



Girls, Women and HIV/AIDS in Eastern Africa

Author: Alice Akunga
Study Coordinators: Changu Mannathoko, Aster Haregot
Editor: Teija Vallandingham
Design and Layout: Cege Mwangi

**Copyright © United Nations Children's Fund
2006**

UNICEF Eastern & Southern Africa
Regional Office, Basic Education & Gender Equality
P.O.BOX 44145, Nairobi, Kenya
Tel. 254-020-7622780
Fax. 254-020-7622679/8
Email: aharegot@unicef.org
www.unicef.org

Front cover photos © UNICEF/Rwanda

The photographs are not related to the text.

ISBN: 9966-9792-5-5

This is a desk review based on studying available literature on girls, women and HIV/AIDS in Eastern Africa.

Contents

| | |
|--|----|
| Acronyms and Abbreviations | 4 |
| Executive Summary | 5 |
| 1.0 Introduction | 8 |
| 1.1 Broad Objective..... | 10 |
| 1.2 Methodology..... | 10 |
| 2.0 Background Information | 10 |
| 2.1 An Overview of HIV/AIDS in Eastern Africa | 10 |
| 3.0 The Situation of Girls, Women and HIV/AIDS in Eastern Africa | 12 |
| 3.1 Girls' and Women's Rights and HIV/AIDS..... | 12 |
| 3.2 Girls' and Women's Inheritance Rights..... | 14 |
| 3.3 Girls' Education | 20 |
| 3.4 Women's Participation in Governance..... | 31 |
| 3.5 Girls, Women and HIV/AIDS Prevention | 34 |
| 3.6 Girls' and Women's Access to Medical Care and Treatment | 41 |
| 3.7 Girls and Women as Caregivers | 45 |
| 3.8 Violence against Girls and Women and HIV/AIDS | 49 |
| 4.0 Conclusions | 55 |
| 5.0 References | 56 |

Acronyms and Abbreviations

| | |
|--------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| BPFA | Beijing Platform for Action |
| CEDAW | Convention on Elimination of all Forms of Discrimination against Women |
| CNSPM | Children in Need of Special Protection Measures |
| CRC | Convention on the Rights of the Child |
| FGC | Female Genital Cutting |
| FGM | Female Genital Mutilation |
| FPE | Free Primary Education |
| GBV | Gender Based Violence |
| GEM | Girls' Education Movement |
| GER | Gross Enrolment Ratio |
| GOK | Government of Kenya |
| HBC | Home Based Care |
| HIV | Human Immune Deficiency Virus |
| HTP | Harmful Traditional Practices |
| IDPs | Internally Displaced Persons |
| IGAs | Income Generating Activities |
| KDHS | Kenya Demographic and Health Survey |
| MDGs | Millennium Development Goals |
| NER | Net Enrolment Ratio |
| NGO | Non Governmental Organization |
| OIs | Opportunistic Infections |
| OVC | Orphans and Vulnerable Children |
| PDE | Provincial Director of Education |
| PLWHAS | People Living With HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| SGBV | Sexual Gender Based Violence |
| STIs | Sexually Transmitted Infections |
| TB | Tuberculosis |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| VCT | Voluntary Counselling and Testing |
| WCEFA | World Conference on Education for All |

Executive Summary

This study focuses on girls, women and HIV/AIDS in Eastern African Region. It covers Kenya, Uganda, Tanzania, Eritrea, Ethiopia, Somalia, Sudan, Rwanda and Burundi. The focus of the study was to get a comprehensive understanding of the issues of girls, women and HIV/AIDS in the region. It is also a contribution of UNICEF ESAR in the review of the status of women, girls and HIV/AIDS ten years since the Beijing Conference. The report focuses on girls' and women's rights, education, HIV/AIDS prevention, access to medical care and treatment, role as caregivers, violence against girls and women and their participation in governance.

Compilation of this report largely entailed review of literature on what has so far been undertaken and documented on girls, women and HIV/AIDS in the East African Region. East Africa has experienced modest decline in HIV infection levels (UNAIDS 2004a). The downward trend was more pronounced in Uganda, which saw HIV prevalence decline steeply during the mid and late 1990s, remaining subsequently at 5% to 6%. Recent data suggests that Kenya is possibly on a similar path as data from antenatal clinics shows median HIV prevalence falling from 13.6% in 1997-1998 to 6.7% in 2003. Figures for Burundi and Ethiopia also suggest a decline in HIV prevalence. In Eritrea, overall HIV prevalence appears to be stabilizing at 2.4% in 2003. In some regions of Tanzania, such as Mbeya it is also declining. For countries emerging from conflict such as Sudan and Somalia, concrete data is hard to come by. However, there is evidence that HIV/AIDS is a reality in those areas.

Just like in the rest of Sub Saharan Africa, the AIDS epidemic is affecting women and girls much more as a growing proportion, about 57% of those living with HIV, are women. Recent data from UNAIDS indicates that young women aged 15 – 24 years are about three times more likely to be infected than young men of the same age. Girls and women are carrying the burden of HIV/AIDS, as it is women in furtherance of their traditional gender roles who are providing most of the care and support for the HIV infected and sick. Young girls often have to miss school to assist with caring for the sick.

Poverty in the region is reinforced by the sociocultural systems that perpetuate gender inequality as men control productive resources, such as land as well as the social infrastructure of decision-making and value systems. The net effect of all this is the continued subordination of women, a reality that also plays out in HIV infection as ultimately women are socioculturally and economically disempowered, and are not able to negotiate safe sex.

It is increasingly admissible that protection of human rights of women and girls inextricably protects them from HIV/AIDS. HIV/AIDS is one epidemic that has brought to the fore the reality that the gender inequalities in society in fact expose women to the scourge. What compounds the matter is the fact that many women do not know that they have such rights on the basis of which they can take self protection measures that are enforceable at both community and state levels. Girls and women are subject to sociocultural practices, such as early marriage, FGM/FGC, widow cleansing, widow inheritance and polygamy, which in many cases rob them of control over their life destinies as well as over their very own bodies to the extent that they are unable to guard themselves against HIV infection.

While a lot has been done to reduce women's vulnerability to HIV infection, as well as to mitigate the effects of HIV on them and the larger communities, much more needs to be done. Foremost, the existing international conventions that touch on women's and girls' rights need to be given the force of law in the Eastern Africa. These include CEDAW, CRC and the African Charter. Deliberate and urgent efforts must be devoted towards protecting and promoting the human rights, including the inheritance rights of girls and women. To this end, urgent efforts are needed to especially promote girls' education as a way of solidifying their livelihoods, as their education is the key self-protection from HIV/AIDS and their participation in the governance of society. Women's participation in decision-making is very minimal in Eastern Africa. Only Rwanda has managed to have significant women representation in Parliament, with 49% women parliamentarians and 32% in cabinet. Affirmative actions have to be taken to fast track women's participation in leadership.

Poverty and repugnant traditional practices are documented barriers to girls' and women's empowerment. Evidence gathered in this study indicates that unless poverty is addressed, communities and especially girls and women will continue to be reduced to the level of taking desperate and HIV risky action simply for survival. There is however the issue of structural poverty where women are poor because of sociocultural barriers to their access and control of productive resources. This type of poverty, just like the many harmful traditional practices and beliefs, have to be demystified so that girls and women can lead dignified lives where they are able to protect themselves from HIV/AIDS.

Moreover, access to care and support is an area in which girls and women are disadvantaged again due to sociocultural as well as economic factors. This is complicated by the fact that with HIV/AIDS, most of the care and support are given by women. And this poses a lot of challenges as they have limited knowledge, equipment, and resources. It is also increasingly the very young girls and older women who have to discharge this care. For the young girls, this is at the expense of learning.

Many parts of Eastern Africa are experiencing conflict of one nature or the other. The attendant effect of this is an aggravation of sexual and gender based violence. Apart from these conflicts, girls and women are already experiencing high levels of violence at home, in schools and outside homes. The armed conflict in some regions further complicates a bad situation as girls are abducted and forced into prolonged sexual relationships with soldiers as is happening in Northern Uganda, or raped in refugee and internally displaced persons' camps. All this violence, besides being an infringement of the human rights of girls and women, exposes them to higher risk of HIV infection.

In conclusion, it is therefore imperative that urgent actions are taken to address the various challenges facing women and girls in the face of HIV/AIDS in the region by developing a high-level leadership and commitment to protect women's and girls' human rights and to make gender and HIV/AIDS a priority policy and programme area of concern. There is need to mobilize and appropriately direct resources to address the challenges that women and girls face due to HIV/AIDS in order to meet the set targets aimed at empowering girls and women.

1.0 Introduction

There is the realisation that gender inequality is pervasive, just like HIV/AIDS is pervasive – Peter Piot –UNAIDS Director General (2004)

This study focuses on girls, women and HIV/AIDS in Eastern African Region (EAR). It covers Kenya, Uganda, Tanzania, Eritrea, Ethiopia, Somalia, Sudan, Rwanda and Burundi. The focus of the study was to get a comprehensive understanding of the issues of girls, women and HIV/AIDS in the region. It is also a contribution of UNICEF ESAR in the review of the status of women, girls and HIV/AIDS ten years since the Beijing Conference.

The impact of HIV/AIDS has been felt by countries worldwide and as the epidemic unfolds, it is increasingly becoming clearly evident that it disproportionately affects the world's most vulnerable: women, adolescents and children. In almost all regions of the world, a larger proportion of the population living with HIV are women and girls. The situation is most severe particularly in the sub-Saharan Africa and in the Caribbean where heterosexual sex is the dominant mode of HIV transmission. A UNAIDS (2004a) report indicates that women and girls make up almost 60% of adults living with HIV in sub-Saharan Africa.

Globally, the risk of girls and women contracting HIV is compounded by their generally low economic and social status and pervasive gender discrimination. Thus, as indicated by UNAIDS (2004a), this is because in many places HIV prevention efforts do not take into account the gender and other inequalities that shape people's behaviour and limit their choices. In real life situations, women and girls face many HIV related risk factors often embedded in sociocultural practices. These are worsened by the reality that in many communities, girls and women are often denied access to critical information, education and knowledge about sexuality and how to protect themselves from HIV. They also often lack the power to say no to sex both within and outside marriage, to choose their own partners and to generally influence sexual behaviour. They are, therefore, more vulnerable not just to sexual exploitation, but also to sexual abuse and violence. It has been observed that adult women in sub-Saharan Africa are up to 11.3 times more likely to be infected with HIV than their male counterparts (UNAIDS 2004a).

On the other hand, widows are often denied their rights and property, a situation that has in some cases forced them and their children into exploitative situations, thus increasing their risks of HIV infection. In situations of civil unrest and/or armed conflict, young women and girls are more likely to become victims of sexual violence and coercion. It is also instructive to note that women and girls also carry the greater burden of care and support to the HIV infected and the affected.



© UNICEF/Rwanda

The socio-economic side effects of this phenomenon are that it takes a great toll on the energies and time of women and girls who consequently lose out on opportunities to advance in their education or strive towards economic improvement and independence, which adversely affects their families and economies. Furthermore, it is increasingly becoming evident that with HIV/AIDS emerging as a phenomenon whose burden is being largely borne by women, the overall attainment of a life of dignity for most women is compromised.

The Beijing Platform offered an agenda for women's empowerment. It acknowledges that women share common concerns that can be addressed only by working together and in partnership with men. It is aimed at gender equality as well as indicating ways of addressing areas of gender disparity, and especially those that deny women just and fair participation in social affairs. As the ten year anniversary of the Beijing Conference was celebrated, it is imperative to document the situation of girls, women and HIV/AIDS in EAR. This document, therefore, is a contribution of ESAR towards the review of issues of women, girls and HIV/AIDS in the Eastern African Region.

1.1 Broad Objective

The broad objective of the study was to document the situation of women, girls and HIV/AIDS in the Eastern Africa Region ten years after the Beijing Conference.

Specific Areas of Focus

The report focuses on the following areas:

- Girls' and women's rights
- Women's inheritance rights
- Girls' education
- Girls, women and HIV/AIDS prevention
- Girls' and women's access to medical care and treatment
- Women and girls as caregivers
- Violence against girls and women
- Women's participation in governance

1.2 Methodology

The process largely entailed review of literature and documentation on what has so far been undertaken and documented on girls, women and HIV/AIDS in the East African Region. It also identified and recommended areas in which further work may be undertaken to promote women's and girls' rights as a way of protecting them from HIV/AIDS.

2.0 Background Information

2.1 An Overview of HIV/AIDS in Eastern Africa

East Africa has experienced a modest decline in HIV infection levels (UNAIDS 2004a). The downward trend is noticeable in Uganda, which saw HIV prevalence decline steeply during the mid and late 1990s, remaining subsequently at 5% to 6%. Recent data suggests Kenya is possibly on a similar path as data from antenatal clinics shows median HIV prevalence rates falling from 13.6% in 1997-1998 to 6.7% in 2003. Figures for Burundi and Ethiopia also suggest a decline in HIV prevalence.

In Eritrea, the overall HIV prevalence in the country appears to be stabilizing at 2.4% in 2003. There is no evidence of decline of nationwide HIV prevalence in Tanzania. However, there has been a noted decline in Mbeya, from 20.5% in 1994-1995 to 14.6% in 2000

largely due to rise in condom use, increased treatment for other sexually transmitted infections, and a significant delay in age of first sex that was noted over that period. In those areas where significant intervention measures were not strong such as in Rukwa and Mwanza regions, there has not been a significant drop in HIV prevalence rates. The overall picture therefore is one where there is need for well-targeted and concerted efforts to effectively contain HIV/AIDS in Eastern Africa. For countries emerging from conflict such as Sudan and Somalia, concrete data is hard to come by. However, there is evidence that HIV/AIDS is a reality in those areas.

Just like in the rest of Sub Saharan Africa, the AIDS epidemic is affecting women and girls much more in EAR as a growing proportion of those living with HIV are women. Recent data from UNAIDS also indicates that young women aged 15–24 years are about three times more likely to be infected than young men of the same age. In the region, it is also a fact that girls and women are carrying the burden of HIV/AIDS, as it is women in furtherance of their traditional gender roles who are providing most of the care and support for the HIV infected and sick. Young girls often have to miss school to assist with caring for the sick.

The burden of HIV/AIDS is heavy for the countries in the Eastern Africa region as virtually all of them are steeped in poverty as upwards of 50% of the population in these countries live in absolute poverty. Moreover, poverty in the region is reinforced by the sociocultural systems which perpetuate gender inequality as men control productive resources, such as land as well as the social infrastructure of decision-making and value systems.

The net effect of all these is the continued subordination of women, a reality that also plays out in HIV infection as ultimately women are socioculturally and economically disempowered, and are not able to negotiate safe sex.

Within Eastern Africa there are countries experiencing different levels of armed conflict and war. In Burundi and Northern Uganda, there is/has been a war going on while there is tension between Ethiopia and Eritrea due to a border dispute that is being resolved. Southern Sudan and Somalia are just in the process of re-establishing government systems. It is however important to point out that in conflict situations, it is the rights of women and children that are abused more often, a situation, which also exposes them to risks of HIV infection due to increased sexual and gender based violence as law and order break down.

3.0 The Situation of Girls, Women and HIV/AIDS in Eastern Africa

The situation of girls and women is presented in the following thematic areas:

- Girls' and women's rights
- Women's inheritance rights
- Girls' education
- Women's participation in governance
- Girls, Women and HIV/AIDS prevention
- Girls and Women's access to medical care and treatment
- Girls and Women as caregivers
- Violence against girls and women

3.1 Girls' and Women's Rights and HIV/AIDS

The passage and subsequent adoption of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 is undoubtedly a landmark in the efforts to safeguard the rights of women. For instance, Article 10 stipulates that states must take measures to ensure women's equal rights with men in education. Article 12 calls for appropriate measures to eliminate discrimination against women in health care and article 16 binds states party to eliminate discrimination against women in the context of marriage and family relations. Thus in a nutshell, CEDAW basically provides a framework against which countries can be assessed with regard to whether they respect women's and girls' rights. This is critical as against the standards set in CEDAW, it is increasingly acceptable to condemn cultural and traditional practices and beliefs that are discriminatory. Indeed it is in the same spirit that the 2000 Millennium Declaration and Development Goals (MDGs), under Goal 3 call on nations to "promote gender equality and empower women".

The 2003 Human Development Report stresses that "gender equality is at the core of whether the MDGs will be achieved – from improving health and fighting disease, to reducing poverty and mitigating hunger, to expanding education and lowering child mortality, to increasing access to safe water, to ensuring environmental sustainability" (UNDP 2003). MDGs are not so much a brand new agenda, but rather a new vehicle for CEDAW and Beijing implementation (UNAIDS/UNFPA/UNIFEM 2004). It is however important to note that at the principle level, most countries support CEDAW. The challenge has been at the level of its implementation. Progress has been generally slow in this area.

It is increasingly admissible that protection of human rights of women and girls inextricably protects them from HIV/AIDS. HIV/AIDS is one epidemic that has brought to the fore the reality that the gender inequalities in society in effect expose women to HIV/AIDS. What complicates the matter is the fact that many women in EAR, due to illiteracy do not know that they have such rights on the basis of which they can take self protection measures that are enforceable at both community and state levels.

The above scenario is due to several reasons. Foremost, the everyday reality of many women in Eastern Africa (and the same holds as true in much of the developing world) is characterised by the sheer lack of access to basic awareness and information about their rights and also self-protection. Secondly, girls and women are subject to sociocultural practices, which in many cases rob them of control over their life destinies as well as over their very own bodies to the extent that they are unable to protect themselves from HIV infection. This is due to the unequal gender power relations, which are skewed in favour of men. In many communities in EAR, this reality is compounded by the existence of an array of what has come to be known as harmful traditional practices (HTP). To the extent that these practices compromise women's human rights and indeed predispose them to HIV infection, there is need to modify them or discard them altogether. These are practices such as early marriage, FGM/FGC, widow cleansing, widow inheritance and polygamy.

While the Convention on the Rights of the Child (CRC), which has been adopted and domesticated by many countries, sets the legal age of 18 for girls to marry, girls in many countries in EAR region continue to be married off before they attain this age. Their right of choice of whether to marry and who to marry are not recognised or respected. The danger in this case is that in virtually all these cases girls are married off to older men, a situation that places them at the mercy of the men. The voiceless young girls cannot protect themselves. This increases the girls' chances of HIV infection as these men are already (or have been) involved in sexual relationships with other women. Besides, many of these men are into polygamous relationships. To the extent that polygamy opens a window for multiple sexual partnerships, it also qualifies to be condemned as a harmful traditional practice.

In many communities in the Eastern Africa region, the occasion of marriage is preceded by the rite of passage marked by female genital cutting (FGC), which further increases the chances of girls and women becoming HIV infected. This is due to use of unsterilised circumcision instruments. The resulting scar also presents a possibility of tearing during sexual intercourse or childbirth further exposing girls and women to risk of HIV infection. The girls and women have no right to question this process.

Widow cleansing and inheritance which are practiced by many communities in EAR countries are also such harmful traditional practices which compromise not only the rights of women but also further expose them and those men who inherit them to risk of HIV infection. This unfortunate situation is compounded by the fact that this practice of widow inheritance is tied also to the right to inherit property, meaning that if a widow is not inherited, she is not recognized as a member of the family.

It is the continued perpetuation of these harmful traditional practices that further locks girls and women in a cycle of denial of their fundamental human rights while in effect also exposing them to risks of HIV infection.

By and large, many actors who have pushed for the implementation of the Beijing Platform for Action by governments have attained some positive results. The outcome of these efforts is manifested in gender sensitive laws, constitutional provisions, judicial decisions, policies, government structures, and resources allocations (UNIFEM 2004b). These gains have, however, not been achieved in all regions and by all states in equal measure. Within the Eastern African region, various countries have taken action to operationalize CEDAW as well as address the gender equality areas of concern raised in the Beijing Declaration and Platform for Action (BPFA).

Key Actions Undertaken

In an effort to address the human rights of girls and women, countries in the Eastern Africa region have undertaken several measures. These have included adoption and implementation of CEDAW and CRC as frameworks for empowering girls and women. To this end, Rwanda has instituted a national CEDAW committee for implementation and follow up. This is basically to ensure there is an institutional mechanism for promotion of women's rights. Eritrea has translated CEDAW into local languages and disseminated it widely among women. The aim of this is to ensure women across the country are aware of their rights. Burundi has on her part developed laws affecting the rights of women and ensured that there is a legislative framework favourable to girls' and women's rights. Ethiopia is in the process of amending nationality laws to guarantee total gender equality, while Kenya is in the process of developing a new constitution that guarantees women and girls, among other matters, equal rights to men. In Kenya also, the Beijing Platform of Action has been translated into Kiswahili as a way of enhancing access to its provisions to a wider cross section of readers.

The countries in the Eastern African region have established government machineries to spearhead the fight for girls' and women's rights on a structured basis. These include Ministries of Gender as in Uganda or Gender Commissions as in Kenya. Tanzania's

Commission for Human Rights and Good Governance has taken a lead in addressing child abuse through a programmatic approach. Schools and health institutions have been developed to offer protection to children and community/school dialogues have been held as a way of advocacy for children's rights. A youth policy, which is under review, is also a tool for enhancing the rights of, especially, girls in Tanzania.

As part of efforts to promote the rights of children all the countries in the region have special programmes on children in need of special protection measures (CNSPM). These children include orphans (brought to the scene by war or AIDS), street children, commercially sexually exploited children, children with disabilities, children in conflict with the law and children in war affected communities. These programmes seek to secure human rights of these children. As part of its child protection programme, Eritrea has established a Commission for Children's Rights that is involved in reducing FGM, mine related accidents and fatalities, HIV/AIDS, and providing mine and unexploded ordinance education.

On the same line, Somalia has developed a programme dubbed Child Protection Advocates, whereby officers under this programme do community mobilization in an effort to check abuse and violence against children. The main forms of abuse in Somalia are sexual abuse, economic exploitation, FGM, and discrimination.

In realization that HIV/AIDS is also raising human rights issues, Uganda has developed a HIV/AIDS and right to self-protection programme as a way of addressing the human rights issues thereof. There is also the ongoing conflict in the north and northeastern parts of Uganda, which has led to a situation of internal displacement. The government of Uganda recognizes that all internally displaced persons (IDPs) have a right of protection. In an effort to protect the rights of the internally displaced, and in view of the fact that in such situations it is girls and women who suffer the most, Uganda has developed a National Internally Displaced Persons Policy based on the United Nations Guiding Principles on Internally Displaced Persons.

Generally within the Eastern African region, girls' and women's rights have been accepted as gender rights, and consequently governments have been striving to formulate gender sensitive policies. In recognition of the need to redress historical inequalities as a way of enhancing women's equality in development, most governments have adopted affirmative actions. This has been incorporated in the constitutions of the countries that have recently developed their constitutions. Examples include Uganda, or those in the process of developing new constitutions, such as Kenya. Affirmative action is practiced as a matter of course in Rwanda, Eritrea and Tanzania.

3.2 Girls' and Women's Inheritance Rights

Unequal property and inheritance rights further exacerbate women's vulnerability to HIV (UNAIDS 2004b). In Eastern Africa Region, just as in much of Africa, men usually own property, with women deemed to acquire rights through marriage. Given the multiplicity of legal systems, that include constitutional law, customary law and Sharia in Muslim communities, the practice in most cases has been to protect the interests and rights of the dominant group, in this case men. Consequently the existing legal arrangements and practices often operate to the detriment of women. The adoption of the western type of law has also led to a situation where while traditionally men held property in trust as a clan for communal benefit, this has since been transformed into individual title. Hence those interests which clan held property served, are no longer being served as individual title does not carry the same obligations as existed under customary law.

Inheritance rights of girls and women in the Eastern Africa Region are thus inextricably tied to the sociocultural practices and beliefs of the communities. While the legal practices have sought to make some positive moves so that these rights are ensured, the practice on the ground has tended to be more informed by cultural norms. Consequently, as most Eastern African communities are patriarchal, the inheritance patterns have tended to reinforce that as a norm. Also the institution of dowry has to a great extent contributed to the treatment of women as men's property, who cannot therefore own property in their own right. In some communities, women are seen traditionally as minors even in marriage. The resulting effect has been that, by and large, girls and women are often dispossessed of their inheritance and indeed the existing situation fails to guarantee women's property rights. As ultimately girls and women do not have clear rights to own or inherit property, including land, they risk being destitute or even to be dispossessed on the demise of their partners or parents.

Land is a major asset in EAR. Generally, women's rights to land, housing and property are unrecognised. The cultural norms coupled with the colonial legacy of most of the Eastern African countries has had an enormous impact on land tenure systems, gender relations and women's rights to land, housing and property. Indeed land ownership is still a daunting problem due to traditional land tenure systems, which make women have very insecure rights to land through husbands and other male relatives. Change in this area has been painfully slow.

The reality on the ground is, as follows:

- Married women own property through marriage. Thus for those girls who may not get married, they may not lay claim to their parents property.

- Common law marriages, that is, marriages that are not legalized (and these are increasingly many), invariably make women in those marriages even more vulnerable when they are separated from their spouses either by divorce or death.
- Often customary marriages are not registered. In many communities, there are a series of ceremonies, which have to be followed before one can be able to lay any “customarily” legitimate claim to the existence of the marriage. Given that most couples in these marriages do not usually exhaust all these ceremonies, the women in the marriages often find themselves disowned especially at dissolution of the marriage or at the death of the husband.
- Divorced women in many communities can neither inherit land or any property from their husband’s nor from their fathers.

Girls, generally, are expected to get married and inherit property in the homes they are married to. The net effect of this is that their inheritance rights are not safeguarded. Even when married, the girls are at the mercy of the inheritance arrangements in the man’s community. A lot more needs to be done to ensure that the inheritance rights of girls and women, who in any case work hard to generate and safeguard the family resources, can lay inheritance claim to property at the end of the day.

Key Actions Undertaken

In Sub Saharan Africa, the 2003 Protocol on the Rights of Women in Africa was added to the African Charter on Human and People’s Rights. It guarantees property and inheritance rights, the right to reproductive health care and the right to be free from harmful practices and gender based violence. This has become a vital legal reference point for gender activists as they lobby governments for appropriate gender responsive legislation and action.

Several countries in the Eastern Africa region have undertaken various actions to promote women’s inheritance rights. Rwanda, as a consequence of lessons learnt during the 1994 genocide, has enacted the 1999 Rwanda Inheritance Law, which gives widows right to inherit their deceased husband’s property and equal inheritance rights to male and female children (UNIFEM 2004a). Its effective implementation has however been impaired by the conflicting customary law which is preferred in many parts of the country. Thus women in effect continue to be disinherited despite the existence of such a progressive law, which is testimony that laws alone may not be enough. Political will and community education to change the attitudes of communities are also required alongside such legal provisions.

In Eastern Africa, the issue of inheritance rights has remained contentious, and especially with regard to land. The women’s lobby in Uganda, Kenya and Tanzania has been pushing



© UNICEF/ESAR

for new land legislation that recognizes women's equal rights to land and the adoption of affirmative action. In Kenya, land law reform is still in its initial phase.

Tanzania is the only East African country to have included a presumption of co-occupancy in its legislation. In Uganda, only a few provisions related to women's land rights were included and a clause on spousal co-ownership is still lacking in the recently passed Land Act. In Kenya, although a growing number of women have acquired land through co-operatives or land buying companies, in general most women do not have the means to buy land or houses. This is why the allocation, inheritance and/or spousal co-ownership of and, housing and property are such important alternative avenues for achieving women's substantive equal rights to land, housing and property.

Status of East Africa's legislation on women's rights to land and property is such that gender based discrimination is prohibited in Kenya and Uganda while in Tanzania discrimination is still allowed in application of personal law and customs and women have equal right to acquire land/housing. It is however important to note that for purposes of inheritance, spousal co-ownership is not presumed in Kenya and Tanzania. Thus women are

treated as dependants rather than co-owners. Daughters however have some inheritance rights, but again the issue of customary practices come into play, which interferes with their claim.

Widows are often denied their rights and property, an injustice that often forces them and their children into exploitative situations and risks of HIV infection. It is also important to add that as inheritance rights of girls and women continue to be denied, with HIV/AIDS, the situation has become even more complex. The resulting destitution of women is further driving families into more HIV infection risky situations. The future of an increasing number of individuals and families is being irretrievably destroyed.

According to Habitat (2003), under the statutory laws in Kenya and Uganda, inheritance rights have been given recognition, but these laws still do not include equal inheritance rights for widows and their application is still quite limited. In Tanzania, a statutory, uniform law on inheritance is urgently needed. In all three countries, customary laws and traditions still play an important role and often block women from owning land and property. Uganda has made an effort through its 1995 Constitution, which prohibits discrimination on grounds of sex, while the Village Land Act of 1999 prohibits the application of customary law if it denies women lawful access to ownership, occupancy or use of land. Implementation of such provisions is the next step. The situation in Kenya allows for discrimination in personal law matters but the on-going constitutional review is expected to address this issue. The law of succession in Kenya has to a large extent given male and female children equal rights to inheritance, the widow however has to acquire a letter of administration of her deceased spouse's estate, meaning she has to prove her claim to that estate in a court of law.

Moreover, while at the legal level, despite the gaps, there have been attempts to safeguard the inheritance rights of girls and women. At the practical level, it is critical to appreciate that women face many challenges when it comes to inheritance matters. With HIV/AIDS, matters have even become more complex, UNAIDS (2004b) report points out thus "One of the most serious economic effects of HIV for women has been the loss of property". A study in Uganda reveals that 90% of widows had difficulties with in-laws over property, the majority of them were unable to meet their household needs, while many migrated from their marital homes due to inheritance problems. The same can easily be said to apply to many other communities in Eastern Africa. Something and urgently needs to be done to secure the inheritance and, therefore, livelihoods of many girls and women. A starting point may be legal awareness for communities so that they are apprised of the existing laws and the human rights of girls and women.

Constraints

There are various constraints that Eastern African governments have faced in safeguarding the human rights of girls and women. These include the deep-rooted traditional practices and beliefs, which introduce cultural relativism in the definition of these rights. Widespread poverty has led to a situation where the rights of girls and women are compromised by the more urgent need to allocate resources towards safeguarding livelihoods. A large number of countries in the region are experiencing conflict, which has led to breakdown of civil structures for ensuring human rights.

Recommended Actions

It is important that efforts are devoted towards promotion and protection of the human rights of girls and women. This may be achieved through the following:

- Develop and enforce laws that protect and promote women's human rights.
- Sensitise communities on human rights.
- Incorporate human rights in school curriculum.
- Enact and enforce laws of succession that are in line with international conventions such as CEDAW and CRC so as to protect the rights of children and women.
- Institute heavy legal and social sanctions for infringement of human rights of children, girls and women.
- Develop mechanisms through which civil society and communities can hold governments accountable for failure to protect and promote the human rights of citizens.
- Establish appropriate institutional mechanisms for the protection and promotion of human rights.
- Demystify harmful myths, traditions and stereotypes.
- Empower women and girls economically by providing them with access to productive resources, inputs and skills.
- Protect and promote girls' and women's inheritance rights as well as restoration of dispossessed property.
- Support free legal aid for vulnerable girls and women as a way of protecting women's rights including inheritance rights.

3.3 Girls' Education

During the World Conference on Education for All (WCEFA) held in Jomtien, Thailand in 1990, World leaders reaffirmed their commitment to provide basic education for boys and girls and to close the gender gap. This has since been strengthened as one of the MDGs. MDG 2 calls for Universal Primary Education (UPE). United Nations Economic and

Social Council and Economic Commission for Africa (2004) points out that the states have responsibilities in ensuring that all children get education and particularly reduce the gender gaps in education.

Girls' education has been recognized as an investment with the largest returns for economic and social development. Research has shown that educating girls and women gives them skills and knowledge that contribute positively to their well-being and that of their families and further enables them to contribute to issues of social and economic development (UNICEF 2000). Additionally, they gain greater control of their lives and are better placed and able to lead healthier lives. Furthermore, Birdsall, Levine and Ibrahim (2005) point out that maternal education is a key determinant of children's attainment, as mothers with basic education are substantially more likely to educate their children, especially daughters. This implies that support to women's literacy programmes should be considered an important compliment to intervention in increasing access and retention at the primary school level. The Kenya Demographic and Health Survey (2003) also indicates that educated women are better able to provide for their families, take their children to school and have more access to information on HIV/AIDS.

Some countries report increased Gross Enrolment Ratios (GER) and Net Enrolment Ratios (NER) for both boys and girls. For example, in Ethiopia, the total enrolment has increased by 107 % in the past 5 years; doubled in Eritrea between 1991/2001 from 24.8% to 46%, while in Tanzania NER increased from 79.3% to 86.7% between 2002 and 2003 (UNICEF ESAR 2004). In Burundi, on the other hand, GER increased from 39% in 1996 to 67.3% in 2002 and in Somalia from 17% in 2003 to 19.9% in 2004. However, the figures for girls' enrolment and completion rates lag behind those of boys and are still much lower than those of boys. Uganda is one country in which gender parity is almost not an issue. Through UPE, girls' enrolment increased by 50%, and the country has nearly achieved gender parity in education. However, it faces challenges in completion and achievement. In Rwanda, the implementation of the fee free basic education policy resulted in an increase in enrolment rates, with girls enrolling more than boys (UNICEF ESAR 2004). In Kenya the introduction of free primary education in 2003 led to an increase of over 1 million children accessing education.

Education has been identified as a priority area by most countries in the Eastern Africa region. Tanzania, Uganda, Rwanda and recently Kenya provide free primary education (FPE). The introduction of FPE has significantly increased girls' enrolment, as traditionally, they have been the ones most affected by the rising educational costs. Additionally governments, international and local communities, and other stakeholders have undertaken other interventions that have improved access to and retention in education for girls and

women, measures that have no doubt boosted girls' education significantly in the last ten years or so. Other initiatives undertaken include providing boarding facilities for girls in remote areas where schools are far away from their homes, advocacy programmes for support of girls' education, provision of bursaries and sensitising communities to support girls' education.

Nonetheless, a lot still needs to be done for countries to achieve universal primary education for all and further attain gender parity - a goal that is still far fetched due to persistent barriers facing girls in accessing quality education. In Eastern Africa various factors come into play to keep majority of the girls out of school and militate against the quality of education available, these include insecurity in the region, poverty, sociocultural factors, insensitive school environments and HIV/AIDS, among others.

1. Insecurity

Insecurity that has been experienced in EAR has affected children's education and particularly that of girls. For instance, the war going on in Burundi and northern parts of Uganda and the tension between Ethiopia and Eritrea due to border disputes, and the Southern Sudan and Somalia that are in the process of re-establishing government systems have disrupted education systems. In Burundi, the continuing civil war affected primary school enrolment rates, which decreased from 70% in the early 1990s to 56% in 2003 (girls 50% and boys 63%). Although this insecurity situation affects enrolment rates in general, girls and women are the most affected. This is because in most cases, they are the primary targets as they are abducted during armed conflict with the objective of forcing them to become worriers or sexual and domestic partners of soldiers. In Northern Uganda, for instance, the 18-year-old civil conflict has meant a continued reign of terror perpetrated by the Lords Resistance Army, which attacks villages, abducting children particularly targeting girls (UNICEF 2005). These girls end up missing education while their rights are violated. The post conflict girls are continually marginalized and rarely receive formal assistance.

The situation of conflicts further results in loss of property and homesteads, prompting movements and displacements of families. This further disrupts education. In such situations, parents fear for their children's safety particularly that of girls who are as such often kept home away from school. For instance, in Somalia and Sudan, the continued political and clan related conflicts have perpetuated and increased levels of displacements leading into high numbers of refugees, with children (particularly girls) in such circumstances hardly accessing and getting quality education. Somalia, for instance is one of the countries with lowest GER at 19.9% in 2004 with only 14.3% girls, while in Southern Sudan, only one out of every 5 school aged children (20%) attend school with

boys being three times more than girls while only one in 100 girls completes schooling (UNICEF ESAR 2004).

In some rural communities, where schools are located far away from homes, children have to walk long distances to and from school. This becomes quite insecure for girls who are vulnerable to sexual harassment and rape by fellow students or strangers as they walk to and from school. Although there is a lack of statistics showing the magnitude of the problem, reports highlighted particularly in the media, for example in Kenya, of cases of girls sexually abused and raped, are on the increase. This situation creates a lot of fear in parents for safety of their girls who opt to withdraw them from school.

Hunger and malnourishment are a type of insecurity that also affects education. In Ethiopia, Sudan, Somalia, Eritrea and the northern parts of Kenya where long spells of drought and famine are experienced, children hardly get enough to eat and hence experience hunger and chronic malnutrition. This keeps them away from school, particularly the girls who are the first to be withdrawn.

Although some initiatives have been undertaken to end conflicts, for example, the establishment of a new government in Somalia and the recent comprehensive peace agreement signed in Sudan and the local country specific negotiations for peace in the troubled parts of these countries, a lot still needs to be done by governments and international community to ensure that security agreements are respected and sustained. This will create secure environments in which children can access quality education without fear. The governments, international and local communities and all other stakeholders are also putting efforts in providing for education even in situations of war and conflicts. For instance in Uganda, a report by UNICEF (2005) shows the work UNICEF is doing in supporting a shelter run by a local NGO. It shelters night commuters who leave their homes each night fearing forced abduction or attacks. However, the long distances to and from the shelters and the displacements affect the quality of education received.

2. Poverty

Poverty is one of the major factors affecting girls in education, needless to point out that the access and completion rates are lowest for children from poor households, with girls within such households registering very low levels of completion. In situations of lack of adequate resources at household levels, experiences from the East African countries indicate that parents favour boys' education to the girls', who are often withdrawn from school to give the boys the opportunity for schooling. This is based on a strong belief that sons should be educated because they will need to support aging parents and establish a household, while a daughter on the hand, will eventually marry and serve another family.

Furthermore, when a poor family considers how much a girl can help in domestic chores and the little opportunities she has of getting a paying job after education, the returns rarely justify the expense.

While focus on accessing primary education has been on removal of direct tuition fees, there are other costs that constrain access. These include costs like parent teacher association (PTA) fees, activity fees and buying school uniforms and books. These have locked children out of school, particularly the girl child. Again, in most cases, when these fees are not affordable, it is the girl child who is withdrawn from school in favour of the boy. As observed by Birdsall, Levine and Ibrahim (2005), eliminating fees alone may not help poor families unless more equitable and efficient sources of financing are provided.

HIV/AIDS is also affecting girls' education adversely as girls are the first to be withdrawn from school to help caring for the ailing parents. And once the parents die, the girls take up the roles of their mothers and the likelihood of them attending school is low. The girls take up the household responsibilities undertaking all the domestic chores and at the same time working to provide for the family. Research has shown that most of the children out of school are orphans and other children made vulnerable by HIV/AIDS (UNICEF 2005). A study conducted in Kenya by UNICEF (2001) on the situation of AIDS orphans and vulnerable children in Kenya further showed that girls more often than boys drop out of school after their parents die to help care for their siblings. Findings further showed that after parents die, relatives support boys' education because they feel that they will grow to carry their family name and care for their families, while girls in most cases are taken in by relatives as house helps or find work to fend for themselves

3. Sociocultural Factors

Girls' access to education, retention and completion of schooling have also been greatly and adversely affected by some sociocultural practices, such as female genital cutting (FGC), early marriages for girls, long held negative attitudes about women's intellectual capabilities which discourage parents who feel that girls leaving home to spend time in school is time wasted, and they thus keep girls from school. The traditional division of household labour keeps girls out of school and diverts their attention from learning. These factors have impacted negatively on girls' education and led to high dropout rates particularly in countries where gender policies are lacking and have contributed to the poor state of girls' education in the East African region.

Research has shown that girls' attendance rates begin to fall from age 14 due to dropouts, thereby making retention a major challenge. For instance, according to the UNICEF ESAR

(2004) report, survival rates in Uganda to primary 4 are 52% while to primary 7 they are only 23% with a dropout rate of 56%. Most of those dropping out are girls. In Eritrea, on the other hand, the gender gap ratio, which was 1% in 1991/1992 to 1996/1997, increased to 5% in 2001/2002. The reason given for this is early marriage amongst girls and hence dropping out from school. Similarly, in Somalia, girls' low participation in education is due to combined factors of traditional attitudes, availability of schools and limited family resources. Teenage pregnancy as girls grow older is another factor that contributes to dropout. Once pregnant, a girl most likely leaves school never to be readmitted back. Although in some countries, for example in Kenya, the policy allows for readmission. In most cases these girls do not come back to school due to the shame and embarrassment they experience and in many a times, they have no one to leave the baby with, while some just give up on schooling altogether.

Although a lot of effort has been put in overcoming these barriers, a lot still needs to be done. However, cases have shown that where concerted efforts have been undertaken, girls are able to access school and adequately participate in education. In Kenya, a model boarding primary school for girls (AIC girls Kajiado) was started in consultation with the Maasai community who do not value girls' education. Through consultations with the community leaders, girls are identified very early in life and consultations of taking the girl to school begin with the parents and community leaders. Once ready for school, a contract is signed between the parties and the girls are taken to the boarding school. The school authorities closely do monitoring during the school holidays to ensure that the girls are not married off.

Other efforts undertaken include community sensitization and participation in projects for support of girls' education, providing bursaries for girls, building shelters for girls, providing school materials and instituting stronger policies for girls' education, establishment of centres of excellence for girls' education, and advocacy at national and local levels. At school level,

Tuseme project aims at empowering girls to understand and overcome problems that hinder their academic and social development, and give them a voice to speak out and express their identified problems, find solutions and take initiatives to solve the problems. The project focuses on issues such as school dropouts, poor academic achievement, schoolgirl pregnancy, sexual harassment and any other gender related problem as identified by the girls themselves. Since establishment in Tanzania, it operates in 20 schools, which have recorded tremendous improvements in retention of girls and improved academic achievements.

Tuseme "Speak Out" Tanzania.

girls' empowerment clubs – such as Tuseme clubs and the Girls' Education Movement (GEM) have also greatly contributed to the empowerment of girls.

4. Insensitive School Environments

The environment in which the girls learn is sensitive and key to girls' attendance, performance and completion of education. The environment should, therefore, be safe and secure so as to enhance quality learning of girls. Where schools do not provide safe environments, address the gender specific needs of girls and do not address behaviour patterns that contribute to gender disparity, there is the risk that many girls will leave school (UNAIDS/UNFPA/UNIFEM 2004). Some of the factors that contribute to insecurity within the school environment include:

a) Sexual Violence

In many instances, schools are the places where girls first experience sexual harassment and abuse, either from fellow students or teachers. However, violence against girls in and around school remains hidden and silenced and its impact on girls' education more often than not understated. This jeopardizes the girls' rights to education.

Research has shown that girls suffer violence on their way to school, in the classroom or in the school compound. The girls are subject to teasing, threatened with violence, sexual harassment, sexual violence and rape. In a study by UNICEF (2003b) in Kenya, Uganda, Tanzania and Rwanda on gendered and sexual identities and HIV/AIDS, the results clearly indicate that sexual harassment is common in schools. It affects girls' education and goes unnoticed and punished. This affects girls emotionally as they experience loss of self-esteem, depression, anger and fear of victimization. In most cases, they fear reporting these cases to their parents because they are usually blamed for that and as such, most girls choose to keep quiet about the situation. Sexual harassment results in poor performance and further increases the rates of teenage pregnancies, early marriages and more disturbingly, exposes the girls to HIV/AIDS. The long distances children have to walk to school particularly in the rural areas make girls susceptible to victimization and for this reason, some parents keep their girls home away from attending school. Although there is no information showing how sexual harassment has directly impacted on dropout rates, evidence of reported sexual violence incidences point towards this direction.

b) Physical Facilities

The physical environment where girls learn should be safe. This includes infrastructure such as school buildings, the compounds, fences, toilets, water provision, power supply, boarding facilities, medical facilities and other amenities. Inadequate or poor physical

facilities adversely affect the quality of education. It has been established that in such poor environments the girl child comes off the worst because facilities are unlikely to be gender responsive (FAWE 2004f). The special needs especially of the girl child particularly at puberty tend to be ignored.

Providing water and sanitation facilities at school level is critical for girls, according to the Uganda Health Minister, Dr. Crispus Kiyonga, "lack of latrines, especially separate latrines for girls was identified as the worst school experience for girls"... Privacy issues relating to sanitation are a major factor forcing girls out of school (Birdsall, Levine and Ibrahim, 2005). These sentiments are supported by a study in Kenya by the North Eastern Provincial Director of Education (2004), which established that girls were forced to leave school due to lack of adequate sanitation facilities. In some cases, the study established that there was only one toilet being shared amongst girls and boys, a situation, which made both boys and girls very uncomfortable and at times the girls resorted to using nearby bushes. Some girls due to the embarrassment of using bushes, left for home never to come back until the following day. A girl was quoted saying; "I feel ashamed to be seen walking towards the bush at break time for a short call, I don't want to be seen by the teachers and others, sometimes I go home to use the toilet, but then some days my mother asks me to do some work and I don't come back to school." This lack of sanitation facilities affects girls' attendance in school and the discomfort experienced leads to poor performance by girls and subsequent dropout.

Lack of water in most schools is also a major problem experienced by girls and this has negatively affected their learning. The effects of lack of water are more felt by girls particularly during their menstruation periods. Lack of adequate sanitation facilities coupled with the lack of water leads to high levels of absenteeism during this period. In Uganda, a report on sexual maturation in relation to education of girls by FAWE (2004f) showed that girls were distressed and uncomfortable due to wearing poor protective material during menstruation periods, a feeling which distracted their full participation in class. They were afraid of being teased by both boys and girls in case of an accidental leak. As a result, they hardly learn freely due to insecurity and poor concentration, which results in poor performance. Lack of adequate facilities for changing and cleaning oneself also puts girls away from school during their menstruation periods. A study undertaken in Kenya established that girls particularly from poor households, due to lack of funds to buy sanitary towels, use old pieces of clothes, which require frequent changing and cleaning, and lack of adequate sanitation facilities in schools compels them to stay at home during their menstruation period.



© UNICEF/Rwanda

c) School Curriculum

The academic environment also, if not made gender responsive, can lead to poor academic performance and drop out. This environment entails the curriculum, its content and relevance, the teachers and their attitudes, the school management system, teaching methodologies and approaches, teacher/student interaction, the students and their attitudes and teaching and learning materials.

In most countries the methodologies and approaches used are not gender sensitive. The study conducted by UNICEF (2003b) in Kenya, Uganda, Tanzania, Rwanda and Burundi on gender, sexuality and HIV/AIDS in education clearly showed that teachers were not gender sensitive and often used demeaning words that affected girls' participation in class. The study further established that teaching practices employed in school deprived girls

opportunities to participate in class: for instance giving boys more opportunities than girls to ask and answer questions, used learning materials, lead groups and even at times giving boys better marks than girls when they do not deserve them. These practices discourage girls' participation in class and demonstrate how insensitivity of teachers affects girls' education and hence causes poor performance.

Most curriculum materials on the other hand were not gender sensitive and portrayed girls as passive learners while boys were portrayed as active and holding high positions in society. Girls and their families, therefore, find little reason to attend school if they are taught that girls are of less value than boys, or if they are tracked into fields of study of low paid occupations considered traditional for women. Analysis of textbooks in Africa consistently finds stereotyped material with women portrayed as subordinate and passive, while men are shown as displaying intelligence, leadership and dominance.

Lack of adequate female teachers in some schools also affects girls' enrolment, retention and completion of schooling. As pointed out by Birdsall, Levine and Ibrahim (2005), there is a positive relationship between gender parity in enrolment and the proportion of female teachers. This is because female teachers are role models to the young girls while at the same time; the parents feel secure sending their girls to schools with at least a female teacher. They trust that their girls will be protected and counselled accordingly by a female teacher. Most schools, particularly those located in remote and insecure areas, lack female teachers. Studies in Kenya (UNICEF, 2002; PDE, 2004) have shown that some schools do not have a female teacher at all and in such schools, girls' enrolment rates are very low. Qualified female teachers are in short supply and sometimes due to security concerns and poor infrastructure, they may not be willing to work in remote parts.

5. HIV/AIDS / Life Skills

Education is the key to an effective response to HIV/AIDS. This is because as has been observed, educated women will most likely delay sexual activity, have knowledge on how to protect themselves and are less likely to engage in risky sexual behaviour. This is because within the school system, the girls get knowledge about HIV, train on negotiation and life skills and increase their ability to think critically and analyze situations before committing themselves (UNAIDS/UNFPA/UNIFEM 2004). Education further enhances the girls' ability to process and evaluate information while at the same time giving the young women the status and confidence needed to act on information gained and say no to unsafe sex. Research has shown that better educated girls tend to delay having sex and are more likely to insist that their partner uses a condom. With these skills, girls are better able to protect themselves against HIV/AIDS and are able to make informed decisions when faced with difficult situations that would expose them to HIV/AIDS.

Life skills programmes have however recorded a number of challenges. In some countries they are fused into the HIV/AIDS education, which is also taught alongside other subjects. As such, the programme loses focus and attention. In Kenya, for instance, a research by GOK/UNICEF (2001) showed that life skills programme is fused and taught alongside all other subjects. However, because of the already overloaded primary school curriculum, the programme is usually overshadowed and not given much attention. Additionally, more emphasis is usually laid on the examinable subjects, thereby relegating the life skills programme further. The results of the study further showed that teachers were inadequately prepared to teach the life skills programme and lacked adequate teaching and learning materials. Some parents, on the other hand, did not understand the life skills programmes and therefore opposed it being taught to their children. For instance, it was reported that in Rwanda a majority of parents opposed the idea of their children being educated on how to handle relationships with opposite sex and deemed it as foreign and that such knowledge would encourage the children in premarital sex.

Nevertheless, there has been some notable success where such programmes have been introduced. Reports from Kenya, Uganda and Tanzania indicate that a lot of children have been reached by the life skills programmes which have now been fully introduced in schools although they face certain challenges. Out of school programmes have also been launched through youth friendly centres. For instance, in Uganda, as reported by UNAIDS/UNFPA/UNIFEM (2004), young people receive AIDS education through the school curriculum. In one school district, more than 60% of students aged 13 to 16 had reported that they were sexually active in 1994 when the programme had been introduced. By 2001, this figure had been reduced to less than 5%.

Recommended Actions

There is need to re-energize efforts towards achieving UPE and closing in on the gender gap. This could be done through:

- Mobilize resources that can be used to address the girls' education.
- Evaluate impact of peer education and life skills training and develop new and improved approaches for different contexts, at the same time providing adequate training for the teachers.
- Promote EFA through building capacities of the young people themselves through the empowerment clubs to advocate for girls' education issues.
- Strong government commitment in providing support and ending civil strife affecting schools.
- Need for political will and commitment towards girls' education issues, such as improving policy environment to put more emphasis on retention and provision

of quality education and at the same time commit resources to a package of interventions.

- Training of teachers to be gender sensitive and gender sensitive curriculum material.
- Formation of strong links between parents and children, particularly girls and mothers where mothers could include other ladies distinguished in society. Forums can be created in schools where issues of interest can be addressed. This can give the young girls an opportunity to interact with their mothers and other ladies and discuss matters of interest. Furthermore, such meetings will provide role models for young girls.
- Governments should make deliberate efforts to eliminate school fees in countries where this is not yet in effect. This has been found to substantially increase enrolment particularly for girls. Schools should also refrain from levying additional costs such as building funds and activity fees. This will obviously result in more dropout rates. To meet these costs, there is need for governments and international community to increase funding for education.
- Advocate for and support provision of school health programmes through which water and sanitation facilities should be provided for in all schools as this increases girls' attendance and improves quality of learning.
- Support women's literacy programmes. This will most certainly break the cycle of poverty and illiteracy of mothers as it has been shown that educated mothers are more likely to take their girls to school.
- Promote mechanisms for active involvement and participation of local communities in addressing issues affecting girls' education.
- Strong commitments to the barriers of girls' education expressed in the legal and institutional framework as well as budget outlays.

3.4 Women's Participation in Governance

The Beijing Platform for Action (BPFA) recognises that the participation of women in leadership is critical to the attainment of development and peace in every nation. In pursuit of this principle, it targeted that by the year 2000, there should be in all nations at least 33% women participation in state administration and leadership structures. This is on top of the CEDAW stipulation that indeed all parties to the CEDAW should seek to raise women's participation in decision-making processes using even such temporary measures as the affirmative action. The reality on the ground in Eastern Africa is that generally, women are under represented in all levels of social and political decision making structures. In Africa, it is estimated that women's representation in parliament stands at 14%, compared to the world average of 15% (UNECA 2004). Yet it is important that women participate on an equal basis in decision-making processes as a way of ensuring

the incorporation of women's issues and interests in policy and programming. It is also a matter of natural justice and democracy that women take part in processes deliberating on the human goals of equality, development and peace, the broad agenda of BPFA. This is even more critical now that the burden of HIV/AIDS is borne more by women. They need to be more represented in fora where policy and resource sharing takes place so that they can also ensure adequate attention is paid to HIV/AIDS and its impact on girls and women.

Key Actions Undertaken

It is important to point out that while African women's participation in parliament has not drastically improved since the adoption of the BPFA, there have been some modest gains that are attributable to among other factors, increased advocacy at all levels; reform of electoral systems in several countries and a growing willingness of men to create space for women.

Several countries in Eastern Africa have enacted laws, policies and plans grounded in their own constitutions to enhance women's participation in governance. Rwanda and Uganda are good cases in this direction. Eritrea, in its effort to ensure a gender fair constitution, incorporated 50% women's participation in the membership of the constitution commission.

Women's increasing participation in governance has largely been enhanced by deliberate policies of affirmative action and quota system. In elective posts, especially in parliament, many countries have come up with an affirmative action policy to swell up women's representation. In any case without affirmative action, the road to achieving gender parity in leadership is long as there are such practical barriers as customs, traditions and structural poverty that subordinate women to men in many societies. Affirmative action has been adopted in Eritrea, Uganda, Tanzania, and Rwanda. Indeed, Uganda, Rwanda and Tanzania have extended affirmative action beyond parliament to provincial/local councils. As testimony that these approaches work, Rwanda has the highest women's representation in parliament and government in the region. Women constitute 49% of parliament and 32% of the cabinet. The greatest advantage of these quota systems has been the increased visibility of women's participation in decision-making, and thereby debunking the myth that women have no role in community/national leadership. This also opens the horizons for girls and younger women to realise that there is a lot more they can do for their communities and nation, as there are readily available role models.

As part of efforts to strengthen youth's and especially girls' participation in national affairs, Burundi has made it mandatory that there should be 50% participation for girls in nation wide youth consultations and on any steering committees elected by youth.

It is largely because of the widening of space for women's participation that women are also increasingly becoming more visible in the judiciary system in the region. By and large, the numbers are relatively low, but countries have been engaged in deliberate efforts to increase them. For example, as part of national reforms, in Eritrea 22% women were elected as community court magistrates in 2003. Also, young women started being given a three (3) year legal training to enable them serve as court interpreters, advisers, and gender issues advocates. In Rwanda women constitute 41% of the highest court in the land, the 'court supreme' and better still, a woman is the president of this highest court. In Kenya, women account for 36.4% of the judiciary.

As part of Kenya's efforts to mainstream gender in governance, a National Commission on Gender and Development was started in November 2004. The commission is tackling gender bias in appointments by ensuring that the government and public institutions are equal opportunity employers at all levels. Presently Kenya has very few women in top leadership position as there are only nine (9) elected women members of parliament and nine (9) nominated ones out of a parliament of 222 members. There are only three women serving as full cabinet ministers out of a total of 30 ministers.

Constraints

Many factors are already eluded to limit women's participation in leadership and governance in Eastern Africa. Firstly, there are the customs and traditions that relegate women in society. Secondly, women's limited economic power denies them the capacity to compete for elective posts. Thirdly, the limited participation of women, especially at the tertiary level translates into a small pool from which top-level women officials may be drawn.

Strategic Recommendations

There is need for enacting affirmative action legislation so as to fast track girls' and women's participation in leadership and top level governance via the following actions:

- Promote participation of the girl-child in education.
- Promote women's economic empowerment.
- End harmful traditional practices.
- Unravel sociocultural stereotypes about community leadership.

3.5 Girls, Women and HIV/AIDS Prevention

It has now been recognized that gender inequality is one of the principal factors that is currently fuelling spread of the HIV/AIDS virus. Halting and reversing the spread of the virus, therefore, depends on the success of efforts to combat a series of deep rooted and interconnected gender inequalities that have together rendered girls and women especially vulnerable to the disease. Women and girls face multifaceted vulnerabilities linked to the HIV/AIDS pandemic. Women do not only form the majority of those infected but are also more inclined (biologically) to being infected and more so at an earlier age than their male counterparts.

This is especially the case with adolescent girls whose infection rates in some countries are three to four times higher than those of boys of the same age. According to a report by UNAIDS/UNFPA/UNIFEM (2004), women account for 75% of the infected people aged between 15-24 years in sub-Saharan Africa. In Uganda, it is reported that girls between 15-19 years are particularly more vulnerable than their male counterparts largely because of limited access to correct and adequate information on sexuality and fertility. They are three to six times more likely to be infected with HIV than the boys, while in Tanzania prevalence rates are higher in women (7.7%) than in men (6.3%), with Burundi having 57% of those infected being women.

Recruiting women as community leaders was the basis for an effective HIV prevention program among low-income urban women living in housing developments in Uganda. Women opinion leaders were trained to lead risk reduction workshops, provide HIV educational materials and condoms, and conduct HIV education through community events. The women effectively mobilized their residential community through tailored prevention messages and activities.

The need therefore for prevention strategies that reach girls and women is urgent, to address their specific needs, realities and care. It is important to recognize the role gender plays in sexuality and its effects on HIV prevention. Prevention should be provided within a continuum of care and treatment, addressing all other supportive facets such as education, comprehensive health services, behaviour change and life skills building.

Governments, international organizations, civil society, communities and other stakeholders have undertaken various programmes that target girls and women in HIV prevention. These programmes include VCT and PMTCT, youth programmes, life skills education, girls' empowerment programmes and promotion of HIV counselling for couples among others.

In some countries there have been early and sustained prevention efforts. For example, in Uganda, prevention has been effective, which is still reflected in the relatively low adult prevalence rate which demonstrates that a widespread epidemic can be brought under control. Overall, women still face numerous constraints that contribute to their high number of infections. Although there is not one proven way to prevent new infections, the major components of a successful prevention programme are now known and a massive expansion in prevention efforts is needed.

Barriers to Prevention of HIV in Women

It has now been recognized that there are barriers specific to women that put off women from making full use of the available HIV prevention methods, and unless these are specifically addressed, the infection rates amongst women will continue to rise.

1. Accessibility of Information

Many girls and women know very little about their bodies, sexual and reproductive health or HIV/AIDS. In many of the African communities, discussions and education about sexual matters are frowned upon. In Kenya, for instance a study undertaken on gender, sexuality and HIV/AIDS in education showed that parents and teachers alike do not discuss sexuality with the young people, they said: “they say it is a taboo to talk about sex” and as a result, the young people sought the information elsewhere particularly among their peers. In so doing, they got the wrong information about HIV/AIDS and hence remained ignorant with potential deadly consequences.

Secondly, although schools are a primary source of information about HIV prevention methods, girls’ enrolment in schools is still low compared to that of boys due to a combination of factors which include problems experienced in war and conflict situations, poverty, insecurity and sociocultural practices. This is the case mostly in Somalia, Sudan and the northern parts of Uganda. This implies that girls miss out on the HIV/AIDS and life skills education, which is offered within the school system. This coupled with the few adolescent education programmes available for out-of-school girls and young women means that the girls lose out on this important prevention information.

In addition, the HIV/AIDS education and life skills also face a number of constraints. Research has shown that they are not adequately taught, lack adequate teaching and learning materials, are faced with constraints of time, and that teachers feel incompetent to teach life skills education (GOK/UNICEF 2001). The gendered and sexual identities study in Uganda, Kenya, Rwanda and Tanzania (UNICEF 2003b) reported that teachers felt shy talking about sex while in some areas (Kenya) some teachers also claimed it was

a taboo to talk about sex matters with young people. Some teachers observed that they were not adequately prepared to handle life skills and, therefore, felt unable to teach. In Kenya, teachers observed that some parents were opposed to teaching sexuality issues to their children particularly girls as this is believed to increase promiscuity.

2. The Knowledge about HIV/AIDS

The commonly accepted methods of prevention are proving to be insufficient for most girls and women. This is because of the lower ability in girls and women to control sexual encounters and their increased susceptibility to HIV. Although the use of abstinence, being faithful and use of condoms (ABC) approaches have recorded success in most countries, such as Uganda, it still fails to address the specific needs of women in many cultures and situations. In many African countries, few young people who are sexually active use condoms. Some do not even receive accurate and appropriate information, which they need to protect themselves from HIV/AIDS and its transmission. Young women often become infected at a younger age than boys because they are biologically, socially and economically more vulnerable both to infection and to unprotected or coercive sex. Reports show that young women in Africa are three times more likely to be infected than men of their age (UNAIDS/UNFPA/UNIFEM, 2004; UNAIDS 2004a). Evidence also suggests that a large share of new HIV infections is due to gender-based violence in homes, schools, the workplace and other social arenas. Forced or coerced sex renders a woman even more vulnerable to infection so that the prevention methods available do not serve much in protecting women.

It has been noted that abstinence, for instance, is meaningless to girls and women who are coerced or forced into sexual activity, while faithfulness by wives whose husbands have several partners has almost no protection. On the other hand, the use of condoms is meaningless unless men cooperate and as indicated from research they more often than not refuse to use them. In Kenya, results from Kenya Demographic Health Survey (2003) report that men feel that women have no right to tell a man to use a condom while others feel that buying a condom is embarrassing. The fact that the balance of power in many relationships is tilted in favour of men can have life-or-death implications. Women and girls often lack the power to abstain from sex or to insist on condom use – even when they suspect that the man has had other sexual partners and might be infected with HIV.

On the other hand, the female condom which women would have power to use is little known by majority of the women. Although it offers protection to increasing numbers of women, it still requires some degree of negotiation and male cooperation. Secondly, it is significantly more expensive than male condoms and despite indications of increased



© UNICEF/ESAR

uptake they remain neither widely available nor socially accepted. Thirdly, research has shown that some women as well as men find the device cumbersome and because of this, the female condom although still on tests, has not been a successful alternative for women (SAFAIDS 2004). Microbicides, which have anti-HIV activity and come in the form of gels, creams, suppositories and rings, hold out much more promise for female-controlled prevention, but are still on trials.

Overall, there are no methods available for women to use to prevent HIV transmission independent of male partner, with the possible exception of female condom. Female barrier methods remain expensive or unavailable in most developing countries where male resistance to condom use is common. There is a need to plan to update guidance and start with module on clinical management of HIV/AIDS in women

3. Sociocultural and Economic Factors

Traditional gender norms play a role in the spread of HIV. In the tradition of many East African communities, men and boys may have multiple partners, while girls are brought up to be dutiful and submissive to men at all times. Furthermore, these cultures emphasize that for girls to be real women, they must be attractive to men, while men feel obligated to 'seek and conquer' by exerting pressure on girls. These social norms impose a dangerous ignorance on girls and young women, who often are expected to know little about sex and sexuality, while lack of this knowledge magnifies their risk of HIV infection. The question of bride price in most of the East African countries poses a great challenge to women who find it difficult to leave their husbands. This is because they are assumed as having been bought, and, therefore, are their husband's property. Even where women enjoy legal rights under the law, as they do in many parts of East Africa, few avail themselves of this resource because of the stigma that attaches to women who complain particularly about philandering husbands. As a result many African women stay and suffer in silence, even when they know that their husbands are exposing themselves to the AIDS virus. Many dare not to bring up the issue of condoms. To do so is considered to impugn their husband's manhood.

Also, women's ignorance of sexuality is associated with the feminine norms of virginity and the notion of "saving oneself for one man". This double standard of female purity and early male sexual initiation limits women and girls from accessing accurate information and services and talking openly about their bodies, sex and reproduction. This results into lacking the knowledge of how to protect themselves from HIV/AIDS. Girls who know and talk about sex are said to be promiscuous and shunned in the community and by boys.

Grinding poverty, along with the lack of education and productive resources, multiplies the chances that girls and women will sell sex as their only economic option. This is because women in the East African region which has over 50% people living in absolute poverty (UNICEF ESAR 2004), are more likely to be poor and powerless, have less education, less access to land, credit or cash, and to social services. In such situations, and in AIDS-affected communities, 'survival sex' becomes common, being traded for food, cash, and 'shelter' or even for education to many of these women. For these women, the struggle for daily survival may take precedence over concerns about HIV infection, whose impact may not be seen for several years. In a study conducted by GOK/UNICEF (2001), a woman was noted saying, "I would rather die of AIDS than dying from hunger, AIDS will kill you slowly." Also in the same study, young girls reputedly mentioned that they engage in sex with older men to raise money for their needs and those of their families.

Far much more ought to be done to ensure sustainable livelihoods for women and girls, particularly those living in female-headed households, if they are to be able to protect themselves against HIV infection and deal with its impact. There is need to boost women's economic opportunities and social power as part and parcel of successful and sustainable AIDS control strategies.

4. Access to Health Services

Access to health care in general is also a major problem in this region and is a primary source of prevention services to girls and women. The provision of Voluntary HIV Counselling and Testing (VCT) is an important part of any national prevention program. It is widely recognized that knowledge of one's HIV infection can help a person to stay healthy for longer as well as preventing new infections. VCT also provides benefit for those who test negative as this may result in a change of behaviour. The provision of VCT has become easier, cheaper and more effective as a result of the availability of rapid HIV testing and therefore could and indeed needs to be made much more widely available in many East African countries. Many women especially in the rural areas have little or no access to health care services. People have to trek long distances to access health care services and many times do not get to health care centres. These centres are however not adequate particularly in the rural areas. Women in these areas lack opportunities to establish their status and subsequent prevention and/or treatment methods and care. In Kenya, results from the Kenya Demographic Health Survey (2003) show that although knowledge of VCT services is quite widespread, only 15% of the women mentioned that they have ever been tested.

The unavailability of VCT centres makes it worse for young people, who have few entry points to the existing health care system. To make matters worse, young women generally lack youth friendly centres where they would be able to talk freely and get tested and counselling in sexuality and reproductive health. Access to voluntary counselling and testing still poses a significant challenge for girls and women who do not seek reproductive-health services, as well as for men, who generally are less likely to use public health facilities than women.

VCT is also critical for reducing the number of infants born with HIV through Prevention of Mother to Child Transmission (PMTCT) programmes. However, these programmes are also scarce. Furthermore they concentrate on protecting the infant with little emphasis on treating the mother. In many places, though, voluntary counselling and testing services to learn HIV serostatus outside of pregnancy are still absent; and currently a mere 1% of pregnant women in heavily-affected countries are offered services aimed at preventing

mother-to-child HIV transmission UNAIDS/UNFPA/UNIFEM (2004). Such programmes are being expanded in most of the heavily affected countries, particularly in sub-Saharan Africa, but few also include provision of antiretroviral treatment to the mothers in need of ongoing treatment.

Prevention, whether in the form of behavioural and attitudinal change, health services or physical protection methods, is an important part of reversing the epidemic. Where as treatment and access to antiretroviral drugs will make a big difference by prolonging the lives of people living with HIV/AIDS. Prevention methods, on the other hand, that promote gender equality and women's human rights can stop the epidemic and steadily reverse the rates of infection

5. War and Conflicts

Wars and conflicts increase the vulnerability of women and girls to HIV/AIDS, particularly through systematic rape and other war crimes. It is interesting to note that practically all of the countries in Eastern Africa, where the scourge is still severe, have experienced major civil conflict. Conflict settings increase local and regional insecurity, increase poverty, and can lead to the breakdown of social services, infrastructure and a lack of food, shelter, medicines and health care workers. Countries engaged in conflict allocate huge portions of their limited resources to military spending, rather than social services.

Girls and women are particularly vulnerable to abuse and exploitation both as civilians and as child soldiers. In the genocide in Rwanda, for instance, it is reported that virtually every adult woman or girl past puberty who had not been killed in the massacre had been raped. As many as 5,000 Rwandan women have borne children resulting from rape, many of whom have been abandoned. In Uganda, on the other hand, a country that has been experiencing civil conflicts in northern parts for around 18 years now, girls and women face abductions every other day to become partners and soldiers' wives (UNICEF 2005).

In post-conflict situations, local women and girls are at increased risk as they barter or sell sex for survival to occupying or peacekeeping forces. Life in refugee camps poses great hazards for girls and women. A high incidence of rape was reported among Somali refugees in Kenya in 1993. Often refugee communities become centres of sex work. HIV/AIDS also hinders the process of post-war reconstruction and reconciliation. As many rape survivors are infected with HIV, the pursuit of justice, the basic building block of human security is hindered.

Recommended Actions

Below are some of the recommendations that would promote HIV prevention among women:

- Reenergize efforts to develop approaches to prevention that address women's specific needs and realities.
- Reenergize and support efforts in breaking the silence on these sensitive issues, which promotes awareness and effective action.
- Develop greater dialogue and partnerships geared towards enactment of gender responsive policies and programmes.
- Develop programmes specific to girls and women in difficult contexts i.e. to reflect the realities of adolescents and build self-confidence and life skills including negotiation and decision-making skills.
- Encourage dialogue between men and women, boys and girls for men to be sensitive about respect and appropriate sexual behaviour. Women on the other hand are also able to articulate what they want and to avoid risky situations.
- Provide centres with affordable comprehensive health services that are women friendly so that they can easily access information of modes of transmission and of how to protect themselves. Such centres could further provide testing, treatment and care.
- Link VCT centres with reproductive health services and bring on board HIV counselling to male partners of pregnant women.
- Equip young people with life skills to put what they know about avoiding HIV/AIDS into practice.
- Increase young people's access to youth-friendly, gender sensitive health services that provide voluntary and confidential HIV testing and counselling; other health information and counselling, essential health services, including provision of condoms and treatment for sexually transmitted infections.
- Empower women and girls to protect themselves from HIV infection, promote responsible male partnership and participation, and address the gender inequalities, violence, discrimination and unequal power relations that fuel the epidemic.

3.6 Girls' and Women's Access to Medical Care and Treatment

The burden of HIV/AIDS among women is a major issue due to its impact on their health. At the end of 2001 women accounted for 52.0% of HIV/AIDS cases in Sub-Saharan Africa, while at the end of 2004 the figure was 60% (UNAIDS 2004a). In Kenya, an estimated 1.1 million adults aged 15 – 49 are living with HIV and 720,000 of these are women. Much of the problem has been attributed to poverty and women's increased economic dependency on male partners/husbands. The need for increased and equitable access to

AIDS treatment cannot therefore be overstated. However, in Sub-Saharan Africa alone, it is estimated that only about 3% of people in need of antiretroviral treatment (ART) received it in 2003 (UNAIDS/UNFPA/UNIFEM 2004). From these figures, it is evident that only a tiny fraction of the millions of Africans in need of antiretroviral treatment are receiving it. Many millions are not even receiving treatment for opportunistic infections. These figures reflect the world's continuing failure, despite the progress of recent years, to mount a response that matches the scale and severity of the global HIV/AIDS epidemic.

Treatment and care for HIV/AIDS consists of a number of different elements apart from antiretroviral drugs. These include voluntary counselling and testing (VCT), food and management of nutritional effects, follow-up counselling, protection from stigma and discrimination, treatment of sexually transmitted infections (STIs), and the prevention and treatment of opportunistic infections (OIs). All the things that need to be provided apart from antiretrovirals (ARVs) can, and indeed should be provided before ARVs are available. This does not exclude the provision of ARVs when they are available. Indeed, when antiretroviral drugs do become available, the provision of antiretroviral therapy (ART) should be easier and quicker to implement because many of the things apart from drugs that are needed for successful ART are already in place. However, little emphasis is being placed by many countries on the provision of these services, despite the fact that many countries are discussing the provision of ARVs for those living with HIV/AIDS.

Constraints Faced

Countries have put in place different programmes geared towards providing access to treatment and care, which includes setting up of VCT centres, establishing prevention of mother to child transmission (PMTCT) programmes, making available the ART treatment at reduced prices, building staff capacity in administering the treatment and involving young people and communities in support of those infected. However, there are still constraints facing girls and women to access care and treatment (UNICEF ESAR 2004).

First and foremost, the treatment is inaccessible to girls and women. In the rural areas, for instance, where most of the East African populations live, health services are very scarce and the few available are situated at long distances. Secondly, most of the health centres are not adequately equipped for testing and treatment of those found infected. Most of them do not have VCT programmes and this makes it very difficult for one to establish their serostatus. Thirdly, even after knowing one's status; care, support and treatment are virtually not available. A report by UNICEF ESAR (2004) notes that in Uganda where there are 208 sites in 56 districts, only 4 out of the 208 sites have the MTCT plus services.

The women's low levels of education also inhibit them from access and treatment mainly due to lack of knowledge on treatment. Studies have shown that most of those who get ARVs are people within urban areas and mostly men. Even though, women would tend to have greater access where testing and treatment are offered through public health clinics and reproductive health centres, still due to factors such as discrimination, property rights and poverty, women are not able to access treatment. This is mainly attributed to the costs involved and the preference of families to often choose to pay for the medication of men rather than girls and women particularly when family funds are limited. As indicated in a report on the HIV/AIDS Education by UNICEF (2002), generally the value of girls and women in a family is secondary to that of boys and men. This limits access to care and treatment of HIV/AIDS by girls and women. In addition, women from poor households are not able to follow ART due to limitations in the amount of food available. In many cultures, women ensure that all members of the family have eaten before they can eat themselves. Most of the times, they end up missing food, and as such their nutritional status may not sustain the ART unless they are supported nutritionally during treatment, which is very rare.

Transportation is another major factor that has limited women's access to treatment. In Rwanda, for instance, a conducted study showed that figures of women who had been receiving treatment for opportunistic diseases dropped due to high transport costs (UNAIDS/UNFPA/UNIFEM, 2004). Women pulled out of the programme since they could not afford transport costs to and from hospital. It is also very hard for women to leave their families unattended and travel long distances to seek medical care.

The discrimination attached to HIV/AIDS is also a major barrier to access of treatment. This is despite the fact that women have access through reproductive health services and may be more comfortable in health care settings receiving care and treatment. There is a lot of fear in that if their status is known and they are found to be positive, they are blamed for introducing the disease into the household or community, even though their male partners may have been the source of the infection. HIV/AIDS has been found to incite violence as women face retribution for their HIV positive status. The fear of such violence causes some women and girls to avoid getting tested or seeking treatment if infected. Lack of adequate counselling to help them start and stay on treatment in the face of opposition and stigma worsens the situation for women. In Kenya, cases have been reported of women who once their status has been known, have been thrown out of their marital home and lost their property and children due to their positive status. On the other hand, women do not see any sense in being tested since there is no treatment provided. They ask: "what is the point of knowing your status if you can not get treatment?"

PMTCT is a potential entry point for treating pregnant women and mothers who are positive. Antiretroviral drugs should be used within a framework of prevention, treatment and care both to prevent transmission to the child and to maintain the health of the mother and all other HIV positive family members. Although these programmes are continually increasing, the services are however far from reaching all women. Also, in most cases, the PMTCT programmes give more focus on the child with little or no support at all to the mother. Most women perpetually give birth only to die a few years later. Women are left wondering: “They do everything to save our babies, what about us?” Access of ARV to girls is also an uphill task. In Rwanda, it has been reported that though access to ARVs has been considerably increased, access by children to treatment is comparatively low. In some countries, for example in Uganda, plans are underway to pursue testing of children, but this is constrained for the main reasons that minors cannot legally request for a test, and ensuring that issues of consent, disclosure and counselling should be gender specific.

Recommendations

Recommendations for girls’ and women’s access to care and treatment include:

- Develop programmes to tackle the fear and prejudice that lies at the core of the HIV/AIDS discrimination at both community and national levels. More HIV/AIDS related education is needed to supplement policies or laws, which combat HIV/AIDS related discrimination.
- Governments and all stakeholders should ensure that women get access to care and treatment by addressing the barriers of women to treatment. Access to ART is a human right that should be available to all that need it, particularly women.
- Set up youth friendly centres where girls can get confidential counselling and care. Counselling should also be restructured and provided in a manner that girls and women are able to discuss their fears and are helped to adhere to treatment regimens.
- Testing should be linked to treatment as this helps to reduce stigma, and encourages more girls and women to test their status and ensure gender equity in access to antiretroviral therapy.
- Involve the families and larger community in treatment for support as well as prevention of HIV/AIDS from spreading further. They play a key role in care, support and treatment of the women infected by HIV/AIDS.
- Engaging men as partners is a critical component in AIDS prevention and care, as in many contexts; men are the decision-makers in matters related to reproductive and sexual health. Programmes for men and boys should seek to complement work with women and girls. Parallel programmes are crucial so that men protect not only their own health but also the health of their families. In this way, men will be part of them solution to curbing the spread of the epidemic.



© UNICEF/Rwanda

- Strengthen sexual and reproductive health services, and improve the entry points for women's access to treatment and care services through improved referral systems.

3.7 Girls and Women as Caregivers

Women all over the world labour the longest hours for the least economic returns. They routinely perform multiple roles, even when pregnant at the work place, at home and in the community. They undertake multiple tasks such as caring for children and the elderly, cooking, tilling the land and in some communities, herding animals. They are also increasingly the major players in the informal sector. Larger numbers are also part of the formal sector employment. All the time invested in these activities is rarely recognized

by governments and communities despite its contribution to the overall economy and society in general. Their efforts remain unrecognised, undervalued and unpaid and as a result, women and girls are the world's poorest people (Birdsall, Levine and Ibrahim 2005). Despite all these, they carry the major burden of caring for their families as well as those infected with HIV.

One of the salient features of HIV/AIDS is its impact on the female gender. As the pandemic expands, it magnifies the strain on public health sectors of most developing countries. Consequently, most of the care of those infected and affected is taking place in the community and in households. At the household level, women and girls are the sole caregivers of those infected in addition to the multiple roles they perform. The impact of HIV/AIDS illness and deaths especially at the household level exacerbates the vulnerability of females. Many of the caregivers have little knowledge of how to protect themselves. This is because essentially the burden of care giving falls primarily on women and girls.

This burden of caregiving as pointed out by UNAIDS/UNFPA/UNIFEM (2004), has become overwhelming in Tanzania, taking on more time than can be given to economic activities. This situation is driving families into poverty and destitution because women lack access to economic resources and are hardest hit by the diminishing social support for those in need.

Key Actions Undertaken

While governments, international community, civil society, private sector and other stakeholders have put in a lot of effort to support caregiving activities, the magnitude of the problem is great and has had far reaching social, health and economic consequences. Moreover, initiatives undertaken in supporting girls and women in caregiving are in most cases localized and it has not been possible to scale them up to national levels. Programmes like home based care and support, micro credit facilities for caregivers to empower them economically, social support networks and community participation and involvement are some of those that have proved to be supportive. However, these are yet to be scaled up to reach all those in need. For instance, training programmes for home based care (HBC) set up in Kenya provide basics such as nursing kits with rubber gloves and masks and teach caregivers how to use them. The programme has also involved communities in support of women caring for AIDS patients and also reduces stigma directed at their families and them. The programme has registered success, communities are receptive about HIV information when they learn from colleagues and neighbours who they know and trust. Through the community involvement, they are better able to determine where the problem is greatly affecting them and how to approach it. It has also proven to change negative attitudes held towards People Living with HIV/AIDS (PLWHAS).

Other activities undertaken include the one in Rwanda that provides vocational training and skills building for young people, particularly girls leading households while at the same time creating support groups for them. While in Uganda, the Uganda Women's Effort to Save Orphans (UWESO) is providing training, paying school fees and helping girls who are the main support of their families to develop income generating activities – (IGAs) (UNAIDS/UNFPA/UNIFEM, 2004).

Challenges Faced by Women and Girls in Caregiving

In Eastern Africa, the high rates of poverty combined with HIV/AIDS have turned the care burden for women into a crisis with far reaching implications. Most parts of the Eastern African countries have faced the risk of famine, which has resulted in deaths of some of the most productive members of their families. This has put a lot of strain in the other members of the family in providing sufficient support to the family. Ethiopia, for instance, has in the recent past lost hundreds of thousands of people to famine. This is coupled with the HIV/AIDS crisis that has robbed families of young productive people and put a lot of strain on women who spend a lot of time caring for others, and little on development and economic activities.

As their time and energy are increasingly absorbed by caregiving duties, women's opportunities to advance their education, achieve some financial independence through income generation or build skills fade. Research in Tanzania has shown that women spend up to 60% less time doing farm work when their husbands are seriously ill. Meanwhile, access to productive resources such as land, credit, knowledge and skills, training and technology is very often decided along gender lines, with women typically discriminated against. Further, when the breadwinner falls ill, the increased economic burdens often force young women to provide for themselves and their families by engaging in risky relationships (Fleischman, 2003).

Additionally, as more people die from AIDS, women become heads of households. This is a situation which drives them deeper into poverty and insecurity since a large portion of an already meagre income is used to care for the sick and at the same time provide for the family. The increased workload, loss of family income and poverty make women more dependent on others and exacerbate gender inequalities. As a result, some women are driven into sex in exchange for money to support their families.

When parents fall sick, particularly in poor families children come under intense stress. They often carry a heavy burden of nursing ailing parents and many miss or drop out of school. In a survey in Uganda of older children of PLWHAS, 26% said their attendance

at school declined, citing the need to stay at home for sick parents, increased household responsibilities and failing household incomes. But more often than not it is the girls' right to education that is consistently undervalued in the face of HIV/AIDS. According to Koitelet (2004), girls are often removed from school, not to specifically care for the sick and dying, but to take up "home duties" in order to release older women in the family for "care duties". Further, it is reported that in some standard eight classrooms in South Nyanza in Kenya, there are no girls enrolled in this grade. Similarly, in Tanzania, it has been indicated that a child, particularly a girl from a household with one or both parents chronically ill is likely to miss schooling. This is because she has to assist with domestic work in the house, caring for the sick and at the same time undertake activities that would raise cash income for the family. Such a girl is at increased risk of exploitation and abuse.

Older women also shoulder the burden of care as their adult children fall ill and often die from HIV/AIDS. As the pandemic claims the most productive in society, it is these elderly women who increasingly often are left to take care of children orphaned by HIV/AIDS. A study conducted in Kenya by GOK/UNICEF (2001) reported a grandmother who was living in a one-roomed house with ten of her grandchildren. She was not working and relied on handouts from well-wishers. Most of the time, these grandmothers are often pushed back into the labour force to support their grandchildren and adult children infected with AIDS. In the rural areas where health services are scarce, the situation is more difficult for women who are the sole caregivers. It has also been established that female-headed households—including those run by elderly women—are much more likely to take in orphans and to take in a greater number of orphans than male headed households. As the epidemic's toll grows, more grandmothers are now caring for orphans than they did a decade ago.

Limanonda (2004) affirms that evidence has shown that families have faced a number of problems in providing care for PLWHAS. Most families lack basic knowledge and higher understanding about HIV/AIDS prevention, transmission and treatment, yet they are indirectly "forced" to assume the role of caregiver for their ill member. Also, families lack necessary resources for caring, including the ability to buy high-cost medications, basic equipment (such as antiseptic agents, rubber gloves for daily care and cleaning) and do not have sufficient access to referral systems when needed. Families also lack information on treatment and good sources of counselling, especially at times when the family and PLWHAs need emotional and spiritual support. This lack of basic equipment and knowledge can greatly predispose these women as caregivers to infection.

Furthermore, as the women try to cope with all household chores, subsistence farming or other employment and looking after children, elderly people, other dependants as well as the person who is sick may find themselves under an intolerable strain as their role is extended. Pharaoh and Schonteich (2003) argue that the presence of an HIV positive member may strain the mental and physical well-being of the household member caring for an HIV-positive spouse, child or relative. This puts physical and emotional strain on the caregivers involved potentially undermining their health at the most basic level. Jackson (2002) further observes that most women caring for sick husbands or babies will have HIV themselves and their own health may be deteriorating while they are expected to look after everyone else.

The majority of the volunteers in community based programmes supporting orphans and/or people living with HIV/AIDS are women. Most volunteer activities, particularly those in the rural areas do not provide any form of support to these women who in most cases are not employed. Whereas they are offering their services willingly to the community, they themselves are poor and need help and support.

Recommendations on Caregiving

It is important that more efforts are put in supporting girls and women in their caregiving duties. This will reduce the burden they experience. Such efforts include:

- Mobilise resources and support for girls and women in caregiving.
- Develop programmes to address the women's special needs as caregivers.
- Involve men as caregivers and sensitize them to support women.
- Train more health care providers that can relieve women of their burden.
- Involve communities in training and provision of support to women in caregiving services; this approach can relieve the stigma against AIDS patients and their families.
- Training and support programmes need to focus on the needs of young girls who are nursing family members and supporting siblings. They are often invisible and forgotten out in support programmes.

3.8 Violence against Girls and Women and HIV/AIDS

Gender based violence is not only an infringement on the human rights of women and girls but it is also becoming a predisposing factor in this era of HIV and AIDS. There is emerging realisation that violence against women and the spread of HIV/AIDS are interrelated. There is mutual causation. This is because in many communities, violence is more or less a daily reality of many women, irrespective of whether it is peacetime or conflict situation. It is only that in conflict situations, the number of players and the nature and magnitude of violence increase.

The UN characterises violence against women as:

Any act of gender based violence that results in or is likely to result in physical or sexual harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (UN Economic and Social Council, 1992).

Gender based violence (GBV), which is violence against women and the girl child takes many forms in Eastern Africa. It includes abduction for marriage, executions for adultery, rape, extreme forms of FGM, wife beating, widow inheritance, long periods of seclusion after husband's death and early marriage.

The link between violence and HIV/AIDS is such that women, who are beaten or dominated by their partners, are much more likely to become HIV infected than those women who live in non-violent households (UNAIDS/UNFPA/UNIFEM, 2004:45). There are several reports in many parts of Eastern Africa where once their HIV positive status is known, women are beaten, abandoned or thrown out of their homes. Thus, there is always fear of revealing or even finding out ones sero-status. Because of this same fear, many women avoid asking their sexual partners to change their sexual behaviour or use protection.

Incidentally, young people are also encountering acts of violence, sexual and / or physical on a regular basis. In a 2003 study on Gender, Sexuality and HIV/AIDS undertaken by UNICEF in the Eastern and Southern Africa Region, it emerged that violence is a part of young people's everyday lives. These acts of violence were committed by either boys against girls, or boys against boys. There were also cases where their teachers and even relatives were involved. The 2002 UNICEF ESAR study reports that school girls across the region spoke about "being sexually harassed not only by boys at school but also by teachers –some of whom were constructed as sugar daddy figures". Where relatives were involved it was even more difficult for the girls, as they did not know exactly how to handle and report it. In the same UNICEF study reports by Kenyan girls "accuse close relatives – stepfathers, uncles, and even fathers – of sexually harassing girls". Thus violence is a reality for both the young and older women alike.

The 1993 Declaration on the Elimination of Violence against Women, Article 4 calls on states to condemn violence against women and not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue all appropriate means and without delay a policy of eliminating violence against women. The spirit of this declaration was incorporated in the Beijing Platform of Action critical areas of concern and is an area that is increasingly of great concern in women's empowerment efforts.

In the region, the emerging scenario has been one of GBV increasing as poverty and armed conflict increase. The UNHCR estimates that the majority of African refugees, that is between 80–90%, are women and children. There is widespread reporting of rape and physical violence in countries experiencing conflict such as Burundi, Uganda, Ethiopia, Eritrea and Sudan, with serious HIV/AIDS implications. GBV is exacerbated as rape and other forms of violence systematically become weapons of war against women, girls and children in war and/or conflict situations.

Moreover, emerging evidence indicates that women's vulnerability to HIV infection increases in violent situations. The reasons for this include that foremost, women are not in control. UNAIDS (2004b) observes that male condoms or other protection are irrelevant when a woman is being beaten or raped. The situation of sexual violence and risk of HIV infection is made worse by the fact that during conflict, police and judicial systems collapse as other social services more or less disappear. In these situations girls and women become increasingly vulnerable to HIV infection as they are frequently assaulted by even the various armed groups as well as relief workers. Peacekeeping forces have also been reported as GBV offenders. This further adds to the pain of fleeing homes, loss of family and livelihoods. Besides, women are physiologically more susceptible as during forced vaginal penetration, abrasions and cuts commonly occur, thus potentially facilitating entry of the HIV virus, should it be present. In the case of younger girls, whose systems are not fully developed, tearing is common during sexual activity and they are also more likely to experience sexual coercion than older women. It has also been observed that young girls are targets of sexual exploitation and their risk is even higher when orphaned. Orphaned girls have been reportedly sexually assaulted by family members or guardians and in some cases forced into sex work to survive and / or fend for siblings. In some communities there is also a misguided belief that sex with a virgin clears men of the HIV virus and this has further increased the risk of sexual violence against younger girls.

Gender based violence has adverse effects not only on the quality of life of girls and women but also on the general social life of communities. In the era of HIV/AIDS, this violence grossly undermines efforts towards prevention and control of HIV/AIDS. This is because of actual violence or fear of the same, girls and women are deprived of a choice of action as well as access to self-protection measures. For example, girls and women may not initiate any discussion with their partners about use of condoms, even where they suspect infidelity on the part of the partner. Where violence has been meted on girls and women, the resultant search for health care is an unwarranted strain on already strained health care services.

Moreover, experiencing violence creates a climate of fear and destroys the sense of safety and security necessary to women's full participation in productive activities. Fear of violence also impairs mobility and limits women's access to resources and opportunities. Consequently, violence disempowers women and thereby robs them of the enjoyment of their human rights.

Key Actions Undertaken in the Eastern Africa Region

Both governmental authorities and civil society have addressed the problem of violence against girls and women and HIV/AIDS in various ways. To combat gender based violence, Kenya has established a sex crimes unit within the Kenya Police Force to investigate and prevent sexual violence on women. Within selected police stations, there are especially set up gender desks to facilitate gender sensitive handling of gender based violence (GBV). The officers attached to these desks have been specially trained to discharge that responsibility. In the High Court of Kenya, a family division has also been established to handle gender-based matters, including GBV. The domestic violence (family protection) bill has been passed and another draft bill is before parliament seeking to stiffen penalties for sexual offences as well as provide chemical castration of sexual offenders. The passage of the Children's Act of 2001 has also availed a framework for protecting children and especially young girls from sexual violence.

Ethiopia has come up with a more rigorous enforcement of existing laws as a way of dealing with GBV on top of that there is involvement of traditional institutions in the fight against GBV. To deter sexual offenders, maximum penalty for rape has been increased to 20 years imprisonment. In Ethiopia, also protection of girls and women has been enhanced by the ratification by parliament in June 2004 of new provisions in the Penal Code outlawing FGM, early marriage, marriage by abduction and perinatal harmful traditional practices.

In Burundi, in the face of widespread violations of child rights through rape, child prostitution, exploitation of working children and exposure to landmines and internal displacement – acts which can be characterized as violence against children, Burundi has developed a National Protocol on sexual and gender based violence and exploitation. A training manual has been developed to specifically, address the problem of HIV/AIDS and sexual violence in emergencies. A Sexual Gender Based Violence (SGBV) pilot center has been started at Muyinga province to offer a package of psychosocial care and legal services. There is also a nation wide sensitization process on SGBV and exploitation. To support this campaign, 320 health and social workers and police technicians have been trained. In Burundi, there is enhanced women's participation in peace building through



© UNICEF/Rwanda

follow up committees for the implementation of the Arusha agreement. The idea is to take care of the interests of women including in decision making about GBV. Burundi has also set up a commission for the rehabilitation of GBV.

In an effort to address GBV, Eritrea has developed programmes on rehabilitation of women and general involvement of women in peace building. Tanzania on her part to curb female genital mutilation (FGM) has come up with a National Plan of Action to combat FGM.

Rwanda has developed women's support groups to assist sexually assaulted girls and women. The most important act, however, has been the adoption of Law No. 27/2001 that provides for tougher sentences for those guilty of crimes that relate to violence against children and women. In an effort to protect children and especially child soldiers, Rwanda has gone ahead to accede to the CRC Optional Protocol on Child Soldiers on

23rd April 2002. To this end, army officers have been trained on child rights and child protection and charged to train soldiers on how to deal with children in situations of conflict. This is crucial, as this will translate to safe environments for girls and women. The other aspect of Rwanda's child protection measures has to do with efforts being put in place to protect the most vulnerable children and in this case the OVC have been given first priority (UNICEF ESAR 2004).

Available literature indicates that to address the problem of gender-based violence, the starting point is involving men in the search for solutions. FEMNET, an African NGO based in Nairobi, has come up with an initiative that involves men in discussing and sensitizing communities through theatre about gender based violence. It has also been argued that gender based violence can be further dealt with if there is a general promotion of women's legal rights through education and setting up of appropriate machinery to prevent and control GBV. In many cases there are many women suffering GBV, yet they are not aware that what they go through day after day is GBV and is actionable in a court of law.

Constraints in Alleviation of SGBV

Several factors have been identified as responsible for the escalation of sexual and gender based violence. These include:

- Cultural stereotypes that portray men as the ultimate authority and therefore unquestionable even when they perpetrate acts of violence.
- Lack of knowledge amongst children, youth and communities of their rights, and especially of how to report violence and / or access appropriate remedy.
- Lack of protective frameworks for especially children in need of special protective measures such as orphans, displaced children, child soldiers.
- High level of domestic violence which masks the underlying risks of children to sexual violence.
- Poverty which traps girls and women in abusive and violent relationships and in relationships that potentially expose them to HIV infection.
- Inappropriate legal process where often it is the victim who carries the burden of proof of abuse or violence.
- Most GBV cases are resolved outside the court system further defeating the cause for fighting GBV.
- Lack of comprehensive data.
- Deterioration of basic social services especially in countries emerging from conflict.

Strategic Recommendations

There is need to develop a strong sanctioning legal framework with stiff penalties for sexual violence offenders. Secondly, there is need for widespread community education on GBV with men as key crusaders. Other measures are:

- Involve men in campaigns for ending sexual and gender based violence.
- Initiate dialogue with community's leadership on how to address and combat violence against girls and women.
- Mobilise men in the process to demystify harmful myths, harmful traditional practices and stereotypes that tolerate any form of sexual and gender based violence.
- Provide counselling and any other form of support to women and girls who have experienced sexual and gender based violence.
- Develop and execute a comprehensive communication strategy to combat violence against women and girls.
- Empower women economically to reduce their vulnerability.
- Promote peace building and conflict resolution.

4.0 Conclusions

To prevent and control the spread of HIV/AIDS in East Africa continues to be an uphill task. A lot of effort is and will be needed. Although specific measures have been undertaken and there are indications that the epidemic is on the decline, or stabilizing in the region, women and girls continue to bear the bigger burden of the epidemic largely due to the constraining sociocultural and economic factors. It is, therefore, imperative that urgent actions are taken to address the various challenges facing women and girls in the face of HIV/AIDS in the region. Firstly, there is need for high-level leadership and commitment to protect women's and girls' human rights and to make gender and HIV/AIDS a priority policy and programme area of concern. Secondly, resources need to be mobilized and appropriately marshalled to address the challenges that women and girls face due to HIV/AIDS. Lastly, for HIV/AIDS to be adequately prevented and/or controlled, targeted efforts must be put in place to empower girls and women.

References

- ActionAid. (2005). Education Action. *ActionAid*, Issue 19. UK: ActionAid.
- Birdsall, N., Levine, R. and Ibrahim A. (2005). *Towards Universal Primary Education: Investments, Incentives and Institutions*. New York: UNDP.
- Central Bureau of Statistics (CBS) Kenya, Ministry of Health (MOH) Kenya, and ORC Macro. (2004). *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro.
- FAWE. (2004a). *Experiences in the Provision of Girls' Education in Conflict Situations, Sierra Leone: Best practices in Girls' Education in Africa*. Nairobi: FAWE.
- FAWE. (2004b). *Protecting Girls in School from HIV/AIDS, Kenya: Best Practices in Girls' Education in Africa*. Nairobi: FAWE.
- FAWE. (2004c). *Re-entry for Adolescent Schoolgirl Mothers, Zambia: Best Practices in Girls' Education in Africa*. Nairobi: FAWE.
- FAWE.(2004d). *Scaling Up Good Practices in Girls' Education*. Nairobi: FAWE.
- FAWE. (2004e). Stop the Abuse...Combating Gender Violence in Schools. *FAWE News. Volume 12 Number 3*. Nairobi: FAWE.
- FAWE. (2004f). *Addressing Sexual Maturation in Relation to Education of Girls, Uganda*. Nairobi: FAWE.
- Fleischman, J. (2003). *Fatal Vulnerabilities Reducing the Acute Risk of HIV/AIDS among Girls. A Report of the Working Group on Women and Girls*. Centre for Strategic and International Studies.
- GOK/UNICEF. (2001). *Situation of AIDS Orphans and Vulnerable Children in Kenya*. Nairobi: UNICEF.
- Jackson, H. (2002). *AIDS IN AFRICA: Continent in Crisis*. Harare, Zimbabwe: SAfAIDS.
- Koitelet O. P. (2004). *Mainstreaming Gender into HIV/AIDS Action: Priorities for Interventions Focusing on Women and Girls*. AZTRAMADE Consulting. March. 2004.
- Limanonda, B. (2004). *HIV/AIDS Prevention, Treatment and Care: Regional Situation and Issues for Consideration*. Available in Internet at www.unescap.org/esid/psis/population/workingpapers/HIV/AIDS.
- Machel, Graca. (1996). *The Impact of Armed Conflicts on Children: Report of the Expert of the UN Secretary General*. New York: United Nations.

- Pharaoh, R. and Schonteich, M. (2003). *AIDS Security and Governance in Southern Africa: Exploring the Impact*. Occasional Paper No, 65 January 2003.
- Provincial Director of Education (PDE). (2004). *"Participatory Research in Two Communities in North Eastern Province about their Perceptions and Priority in Basic Education."* A Draft Report.
- SAFAIDS. (2004). The African HIV/AIDS Leadership Vacuum. *SAFAIDS News, No 3 Vol. 10*.
- UNAIDS. (2002). *Keeping the Promise: Summary of the Declaration of Commitment on HIV/AIDS*. Geneva: UNAIDS.
- UNAIDS.(2004a). *AIDS Epidemic Update, December 2004*. Geneva: UNAIDS.
- UNAIDS. (2004b). *Facing the Future Together: Report of the Secretary Generals Task Force on Women, Girls and HIV/AIDS in Southern Africa*. Geneva: UNAIDS.
- UNAIDS/UNFPA/UNIFEM. (2004). *Women and HIV/AIDS: Confronting the Crisis*.
- UNDP. (2003). *Human Development Report: Millennium Development Goals: A Compact among Nations to End Human Poverty*. UNDP.
- UNECA. (2004a). *Report of the Sub-regional Decade Review Meeting on the Implementation of the Beijing Platform for Action in Eastern Africa*. Addis Ababa: UNECA.
- UNECA. (2004b). *Synthesis of the National Progress Reports on the Implementation of the Dakar and Beijing Platforms for Action*. Addis Ababa: UNECA.
- UN. (1992). *United Nations Economic and Social Council Resolutions*. United Nations.
- UNICEF. (2000). *Equality, Development and Peace*. New York: UNICEF.
- UNICEF. (2001). *The Situation of AIDS Orphans and Vulnerable Children in Kenya*. Nairobi: UNICEF.
- UNICEF. (2002). *HIV/AIDS Education: Agenda Perspective; Tips and Tools*. New York: UNICEF.
- UNICEF. (2003a). *Fighting HIV/AIDS: Strategies for Success 2002 – 2005*. New York: UNICEF.
- UNICEF. (2003b). *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education*. Nairobi: UNICEF ESAR.
- UNICEF. (2004a). *Accelerating Progress on Girls' Education: Operational Strategy*. New York: UNICEF.

- UNICEF. (2004b). *The Voices of Young Kenyans: Gender Sexuality and HIV/AIDS in Education*. Nairobi: UNICEF ESAR.
- UNICEF ESAR. (2004). *Regional Analysis of Country Annual Reports 2004*. Nairobi: UNICEF ESAR.
- UNICEF. (2005). *Childhood Under Threat: The State of the World Children's Report*. New York: UNICEF.
- UNIFEM. (2004a). *Gender and HIV/AIDS: Empower Women, Halt HIV/AIDS*. New York: UNIFEM.
- UNIFEM. (2004b). *Pathway to Gender Equality: CEDAW, Beijing and the MDGs*. New York: UNIFEM.
- UNIFEM/UNFPA/ UNAIDS. (2005). *HIV/AIDS in Africa*. New York: UNIFEM.
- United Nations Economic Council for Social Council and Economic Commission for Africa (ECA). (2004). *Synthesis of the National Progress Reports on the Implementation of the Dakar and Beijing Platforms for Action*. ECA.