



Articulating the 'what', 'why' and 'how' of the application of the GIPA principle in Kenya, Zambia and Nigeria

Preliminary findings

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About networks of PLHIV

- NEPHAK (Kenya)
- NEPHWAN (Nigeria)
- NZP+ (Zambia)

- DFID's Governance through Transparency Fund (GTF) Programme, in partnership with GNP+ and World AIDS Campaign

About the GIPA Report Card

- Greater involvement of people living with HIV
- UNGASS 2001
- PLHIV Think Tank in 2005
- Evidence-gathering tool
- Piloted in India, Lesotho, Kenya, and Trinidad and Tobago
- Meaningful participation of PLHIV
- Accountability
- Universal access to HIV prevention, treatment, support and care

Methodology

- Led by national PLHIV networks, supported by GNP+
- Train PLHIV interviewers
- Identify PLHIV interviewees
- Undertake literature review
- Prepare evidence-gathering tools
- Conduct interviews - 14 themes, qualitative and quantitative
- Collate and analyse data
- Develop report
- Implement advocacy strategy

Participants

- 80 respondents (Kenya 28; Nigeria 23; Zambia 29)
- People living with HIV, except UNAIDS Programme Coordinators
- Average age 39.9 (Kenya 40.2; Nigeria 36.9; Zambia 42.5)
- Gender 49.7% F, 49.3% M (Kenya 61% F 39% M; Nigeria 41% F 59% M; Zambia 50% F, 50% M)
- Multi-sectoral (development agencies, donor agencies, government departments, networks of PLHIV, private sector, religious networks of PLHIV, youth organisations)

GIPA principle

Knowledge of the GIPA principle:

Kenya 39.3%

Nigeria 78.3%

Zambia 93.1%

‘Where KENEPOTE is represented, a teacher living with HIV is included in the AIDS committee at the district level’. (Female 42, Kenya Network of HIV Positive Teachers - KENEPOTE)

‘During proposal writing of Imo State Action Committee on AIDS, PLWAs were involved in the development of the document and CEDPA Nigeria also involved PLWAs in the Positive Living Project’. (Male 38, Association of Positive Care, Nigeria)

‘Unfortunately PLHIV are only involved at the point of implementing activities, technocrats should not be the ones to plan for HIV activities’. (Male 38, Treatment Advocacy and Literacy Campaign, Zambia)

National AIDS Plan

GIPA principle is fully included in the National AIDS Plan
(Somewhat agree and strongly agree)

Kenya 50%

Nigeria 61%

Zambia 72%

PLHIV were meaningfully involved in developing the National AIDS Plan
(Somewhat agree and strongly agree)

Kenya 43%

Nigeria 52%

Zambia 66%

Employment

Progressive legislation on the workplace rights of PLHIV
(*Somewhat agree and strongly agree*)

Kenya 61%

Nigeria 30%

Zambia 66%

‘Many organizations have not developed workplace policies on HIV making it very hard that when staff become HIV positive it is very difficult to deal with it.’ (Male 35, Movement of Men Against AIDS in Kenya)

‘My barriers are just the regular excuse of taking a day off from office for ARV uptake. To me if provisions are made for Saturday, for drug pickup to reduce stigma.’ (Female 32, Journalists Against AIDS, Nigeria)

‘Yes [the Ministry has a policy regarding employment of PLHIV]. Though we do not have a budget allocation for such.’ (Female 42, Ministry of Education, Zambia)

Universal access

Governments have set universal access targets

(Somewhat agree and strongly agree)

Kenya 64%

Nigeria 57%

Zambia 83%

PLHIV are meaningfully involved in universal access target setting process

(Somewhat agree and strongly agree)

Kenya 36%

Nigeria 22%

Zambia 38%

Barriers to involvement

Three most significant barriers (out of 23 listed):

Kenya:

Poverty, Fear of stigma, Lack of understanding and clarity on what GIPA is

Nigeria:

Fear of stigma, Poverty, Low skill levels

Zambia:

Poverty, Fear of or actual discrimination, Fear of stigma

Opportunities

Three current best opportunities for applying the GIPA principle:

Kenya:

Leadership in policy development, Advocacy (eg. Parliament), Strengthening the capacity of networks to implement programmes

Nigeria:

Development of anti-stigma bill (currently at the Assembly), Funding for programming, Participation in decision-making

Zambia:

Access to free HIV treatment, Provision of social and economic support, Engagement of PLHIV in policy development (eg. National Strategic Framework up for review)

About recognising the expertise and lived experiences of people living with HIV!

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Zambia: Sthembile Ndopu, Kenly Sikwese

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