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SUCCESS STORY

Indigenous Groups Address Women and AIDS Worldwide

USAID continues to support activities that focus on issues facing women, girls, and HIV/AIDS



Family Health International, Steve Taravella

At Mumias Sugar Company in Mumias, Kenya, Zainab Opondo has helped educate her coworkers about HIV for more than two years. USAID funded the technical assistance from Family Health International that helped the company develop its peer-education program.

Female adolescents make up two-thirds of new HIV cases between the ages of 15 and 24. USAID addresses some of the economic, social, and cultural factors that contribute to this gender disparity.

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EVERY DAY, 6,000 PEOPLE 15–24 years of age are infected by HIV. Females make up two-thirds of these new cases. Funding from the President’s Emergency Plan for AIDS Relief through USAID helps to address some of the economic, social, and cultural factors that contribute to this gender disparity.

Because the steepest increase in HIV/AIDS cases in the past two years has been among females in East Asia, much attention has been directed toward that part of the world. In Cambodia, work is being carried out with the Ministry of Women Affairs to implement a prevention and care program for 200 military wives. Ten nongovernmental organizations have been assisted in their implementation of an HIV-prevention program among 8,800 female prostitutes in 14 provinces. Assistance has also gone to self-help groups for 41 HIV-positive female prostitutes in Phnom Penh, and to government and private clinics to treat sexually transmitted infections (STIs) among 3,271 female sex workers in 14 provinces. In Battambang Province, funding has assisted hospitals and health centers in providing HIV education to 956 pregnant women. In the Lao People’s Democratic Republic, almost 3,000 female sex workers in Luang Prabang received HIV and STI education and screening, examinations, treatment, and referrals. In the Philippines, the Department of Health sets standards and guides the operations of government-run STI clinics working primarily with women.

Support has been extended to indigenous groups in sub-Saharan Africa as well, where almost 60 percent of the adults living with HIV/AIDS are women. In Rwanda, a mass media campaign reached more than 800,000 women and girls with messages addressing stigma, discrimination, and empowerment. In Senegal, the Society of Women Against HIV/AIDS runs three peer-education programs for at-risk girls, and reinforces advocacy and prevention activities with 52 organizations in three regions.

In Mozambique, peer groups promote positive living among HIV-positive mothers at facilities that offer services for prevention of mother-to-child transmission. In Ghana, the Queen Mother’s Association carries out prevention and support activities, including training of traditional birth attendants, formation of peer educators clubs, and encouraging home visits. In Kenya, the Society of Women and AIDS reaches women in low-income communities, forms peer support groups, and provides bereavement counseling to AIDS widows. Also, the Kenya Girl Guides Association promotes HIV/AIDS prevention through peer education, life skills training, and outreach activities.

The Implementing AIDS Prevention and Care Project, carried out by Family Health International, assists local public and private community- and faith-based organizations to effectively implement HIV/AIDS strategies in more than 70 countries worldwide.