



Monthly Newsletter

1. MINISTERIAL PREPARATORY MEETING IN GABON

From 20-21 March 2008, two representatives from the regional office attended the ministerial preparatory meeting for the TICAD IV to be held in Yokohama, Japan, from 28-30 May. The meeting took place in Libreville, and was the last step before the Heads of States and Governments'.

The ministers reviewed the regional meetings' outcomes and discussed the draft of the Declaration to be endorsed by the Heads of States and Governments in Yokohama. As it did during the previous preparatory meeting, the IPPF delegation stressed the importance for Africa to experience a development which put people at its centre.

The delegation took this opportunity to have side meetings with the newly elected African Union Chairperson, Mr. Jean Ping, the Minister of Health, Public Hygiene, in charge of Family and Women Promotion, Mrs. Angélique Ngoma, the Secretary General of the Economic Community of Central African States (ECCAS) Mr. Louis Sylvain-Goma.

During the courtesy call to Mr. Ping, the delegation took advantage of being granted audience to discuss partnerships between IPPF and the AU and both sides agreed on the need to further this collaboration.

From the discussions with Mrs. Ngoma, there may be possibilities for collaboration between

The meeting with the Head of ECCAS aimed at informing him on the work IPPF has been doing with the Regional Economic Communities over the Maputo Plan of Action. The team also officially informed him of the upcoming consultative meeting for Central African countries to be held in Yaoundé, Cameroon, from 22 -24 April, 2008, thereby facilitating representation from ECCAS.

2. STRATEGIC PLANNING IN CAPE VERDE

The Regional Office facilitated a Strategic Planning Development workshop for the MA of Cape Verde for the period 2008- 2012.

The SP was developed with the participation of the Governing Body, Staff and key partners, Odete Cossa (Senior Advisor on Gender and Rights) and Lakachew Walie (Accreditation and Governance Advisor) facilitated the workshop.

As part of the SP, action plan was developed on the use of the interest gained from the Endowment Fund. The SP workshop was aired on Television and Radio and briefing was given on the objectives of the SP and the role IPPF ARO is providing. As well, the RO team supported the recruitment of Finance and Administration Director for the MA.

3. IPPFAR MOBILIZING FOR SRH/HIV INTEGRATION

From 26-29 February in Addis Ababa, Ethiopia, the International Planned Parenthood Federation and their Africa Regional Office, the Global AIDS Alliance, Interact Worldwide, the International HIV/AIDS Alliance, Friends of the Global Fund Africa, and Population Action International hosted the launch meeting for the initiative, "Mobilizing for RH/HIV Integration".

This project aims to increase funding of reproductive health and HIV/AIDS integrated proposals by the Global Fund to Fight AIDS, Tuberculosis and Malaria in its Round 8 grant cycle, launched March 1, 2008: <http://www.theglobalfund.org/en/apply/call8/>

The civil society-led meeting provided an opportunity to review the experiences of a select group of countries in submitting integrated proposals to the Global Fund and, in addition, brought together 10 focus countries to begin planning for Round 8 proposal development: Burkina Faso, Burundi, Cameroon, Ghana, Madagascar, Mozambique, Namibia, Nigeria, Tanzania and Zambia. The meeting was a successful endeavor, and next steps are already underway:

- **Raised awareness of the opportunities, evidence and support** for submitting integrated RH/HIV proposals to the Global Fund Round 8 with country delegations from the 10 focus countries, partner NGOs and multi- and bi-lateral institutions.
- **Identified tangible and concrete steps** to prepare/ equip the Country Coordination Mechanisms (CCM) from these 10 focus countries to develop high quality, innovative proposals with an RH/ HIV integration component.
- **Countries in the driver's seat.** Country delegations shared their experiences and expertise about openings for an integrated proposal in their policy and political contexts.

- **The Global Fund is open to country input and is responsive to their needs.** Participation by GF board member and Secretariat staff was important, as they shared with participants different opportunities for including RH/HIV integration in a Round 8 proposal.
- **A global advocacy strategy** was defined and advanced to optimize the Global Fund as a welcoming receptor of RH/HIV integrated proposals.
- **The Africa Advocacy Forum on RH/HIV Integration (AFRHI)** was created by participants as a way to discuss and promote advocacy for integration at regional/global levels. This forum is hosted by the Society for Women Against AIDS in Africa.
- **The meeting was timely.** Round 8 proposals will require "dual track financing" (i.e., both a government and a civil society principle recipient must be identified), thus the goal of positioning RH organizations a seat at the table is both timely and important.
- **Technical support/ assistance mechanisms were created,** and country delegations were briefed on how to access such support through this project and/or other means.
- **IPPFAR will host a technical assistance hub covering the following countries :** Burundi, Madagascar, Mozambique, Namibia and Tanzania

Country delegations are now back at home and ready to advocate for and work on a Round 8 integrated proposal. A mechanism has been put in place for the countries to work in partnership with project partners, consultants and other stakeholders to access any support needed to develop high quality, innovative proposals with an RH/ HIV integration component.

Subject: Young people desperately seeking sex education in Chad

N'DJAMENA, 28 February 2008 (PLUSNEWS) - Some of the young people who seek help at the Youth Information and Orientation Centre for Reproductive Health (CIOJ) in N'Djamena, capital of Chad, do not understand how they became pregnant or contracted a sexually transmitted infection (STI). Workers at the centre blame the high levels of ignorance on the failure of parents to talk to their children about sex.

CIOJ was set up by a local non-governmental family welfare organisation, the Chadian Association for Family Well-Being (ASTBEF), to provide young people with a user-friendly family planning, STI and HIV service. The centre is supported by several international partners, including United Nations agencies and the International Planned Parenthood Federation (IPPF), of which it is a member.

Although principally aimed at youth between the ages of 15 and 24, boys and girls as young as 10 come to the centre in search of information and treatment. "At nine or 10 some young people have already had sexual relations, girls in particular," said Hassane Haoua, a project coordinator at ASTBEF.

"Pregnancies at this age are rare but there are young mums in the 14-to-15 age group." In the first half of 2007, the centre, located in a working-class area of N'Djamena, saw more than 3,000 young clients, most of them girls.

Young Chadians tend to have a very poor knowledge of sexual matters. "They often know how to protect themselves against HIV, and what puts them at risk of contracting it, but some of them have never heard of contraception," said Dada Nandeh, the centre's social worker. "They don't know how to recognise the symptoms of STIs, and the girls don't know how to manage their menstrual cycles."

Although abortion is illegal in Chad, and people caught performing it can face up to five years in prison, this does not prevent young girls who

become pregnant from sometimes taking desperate measures to hide their condition from their parents. "The girls go and get illegal abortions and end up dying of a haemorrhage," said the centre's midwife, Célestine Dagaïe.

4. A TABOO SUBJECT

The subject of sexuality is so taboo in Chad that often even the most basic reproductive health and hygiene issues are not discussed in the family home.

"It was even hard to tell my mum that I'd had my first period," said Ndari Gebbe, 22, who began visiting the centre in 2003 and is now a peer educator and president of the IPPF's Youth Action Movement (MAJ). "When I first had it, I knew what it was because I'd read about it in a women's magazine, but I didn't manage to tell my mum for two years."

By contrast, young people feel comfortable talking about such issues at CIOJ, said Gebbe. "I came here because I was isolated; I didn't know anything about STIs or HIV, and I didn't talk to anyone about it, even at school. Here even the youngest ones talk about it - they're not scared."

What the centre's young female clients tell her is sometimes difficult to hear. "I've listened to girls who are traumatised; girls who had sex at the age of nine - often cases of rape," she told IRIN/PlusNews. "The girls tell us their secrets, but if it's too much for us, we take them to the centre's social worker."

Gebbe believes the lack of parent-child dialogue is at least partly to blame for incidents of sexual abuse. "If parents don't tell their children what to be careful of, they are [in danger]," she said. "Since the centre exists, [parents] may at least point their children towards it if they don't want to talk to them [about sexuality]."

In reality, said ASTBEF's Haoua, "some parents forbid their children from coming."

Before the CIOJ youth clinic opened in 2006, young people needing treatment were referred

to the main ASTBEF clinic, in another district of N'Djamena, but many did not go.

"The young people were scared of bumping into their parents, especially when there were long waiting times at the clinic," said Nandeh, the social worker. "They were also scared of people being hostile, especially the girls, because boys can talk more freely. Here they can come at quieter times, between [school] classes, and they often come with friends."

Young people who come to the centre for treatment of STIs are offered an HIV test; if it is positive, they are taken to the ASTBEF clinic for psychological support and treatment of opportunistic infections, and then referred to an antiretroviral (ARV) treatment centre. In the first six months of 2007, 136 young people were tested for HIV at the centre, with 39 having a positive result.

Aside from HIV, one of the biggest worries at the centre is the resurgence of certain STIs. "We are finding STIs that had disappeared [in N'Djamena] have come back in young people", said Nandeh.

Despite these concerns, the number of visitors to the centre is growing. Some of CIOJ's young clients have even formed their own anti-AIDS organisations and are educating other young people about HIV, sexuality and reproductive health. "If they practice what they preach, we will have won the fight," said Nandeh.

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A+ News letter Editor: Dr. Josephine Moyo- Director, Organizational Development Effectiveness and Governance-IPPF Africa Region