

HIV/AIDS COMPOUNDED BY DROUGHT, IGNORANCE AND POVERTY

Interview with Dhaba Fayissa, UNICEF Technical Advisor on HIV/AIDS, Somali Region

Somali Region is seriously affected by the hiv/aids pandemic. Infection rates are difficult to measure in an area, where the vast majority of the app. 4 million people live a nomadic life in rural areas with little or no infrastructure. In Jijiga, however, recent surveys indicate that one in five is infected. According to Dhaba Fayissa, UNICEF Technical Advisor on HIV/AIDS based in Jijiga, ignorance, poverty and drought compound the disease.

“There is a clear link between emergency and the spread of the pandemic. When people lose their crops and animals due to drought survival, not protection against disease, is the main priority,” said Dhaba Fayissa. “In an emergency children and women are easier abused and exposed to the risk of contracting the virus. Women and girls escaping drought in rural areas can end up as prostitutes in towns in their search for income without understanding the danger of hiv/aids.”

In Somali Region the use of condom, still taboo in the culture, is estimated to be as low as 0,5% and female genital mutilation, a main source of transmission in rural areas, is accounted to be 99,7%. But in recent years there has been a change of attitude towards the disease, at least in urban areas.



Members of one of the more than 30 anti-aids youth clubs in Jijiga, Somali Region.

“In spite of cultural barriers communication and mobilization is very high. The oral culture of the society implies that people listen, talk and take responsibility – all factors necessary in fighting the pandemic,” said Dhaba Fayissa

Important steps have been taken in prevention, control and awareness the last year. UNICEF, in collaboration with the regional office for prevention and control of HIV/AIDS, has targeted and worked closely with three important groups; youth, religious leaders and clan/community leaders.

“There has been a move in the attitude towards the disease from “this is not our problem” to “this is our responsibility and we have to act.” We see this in our contact with youth and community leaders, who are getting more and more involved. These groups are far more influential than government officials and aid workers.”

Youth have been particularly successful in bringing attention to the disease. Now 231 anti-aids youth clubs exist throughout the region. In Jijiga, the

number has climbed from 9 to 30 in less than one year. Youth clubs have four main activities: life skills training, peer education, IEC material production and mini media production, which include drama, radio programs and songs. Recently more than 6.000 young people showed up at an event organized by youth clubs at the local stadium.

“We are moving in the right direction, but challenges still remain. Fear of stigmatization is keeping many from being tested and very few hiv-positives openly admit that they have the virus. We also have to remember that our success primarily has been in urban areas, not in rural, where most people live. We need to expand our activities so that they also include the mobile populations.”



Training on hiv/aids given by a youth club in Jijiga, Somali Region

Somali Region is the second largest region in Ethiopia in size with very poor infrastructure making both surveillance,

testing and treatment very difficult. The health sector is struggling with inadequate facilities, lack of equipment, supplies and personnel. Normal indicators for hiv/aids, such as prevalence rates, mother to child transmissions or cases supported, are not measurable in moving societies with low or no social infrastructure. Drought only adds to this problem.

UNICEF, in response to the needs of testing facilities, has funded a Voluntary Counseling and Testing Center (VCT) in Jijiga, which opened end of 2002. The center, the only of it's kind in the region, offers testing, counseling and support free of charge. Plans are also underway to open mobile testing centers to reach rural and displaced population.

“A lesson learned is that we have to be creative and think of new ways of targeting the problems surrounding hiv/aids. This is more than a health issue, it is a social and cultural issue, and we have to take into consideration the unique characteristics of this region and its people.”

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