



FEBRUARY 2009 NEWSLETTER

The United States President's Emergency Plan for AIDS Relief

A MONTHLY UPDATE ON THE U.S. COMMITMENT
TO TURN THE TIDE AGAINST GLOBAL HIV/AIDS

Peace Corps Volunteers Return to Rwanda



After a 15-year absence, Peace Corps Volunteers are returning to Rwanda.

“It’s exciting for us to be able to return to Rwanda and to renew our relationship with the Rwandan people,” said Peace

Corps Acting Director Jody Olsen.

In 1994, political instability forced Peace Corps to close its 20 year operation in Rwanda. But as of January 28, 2009, the doors have reopened and 35 volunteers have entered the country once again.

The volunteers will primarily work in areas of health and community development and will collaborate with other United States partners to support the Government of Rwanda’s strategy to combat the country’s HIV/AIDS epidemic.

An estimated 150,000 Rwandans are currently living with HIV/AIDS.

The volunteers supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) will engage in HIV/AIDS prevention and care activities.

“There has never been a better time for Peace Corps to return to Rwanda. Volunteers serve as the face of America and will have great impact on the bright future of Rwanda,” said U.S. Ambassador to Rwanda Stuart Symington.

Rwandan President Paul Kagame expressed his support and excitement over the Peace Corps volunteers.



Photo by Peace Corps

James Kimonyo, Rwandan Ambassador to the United States, speaks with the 35 Peace Corps volunteers at Peace Corps Headquarters in Washington, D.C. before their departure to Kigali, Rwanda.

“The relationship between the U.S. and Rwanda is decades old and has never been as good. Peace Corps’ presence will enhance that relationship. We have been working on the return of the Peace Corps for a number of years, and I’m happy to see it happen,” said President Kagame.

These 35 volunteers will serve varying tours of two to four years in Rwanda.

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In Malawi, Home-Based Care Group Makes Positive Impact



In Chimbalinga village in Southern Malawi, the Makhanga home-based care group is making a positive impact in many lives with support from the U.S. President's Emergency

Plan for AIDS Relief (PEPFAR).

Following the 2006 certification of eight members by the Government of Malawi in home-based care, the group has cared for community members living with or affected by HIV/AIDS and educated fellow community members about HIV/AIDS and its consequences.

One of the beneficiaries of Makhanga's home-based care work is Gertrude Makasu.

Gertrude, a mother of two, became the sole supporter of her household when her husband died. When her health deteriorated and prevented her from working, she worried about her family's future. But thanks to the Makhanga home-based care group, Gertrude learned her HIV status and was able to regain control of her health.

"At that time the volunteers came and counseled me," she said. "They encouraged me to go for voluntary HIV counseling and testing where I tested positive for both HIV and tuberculosis."

With the volunteers' help, Gertrude registered for monthly food rations, was treated for tuberculosis and received HIV counseling.



Photo by Malawi PEPFAR Team

In Chimbalinga village in Southern Malawi, the PEPFAR-supported Makhanga home-based care group is making a positive impact in many lives.

"Without this group, I would have been dead," she said.

Today, Gertrude is again an active growth monitoring volunteer. Home-based care volunteers continue to visit her at her home and counsel her on living positively with HIV/AIDS. Asked if she experiences stigma and discrimination, Gertrude said that this doesn't exist in the community thanks to the efforts of the Makhanga home-based care group.

View from the Field: U.S. Mission in Malawi Underscores Cooperation as Key to Success

By the Malawi PEPFAR Team

United States Government assistance to Malawi has succeeded in large part because the U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention of the Department of Health and Human Services (HHS/CDC), Department of Defense (DoD), Peace Corps and the State Department have been committed to coordinating, planning and implementing "one PEPFAR program" in Malawi. Our model of interagency cooperation ranges from Front Office advocacy with Ministers – to USAID and HHS/CDC presenting one consistent U.S. voice to the government and other stakeholders – to Peace Corps volunteers providing invaluable input to improve activities in deeply rural settings.

Malawi has further benefited from a close relationship between the Mission and its collaborating partners, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.K. Department for International Development (DFID) and the United Nations family. Internally, great cooperation across the Mission has permitted delivery of comprehensive services, particularly promoting integration of HIV/AIDS programs with malaria, family planning, nutrition, safe water, health infrastructure, education and workplace training initiatives. Our Mission can truly lay claim to implementing in Malawi a broad development agenda, with an integrated health sector component. As a result, we play a much larger role than our modest bilateral assistance might indicate.

The Mission is proud of its critical role in Malawi's achievements in the battle against HIV/AIDS, including bringing antiretroviral treatment to fifty percent of those in need. However, we remain fully aware of the challenges we face, including high rates of maternal and child mortality, chronic stunted growth, malnutrition, malaria, TB, and HIV infections rates that remain stubbornly high – all immersed in some of the world's worst poverty. Moreover, we confront these challenges in an environment where Malawian professionals with the necessary skills and experience are in relatively short supply, and global economic challenges weigh heavily on the opportunity to scale-up HIV/AIDS programs.

The new PEPFAR partnership framework process provides an exciting opportunity to engage Malawi in a five-year strategic plan for U.S. assistance. At its core will be a commitment to reducing the number of new HIV infections and providing greater access to and quality of ongoing services, in exchange for an effective policy environment that will sustain our investments in the long term.

Ugandan Policemen Stop the Circle of Gender-Based Violence



For a local policeman in Uganda, partnering with the Northern Uganda Malaria, AIDS and Tuberculosis program (NUMAT) – a program supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) – to address sexual and gender-based violence in his community is a welcome challenge.

Following a community discussion, Paul Okot, the sub-county police post in-charge, reflected, “I have daughters myself and am concerned about this issue. I had heard about sexual and gender-based violence before, but honestly...much of the information was new – particularly the connection between sexual and gender-based violence with HIV transmission,” said Paul.

The stress induced by years of war and violence, tight living quarters, constant threats to safety, and limited access to safe drinking water, food and shelter has resulted in psychological trauma and a high incidence of alcohol and drug abuse. Combined, these factors have deeply fractured normal human relationships and normalized violence in Northern Uganda, especially sexual and gender-based violence.

This type of violence is contributing to the rise of HIV transmission rates in Uganda, with the majority of victims being women, young girls and children. And with a population of 940,000 living with HIV/AIDS, this problem must be addressed.

“It’s like a circle that we are trying to stop,” says Paul.

With PEPFAR support, NUMAT brings police, community leaders, women and young people together to raise awareness and strengthen reporting, treatment services and systems that address sexual and gender-based violence. The program works with communities to show members the connection between HIV transmission and sexual and gender-based violence and provides solutions to reduce, and eventually eliminate, this problem.

One way in which NUMAT does this is by nominating “animators,” individuals NUMAT trains to identify sexual and gender-based violence, report incidences, and refer victims for medical and psychosocial treatment. Animators also provide mediation services, offer consultation and advice, and escort victims to the police or health clinics for treatment.

“Already, I have seen 40 cases at my office. I want

HIV/AIDS in Uganda

Adult HIV prevalence rate:

5.4 percent

Adults and children living with HIV at the end of 2007:

940,000

AIDS deaths in 2007:

77,000

(Source: UNAIDS, Report on the Global AIDS Epidemic, 2008)



PEPFAR Results in Uganda:

Individuals supported with antiretroviral treatment as of September 30, 2008: **145,000**

HIV-positive individuals who received care and support in FY2008 (including TB/HIV): **392,100**

Orphans and vulnerable children (OVCs) who were served by an OVC program in FY2008: **754,000**

to see a community free of violence,” says Paul. “That’s what we are working towards.”

NUMAT is a five-year, \$30 million program that was designed in consultation with the Ugandan Ministry of Health, Uganda AIDS Commission, international agencies, non-governmental organizations, community-based organizations, and networks of people living with HIV/AIDS.



2009 HIV/AIDS Implementers' Meeting

Windhoek, Namibia

June 10-14, 2009

HIV/AIDS implementers from around the world will gather in Windhoek, Namibia, from June 10-14 for the 2009 HIV/AIDS Implementers' Meeting. The theme of the meeting is “Optimizing the Response: Partnerships for Sustainability.”

Additional information about the meeting is available online at: <http://www.hivimplementers.com>.