assaulted in January this year and still suffers from the trauma that she experienced during and after the rape.

Several men broke into her house during the early morning hours and after selecting household goods to take away, they proceeded, one by one, to rape her.

"I am still traumatised by the rape, but also very angry at what I experienced when I went to report the crime," she says. "Firstly, I had to tell the people who immediately came to my assistance. Then I had to repeat myself to the police and had to tell the whole story again to the doctor on duty at the hospital."

Jessie stops as she tries to get some control over her emotions and continues,

"It is like being raped all over again to keep repeating the sequence of events."

According to her, the response of the doctor at the hospital was a violation in itself.

"When I told him that I had been raped, he looked at me and laughed. It was almost as if he could not believe that a woman of my age could be a victim of rape. I am still so angry at how I was treated such that I will never go to that hospital again," she says.

Fortunately, Jessie is well informed and demanded that she receive all the medication to help prevent any sexually transmitted infections (STIs) including HIV. Being financially stable, she also was able to receive the counselling needed to address some of the emotional trauma.

"I am so angry with the system and how women are

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In Touch...*with the media*

Welcome to our third edition of **In TOUCH**, a publication of the SAfAIDS Media Resource Desk (MRD)- a one-stop shop for the journalists and other media practitioners who wish to access quick, accurate and user-friendly information on HIV and AIDS prevention, care, treatment and support. The desk serves as a focal point for all HIV and AIDS information queries from the media.

The purpose of this publication is to showcase how, though diverse fora, the MRD interacts with the different media in the region and to advise the media on how they should best tackle certain issues. It serves to showcase too, the areas of SAfAIDS work and will hopefully help bridge the gap between media in different countries and between the media and SAfAIDS itself.

In this third issue, we focus on the year 2008, and its highlights. For some media practitioners, it was the trainings they participated in, for some it is the communities they were able to talk to, while for others it was the challenges of reporting on certain issues, like rape. Look out for some special stories from entertainment reporters who have realized the need to mainstream HIV and AIDS into their stories.

It really is a mixed bag from across the region.

If you are regularly contributing to **In TOUCH**…you might be in the running for an **In TOUCH** Writer of the Year Award in the 2009. If you have not started contributing yet, then it is high time you started….because you don't want to miss out on this exciting opportunity.

Remember…if there are any events or training activities lined up in your country in 2009, please send them through and they will be included in the next edition. Send your comments and views to mediadesk@safaids.org.zw

Regards!

The Media Resource Desk Team

Some services the MRD offers:

- Access to well-informed resource desk staff
- Latest and most accurate statistics relating to HIV and AIDS
- Latest research findings
- Information on key HIV and AIDS events
- Media briefs on topical issues
- Media Website
- Regular information bulletins
- Award of Excellence for best reporting on HIV and AIDS

The Challenges of Reporting a Rape

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treated when reporting rape that I have decided no woman is going to experience what I went through if I can help it!" she says emotionally.

Jessie is now in the process of establishing a safe place which she says will create an environment that is non-threatening for women who have been raped and sexually abused in which they can obtain immediate help and receive counselling. She also hopes to work together with the police and doctors.

According to information received from the police Press and Public Relations Office (PRO) at the headquarters in area 30 Lilongwe, all 34 police stations across Malawi do not have a special desk to accommodate reports of rape. Rather they have victim support unit officers to whom cases of violence against women and girls and general gender-based violence cases are reported and handled."

"These officers are given skills through various trainings in counselling of victims, first aid and conflict management," noted Sub -Inspector Khalidwelawo Jamali of the PRO. He also confirmed that victims are given first aid, if any is required. Later, the victim is sent to the hospital for a medical examination where tests that may be used in the trying of the court case are carried out.

However, in the police stations visited, the point of entry for access to the Victim Support Unit is the common public reception counter where one is asked what assistance they require.

In this public place, one has to tell the police officer what assistance they need in order to be directed to the appropriate office. Often the trauma, shame, and fear experienced make it very difficult for a woman to report the crime in such a public place.

And so rather than be subjected to further trauma, shame and reprisal, survivors would rather not report the crime at all, and instead turn away at the counter.

Inspector Patricia Njawiri who is responsible for the Victim Support Unit offices at Area 3 police station agrees that this is a challenge faced by the police and the survivors. Njawiri also spoke of the difficulties the department experiences because of insufficient personnel and lack of transport to help victims.

"Sometimes the trained police officer is assigned to other duties and this leaves an untrained officer to deal with the report." This, she said, resulted in the proper procedures not being followed.

Due to a lack of transport, rape victims are sent to the hospital

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with a police officer using public transport. “This delays the victim receiving treatment,” Njawiri added. “And in cases where the hospital report shows that the victim is not properly treated with Post Exposure Prophylactic (PEP) and medication for Sexually Transmitted Infections (STI), the victim has to return to the hospital. This causes further delays in accessing help and treatment,” she said.

She is concerned that the further delay puts the victim at higher risk of being infected with HIV and STIs.

Njawiri says there is also concern about the number of cases that are not reported. “Many cases are not reported because of the person who has committed the crime. It could be a step-father or a close relative, and because of the fear of bringing shame to the family, rape is not reported,” she said.

Often mothers who report the rape of a child by a husband will not proceed to having the man charged because of fear of reprisal from the man as well as the community.

“At times the woman will refuse to place charges because of the shame and ask us to only caution the husband so that he will not do it again. Women will not place charges because they will be fearing divorce, being beaten, and the eventuality of the bread winner being sent to prison are some of the reasons women will not places charges,” lamented Njawiri.

Building a complex that is some distance away from the main police station, but within the same vicinity could be the answer to the challenges of privacy faced by both the victims of rape as well as the police.

And this is what the station is in the process of doing. Thus far, a unit comprising two large rooms (one to accommodate women, and one to accommodate boys) has been built. Additionally, there is a kitchen for meal preparation, offices for the police, doctors’ examination rooms, and counselling rooms that have just been completed.

Waiting to be furnished and staffed, the unit is expected to be operational ‘soon’. The unit will provide a more comfortable atmosphere that is reassuring and safe in order to help provide the victims with better assistance.

The medical examination rooms will ensure that medical assessment is swift and all HIV and STI preventative measures are given within the least time possible. Medical examination documents will also be provided for reference in the case of court prosecution.

The counselling provided is expected to help the survivor to deal with the emotional and physical trauma experienced. It will also help give support in preparation for court proceedings.

This will make it easier for the police and others involved in keeping track of the process of the rape crime in order to have good follow up.

By providing all the required assistance to a rape victim under one roof in a more private and secure environment, it is expected that this will encourage more women to come forward to report the crime and continue the process through to conviction.

Neighbouring South Africa has a significantly higher rate of sexual violence against women and children than Malawi. Providing a safe environment for sexual assault or rape victims in order to fight and stop the crime has become the aim of the government there.

With the assistance of interested international organisations like USAID, special Rape Crisis Centres provide help to victims. The centres provide comprehensive medical examination and counselling as well as police and investigation services.

“It is like being raped all over again to keep repeating the sequence of events.”

The centres are staffed by an on-site coordinator, a medical doctor, a nurse, a social worker, a victim assistance officer and a police officer who is available at all times. The reported rape case is assigned a case monitor who will follow it to its conclusion.

As the victim assistance officer explains the procedures that have to be performed include the medical examination and the complaints filing process, the case monitor ensures that all documents are available and in order, ready for presentation if required.

The site coordinator plays an important role in ensuring that all the different departments are working together smoothly and all services are provided properly and in an appropriate manner in order to avoid secondary victimisation.

Although there are still many cases that are not reported in South Africa, the opening of Rape Crisis Centres has improved the number of cases reported and brought to court.

There is a possibility that the provision of safe places of such a kind in Malawi may be what is needed to encourage women to report rape and sexual abuse.

Given the current problems faced by women in reporting rape, will the “one stop” Rape Crisis Centers help to ensure that many more cases are reported and taken through to final conviction? This remains to be seen!

Rape and any sexual violence is a violation of human rights. The offence poses a serious public health problem that continues to receive unsatisfactory attention from government, policy makers, religious leaders as well as the communities.

Until the politicians and other decision makers within society have the political will and motivation to address the criminal issue of rape in Malawi, the crime will continue being under reported and not receive the attention that it deserves.

* Not real name

Pushpa Jamieson is the Editor of the ***Health Check*** newspaper and writes extensively on HIV and AIDS, Tuberculosis and Malaria as well as Reproductive Health.

Arts and Culture – the missing link in reporting on HIV and AIDS

by Randy Muritala (Zimbabwe)

A year ago, HIV and Aids activist Tendayi Westerhof stood before musicians at a workshop organised by the Zimbabwe Music Rights Association and pleaded with them to have the courage to reveal to the nation their HIV status.

All present nodded their approval and even gave Tendayi a rapturous response to her plea, but that was a year ago.

Since then, the deaths of artists whose obituaries state the cause of death as being due to "a long illness," has continued to increase.

The deafening silence from artists seems to have caught up with arts journalists who appear to have given a side jab to reportage on HIV and AIDS. The last few years have seen a decline in the reportage of HIV and AIDS stories in the arts and entertainment sectors, even though the sector is one which is currently reeling under the devastating effects of the pandemic.

Rarely do readers come across stories on HIV and AIDS awareness in the arts and entertainment sections of newspapers and broadcasts except in exceptional cases where the news item would be on the launch of a DVD, or CD on HIV and AIDS.

Articles on HIV and AIDS in the entertainment sections rarely get space, and are often relegated to inside and last pages. Unlike other entertainment stories on different genres, some journalists feel HIV and AIDS issues have a repelling effect on revellers and as such, should be kept at arms length unless they have a direct bearing on the performance of the artists.

"It's one industry where people try as much as possible not to associate joy with death," said one arts journalist with a local paper. "When that happens, people stay away and that kills business."

A random survey carried out on local newspaper publications revealed that of all the arts stories that were published, about 10 percent were on HIV and AIDS.

However the high pedigree of Zimbabwe's arts and cultural sector provides an adequate platform that arts journalists can use to cover entertainment news related to HIV and AIDS.

Judging by the flurry of arts activities that took place on December 1, World AIDS Day is a good example of how any form of arts genre can be used as a vital tool in the dissemination of information on HIV and AIDS.

Arts and cultural events that included modelling pageants, dance, poetry, music, sculpture and painting exhibitions revealed the power that arts initiatives have in raising awareness on HIV and AIDS.

Mark Weinberg, Assistant Public Affairs Officer at the US embassy in Harare, said it was clear that with more support, local arts initiatives can do extraordinary things in the response to HIV and AIDS.

Can technology help unlock the mystery in HIV and AIDS?

by Fredrick Ogenga (South Africa)

Having done personal research in HIV and AIDS, attended workshops, seminars and conferences, HIV and AIDS still remains a mystery. This being the case, journalists have faced several challenges in reporting HIV and AIDS partly due to 'mistrust' between scientists and journalists on one hand and politicians, medical practitioners and pharmaceutical companies on the other.

While doing my Masters research in HIV and AIDS sponsored by the Perinatal HIV and AIDS Research Unit (PHRU) at the University of Witwatersrand, I remember coming across Deborah Posel's (2004) work titled *Sex, Death and embodiment: Reflection on the stigma of AIDS in Angincourt, South Africa*. In this paper, Posel argues that the relationship of HIV and AIDS to 'bad sex' that leads to 'bad death' has significantly contributed to the stigmatization of people living with HIV and AIDS. Those infected are seen as 'morally polluted' and not to be associated with. In this paper, Posel argues that perhaps the mysteriousness of HIV and AIDS coupled with the lack of scientific knowledge on possible ways of curing the disease also contribute to stigma.

On the political side, Thabo Mbeki's denial of the causal link between HIV and AIDS, and claims that anti-retroviral drugs are not effective and toxic, in the face of massive scientific evidence to the contrary has been confusing. Contrary to Mbeki's statement about the link between HIV and AIDS, Makgoba, in his paper on '*Politics the media and science in HIV and AIDS*' illustrates clearly the evidence that HIV actually causes AIDS. He claims that Mbeki seeked to indicate the science around HIV and AIDS to be racist and that he himself is defending Africans from racism and neo imperialism through his denialism.

Robins (2004) in his paper also presented at the WISER & CRESP symposium on *Life and death in a time of AIDS: The Southern African experience,* explains how South African AIDS activists belonging to the treatment action campaign (TAC) and Medicines sans Frontiers (MSF) make similar connections between individuals living with HIV and AIDS and body politic. Here the wider social world is characterised by conditions of unequal and inadequate health care reproduced by the greed and profiteering of global pharmaceutical companies. The inequalities are also understood as

products of apartheid racism as well as more recent forms of state indifference and inaction in relation to the provision of AIDS

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treatment in the public sector.

However, Mbali (2002) observes though that the histories of the 'long illness', of the link between racism and science, and a collapsing public health infrastructure in South Africa are partially to blame for recent events. The question as to whether HIV causes AIDS is less important than the pressure from the civil society to have its voice heard for the provision of treatment for the already infected.

The government has demonstrated confusion on how to deal with mounting tension from the civil society amidst a clash between traditional versus conventional medicine in the treatment of AIDS. The rationale behind this clash is that the ANC has discredited scientific research on the basis that it is a reflection of the pre-colonial apartheid past characterised by labelling of the black man as a symbol of dirt and disease (other) and therefore regarded the facts from scientific community as biased.

Mbali however observes that to attempt to construct arguments that AIDS is a western biomedical plot to discredit Africans and their sexuality, and on the basis make complicated and unjustifiable denials of its causative roots in HIV and the existence of effective treatment for HIV was tragic and an inappropriate response by Mbeki.

Klaaren (2004) in his paper on "*the rights to life in a time of AIDS"* questions whether the South African constitution has a right to life. Section 11 of the 1996 constitution states that "every person shall have the right to life". He cites the Treatment Action Campaign (TAC) case where the constitutional court found the government's policy of limiting the provision of Nevirapine to a limited number of pilot sites unconstitutional.

However, despite the political setbacks, there have been positive interventions going on in South Africa in terms of government activities to the HIV and AIDS epidemic. The government under Mbeki clearly articulated an HIV and AIDS strategy embodied in the HIV and AIDS national plan [3]. The government under the Department of Health has formed partnerships with businesses, NGO and labour. The government has also shown leadership and commitment in promoting and advocating for behaviour change and promoting the use of condoms although the coordination, coherence and implementation have lagged behind.

Amid this HIV and AIDS mystery and confusion, the media has been accused among other things of not giving enough attention to HIV and AIDS but instead, of just focusing on the major issues on the calendar of the AIDS pandemic as well as a few prominent individuals instead of mobilising the society by representing issues pertaining to the community at grass root level such as education labour and the effects of AIDS. There is also the general idea of audience fatigue in HIV and AIDS stories and the lack of trust in the relationship between the government and the media regarding HIV and AIDS reporting.

The role of the media in the reporting of this political controversy has also been characterised by distortion of facts and failure to see the bigger picture of an international holistic strategy that links the whole HIV and AIDS epidemic to socio-economic and national development. For example there is a holistic development approach that takes into account the high impact socio-economic diseases, such as TB, AIDS, malaria and conditions such as poverty and malnutrition have been established in institutions such as WHO and UNAIDS.

The media has also been seen to have failed to be instrumental in proper information and education of the public in relation to this shift of approach to the epidemic. Consequently, South Africans (those infected and affected) are losing hope and trust in a government that is working hard to address with urgency such moral, ethical, social and developmental issues located within the HIV and AIDS epidemic.

This context is chaotic, especially for People Living With HIV who are in a constant search for the right information from the media and other sources to help them cope with their situation. In the research that I conducted in Soweto with seven men who are living with HIV, one of them made the following remark when I asked him how easy it was to disclose his status after testing.

"*Knowledge, first of all, you must have knowledge of HIV. You cant just go for testing then after testing, for disclosure and yet you don't know for instance what is CD4 count, which is good for information that's why you find information hour very important before you go for testing, and then its going to be easier for you to disclose. Information is very important. W. FGD, he said.*

An HIV and AIDS information context characterised by confusion raises scepticism of the medical aspects of the disease and misguides those who are infected. It opens spaces where other negative social forces emerge militating against overall efforts to combat HIV and cultivates a fertile ground where stigma thrives. With increased levels of stigma, there is fear of testing and disclosure and therefore difficulty in coping with the pandemic. During my research, there is a participant that agreed and confirmed two things that Posel raised in her paper. One; that HIV and AIDS infection makes you looses your dignity. See his responses below;

…You lose your dignity because the first time this disease was entering we only believed that it entered only sexually we did not believe that it could enter in other ways. W. FGD.

Hence the idea of 'bad sex-bad death'. Two; that HIV and AIDS remains mysterious due to the lack of scientific knowledge for a possible cure;

I think they should, 'eish' you know it's not easy to know. I think they should be working towards a real antidote but its not easy for research because the virus sticks to the cell, if you get an antidote its not going to be a good reaction , its going to be a violent reaction because its going to kill the cell when it kills the virus, that's why its not easy. W. FGD.

There is no doubt that HIV and AIDS remains mysterious, but with the help of interactive information technology through the internet, different stakeholders, that is, medical practitioners, scientists, researchers, politicians, pharmaceutical companies, people infected and affected with HIV and AIDS are now able to contribute in cyber-dialogues on the right paths to follow when it comes to combating the disease, something which was impossible through traditional media. Many online newspapers and magazines are now receiving important contribution from readers on HIV and AIDS stories through posted feedback. This is how technology can help unlock the mystery in HIV and AIDS and be a reliable source for HIV and AIDS information and education.

Testimonial of a journalist

by Robert Mukondiwa (Zimbabwe)

If I went to the HIV and AIDS reporting training run by SAfAIDS as part of the Global Fund media activities for Round 5, expecting to learn something out of it, then indeed I came back a very disappointed person!

The three days were such that for the first time, I went into a training programme and escaped having been taught nothing. But that is not to say the programme was not of worth. The opposite in fact!

Aulora Stally (left) facilitating a session with journalists at a Global Fund HIV and AIDS training workshop

Instead of **TEACHING** the journalists, the facilitators instead managed an even greater feat. They made the environment conducive for **LEARNING.** Teaching people, like foisting food down a toddler's throat is dictatorial and not enjoyable, but learning is at one's own pace. It is refreshing and respectful of the subject being educated, and that is a summation of what the whole experience bore.

Having been to other international journalist training sessions, I was astute enough to accept the possibility that I may indeed learn one or two things from the session, but not anything more than that.

However, my surprise was all the more pleasant.

Unlike the sessions where one is informed on topics on a wide basis, the SAfAIDS sessions were more relevant because they were centred on the media experience in the heartlands of our field, our home and personal experiences in Zimbabwe.

The face of the sessions became even more apparent as examples and experiences were all the more tangible.

Everyone in the room felt it as Evelyn Mazula, a person living with HIV, gave the testimonial of her life and experiences to the house. The atmosphere was palpable, the tension was tangible and in the silence outside her voice, one could hear a pin drop.

Something that everyone was awestruck about was that Evelyn said it was her kindergarten-going daughter who persuaded her to get tested for HIV after realising that the symptoms talked of at crèche were the very symptoms her mother had.

That was the highlight of my session.

Instead of a text book story or fairytale story, there was the face of HIV right before us.

That is when I learnt, but was not taught, that HIV has a face, voice, heart and a conscience. That is when it became ever so apparent that when we are in the comfort of our newsrooms, writing recklessly about HIV and using big words furiously packed with exaggerated drama, there are actually real people who are behind the stories, and not animals of lesser value. The ultimate lesson that I learnt, was that with every effort I make to use sensitive language to describe the plight of the Evelyn's of this world, I will be acting like her guardian angel. furthering her cause, without hurting her

The forgotten: AIDS - ravaged Motimposo

by Tsitsi Matope (Lesotho)

She watched her brother die at last after a host of fears and clamour of other feelings.

Tears filled her eyes as she narrated how her brother had suffered. No one could stop her for she had endured a great deal of pain.

Sinking in her chair, her posture was not one of repose but of agitation. She muttered her brother's name, the words choking her.

Her brother who had 'died' several times before this final departure was finally gone.

It had been a terrible week.

Mourners still came in the house, offering their subdued greetings, their faces appalled by Refiloe's state.

It must have been due to the nursing and watching of her only brother, they thought, as they looked at her.

Refiloe and her brother had lost their parents more than five years ago. So when her brother died, she was now all alone.

Oblivious to what those who had come to comfort her were whispering, Refiloe in her grief, lay there with her hair wild, softly moaning in unbearable agony.

What must have mounted her pain, a neighbour said, was that the brother sometimes went into a 'sort of'comma and people would gather thinking he was dead only for him to regain consciousness after a short while.

He did this on three occasions and each time it happened, it must have cut deeper into his sister's heart explaining why she also looks like someone who is ill," they said.

When her brother had weakly blinked his eyes again, his once unseeing eyes dilated and seeing hazy images, he

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would whisper for water.

But this time he was really gone, and Refiloe knew it.

That HIV, which for people in her community was a dreaded illness, had finally done the dreaded. It had taken her brother.

"It is the will of God," she muttered her eyes glinting with sorrow.

With grave dignity, Refiloe had to face the challenge.

"God knows I tried everything but in the last days, it was difficult for him to eat and that must have worsened his condition," she said. "But I kept trying while neighbours helped too."

Motimposo, where Refiloe had watched her brother die, is one of the oldest suburbs in Maseru.

Mathuso Takalang sits outside her home mourning her husband's death

What is so unique about this settlement is how, on a weekly basis, up to five people are reported dead and a significant number from AIDS related illnesses.

At times, other people say, even up to 10 people die in a week, painting a grim picture of families in tears, neigbours trying to console the bereaved and a lot of activities centering around the long funerals.

According to the National AIDS Commission, at least 50 people die of AIDS related illnesses in Lesotho where the population is currently at 1,8million.

It is estimated that up to 200 families live in Motimposo, a haphazardly developed settlement just five kilometers from Maseru.

Just a few houses from where Refiloe is mourning her brother, another group of neighbours waits to hear the fate of an ill woman whose relatives had asked everyone to wait outside.

About seven houses from there, another woman, Mathuso Takalang is not only mourning her husband but does not know where she will get the money to bury him.

Her husband, Ntseme Takalang died on October 17 but the salary she gets from her work as a housemaid is insufficient to cover all the expenses.

Heartbroken and resigned to her fate, Mathuso now awaits government's assistance in order for the burial procession to take place.

She says her husband's illness and death has devastated the family.

"My husband was diagnosed with tuberculosis but he went on treatment. But he subsequently fell ill again seven months ago," Mathuso said.

Her husband lived alone while she stayed where she worked just a few kilometers away.

Reportedly, neighbours who knew of the late Ntseme's condition and the fact that he stayed alone, used to visit him.

But two days before he died, neighbours said they had not seen him fetching water at a house where he used to ask for water from.

One woman therefore decided to investigate.

"I discovered him lying on the floor, covered with a blanket without any sign of movement or breathing. I called others and they came only to tell me that he was dead," a neighbor said.

What is rather sad about this family, which also represents the situation in several other families, is that, the children left at the house are not helping their mother.

One daughter dropped out of school after she fell pregnant last year and now her mother has to look after both her and the child on the small salary she gets per month.

The second daughter stays in the rural areas while the last one is 14 years old and doing standard five, although she is supposed to be in secondary school.

The family lives in abject poverty with no hope that any of the children will bring relief to the situation.

They stay in a single room with piles of blankets, clothes and kitchen utensils scattered around.

"Poverty is what is killing us here in Motimposo, we need help and this has been our life for a long time. We are just a stone's throw away from the city but it is like we are a forgotten community," Mathuso said shedding tears.

As you walk under the scorching sun, the suffering and misery in the suburb just engulfs you.

Making A Difference

by Beatrice Tonhodzayi (SAfAIDS)

In a story fit for the Guinness Book of Records, Zimbabwean producer presenter, POWER FM's Leander Kandiero, on this World AIDS Day 2008, did a 24-hour One-Man Marathon Broadcast and Fast on HIV and AIDS.

The broadcast was structured in such in a manner that it covered all the crucial HIV and AIDS messages, from prevention strategies, treatment, care and support issues, gender based violence, the challenges youths face in regard to HIV, and testimonies from PLHIV.

Throughout the broadcast, Kandiero did not eat or drink, something he says he did so he could remain focused.

"I just felt strongly that I should do something like this and I really believed that I was capable," the 29-year old soft spoken Kandiero said.

His exciting and unique initiative, which was supported by Southern Africa HIV and AIDS Information Dissemination service (SAfAIDS), came exactly 24 years after the first HIV case was detected in Zimbabwe in 1984.

On the dot of every hour, during the broadcast, key questions were asked and listeners were given the opportunity to win prizes for each correct response.

Seeking to raise awareness about HIV and AIDS issues, the 24-hour One-Man Marathon Broadcast and Fast on HIV and AIDS presented Zimbabweans, southern Africa and the rest of the world with an opportunity to reflect, talk about, question as well as map the way forward regarding responses to HIV and AIDS.

People Living with HIV in Zimbabwe today face some of the worst challenges ever with access to food and treatment becoming increasingly uncertain.

While Zimbabwe has made much progress in its response to HIV and AIDS as evidenced by the consistent decline in HIV prevalence from over 30 percent, 10 years ago to the current 15, 6 percent, Leander says he realized that more still needed to be done and it was up to everyone (himself included) to take action and contribute to the realization of an HIV free generation.

"Obviously Government, non-governmental organizations and other stakeholders have done a lot as evidenced by the decline in HIV prevalence and high levels of behaviour change that is now evident within communities but I just believed there was still room to do more. Our prevalence should even go down to 10 percent in the coming years," he said.

Leander says his idea to use his talent as a "broadcaster" to take information dissemination during this World AIDS Day to a new level, is one that came straight from the Lord.

"I just felt a conviction that I needed to do something. The Lord kept telling me that I could do something big and unique which would make a difference, and I first ignored his calls. However when the 24-hour marathon idea kept coming to mind, I decided to approach my bosses with it and, after a bit of skepticism, they later bought into it," he said.

POWER FM chief Producer Tinashe Chiname says his organization decided to approach AIDS service organizations for technical assistance and that is how the partnership with Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) was born. Being a regional information dissemination service, that firmly believes in using different innovative mediums to reach the public with accurate, relevant and topical HIV and AIDS and TB information, SAfAIDS got on board to provide technical support and assistance as well as design a roadmap that the 24-hour marathon show would follow.

SAfAIDS deputy director, Ms Sara Page said her organization firmly believes in the media's ability to reach audiences with messages hence its willingness to partner with POWER FM in the One-Man 24-Hour Marathon Broadcast.

"We were excited to reach the more than three million people that POWER FM Broadcast to on this important occasion with correct and relevant HIV and AIDS and TB information. The theme for WAD this year is leadership and we are impressed that our journalists and media institutions are also taking the lead to play their part in responding to HIV and AIDS," she said.

It is hoped that what Leander has started can be inspiration to other media practitioners in Zimbabwe and southern Africa so they realize that the too can take the lead in their own lives to make a difference regarding HIV and AIDS.

Several media practitioners who listened to the 24-hour broadcast or read about it are already planning of coming up with similar as well as other initiatives to make a contribution to the response to HIV and AIDS.

December 1 may have passed but it is important to note that HIV and AIDS is not a one-day event but an everyday issue. Everyone has a role to play as we move into the next year. It may just be talking to a neighbour, listening to them talk, giving them a meal, offering a shoulder to cry on, advising them to abstain or use a condom or accompanying them to get an HIV test.

Real leadership is about taking Action!

We hope you took the lead this World AIDS Day and beyond.

The Global Fund Demystified

By Fungai Machirori (SAfAIDS)

HIV and AIDS-related Global Fund activities have recently swung into action in Zimbabwe with organisations such as the National AIDS Council (NAC), Population Services International (PSI) and the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) being involved in implementation and coordination. Taking care of the communication and workplace components of the Global Fund activities, SAfAIDS has embarked on conducting national journalists' trainings on reporting on HIV and AIDS, as well as a mapping exercise of the different workplace policy programmes being implemented in Zimbabwe, while PSI has drafted a communication strategy relating to the communication themes identified for this round of funds.

The Global Fund logo

All of these activities are being carried out with funds from Zimbabwe's successful Round 5 application to the Global Fund. But while some – especially those representing civil society – might have knowledge of the role of the Global Fund, many still remain oblivious to its history, core objectives and funding processes.

The Global Fund to fight AIDS, HIV, TB and Malaria is a public/ private partnership between national ministries, national AIDS coordinating bodies, civil society and commercial entities which was created to attract and disburse resources to prevent and treat HIV, AIDS, TB and malaria. Discussion on the idea of setting up the Fund began at the Okinawa G8 Summit in 2000 and the concept was then adopted at the 2001 G8 Summit held in Genoa. Later in that same year, delegates from governments, NGOs and the private sector met in Brussels to develop the Fund's structures and operating principles.

Today, the Global Fund has become the main source of finance for programmes to fight HIV, AIDS, TB and malaria and has reportedly provided funding of US$ 11.4 billion for more than 550 programmes in 136 countries. Its largest private sector contributor is (RED) - a corporate partnership of some of the world's most famous brands which include American Express, Apple, Armani and Motorolla. A percentage of sales of products from the range of (RED) branded clothing, credit cards and digital devices the companies produce is given to the Global Fund to assist it in provision of HIV and AIDS-related services. Recently, the giant Starbucks Coffee Company has entered into the (RED) partnership and has pledged to contribute five cents to the Global Fund for every (RED) branded beverage it sells.

Funding proposals and disbursements are handled in a coordinated manner which is meant to maintain as much transparency as possible. At country level, the Country Coordinating Mechanism (CCM) – a partnership of all key stakeholders in the country's response to HIV, AIDS, TB and malaria – is responsible for submitting proposals to the Global Fund as well as nominating organisations that are capable of administering funds and overseeing grant implementation. In Zimbabwe, the CCM consists of figures like the Minister of Health and Child Welfare, Dr. David Parirenyatwa, the UNAIDS Country Coordinator, Dr Kwame Ampomah, the National AIDS Council (NAC) Operations Manager, Mr Raymond Yekeye, a representative of people living with HIV, Evelyn Mashamba, as well as other representatives on behalf of TB and malaria.

The CCM is also tasked with designating a principle recipient (PR) of funds for a successful grant proposal. A legal agreement is signed between the Global Fund and the PR, after which funds are disbursed to the PR to either implement programmes itself, or pass on the funds to other organisations known as sub-recipients (SR). For Zimbabwe's Round 5 HIV and AIDS-related activities, the NAC and the Zimbabwe Association of Church Related Hospitals (ZACH) were the principal recipients of funds. Recognising the various expertises of AIDS service organisations in the country, however, organisations such as SAfAIDS, PSI and the Zimbabwe AIDS Network (ZAN) were identified as SR to received allocations of the funds to implement certain activities. But these SR, also identifying the skills of other organisations, allocated portions of their own funding to organisations able to implement certain thematic activities. These organisations are then known as sub-sub recipients (SSR).

The current Zimbabwe activities being implemented from Round 5 fall under the programme to support the scale up of anti-retroviral therapy (ART) and HIV testing and counselling services in 22 districts within the country.

Media, HIV and AIDS: a 2008 retrospective

by Issa Sikiti da Silva (South Africa)

Another World Aids Day (December 1) has passed, and as usual newsrooms and editorial meetings focused heavily on AIDS, a disease that is killing at least 1 000 people every day in South Africa.

But once December 1 has passed and all the HIV-media euphoria is also gone – with the wind – and AIDS reporting becomes selective or almost disappears from the face of the media, much to the dismay of HIV and AIDS activists, experts and 'concerned' reporters who have no option but to toe the editorial line.

"My news editor squarely rejected three AIDS stories during the course of this year, telling me that they should wait until around December 1 because that space is reserved for advertising purposes," said one reporter, on condition on anonymity, for fear of victimisation.

"He told me that I should look out for what he termed 'regularly-newsworthy' stories such as violent crime and corruption. This demonstrates the hypocrisy of media practitioners who have vowed to reinforce the HIV and AIDS media partnership in a quest to effectively respond to the disease," the reporter added.

This reporter's story is not unique. Many others were in the same boat throughout 2008.

While one might attempt to blame gatekeepers, in this case editors and newseditors, it is logical to point out that advertising is the soul-food of the media, one which it cannot live without if it has to grow and stay alive.

Jacob Ntshangase, executive director of the Johannesburg-based Institute for the Advancement of Journalism (IAJ), said: "I am sorry to say that for media owners it makes business sense to chase profits."

Asked whether profits should precede the 'well-being' of journalism and society, he replied that quality journalism should be a priority.

It was not all doom and gloom however!

Former South African president, Nelson Mandela, flanked by fans at South Africa' World AIDS Day commemorations

WAD 2008 was well-celebrated in SA, with politicians, trade unions, activists, civil society and diplomats vowing to stay united and 'do whatever it takes' to not only fight the spread of the disease, but to give a helping hand to those infected and those affected.

There was extreme joy when the UK's International Development Minister Ivan Lewis announced that his government has pledged R750m to help SA fight HIV and AIDS.

"We believe the new programme approach to HIV and AIDS in SA is irreversible," Lewis was quoted as saying.

Foreign donors, opposition political parties, activists and civil society have all welcomed newly-appointed Health Minister Barbara Hogan's efforts and 'excellent' leadership to fight the disease.

Hogan replaced Manto Tshabalala-Msimang – nicknamed Dr Beetroot by the media because of her controversial HIV and AIDS policies – who stepped down in solidarity and support to President Thabo Mbeki, who was recalled in September by the ANC.

In Gauteng, SA's most populous and rich province and Africa's fourth-biggest economy, HIV infections among people under the age of 25 have decreased from 13.2% in 2002 to 10.3% in 2005, the office of Premier Paul Mashatile announced. At least 140 000 people are now on antiretroviral treatment from 12 976 in 2004.

In Johannesburg, a cosmopolitan city of 3.8 million people and home to at least 19% of people living with HIV and AIDS, mayor Amos Masondo donated R1.2m worth of washing machines, cutlery, blankets, stoves and office furniture to 26 non-governmental organisations involved in AIDS charity work and awareness.

At least 5.5 million people live with the disease in SA.