

WORLD BANK CONSULTATIVE MEETIN,KIGALI, RWANDA - 14TH JUNE, 2007.

Opening Remarks from Jemimah Nindo

Your Excellency, the first lady of Rwanda,

The Honorable Minister from DRC

Distinguished ladies and gentlemen, invited guests

Ladies and Gentlemen.

I am honoured to be standing here this morning to share my life and professional experiences as a person living with HIV and AIDS with you. My name is Jemimah Nindo,40 years of age. I am Kenyan by nationality. I am Senior Administrative Officer, in Guidance and Counseling at the Teacher Service Commission (TSC), AIDS Control Unit, Nairobi Kenya.

Until January this year I was a teacher in Literature in English at Kisumu Boys Secondary School. In 1995 my husband of two years, a medical doctor, died of a sudden illness. Despite his professional affiliation, his colleagues (medical doctors that were treating him) never revealed to me the diagnosis, and it never ever occurred to me that the illness was related to HIV. (It could not be me, perhaps “somebody else” I thought)

I was diagnosed with HIV in 2003 following an obligatory test for a Masters’ degree scholarship abroad and was found with 130 CD4 count. I never went for the studies as a result. In 2004 I attended an AIDS conference in Bangkok Thailand to represent St. Stephens Cathedral Widow, a grass-root Faith Based Organization. I met other people living very positively with AIDS from whom I got a lot of inspiration.

In short I should hasten to state that between 1995 I passed through the following stages:

- 1) Immediately after my husband’s death I was in total ignorance, oblivion, naivety, powerlessness, and denial;
- 2) After testing I degenerated into denial, fear, panic, confusion, dilemma, and desperation
- 3) After exposure and especially after training on counseling and guidance I became proactive, optimistic, skilled;
- 4) After disclosure, I graduated into a feeling of freedom, confidence, and normalcy, overcoming and at times combative! Yes combative!

How MAP has touched me personally

As teacher in Kisumu, which is 550 kilometers from Nairobi where all the National programmes are headquartered, I never knew of MAP at all. I came to know it when I first attended the National Joint Review on AIDS in 2006. That is where I heard about MAP .It is when we were reviewing the different activities in groups and in plenary sessions of the joint review, that I realized the extent to which MAP had touched me personally.

Before the above meeting, I did not know that my voice as PLWHA representative and treasurer that I had in the Kisumu Rural Constituency AIDS Coordination Committee, was as a result of MAP support to the devolution of the National AIDS Control Council structure which was mainly supported by MAP. (In this committee we implemented support programmes to OVCs, channeled MAP financial resources to at least 43 CBOs in 3 years period). More information on this committee from a website called www.naac.ke.org and www.kisumururalconstituency.org

Similarly, MAP facilitated the recognition of homegrown, grassroots solutions to HIV and AIDS by facilitating the involvement of different stakeholders . My membership in the Kisumu District HIV stakeholders' forum attests to this allusion.

Between 2002 and 2003, I was trained on VCT and have since reached out to many people including my fellow teachers. The VCT training and subsequent disclosure to my family and workplace, had a multiplier effect in that students, their parents ,fellow teachers and community members came to me, initially in whispers for direct counseling or on behalf of their parents, relatives and in strengthening and creating support groups. My exposure to different awareness creation and training activities, broadened my horizon regarding my HIV status from Health only, to a multi-sectoral one. I recognized it as a development issue. I developed a partnership with the MOH, I understood ,ART, CD 4 count ,adherence, nutrition, psychosocial support groups, the role of council of elders in my matrimonial village and its implications to my HIV status and widowhood. I am currently working from the AIDS Control Unit, which is a product of the MAP facilitation through the NACC.

What do all the above and others mean in terms of programmes on the ground?

I have always said, yes I am HIV positive but please allow me to quote myself that: “ ***Being HIV positive is not a profession, one is first a teacher , a head teacher or a deputy head teacher and then HIV positive***’.

As a teacher, let me say something on my profession and my sector, Education. The teacher has a role for the current times and the future of human kind. ***The teacher is a role model an opinion leader, a surrogate parent, a counselor, a voter registrar, and at times a village lawyer. In Kenya some terminally ill parents leave their wills with teachers.*** In short, a teacher is as multisectoral as you would all like it to be. Teachers in our countries are more widely distributed than any other sectoral functional officers. Teachers and other education

When I was teaching at Kisumu Boys' school, a six-streamed school, I taught 6 lessons of English per day to an average class of 45 students. By teaching one student different AIDS messages, and considering the fact that there are on average 6 people per household in Kenya, I probably reached, at least 2,000 people every week with HIV and AIDS messages. That was just me. Imagine the HIV and AIDS messages that would be passed on by the 70 teachers that were in Kisumu boys' school at that time.

Ladies and Gentlemen, children believe in their teachers even more than in their parents. Despite the empathy that my son demonstrates by always reminding me to pack my drugs, he was very upset when I corrected a pronunciation of his teacher. These are, but a few examples to show the potential the education sector has in the HIV and AIDS prevention.

I thought I should share this to emphasize the comparative advantages that sectors have within the multisectoral approach in the fight against HIV and AIDS. Yes; but consider the potential that the education sector has, in fighting HIV and AIDS in our continent. Education has a significant role to play in appropriating different responses to HIV and AIDS, such as advocacy, prevention, awareness creation, psycho-social support, care and support of OVC, Peer education capacity building, treatment literacy and child rights in schools. Great efforts have been initiated in the education sector at country and global level, but they need more support. As we speak, there is a VCT at the Kenya MoE headquarters whose uptake is very high and plans are underway to establish one at the TSC.

As relevant to my person, I would like to take this opportunity to mention the issue of stigmatization. It is still among us as individuals, institutions and at times as countries, some of which are here today. However, a not-so-famous organization called the Teacher Service Commission of Kenya,(TSC) has shown a great example of institutional de-stigmatization by taking the lead of employing an HIV positive teacher like me. *How many partners in this meeting would do that without a lot of 'buts' and 'what-ifs'?* The beauty about overcoming self-stigma which is the worst form can only be start from the individual and in turn result in reduction of external stigma and its associations. Despite having been refused a scholarship in 2003 because of my status, I am pleased to tell you that I am presently in my final year of my Masters' programme in Educational Psychology at a local University.

Last but not at all the least, I would like to emphasize the need for continued priority support to the efforts that are already on the ground. I would like to take this opportunity that has been given me to thank the NACs of the countries that are present here and of course those that are not represented here today. However, NAC needs to make its activities better known to the sectors and how they can benefit from the secretariats. Currently, the World Bank with a number of agencies of the UNAIDS Interagency Task Team for Education (IATT), are working with 37 Ministries of education in Africa to respond to the HIV and AIDS epidemic. I want to appreciate the fact that for the past few days, we have all agreed that Education is one of the priority sectors. However in order to maximize its comparative advantage, the education should be given its proper portion within the National Prevention strategies. MAP has supported most of these 37 countries in Africa through the National Secretariats. An evaluation report of the education sector work in Africa titled "*Accelerating Education's Response to HIV and AIDS: Contributing to a better future for Children in Africa*" will be launched next week in Dakar Senegal.

With the above, I thank you all for listening and please continue reflecting...