



Organisation of African First Ladies
Against HIV/AIDS
OAFLA



COMPILATION OF OAFLA INITIATIVES, AND MEMBERS' DIRECTORY

The financial contribution of UNAIDS towards this publication is gratefully acknowledged



The financial contributions from PEPFAR/USAID and UNAIDS for OAFLA programming is gratefully acknowledged. Your support has been instrumental in allowing OAFLA to establish its Secretariat and in implementing innovative programs at the continental, regional and national levels.

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H.E Mrs Hinda Deby Itno,

First Lady of the Republic of Chad and
President of OAFLA

Preface

The Organisation of African First Ladies against HIV/AIDS (OAFLA) has come a long way since its establishment in 2002. This publication captures the growth of OAFLA as an institution, and the program initiatives and achievements led by African First Ladies both at the National and Continental platforms. At inception, OAFLA was established by 37 African First Ladies as a mere collective voice of Africa's most vulnerable people.

Today OAFLA has more than forty (40) African First Ladies as its active members, each leading their national chapters to do exemplary work in the areas of HIV/AIDS, empowering women and children. OAFLA is administered by a Permanent Secretariat with the oversight of a Steering Committee.

The establishment of the OAFLA Permanent Secretariat in Addis Ababa since 2012 has led to a better coordination of OAFLA activities within the region and has centralized fund raising and partnership initiatives. It has also provided a tangible accountability mechanism for the organization with its steering committee.

During the last twelve years, the African First Ladies have made a tremendous contribution to the elimination of HIV and AIDS notability with regards to the prevention of HIV transmission from mother to child (PMTCT). They have engaged in aggressive awareness raising campaigns and advocacy projects in their respective countries. The multifaceted programs that have been implemented, I believe, will illustrate the expanding role of OAFLA in the continental AIDS response.

The new OAFLA Strategic Plan (2014-2018) was adopted at the OAFLA General Assembly in January 2014. Cognizant of the interconnectedness of various health concerns with HIV and confident in the goodwill and diligence of the First Ladies, the Strategic Plan reflects an expanded mandate of OAFLA that addresses a broader set of sexual and reproductive health priorities. In this context, we recognize that today PMTCT targets cannot be met if the greater context of new infections of women and girls is not also addressed. We recognize that a comprehensive maternal and newborn health service package should integrate HIV testing for pregnant women, and access to medicines during pregnancy and during breastfeeding. We have also witnessed that comprehensive SRH services to women and girls to include HIV and cervical cancer have strong impact.

With this in mind, the OAFLA 2014-2018 Strategic Plan goes beyond HIV/AIDS and now incorporates maternal, neonatal and child health, cervical cancer and the empowerment of women, girls and children. This Strategic Plan is a vow by the African First Ladies to make a greater impact in their respective countries, and the region as a whole.

As president of OAFLA I have set priorities that I believe will take OAFLA further in meeting its objectives. I have vowed to:

- continue the continental PMTCT campaign of HIV and AIDS, with a specific focus on stigma and discrimination of people living with HIV
- advocate for Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
- support the African campaign against cervical cancer, breast cancer and prostate cancer
- promote the empowerment of women: elimination of violence against women & girls
- advocate strongly for increase education for girls and mobilization of basic communities against early and/or forced marriage

This publication is a testament of the substantial PEPFAR financial support and the unyielding commitment and management by UNAIDS to support the OAFLA initiatives at every stage. The continuous technical and financial support that UNAIDS has provided have given OAFLA a strong foundation. This publication, I believe, will serve as yet another pillar towards the growth of OAFLA. I want to thank Mr Michel Sidibé for the unrelenting belief in OAFLA and all of the technical focal points that continue to support both the Secretariat and our country Chapters.

Finally, I call upon our potential and existing partners for their pledges to support the delivery of the OAFLA Strategic Plan, and thus to stand in solidarity with African First Ladies as we strive to work towards *Zero new infection of HIV through access to health services for mothers and children.*



Mr Michel Sidibé,

Executive Director of UNAIDS

Foreword

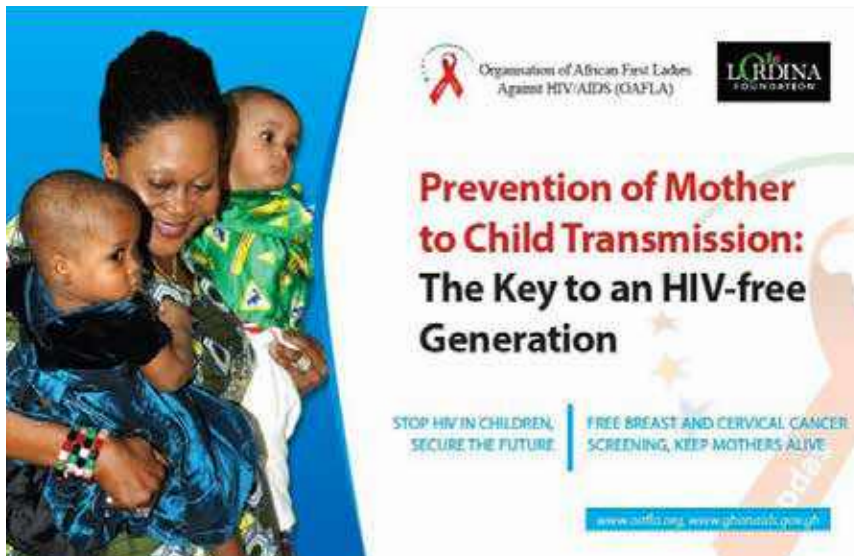
The Organisation of African First Ladies Against HIV/AIDS (OAFLA) is helping to improve the lives of women, young people and children across the continent through their commitment to expanding access to health services. The dedication of the First Ladies of Africa has been vital in raising awareness around HIV. Increased efforts to stop new HIV infections among children in Africa have resulted in a 54% decline in new infections since 2001.

With the support of the First Ladies, 12 countries in Africa which have been particularly affected by the AIDS epidemic have now launched national strategic plans to stop new HIV infections among children. UNAIDS and partners will continue to support the First Ladies to ensure that efforts are not only sustained but significantly scaled-up.

A particular focus is needed on young people, who are particularly affected by HIV. Girls are at an unacceptably high risk of contracting HIV, only a third of children in need of antiretroviral treatment are receiving the lifesaving medicines and AIDS is the leading cause of death among adolescents in Africa. I am grateful that OAFLA has expanded its work to address the increasing needs of children and young people.

By boldly endorsing the Common Africa Position on the Post-2015 Development Agenda, OAFLA is bringing us closer to eliminating of HIV and AIDS, tuberculosis and malaria in Africa by 2030 as envisaged in the African Union's Abuja +12 Declaration.

UNAIDS and OAFLA are united in our commitment to “leave no one behind” and we will continue to work together towards ending the AIDS epidemic.





Ambassador Deborah Birx,
U.S. Global AIDS Coordinator, PEPFAR

Foreword

The Organisation of African First Ladies against HIV/AIDS (OAFLA) has made a tremendous contribution to creating an AIDS-free generation.

Ten years ago, in much of the world, particularly in Sub-Saharan Africa, lives were being lost to HIV/AIDS at a truly terrifying rate. Individuals, families, communities – and in some cases the very foundation of societies – were being threatened under an unfathomable strain of the dead and dying.

Today, through scientific advances, a public health approach, and innovative partnerships, we are in a much different place globally. However, while we have the tools, we have not reached the point of controlling the epidemic. The principles of good public health demand that we strive to reach all affected populations with core HIV services even – and I would argue, especially – when facing difficult cultural contexts, severe stigma and discrimination, or challenging security environments. Thus, the epidemic has forced us to address stigma and discrimination in unprecedented ways. We must protect and promote a human rights-based approach to universal access to treatment, leaving no one behind.

Furthermore, we will not finish the job without a strengthened focus on women, girls, and gender equality. OAFLA has played an important role supporting women and girls to access lifesaving services for their own protection as well as services to prevent mother-to-child transmission (PMTCT) of HIV and working to eliminate harmful traditional practices that fuel the spread of the virus, including gender-based violence.

PMTCT is paramount to controlling the HIV epidemic. As a mother, I know the value of being able to give your child a chance at as healthy a life as possible. OAFLA has undertaken and implemented extensive national and continental advocacy work in this area, and I applaud their call for the acceleration of access to treatment for PMTCT. Results and innovation detailed from projects in places such as Republic of Congo and Mozambique, among others, are very encouraging. As the time to report on our shared progress on the Millennium Development

Goals draws closer, it is essential for the global community to revitalize our efforts towards PMTCT so that all 21 African countries of the Global Plan can meet their targets by 2015.

I would like to commend OAFLA chapters working to eliminate gender inequalities and focus on programs that address gender-based violence, economic empowerment, and education, thereby allowing women to have greater decision-making power over their sexual and reproductive health. Gender-based violence, itself a global epidemic, fosters the spread of HIV by limiting women's ability to negotiate safe sexual practices, disclose HIV status, and access services. Worldwide, gender-based violence affects anywhere from 15 to 70% of women, and these women may be up to three times more likely to contract HIV than those who have not experienced violence. Such staggering statistics simply cannot be ignored. The bottom line is that the epidemics of HIV and gender-based violence go hand in hand—so our programs should as well.

I congratulate OAFLA on the publication of this very exciting document and look forward to continued partnership between PEPFAR and OAFLA to ensure an AIDS-free generation.





Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

OAFLA Secretariat



From left to right

Fassika Alemayehu, Programme Officer,

Sonia Ndimbira, Executive Secretary

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Background

The Organisation of African First Ladies against HIV/AIDS (OAFLA) was established in 2002 in Geneva in the presence of 37 African First Ladies at a meeting facilitated by UNAIDS. Since then, OAFLA has transformed itself from a forum of ideas to a multi-layered platform to affect change through leadership, advocacy and evidence based programming.

Goals and Objectives

African First Ladies formed OAFLA with the clear goal of supporting the AIDS response in Africa, and the specific goal of reducing mother to child transmission of HIV/AIDS. With the evolution of the AIDS Response, African First Ladies remain committed to supporting the elimination of mother to child transmission (EMTCT), and yet recognise that this is a pivotal time in the AIDS response; acknowledging that this is indeed the era best defined as the beginning of the End of AIDS. As a stronger and more equipped organisation, OAFLA aims to support the attainment of the **Abuja +12 goal of 'Ending AIDS by 2030'**, while also improving maternal neonatal and child health, and eliminating gender inequalities in access to health services, education and economic opportunities.

To this end, OAFLA works to achieve these objectives:

- Advocate for and support the reduction of new HIV infections; with a focus on the elimination of mother to child transmission
- Advocate for increased access to treatment in Africa
- Advocate for the elimination of stigma and discrimination of people living with HIV and AIDS
- Build the capacity of national offices to better respond to Maternal, New Born and Child Health (MNCH), gender inequality, and social protection issues

- Mobilise partners at the international, continental and national platforms to form stronger partnerships with OAFLA for the AIDS Response.
- Mobilise partners to support capacity building programs to support the organisational development of OAFLA

Structure

The permanent Secretariat, established in Addis Ababa, Ethiopia in 2012, has allowed OAFLA to remain engaged with the major policy and decision making platforms of Africa, including the African Union and its annual Heads of States governmental and Ministerial meetings, the Economic Commission for Africa, and many of the leading stakeholders in the AIDS Response, including UNAIDS, Elizabeth Glasier Foundation and others. The OAFLA Secretariat has established itself as a viable continental leadership platform for advocating and advancing the African AIDS Response, with a focus on the health of women and children on Post 2015 Agenda. The OAFLA 'Call' on the Post 2015 Agenda, which was presented to the High Level Committee developing the African Common Position is a recent example of the effect advocacy supported by OAFLA.

The OAFLA Secretariat, furthermore, coordinates the activities of the different member states, liaises between OAFLA country chapters (OAFLA offices in different member countries), donors and other partners; and functions as a guide on the policy directions of the institution. The Secretariat is accountable to a Steering Committee (SC) which is made up of ten First Ladies, representing the five regions of Africa. Members of the Steering Committee are elected every two years.

Steering Committee members for 2013-2015 are,

- Southern Africa: Zambia and Mozambique,
- Eastern Africa: Rwanda and Tanzania,
- Western Africa: Senegal and Ghana,

- Central Africa: Chad and Republic of Congo,
- Northern Africa: Algeria

These countries are also the focal points that are in charge of the coordination and facilitation of activities undertaken within their respective regions. Among the Steering Committee members there is a Vice President (Rwanda) and the President (Chad) of the organisation. The highest body of the organisation is the General Assembly (GA) which meets twice annually in the margins of the African Union Heads of States and government Summit. Prior to the SC meeting and the GA composed of First Ladies or official representatives, Technical Advisers meetings are held, which discuss the agenda set by the secretariat and submit their recommendations to the SC. Technical Advisers play a key role in developing practical programs that reflect the policy objectives of OAFLA members.

Together with the leadership of First Ladies in their respective countries, and strong team of technical advisers and national officers, OAFLA has organised itself to have strong national presence where evidence based programs are implemented and appropriate awareness campaigns are developed to respond to the contextual realities of the country. Many of these initiatives are captured in this publication.

Financing

As a membership based organisation, each member state is expected to make an annual contribution amounting to USD 5 000 per year, payable in one or two instalments, as prescribed in the provisions of the Rules of Procedure. These contributions are utilised for the Secretariat's administrative costs and a certain percentage saved in retained earnings for the sustainability of the organisation. Member states programmatic activities are primarily financed by donors and channelled through the Secretariat, except in cases such as the year 2013 where USD 200 000 (two hundred thousand) from the organisation's annual contribution was utilised for program activities. This illustrates that OAFLA is leading efforts for its own financial sustainability, relying not only on partners but also on its member countries for support.

Partnerships

From its inception, OAFLA has received strong continued technical and financial support from the United Nations Joint Program on HIV/AIDS. In addition to financial backing, the technical expertise on PMTCT, information and guidance from UNAIDS has supported country level projects as well as high level engagement of African First Ladies. The African First Ladies High Level dialogue sessions during the UNGA High Level Meeting on AIDS in 2011, the engagement of various African First Ladies during the International Conference on AIDS and STIs in Africa in 2011, and again in 2013, best exemplify this partnership with UNAIDS.

This partnership with UNAIDS has also generated strong support from the Government of the United States, with substantial funds allocated to OAFLA by PEPFAR in 2010. This coordinated support between UNAIDS and the US government has been instrumental in the establishment of the Secretariat, the hiring of its core staff members, and in the expansion of its continental communications portfolio. Above all, this fund has propelled the Secretariat towards its coordination and leadership role in the OAFLA Structure, allowing it to lead country focused PMTCT projects, all implemented between 2012 and 2013. All of these projects have been captured in this publication.

As OAFLA has continued to evolve, it has naturally widened its scope of work and its partnerships. OAFLA is very proud to have recently signed a Memorandum of Understanding with the African Union (January 2014); and the International Planned Parenthood Federation (IPPF) and the High Level Task Force for Women, Girls, Gender Equality and HIV in Eastern and Southern Africa. Today, OAFLA is working on establishing official partnerships with a variety of organisations including UNWomen, UNDP, WFP and WHO among others.

The OAFLA member states projects and directory is a publication sponsored by UNAIDS to showcase the scale of activities that African First Ladies have implemented in their respective countries, contributing substantially to their respective national strategies. This publication captures projects of the First Ladies related to:

- PMTCT of HIV and other HIV/AIDS programs,
- Advocacy and communication
- As well as other initiatives not limited to gender, economic empowerment and more.

Furthermore, this publication continues the tradition of the annual *OAFLA Directory*, initiated by the OAFLA secretariat to curb the communication gap between partners and the First Ladies of Africa.

Finally the OAFLA strategic direction for 2014-2018 is shared to initiate new partnerships and strengthen existing partnerships in the implementation of programs to meet the targeted objectives and goals. The Summary OAFLA Strategic Plan 2014-2018, incorporated in the publication, calls for your contribution and partnership to meet our mutual goals.





CHAPTER ONE

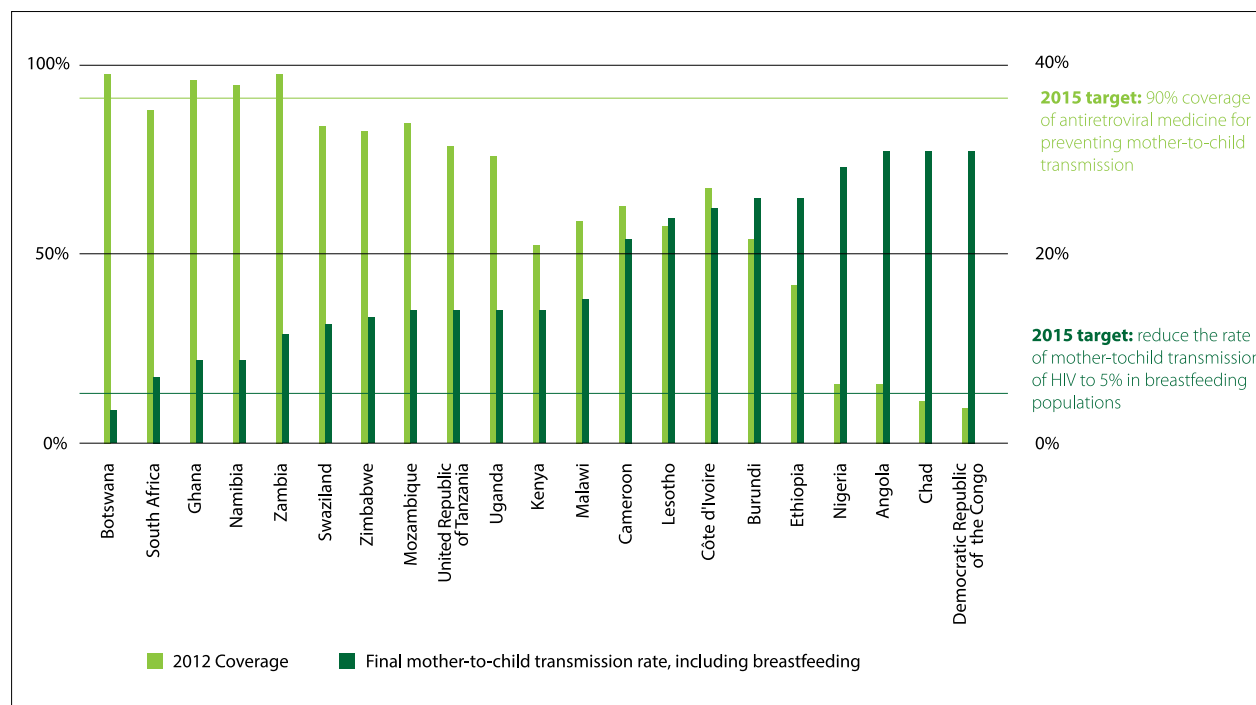
ELIMINATION OF MOTHER TO CHILD
TRANSMISSION OF HIV (EMTCT)

1.1 Context

Each year approximately 1.4 million HIV positive women become pregnant. Among antenatal clients in sub-Saharan Africa the proportion of women living with HIV ranges from 5% to as high as 30%, with vertical transmission as the main cause of infection among children. Transmission of HIV from mother to child can take place during pregnancy, labor, and delivery as well as after birth via breastfeeding especially in mixed feeding. The risk of transmission varies at different stages with the risk during pregnancy ranging from 5–10%, 10–20% during labor and delivery, and 10–20% through mixed infant feeding. It is estimated that in the absence of any intervention, mother-to-child transmission (MTCT) ranges from 15–45%. This rate can be reduced to levels below 5% with effective interventions.

As indicated in the Global Plan Progress Report illustration, the highest PMTCT burden lies in 21 African countries.

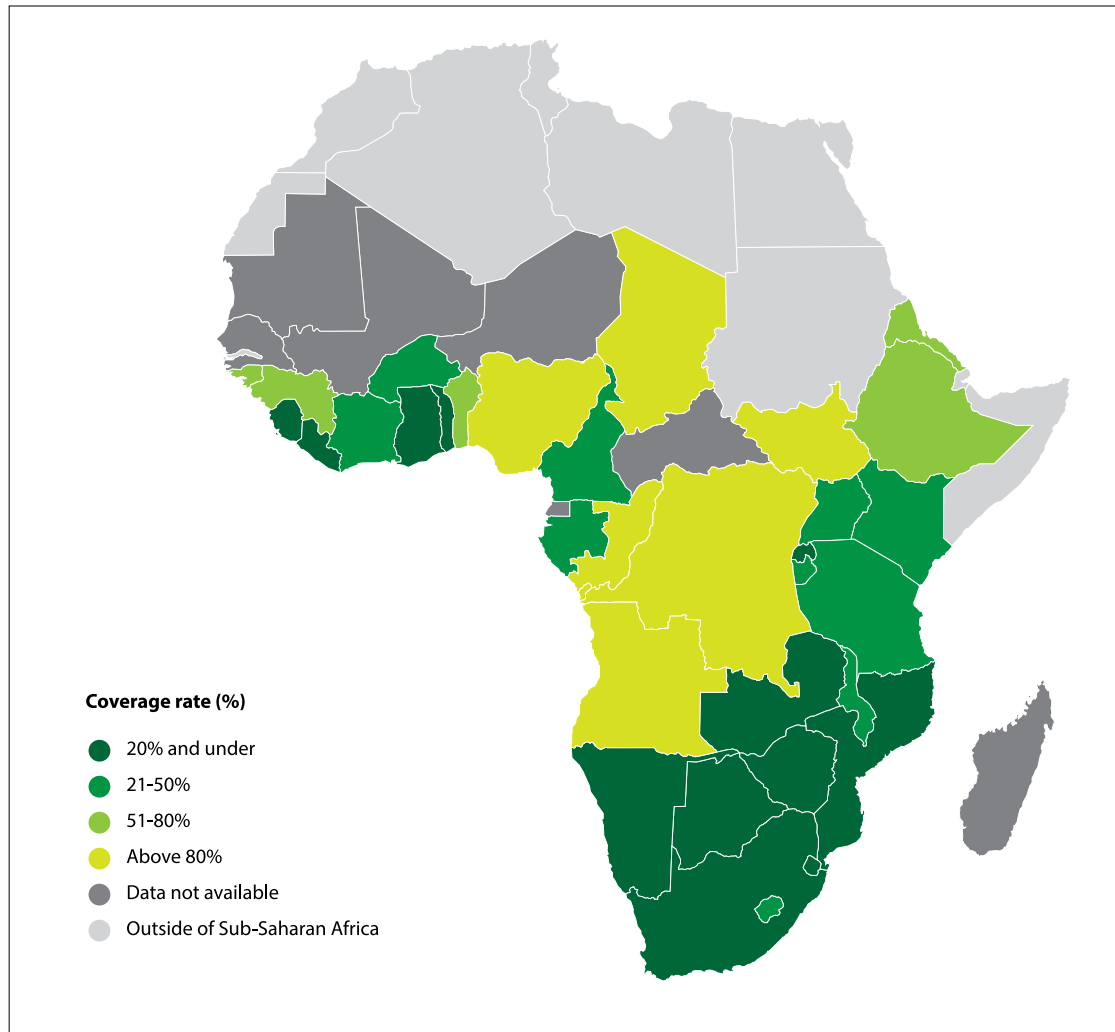
To eliminate mother to child transmission of HIV (EMTCT) and keeping the mothers alive as indicated in the Global Plan, it is critical that women are followed throughout the whole cascade of interventions that include improved antenatal services, HIV counseling and testing for pregnant women, antiretroviral drugs for HIV positive pregnant women during pregnancy and breast feeding Option B or for the rest of their life Option B+, testing and treating of newborns, counseling on options for safer infant feeding practices and referral to community support systems when available. It is only when such comprehensive programs are implemented that women and their



Antiretroviral coverage to prevent new infections among children, and the final HIV transmission rate from mother to child, including breastfeeding

families can access the counseling and treatment both during pregnancy and during breastfeeding periods.

Strong efforts have yielded significant improvement in the last decade. Between 2009 and 2012, new HIV infections among children have been reduced by 50% or more in seven countries – Botswana, Ethiopia, Ghana, Malawi, Namibia, Zambia and Zimbabwe. Of these rapidly reducing countries Ghana led the way with a milestone 76% reduction, Namibia 58% and Ethiopia and Zambia just reaching the 50% threshold.



Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission in Sub-Saharan Africa, 2012

While this has been encouraging, the inconsistent and only moderate reduction rates witnessed in Burundi, Cameroon, Kenya, Mozambique, Uganda and Tanzania indicates that this is no time for complacency. PMTCT programs can only yield desired outcomes if they are consistent, accessible both during pregnancy and during breastfeeding, and if they are a part of greater MNCH packages. While there is indeed room for improvement, these countries, together with South Africa illustrate that our targets are attainable in the near future.

The most concerning rates, however, are with the 'slow' declining countries: Angola, Chad; Côte d'Ivoire, Democratic Republic of the Congo, Lesotho, and Nigeria. Significantly low reduction rates in Chad, Côte d'Ivoire and DRC, can be attributed to the fact that nine out of ten breastfeeding women and their children did not receive antiretroviral drugs to prevent mother to child transmission. It is imperative that OAFLA, together with its partners, focus on these four critical West/Central African states and two Southern African states to mitigate the problem of mother to child transmission and achieve the resolve of an AIDS-free generation.

To this end, the African First Ladies call for the acceleration of access and use of treatment and quality services for the prevention of Mother-to-Child transmission of HIV. Ensuring that mothers and their partners have continuous access to HIV treatment and accelerated access to sexual and reproductive health services must be a programmatic priority in all of our countries.

1.2 EMTCT Programs implemented in Countries

With the strategic guidance and policy set forth by the Secretariat, OAFLA country chapters have developed and implemented many PMTCT programs that fit the national priorities set by each government, and reflect the program priorities also set by UNAIDS and the Global Plan.

Republic of Burundi



OAFLA-Burundi has implemented a project towards the mobilization of political and religious leaders and local politicians on the involvement of men in the program to eliminate HIV in children and keeping their mothers alive by 2015.

The target group covered by this program was composed of political leaders, religious leaders, local politicians as well as representatives of non-profit organizations involved in the fight against HIV / AIDS.

The overall objective of the project had the following specific objectives: i) to sensitize the above mentioned high officials and leaders on the plan to eliminate the transmission of HIV from mother to child by 2015; ii) to increase their awareness of their role in promoting the commitment of the community for a better understanding and massive adherence of pregnant women and those of childbearing age regarding the prevention of HIV transmission from mother to child program; iii) to provide guidance on specific concrete actions that religious and political leaders and local politicians need to take to

strengthen family approach to reduce socio-cultural barriers and encourage the involvement of spouses / partners of pregnant women to accompany them in health care services.

Due to the lack of resources, the workshop / campaign was only organized in 1 region out of 4 of the country: the Central East region covering 6 Provinces (Gitega, Karusi, Muramvya Mwaro, Ruyigi and Cankuzo).

The event was held as a workshop and was attended by 110 leaders at all levels of the Central East region of Burundi.

The highlights of the workshop were: i) the opening ceremony (welcoming remarks by the Governor of the province of Gitega, speech by the Country Director of UNAIDS; Speech by the Representative of the Minister of Public Health and the fight against AIDS; opening Remarks by H.E. the First Lady); ii) presentations on the status of PMTCT in Burundi, experiences here and elsewhere regarding the involvement of men in PMTCT; iii) a moving testimony of a sero-discordant couple (Woman sero + and Man sero -) with an HIV-negative child; iv) Exchanges under the theme: *The role of leaders in mobilizing the people of Burundi regarding men's involvement in the E-TME program.*



The First lady actively engaging in discussions

This workshop was a great success. H.E. the First Lady informed the participants that the ultimate goal of the workshop was to inform leaders on the plan to eliminate the transmission of HIV from mother to child by 2015. This objective can only be achieved if all stakeholders combine their efforts and pool their strengths to address existing weaknesses. She urged leaders to become personally involved in the awareness for men's involvement towards the success of the E-TME program. She reminded parents on the importance of strengthening dialogue within the family. Finally she asked the religious and political leaders as well as the local politicians to invite citizens, while discussing the matter, to a voluntary testing for AIDS, especially husbands to accompany their wives to health centers for PMTC, a promised matter.



Republic of Cape Verde

In Cape Verde the statistics estimates that ten thousand (10,000) pregnant women visits frequently sexual and reproductive health and prenatal services. Among these women less than 1% is HIV positive. Even though it is observed that there is a good coverage of services for children and women, the situation is not the same for men because there are barriers which limit the attendance of men in SRH and PMTCT services.

Given the low participation of men in the services, the project implemented by the OAFLA/UNAIDS fund aimed to promote the activities of the prevention of HIV from mother to child targeting pregnant women and their partners/husbands in the city of Praia. The activities which have been implemented are the following:

- Organising meetings for awareness creation in four principal centres of the country on the participation of men in subjects of sexual and reproductive health including PMTCT
- A training course about SRH/PMTCT to young leaders of associations of different neighbourhoods in the capital
- Publicity spots to mobilise men and boys to utilise sexual and reproductive health services

This project was very successful because it has been verified that more men are accompanying their wives and partners to the hospital to monitor their partners' health during pregnancy. It was therefore deemed necessary to implement the same project in other islands of Cape Verde.

The Islamic Republic of Comoros



H.E. Mrs. Hadidja Aboubacar Ikililou Dhoinine
First Lady of the Islamic Republic of Comoros

A graduate in Public Health, H.E. Madam Hadidja ABOUBACAR Ikililou, First Lady of the Islamic Republic of Comoros, went through all levels of the health sector in the country. She has worked with the United Nations particularly with UNFPA as an IEC/FP facilitator. She is also an active advocate of development associations. As a former coordinator of the Association of African Women Facing AIDS and President of the Comorian Association for Family Well-Being, H.E. Mrs. Hadidja has a perfect command of the social and health sector including HIV / AIDS and reproductive health.

H.E. Madam Aboubacar Hididja Ikililou through the Halouoitete Foundation in line with the national strategy on PMTCT contributes to maintain the rate of transmission of HIV from mother to child to less than 0.5%. In this framework the foundation implemented projects pertaining to the extension of PMTCT sites in ten localities of the country as well as contributed to the fight against stigma.



Regarding the extension of the sites the following activities were undertaken:

- Providing two thousand (2,000) dry tubes, 800 needles, one thousand four hundred (1,400) Lancet, two home sampling kits and 1000 gloves for staffing the ten new PMTCT sites
- Providing five days training for twenty (20) agents from the new PMTCT sites in counselling and testing
- Posters and leaflets have been produced to raise awareness about PMTCT
- 18 awareness creation sessions were held in the villages where the PMTCT sites have been implanted.

Concerning the fight against stigma, one session for training and awareness creation was held for the personnel of the PMTCT sites on the universal precautions. Moreover posters on the fight against stigmatisation have been printed and distributed.



In conclusion, the project has enabled the extension of PMTCT sites hence the number of women who have accepted testing and have the knowledge of their results has increased and the sites have been able to be staffed by trained and competent agents with a comprehensive approach on PMTCT and stigma.

Republic of Congo



H.E. Mrs. Antoinette Tchibota Sassou-Nguesso

First Lady of the Republic of Congo
Member of OAFLA Steering Committee

H.E. Mrs. Antoinette Tchibota Sassou-Nguesso is a teacher by profession

At the International level, she is

- the President of the African First Ladies Peace Mission against conflicts (MIPREDA)
- the Chair of the Coordinating Committee of the Global Fund to fight AIDS, Tuberculosis and Malaria
- member of the francophone network against sickle cell disease (RFLD / SOUTH DEVELOPMENT)

At the national level, she is

- the President of the OYO National Network workshop on the education system recovery (RENATO)
- the President of the "Fondation Congo Assistance" (FCA)

H.E. Madam Antoinette Sassou Nguesso, President of OAFLA-Congo and of the Congo Assistance Foundation (FCA) had organized on December 1st, 2013, on the occasion of the celebration of the World AIDS Day, in partnership with UN agencies, the Ministry for the Advancement of Women and Integration of Women in Development (MPFIFD), the Ministry of Health and the National Council for the Fight against AIDS (CNLS), awareness campaign on E-MTCT.

This campaign was launched in Sibiti in the region of Lekoumou and also continued in the areas of Gamboma in the Plateaux region, in Ewo in the Western Cuvette region and Kinkala in the Pool region. It should be noted that these other locations house the Centers for the Prevention of HIV and AIDS for women and girls set up by OAFLA-Congo and have the particularity of being border areas of the country.

The choice of Sibiti was motivated by data from recent surveys conducted on seroprevalence in the Republic of Congo. According to these surveys the District of Lekoumou remains the most affected by HIV with a seroprevalence of 4.8%, among which 7.3% are women against 1.6 % representing men.

In Sibiti, capital of the Lekoumou region, the campaign was sponsored by the First Lady of Congo, President of OAFLA-Congo.

People coming from different social strata, all political and administrative authorities and people from all areas of the region as well as local departmental elected officials participated in the campaign.

During this campaign, the First Lady made a donation consisting of antiretroviral drugs, delivery kits and caesarean kits, dietary supplement kits received from the First Lady of Namibia for women included in the PMTCT active line and delivery tables received from the permanent Executive Secretary of the National Council for the Fight against AIDS (CNLS). These gifts should contribute to strengthen the perinatal care of women, i.e. before, during and after childbirth.

The results of the campaign are:

- 80% of women of childbearing age in the above localities are informed about HIV and AIDS facilities supported in the Republic of Congo;
- Five hundred and seven (507) people were tested on site by the mobile VCT and in AIDS prevention centres for women;
- Twenty thousand (20,000) condoms were distributed;
- Five thousand (5,000) female condoms were distributed;
- Two thousand (2,000) information leaflets about HIV in general and PMTCT in particular were distributed.

Federal Democratic Republic of Ethiopia



H.E Mrs. Roman Tesfaye

First Lady of the Federal Democratic Republic of Ethiopia

H.E Madam Roman Tesfaye served in the Ethiopian human rights commission as a director for monitoring research and advisor on issues of human rights. H.E had a passion in serving women and children by taking on the responsibility of a department head for children and women and disabled persons, women's Policy and strategy at the ministry of women's Affairs.

H.E Madam Roman is passionately involved in projects related to HIV prevention and rehabilitation of people infected and affected by HIV/AIDS.

Due to the high prevalence rate of HIV/AIDS in the Gambela Region in general and the high transmission of HIV/AIDS from mother-to-child in particular, H.E Madam Roman Tesfaye, First Lady of the Federal Democratic Republic of Ethiopia organized a one day summit on *"Enhancing implementation mother to child transmission"* in collaboration with Federal HIV/AIDS Prevention and Control Office. The summit was held on 31st October 2013 in Gambela Regional State, Mezenger Zone, Meti Woreda.

The general objective of the summit was to augment Gambela Regional State – Mezeng Zone efforts towards averting new infections, particularly with focus on HIV prevention including the prevention of mother to child transmission through strengthened local leadership, revitalised community movement against HIV/AIDS, strengthened service linkages for HIV services, enhanced PMTCT and maternal and child health services as well as health post and health centre based activities.

Before the conclusion of the summit the participants discussed thoroughly in groups on the situation of HIV/AIDS in their localities and the major factors that fuel the spread of the virus. At the group discussion, the participants under scored the fact that HIV/AIDS is posing a threat to their communities. They also identified a number of factors that fuel the spread of the virus.

During the conclusion of their discussion they unanimously agreed to;

- Eliminate harmful traditional practices that fuel the spread of the virus
- Raise the awareness of their society on HIV/AIDS and its consequences
- Economically empower women and youth in order to minimize their economic vulnerability
- Eradicate early marriage and get tested for HIV/AIDS before the conclusion of marriage etc.

At the conclusion of the summit the participants agreed to take the following key measures to prevent and control HIV/AIDS in the region especially in Mezenger zone.

- Leaders at all level should work with determination and sense of ownership in collaboration with different social organisations to curb the problem.
- To create social mobilisation and facilitate continuous community conversation forum aimed at raising the awareness of the society on HIV/AIDS and AIDS services.
- To encourage and support women in order that they deliver in safe health care facilities to prevent mother-to-child transmission of the virus.
- Ensuring access to HIV/AIDS services and enabling the public to make effective use of the services.

Gabonese Republic



H.E. Mrs. Sylvia Bongo Ondimba

First Lady of the Republic of Gabon

H.E. Sylvia Bongo Ondimba established in 2011 the Sylvia Bongo Ondimba Foundation for Families, in the realization of a long commitment to the poorest in Gabon.

Known for her boldness and determination, Sylvia Bongo Ondimba especially chose to put family values at the heart of her activities as part of her duties as First Lady and through the initiatives of her Foundation.

Her commitment is reflected in strong advocacy and leadership towards major reforms on the national and international scene. It is also translated, since 2011, through the deployment of actions through her Foundation in areas considered priorities and on fundamental prerequisites for sustainable development: education, health and social action.

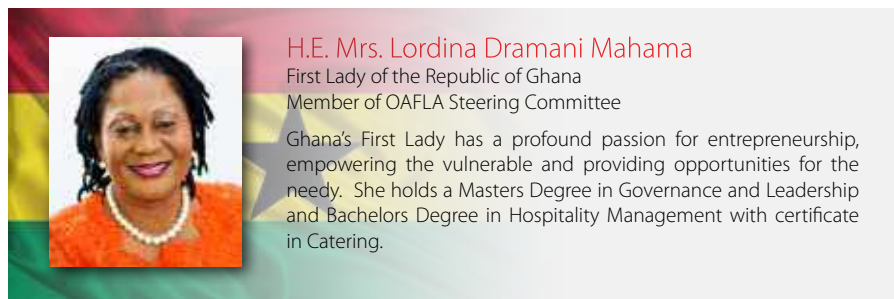
In Gabon, nearly three thousand one hundred (3,100) children aged 0-14 years are living with HIV-due to the transmission by HIV-infected mothers. However, since there are solutions to eliminate the transmission, in Gabon testing and support for HIV-positive pregnant women is free. These are the messages that the Sylvia Bongo Ondimba Foundation for the Family, desired to transmit to the widest possible public throughout the country.



For three weeks, the awareness campaign was broadcasted on multiple media (urban display, press inserts, TV, SMS operation) and accompanied by distribution of test kits in structures in the area of Libreville-Owendo.

The UNAIDS fund was used by the Sylvia Bongo Ondimba Foundation to purchase five thousand eight hundred and thirty-six (5,836) test kits for eleven (11) health centres in the area of Libreville - Owendo, making possible the testing of pregnant women visiting these structures.

Republic of Ghana



Health workers providing free health screening services as part of the OAFLA campaign in Sunyani

OAFLA Ghana Chapter has launched a campaign towards the elimination of Mother to Child Transmission of HIV. An approach was piloted to reach women, not only with HIV testing and counselling, but also with blood pressure checks, breast palpation and inspection of the cervix to enable early detection of hypertension, breast cancer and cancer of the cervix.



Republic of Guinea

The PROSMI Foundation or “*La Fondation Conde Djene Kaba pour la promotion de la santé maternelle et infantile*” in collaboration with the Ministry of health and public hygiene utilised the allocated funds to hire a consultant to develop a guide for a retention mechanism for pregnant women to receive prenatal consultation and test for HIV.

The objective of this guide was to equip councillors with a tool for effective management of pregnant women for ANC with the support of their spouses

The guide was drafted according to the following steps:

- Visit of ten PMTCT sites
- Drafting and submitting the first draft to a selected commission for review and amendment
- Following the amendments, a draft document was submitted for a second review
- A validation workshop was organised in Kindia which brought together thirty (30) managers from different government departments, international and national institutes
- At the end of this workshop after analysis and amendments, the document was validated and six hundred (600) copies were printed for distribution

The PROSMI Foundation plans to organise workshops to disseminate the guide in seven administrative regions and in Conakry, to ensure the monitoring and evaluation on the utilization of the guide and eventually draft an activity report.



Republic of Kenya

Kenya has embarked on the Beyond Zero Campaign. This campaign aims to address Kenya's high maternal and child mortality, as well as HIV related conditions, especially Mother to Child HIV transmission. It aims to create a new momentum for action to end preventable deaths among mothers and children to beyond zero and giving new impetus to prevention of mother to child transmission of HIV.



In this regard the First Lady, H.E Madam Margaret Kenyatta, has participated in the 2014 London Marathon. She will seek leverage on the global platform provided by the Marathon to raise visibility for maternal and child health issues and mobilise resources to support this cause.

As a precursor to this event, the First Lady launched and sponsored the inaugural First Lady's Half Marathon. The two events will create awareness and raise funds for provision of mobile clinics, incubators, point of care diagnostic kits for early infants, diagnostics for HIV and oxygen concentrators across the country. The campaign also seeks to highlight the health benefits of regular exercising as a way of managing a wide range of health problems and diseases.

The First Lady's Half Marathon will be an annual event which will help raise funds to address the challenges of HIV, maternal, newborn and child health as well as other environmental and health related issues.

The Republic of Mali



H.E. Mrs. Mrs. Aminata Maiga Keita

First Lady of the Republic of Mali

Mrs. Aminata Maiga Keita, First Lady of Mali since September 2013, worked as an Assistant to the Secretary General of the African, Caribbean and Pacific Group of States in Brussels (1974/1983) and as a Deputy Administrator in charge of Administration and Personnel at UNICEF Mali (1984/1993). She is the President and Founding Member of the NGO named "AGIR pour l'Environnement et la Qualité de la Vie", (Operation SOS ZOO in 1994 became AGIR pour l'Environnement et la Qualité de la Vie in 1997 and the latter became a NGO in June 2003).

The NGO AGIR has cross-cutting activities on all aspects of life and especially on the protection of the environment, sanitation, health, environmental education and the promotion of a viable human settlement model through citizenship education and on the creation of the Environment House and its branches as well.

The pilot programme of a mechanical condom vending machine, one of the Health Components of the NGO-AGIR, is part of the national fight against STDs and the promotion of family planning.

As part of the implementation of the OAFLA strategic plan, the First Lady of Mali intends to personally participate in the Prevention of Mother to Child Transmission of HIV/AIDS- PMTCT. This program will be primarily based on awareness creation, advocacy for the promotion of the health of the mother and child.

As part of the staff capacity building, a training was held from 20 to 22 November 2013 for the benefit of sites providing PMTCT from Kati, Nara and Koulikoro health districts in the region of Koulikoro. The objective of this training was to strengthen the capacity of sites providing PMTCT.

The opening ceremony took place in the presence of H. E Madam Traore Doucoure Minto, wife of the President of the transition who has launched the training activity of 30 sites providing PMTCT.

The proceedings of the workshop focused on the presentation and explanation of eight modules, pre-test and post-test as follows:

- Pre-test: on the prerequisite
- Introduction to HIV/AIDS
- HIV testing counselling for PMTCT
- Role play on the pre-test, post-test counselling
- Demonstration on HIV testing
- Stigma and discrimination associated with HIV/AIDS MTCT
- Specific intervention on MTCT prevention
- Infant feeding in the context of HIV infection
- Links with treatment and care services, and support services for mothers and families infected or affected by HIV
- Safety, care and support in health care
- Monitoring of the PMTCT programme

The workshop helped to raise the level of learners, as evidenced by the results of the post-test.

Republic of Mozambique



H.E. Mrs. Maria da Luz Dai Guebuza

First Lady of the Republic of Mozambique
Member of OAFLA Steering Committee

H.E. Maria da Luz Dai was born in Manica Province, on February 5, 1953. Completed Her primary education in the country. In late 1969, Maria da Luz Dai, moved with Her family to Malawi, fleeing from Portuguese colonial rule. From there they headed to Tanzania (Tunduro), where She worked as a teacher in the Secretariat and the Educational Center. In January 1974, Maria da Luz married FRELIMO veteran, now President of the Republic of Mozambique, Armando Emilio Guebuza.

The First Lady's Office of the Republic of Mozambique has implemented

an awareness Campaign on Prevention of Mother to Child Transmission (PMTCT). The activities took place in Nampula Province, one of the most populated provinces of the country and had as a target audience community leaders and influential personalities. In this regard activities held were:

Production and Distribution of Awareness Material on PMTCT

For advocacy and awareness activities, communication materials such as brochures and posters were produced in the official language (Portuguese) and translated into the local language (Makua). Such materials were distributed before, during and after the training week of the target audience having covered major local clusters of people (markets, schools, bus stops, etc.)

Training of Community Leaders and Influential Personalities in Communities

In the period from 17 to 19 October, 2013, training of **Community Leaders and Influential Personalities in Communities** was held and attended by seventy-five (75) participants represented among the following groups in Nampula Province:

- Community Leaders;
- Religious Leaders;
- Matrons;
- Influential Personalities;
- Among others.

Through a process of nominations, three consultants were hired to conduct the training consisting of the following modules:

- Module 1 - Mother and Child Health
- Module 2 - Nutrition
- Module 3 - PMTCT
- Module 4 - Breast, Cervical and Prostate Cancers

- Module 5 - Literacy and Adult Education, Empowerment and Education of Women and Girls
- Module 6 - Cross Cutting Issues (Alcoholism, Early Marriage and Gender Equality)

The campaign has:

- Strengthened the capacity of community leaders and influential personalities through the training;
- Strengthened the call for greater adherence of the target population to participate in the PMTCT program;
- Accomplished widespread commitment by the African First Ladies in the fight to achieve **Zero New HIV Infections**, awarded at the “**Maputo Declaration**”, read at the Closing Ceremony of the **32nd Summit of Heads of State and Government of SADC**;
- Fortified appeal to change behaviour as a key to prevent new HIV infections;
- Enhanced the inclusion of PMTCT as a priority in all initiatives of Maternal, New-born and Child Health for the achievement of the Millennium Development Goals (4, 5 and 6);
- Spread the importance of access to health services to pregnant women;

Reinforced the need to support the “Mother to Mother Groups” program, consisting of HIV-positive pregnant women and mothers, who provide psychosocial support to help group members overcome obstacles and to adhere to the recommendations for Prevention of Mother to Child Transmission.



Campaign on Prevention of Mother to Child Transmission of HIV



Republic of Namibia



H.E. Mrs. Penehupifo Pohamba

First Lady of the Republic of Namibia
Patron of Maternal and Child Health Agenda in Namibia

Her Excellency Madam Penehupifo Pohamba, First Lady of the Republic of Namibia advocates for the empowerment of women and children to enable them to make a contribution to the Meaningful development of society as well as fighting for the eradication of gender based violence and other forms of injustice and all forms against women. Madame Pohamba is a registered nurse by profession. She was trained in midwifery Both in Tanzania and Jamaica and practised as a midwife and as a registered nurse for 35 years. Nearly until she became the First Lady in 2005. She is a mother of five children and has 4 children/grandchildren.

- Served as a form of the President Organization of African First Ladies against HIV and AIDS (OAFLA) from 2011 to 2013 and is an active member of Currently OAFLA.
- She is Patron of Maternal and Child Health in Namibia and Events Champion for the Prevention of the Transmission of HIV and AIDS from mother to child in Namibia.
- Patron of NAMPHARM Foundation, foundation caring for children born with facial Cleft palates and other disorders.
- The Founder and Patron of the Organization for Empowerment of Widows and Widowers and Orphans of HIV and AIDS in Namibia (OEWONA). OEWONA HAS enlisted more than 10,000 Widows, Widowers and Orphans of HIV and AIDS Have you benefit from the organization.
- Founder of Mukwamhalanga Tukondjeni Community Trust, a trust Focusing on empowerment of rural women in Namibia.
- She is also serving as honorary member of the year Shafallah Centre for Children with Special needs based in Doha, Qatar.
- She is a member of RAND African First Ladies Initiative.

She Was Recently appointed as Patron of Amitofo Care Centre, outside Okahandja, Namibia. A center for orphans Which Will Be hosting 800 children

regions, promoting the involvement of fathers to participate in the process of PMTCT services.

With assistance from UNICEF, a communication strategy was developed for the campaign. One of the outputs of the communication strategy is to develop and produce television and radio messages in support of the campaign, to educate the public and to increase awareness of the campaign. The messages which have been produced, translated in vernacular languages through the financial support of our partners, are currently being aired on radio since the beginning of March 2014 and will continue running for the next six months. This will be complimented by TV messages, which will be aired later in the year.

The campaign has also been extended to all thirteen (13) regions where Madam Pohamba meets with community, traditional and religious leaders and the civil society about the HIV pandemic, its prevention, treatment and care.



H.E Madam Penehupifo Pohamba launched the PMTCT Campaign in 2012 under the theme “Male involvement in PMTCT” The campaign has been launched in all regions. The aim is to have the campaign running in all

Republic of Niger



H.E. Mrs. Mahamadou Issoufou

First Lady of the Republic of Niger

H.E. Madam Aissata Issoufou Mahamadou has Post graduate Degree in subsoil resources valuation process CESEV ENSG-Nancy-France. She has an Expert Diploma in ore beneficiation process CESEV ENSG-Nancy-France. She holds a Master's degree in Chemistry and a Bachelor's degree in Chemistry from the University of Niamey-Niger. In 2012 she earned the Price CRANS MONTANA. As a Chemical Engineer, She has Worked as Head of the metal and mineral processing division (Department of ore treatment) at SOMAIR ARLIT-NIGER. She has also Worked as an Independent consultant in Appropriate Technology and established a Consulting Firm in General Engineering.

Within the framework of the fight against HIV/AIDS, the Gouri Foundation (Foundation of H.E Madam Aïssata Mahamadou Issoufou), has initiated a project called: Support of HIV positive women in 22 PMTCT IHC sites in the Urban Community of Niamey.



The project was implemented according to an adopted time chart and was spread across three months from 24 December, 2013, to 22 March, 2014. The project included:

- Launch of the campaign that took place on 24 December, 2013, in the Madina IHC under the Presidency of the First Lady.
- Training/use of seventy (70) female trainers from the project which was led by superior technicians in public health from 26 to 27 December, 2014.
- Awareness workshops on PMTCT in the IHCs were led from January to March 2014 in the twenty-two (22) IHCs of the Urban Community of Niamey. This activity was led by the seventy (70) trainers/mediators under the supervision of their peers who have a strong experience in the field. These awareness workshops have enabled the adhesion of women to HIV testing;
- Mediation workshops to inform the partners of HIV positive women;
- home visits to seek long-lost and isolated people in order to encourage them to continue ARV treatments;
- Supervision process led by the CISLS, the PMTCT cell and the Gouri Foundation that took place from 12 to 14 February and 12 to 14 March, 2014.

The project enabled the implementation of five hundred and sixty (560) awareness workshops in favour of PMTCT. These workshops focused on ANC as well as on NC. For the same costs, thirteen thousand one hundred and twenty six (13,126) women were informed which led six thousand three hundred and twenty-four (6,324) women to accept HIV testing, thus rendering a cumulative HIV testing rate of 48%. Of the six thousand three hundred and twenty-four (6,324) women who were tested, thirty-seven (37) were diagnosed HIV positive, meaning a sero-prevalence rate for the sample of 0.6%. Equally, for the isolated people, the mediators had to bring to the health structures thirty-eight (38) women for protocol treatment on the seventy-seven (77) listed, thus rendering a rate of 49.35%. The project also

enabled the implementation of thirty-four (34) family mediation workshops and nine discussion groups on themes related to treatment following, and the rules and practices to observe to prevent mother to child transmission were also developed.

H.E the First Lady of Niger has received financial support through OAFLA / UNAIDS to advocate for the prevention of HIV transmission from mother to child (PMTCT). The amount of about USD 10,000 that was allocated has allowed the champion of the fight against AIDS in Niger to organise a day of advocacy with religious and traditional leaders in the urban community of Niamey, the capital of Niger.

The project objectives were to advocate / raise awareness for religious leaders of Niamey for their involvement in the acceptance of PMTCT by couples. A conference / discussion on the role of religious and traditional leaders of the urban community of Niamey in achieving the objectives defined in the national plan of the elimination of the transmission of HIV from mother to child was organised under the patronage of the First Lady.

The speakers recalled the obligations of every human being able to provide assistance or support to his/her neighbour so that they maintain their health, it was in this sense that the responsibility of religious leaders was wide and strongly recommended. The recognised role and the strength of their words were also expressed by religious leaders in Niger which was the reason behind the required involvement of leaders in channelling good information about maintaining the health of populations and particularly on the necessity for mothers and children to regularly frequent health service facilities in the context of Islam.

Thus at the end of the conference an invitation was extended to all the male and female religious leaders to mainstream the issue of the use of health services by women and children. In this regard a strong will and mobilization was expressed and shown by religious leaders.

Federal Republic of Nigeria



H.E. Dame (Dr.) Patience Goodluck Jonathan

First Lady of the Federal Republic of Nigeria

Dame Patience Jonathan read Biology \ Psychology at the University of Port Harcourt Effective leaving the Rivers State College of Education Where She read Mathematics / Education. As a trained teacher, she started her working career as a teacher; significant teaching in Secondary schools like Stella Maris College, Port Harcourt and the famous Sports Institute at Isaka, Rivers State.

She has two non-Governmental Organizations - "A. Aruera Reachout Foundation "(AARF) and the "Women for Change and Development Initiative "(W4CDI) - through All which She has rendered Numerous Humanitarian services to the people of Nigeria, PARTICULARLY the women, children, orphans and the less privileged. Her major activity is in the area of empowering women economically, socially and politically.

Since she Became Nigeria's First Lady, Dame Patience Jonathan HAS RECEIVED over national 50 and international awards, as well as over honorary doctorate degrees from local and foreign universities, Including That from her alma mater, University of Port Harcourt and Hansei University, South Korea.

She is sitting President of the African First Ladies Peace Mission

Dame Patience Jonathan is an indomitable woman, a champion of our time, an indefatigable fighter, defender and promoter of women and worthy causes. She is a proud mother of two beautiful children and Aruabai Ariwera.

Her Most recent chieftaincy conferment, recognitions and awards include the conferment of the title of Chieftaincy In Nyengibo 1 of Wakirike Bese by the Amayanabo Ogoloma of King EDI Obudibo, Ikwo V on Thursday, October 31, 2013 and UNAID "Protect the Goal" Patron of Youth Award in February 2014.

Efforts to boost the Prevention of mother-to-child transmission of HIV/AIDS (PMTCT) programme by H.E Dame Dr Patience Goodluck Jonathan are continuing. More access to funds, drugs, reduction in stigmatisation, more awareness and reduction in HIV prevalence are necessary to win the war against HIV/AIDS pandemic.

The First Lady has continued to ensure that all stakeholders work together to achieve maximum results in the programmes. Her office has continued to collaborate with relevant agencies of government and the private sector in pushing her ideas and plans on PMTCT. This approach of tapping into the experiences of experts and technocrats in this area has encouraged the flourishing of The PMTCT programme. She will continue to ensure the synergy between her office and relevant stakeholders in achieving the target of PMTCT.

Moreover as the Child Online Protection Champion (COP), given the unwholesome activities on the internet and lack of effective monitoring and control expose children and youth to indecent behaviours that predispose them to the risk of HIV and AIDS, the First Lady Nigeria has reflected on this new challenge and have initiated enlightenment campaign to save children of the continent and the world at large on internet abuse and server crime given the potential in scaling up HIV/AIDS pandemic.

Republic of Rwanda



H.E. Mrs. Jeannette Kagame
First Lady of the Republic of Rwanda
Member of OAFLA Steering Committee
Vice President of OAFLA

H.E. Mrs. Jeannette Kagame, the First Lady of Rwanda, became a founding member of the Organization of African First Ladies against HIV/AIDS (OAFLA) in 2002, and served as its President from 2004 to 2006.

Mrs. Kagame, who holds a degree in Business and Management Science, has delivered keynote speeches at numerous national and international fora on various themes including leadership, economics, health, children's welfare, and women's empowerment, among others. Mrs. Kagame personifies an active, relentless devotion to uplifting the lives of vulnerable population in Rwanda, particularly those of widows, orphans and impoverished families

The Office of Her Excellency the First Lady of Rwanda, Madam Jeannette Kagame through the Imbuto Foundation in collaboration with the Ministry of Health conducted various activities to create a sustainable community based structure to support accelerated actions towards EMTCT in the Bugesera District.



The first project collected success stories and documented lessons learned from three different sites namely Bugesera, Kayonza and Gicumbi district sites. The lessons learned are to be applied at the Ngeruka pilot site. There were three main areas of focus of data collection for the success stories including: cooperative management, fight against malnutrition, and prevention of mother-to-child transmission. In this regard a DVD with success stories and best practices was produced and health centre staff have demonstrated commitment to practice acquired skills for improved nutrition

The second project successfully conducted a five day training for key stakeholders including: family package clients, health centre focal person and community health workers. The objective of the training was to reinforce participant knowledge in PMTCT/EMTCT and social empowerment areas and draw a work plan for the EMTCT implementation in the Ngeruka model facility. The training has enabled improvement in participant knowledge

in the areas of cooperative management, skills in community mobilization in the fight against HIV and AIDS, in the fight against malnutrition and adherence to economic activities. Commitments were also articulated by the participants in form of action plans for EMTCT implementation, and from Ngeruka health centre staff a commitment to specifically improve behaviour or practices during service provision.

The third project pertains to an advocacy workshop with local leaders and community members to advocate for EMTCT campaign both at health centres and community level, to share the results from the training workshop and to advocate to local leaders and stakeholders for support for the Ngeruka action plan with regards to EMTCT. On the spot at the advocacy workshop, the Mayor of Bugesera district led a process to establish a district level Technical Working Group (TWG) to follow up EMTCT implementation in the Ngeruka model facility.

Republic of Senegal



H.E. Mrs. Marème SALL

First Lady of the Republic of Senegal
Member of OAFLA Steering Committee

The First Lady of Senegal, Mrs Marème SALL created the foundation "SERVING SENEGAL" with a view to improve the lives of its most disadvantaged citizens.

The foundation aims to contribute to the economic and social promotion of Senegalese and the advent of a Senegal of prosperity and well-being.

The First Lady of Senegal H.E Madam Marième SALL, through her foundation "Servir Senegal (FSS)", with the funds from UNAIDS and with the support of the National Council for the Fight against AIDS, she is committed to contribute to the achievements of the AIDS program in Senegal. Her action plan is part of the implementation of the strategic plan to fight against AIDS and the National Plan for the elimination of transmission of the AIDS virus from Mother to Child.

The specificity of this action plan is to promote and support in the districts of Mbao Guédiawaye and Pikine the prevention of new infections, the involvement of religious, women and couples in elimination strategies transmission virus Mother and Child by 2015 and support for Orphans and Vulnerable Children (OVC). The action plan was launched on May 6, 2013 in the Health Centre Diamaguène - SicapMbao, in the suburbs of Dakar.

The various speeches have emphasised the importance of achieving the goal of zero transmission from mother to child by 2015. The First Lady in her speech has committed to being at the forefront of the fight. Singers and artists adored by the public also helped deliver messages for a change in behaviour. Sketches were also presented to educate the large audience present at the launching ceremony on the issue. The media was well represented by both public and private media houses who overwhelmingly relayed the main messages.

After the launching of the action plan, several activities have been planned to ensure greater ownership of the message. At the media level several articles and reports have been published on the involvement of the First Lady. At the non-media level – advocacy visits took place at Ndiarème Guédiawaye and "Sunday PikineIcotaf" markets. In this regard a strong delegation from the Foundation servir le Senegal, accompanied by a team of doctors and facilitators conducted a visit, an advocacy and dialogue with the workers and the public of Ndiareme and "Sunday PikineIcotaf" Markets.



Republic of Sierra Leone



H.E. Mrs. Sia Nyama Koroma
First Lady of the Republic of Sierra Leone

H.E. Sia Nyama Koroma Attended the Annie Walsh Memorial Secondary School in Freetown and completed her undergraduate and Masters Degrees in Synthetic Organic Chemistry in the United Kingdom.

During the war years in Sierra Leone, she left the country for the United Kingdom Where She Studied nursing at Kings College, London University. She is an Organic Chemist Both and has trained and Practising Psychiatric Nurse.

After studying, Mrs. Koroma Worked as Chief Chemist at the Sierra Leone Petroleum Company, All which included routine quality control of petroleum products in the country and sub area.

Sia Koroma remains an inspiration and example of what one woman can Accomplish with vision, courage, perseverance, and a generous spirit. She is not known to wait for Opportunities, she Creates Opportunities. She Believes Abebooks web not make progress by standing on the sidelines goal by Implementing ideas. She Firmly Believes That education is the answer to the problems of the world.

The Office of The First Lady in Sierra Leone as part of its Women Initiative for Safer Health (WISH) programme, introduced the Mother - Baby Package as an incentive to encourage pregnant women to attend ANC, and deliver in a health facility. This strategy has contributed to increased ANC attendance and hospital based delivery. However, this figure accounts for only 10.4% of those who are in need of the required services. Facilities for Early Infant diagnosis (EID) are also limited and male participation in ANC/PMTCT is yet far too low.

Against this backdrop and in the furtherance of the National Campaign on Virtual Elimination of Mother to Child Transmission of HIV by 2015, The Office of the First Lady in Sierra Leone through the UNAIDS fund has implemented projects to raise awareness amongst pregnant women on PMTCT with strong emphasis on HIV testing and Provide mothers - Baby Pack to new born mothers who delivered at a health facility during the campaign period.

In these regards five hundred (500) pregnant women and their male partners have been sensitized on prevention of mother to child transmission of HIV in the Eastern Provincial Headquarter town of Kenema and two hundred and fifteen (215) baby packs (Napkins, Vaseline, powder, bandage, baby wrapper, cloth for the mother, baby outfits etc) have been procured and distributed to eligible mothers in the Kenema Government hospital

United Republic of Tanzania



H.E. Madam Mama Salma Kikwete
First Lady of the Republic of Tanzania
Member of OAFLA Steering Committee

First Lady of the United Republic of Tanzania Her Excellency Mama Salma Kikwete, the First Lady of the United Republic of Tanzania, wife of President Jakaya Mrisho Kikwete and WAMA Foundation's Chairperson is an ardent believer in empowerment of women and disadvantaged children; issues she has made her life time commitment.

She has more than 20 years experience as a teacher and firmly believes that success in education and health are fundamental principles in unlocking any potential in human beings. She is fully aware that development in education and health are key factors in liberating Tanzania and Tanzanians from the three nationally recognized enemies -Ignorance, Poverty and Disease.

1. National PMTCT Stakeholders dialogue meeting:

WAMA foundation invited National PMTCT stakeholders to attend a one-day dialogue meeting. The meeting was held on Tuesday, 21st of January 2014, at Serena Hotel, Dar es Salaam from 10:00am to 4:00pm and officiated by H.E. Mama Salma Kikwete,

Key outputs which were anticipated were:

- Key lessons, Gaps, and challenges shared among PMTCT stakeholders
- Road map to the achievement of the national plan goals agreed upon



2. Launching of Option B Plus in Dar es Salaam region:

Following the dialogue, WAMA Foundation in collaboration Regional administration, launched PMTCT Option B+ national plan in Dar es Salaam on 22nd of January. The Guest of honor, was the First Lady, H. E Mama Salma Kikwete. The meeting was attended by more than 1000 different stakeholders and key implementers of this plan from the Region.

Republic of Uganda



H.E. Hon. Mrs. Janet Kataaha Museveni

First Lady of the Republic of Uganda

H.E Hon Mrs Museveni has a bachelor of Education from Makerere University and a diploma in childhood Development from Sweden

Work-related Experience and Achievements:

- Minister for Karamoja Affairs
- Member of Parliament
- Founder and Patron of Uganda Women's Effort to Save Orphans (UWESO)
- Founder and Patron of National Strategy for Advancement of rural Women in Uganda (NSARWU),
- Founder and Patron of Uganda Youth Forum (UYF)
- Goodwill Ambassador for Safe Motherhood
- Co-Chair of CURE Hospital
- Conference Speaker

H.E Madam Janet Kataaha Museveni being the champion for EMTCT and at the forefront of campaigns for prioritizing EMTCT at all levels, the key objective of her Program is to contribute to the virtual elimination of Mother-to-Child transmission of HIV (EMTCT) to 90% by 2015, by engaging all stakeholders and at all levels.

The funds from UNAIDS has enabled the Office of the First Lady to carry out a planned regional campaign in Ntungamo District in South Western Uganda. The PMTCT stakeholders (Medical workers, Village Health Teams, religious and cultural leaders, Non-Governmental and Community Based Organisations, political leaders, traditional birth attendants and the women) in the district have shared experience and formulate strategies and best practices for effectively delivering PTMCT services to communities. The first lady has also delivered an advocacy message not only to this area but to the whole nation.



The concluded campaign has also seen more training and more health centres equipped with drugs. Originally Option B+ roll out that was supposed to take place in phases is happening simultaneously throughout the whole country. The Champion's improved participation is a catalyst for unity of purpose. Networking, consultative and preparatory meetings have helped iron out duplications and enhance cohesion and complementarily which will improve efficiency in service delivery. More Ugandans have come to know about the Option B+ and are demanding for the services.

Republic of Zambia



H.E. Mrs. Dr. Christine Mwelwa Kaseba – Sata

The First Lady of the Republic of Zambia
Member of OAFLA Steering Committee

The First Lady of the Republic of Zambia is an outstanding Obstetrician and Gynaecologist who has passionately, wholeheartedly and selflessly offered her professional services in the public health sector of the Republic of Zambia for close to 30 years.

Her vast experience in maternal and new born health spans many years during which she has coordinated and led various national programs in safe mother hood, family planning, comprehensive abortion care, emergency obstetrics and newborn care, as well as maternal death reviews and other programs related to maternal health.

Through the UNAIDS fund the Zambia OAFLA chapter has implemented a project entitled “Training of lay counsellors in the prevention of mother to child transmission of HIV”.

In partnership with the Government of the Republic of Zambia Ministry of Community Development Mother and Child Health in the Chongwe District, OAFLA (Z) supported the training of a total of thirty-eight (38) PMTCT lay counsellors drawn from fifteen (15) rural health facilities based in Chongwe District for a period of five days. The trainees consisted of ten male and twenty-eight female participants. The training was successfully conducted with the First Lady in full support and having presented certificates to the participants during graduation.

The training program highlighted the urgent need to incorporate lay counsellors in interventions meant to reduce the existence of Mother to Child Transmission of HIV/AIDS within rural settings. In Chongwe District alone, there are over forty-five (45) rural health centres distributed within the catchment area and serviced by over one hundred (100) lay counsellors practicing within the various locations. The training was hailed and held in high esteem as a contribution in the improvement of life for both mothers and children, thereby reducing the neonatal and maternal morbidity and mortality in the district and Zambia as a whole.

The training of thirty-eight (38) lay counsellors has increased the number of trained caregivers in the area though there is need to train the remaining number of lay counsellors in order to intensify community based service delivery and effectively supplement government efforts in the fight against HIV.

Summary: Challenges for PMTCT

1. *Health Facility Factors:* Health facilities that are systemically weak, not well staffed to provide quality services and not linked to community system lead to loss of confidence in the system by women and their families.
2. *Loss to follow-up:* Loss to follow up of the mother-baby pair can potentially contribute to non-adherence to services and medication.
3. *Stigma and discrimination:* Stigma and discrimination can lead to fear of HIV testing for the mother and infant and or compliance with the EMTCT programme. Fear of losing a husband and sometimes the whole family is a very important factor that needs to be addressed for individual women.
4. *Home deliveries:* Accessible care during labour and delivery facilitates successful EMTCT programming. Studies conducted in Malawi and Zimbabwe showed that many existing EMTCT programs suffered from high attrition rates and incomplete follow up due to the fact that many women, especially in rural areas, delivered at home rather than at a health facility.
5. *Socioeconomic factor:* Cultural influences and poor socioeconomic status have influence on the choice of delivery location. Understanding the socioeconomic factors that affect the ability of communities to comply with PMTCT program assist resource-poor countries in devising strategies to achieve follow-up of exposed infant.
6. *Psychosocial support:* Absence or weak psychosocial support has been shown to be detrimental to any HIV programme. Peers have been shown to help women adhere to PMTCT program recommendations. A good example is Mothers2mothers (m2m), a clinic-based, peer-support program that provides education and psychosocial support to HIV positive pregnant women and new mothers through women that have themselves been through the EMTCT program.

7. *Weak monitoring and evaluation systems:* Without a good monitoring and evaluation system, records on individual patient information and the support that the mother-baby pair have received is difficult to follow. This has implications on resource planning and program implementation.

Opportunities for continued OAFLA action for PMTCT

- High level advocacy towards national authorities and regional bodies (ECOWAS, AU) to position EMTCT as a national priority.
- Support national efforts for decreasing new HIV infections among women
- Increased support for resources mobilisation and domestic contribution to EMTCT
- Advocacy for a full integration of EMTCT into maternal new-born and child health
- Support to PLWHIV organisations, specifically women's groups
- Advocacy for more community and CSO engagement
- Advocate testing and knowing ones status
- Campaigns: sensitisation campaign, awareness campaign, and stigma campaign, male engagement and husbands' support to pregnant women, early testing of babies, exclusive breastfeeding





CHAPTER TWO

EMPOWERING WOMEN AND CHILDREN

2.1 Context

As OAFILA has continued to mature both at the national and continental platforms, it has come to recognize that in order to meet its inception goal of fighting against AIDS in Africa, it must also address a wider spectrum of priorities that specifically towards the health of women in Africa. As such, OAFILA has expanded its activities to include the reduction of new infections among women, the integration of PMTCT in larger MNCH packages, sexual and reproductive health of women, cervical cancer and the pink ribbon campaign among its areas of action.

Recognizing that there is also a weaker approach to children born and living with HIV, African First Ladies have initiated a stronger advocacy towards pediatric HIV care and other health issues affecting children. ¹In 2012 about 3.3 million children younger than 15 years of age were living with HIV and about 91% of children younger than 15 that were living with HIV were in Sub-Saharan Africa. Less than half of HIV- positive children who need treatment receive it and without treatment, half of all HIV-positive infants will die by age two. The First Ladies of Africa have acknowledged the need to give pediatric AIDS the full attention it deserves, while ensuring the children get the treatment they need, OAFILA members have therefore embarked on a partnership with Elisabeth Glaser Pediatric Aids Foundation. This partnership amongst other activities will launch an advocacy campaign on pediatric Aids in OAFILA member States in order to extend the political will that has driven progress on PMTCT to pediatric HIV care and treatment.

Finally, recognizing that the most vulnerable women are the ones to face the biggest burdens, many OAFILA chapters have begun to focus on programmes that address gender based violence, the economic empowerment and education of women as a means of ensuring women have a greater decision making power regarding their sexual and reproductive health and access to services.

¹Data taken from the EGPAF presentation to OAFILA TAs

This comprehensive approach is expected to yield greater gains in reducing new HIV infections in women, expanding access to services, and again reducing new infection in children.

2.2 Activities



Republic of Benin

As First Lady of Benin, H.E Chantal de SOUZA YAYI has conducted many activities, the most prominent ones are mentioned below.

Women capacity building and empowerment

- Information, advocacy and social mobilization campaign against violence to women and female genital mutilation; campaigns whose targets were women's groups, youth, elders, religious and traditional leaders in some areas such as GOGOUNOU and BOKO and surrounding villages.
- Donations of materials and equipment to women organizations and cooperatives for their empowerment.

Education

- In the field of education, the First Lady helped the UNICEF Campaign "All the girls to school", which is an advocacy program for the education of girls.
- She has donated equipment and materials to school students in public primary schools in some deprived and flooded areas in partnership with UNESCO; still with UNESCO, she has contributed to the solar electrification of two public primary schools in the villages of GOHOUNGOHOU (Kpomassè municipality) and DONA (Djidja municipality)
- With the NGO "ADJALALA HORIZONS D'ESPOIRS" and the technical and financial support of UNESCO, a project aiming at

building the capacity of school girls to exercise a job is implemented.

- Let us also note the inclusion of deserving young girls in several colleges from deprived areas with the support of UNFPA, the work done to keep the girls in school in the context of achieving MDG 3 (gender).

Drinking water for all

Madam Chantal de SOUZA YAYI is committed to a safe drinking water program for people in remote areas, often on equity funds. As such, she made human powered drills in Akpali and in a Fulani camp in BOKO.

Republic of Chad



H.E. Mrs. Hinda Deby Itno

First Lady of the Republic of Chad
President of OAFLA

The First Lady of Chad holds a Masters in Finance and Accounting from the Institute of Applied Engineering (IGA) of Rabah (Morocco) and an advanced Diploma in Banking and Finance from the Institute of Public Administration and Business Studies (IAEC) of Lome (Togo).

Very close to vulnerable groups, the First Lady of Chad multiplies actions in their favour. Thus, the Chadian National Network of Associations of People Living with HIV (RNTAP), the deaf and dumb, the visually impaired, the lepers, people with physical disabilities, widows and orphans, all clustered within different associations; regularly receive gifts from H.E Hinda Deby Itno.

Education being the cornerstone of any development, the First Lady of Chad made the promotion of education her priority. This is concretely translated by giving out school kits, by awarding scholarships to the best Chadian graduates during the “**Days of Excellence**” (priority being given to girls), or

by supporting any initiative going in the direction of promoting education.

The causes championed by the First Lady are always noble ones. Sensitive to her efforts and her selfless commitment, national companies and international associations do not hesitate to support her by various contributions and donations: motorcycles, ambulances, sewing machines, books, etc.

In order to cope with the situation experienced by Chadians in the Central African Republic CAR and better attend to their homecoming, Madam Hinda Deby Itno launched a major operation called “**Special mention for the returnees of the Central African Republic**”. This generosity has created a chain of national solidarity that helped thousands of people returning to the country, abandoning all their possessions behind. Furthermore, this operation has given hope to the thousands of returnees (at least eighty thousand (80,000) people). By this spontaneous action, the First Lady reminded everyone that spirit of solidarity has always characterised Africa, calling her brothers and sisters to make it grow in order to pass it to future generations.

The salvation of Africa inevitably involves Women. With this, the President of OAFLA placed her current term expressed through the motto “**Woman’s leadership beyond any division**”. To set the tone, on March 22, 2013, she initiated a forum of more than five hundred (500) Chadian women coming from all the civil society and the political sphere. The presence of the Prime Minister, Head of Government, gave a special character to the Forum. In a speech, he said “**setting great hopes on this consultation, which he hopes, will mark a turning point in the history of our country in the era of the Renaissance**”.

This new structure gives more scope to the daily struggle of the Chadian woman for her development and her participation in the socio-economic and political development. To the President of OAFLA, now honorary president of CONAF-CHAD, leadership begins with the women themselves. The composition by itself of the National Council of Women Leaders of Chad (CONAF-CHAD) which was established after the forum is a historical innovation. The appointment of members of the Executive Council was made

in the most meticulous and objective manner in order to reflect its mission and challenges. CONAF-Chad transcends all social and political barriers. Madam Hinda Deby Itno noted that **“CONAF-Chad is an advisory and action body that proves to be the best locomotive in the process of addressing all of the female challenges”**.

Like many other First Ladies, the First Lady of Chad believes that one of the obstacles to the development of the continent remains discrimination. It lies everywhere: it is present in our families, in schools, in work and leisure places, in all communities. Discrimination limits the chances of access to opportunities and dignity of life for all those who are victims. Hence, it is important to fight all its forms. To translate words to deeds, Madam Hinda Deby Itno launched on March 1st 2014 the **“Zero Discrimination day”** established by the United Nations.

Launched in N'Djamena, the campaign will continue nationwide. However, three cities, where a recent study of the Stigma Index commissioned by the National Council for the Fight against AIDS (CNLS) revealed cases of intolerable discrimination against people living with HIV, are particularly concerned.

The First Lady also said: **“We must all engage and mobilise our communities if we don't want to hear about HIV by 2030. We have many challenges and a brave heart at the same time, thus nothing is impossible!”** From now on, the “Zero Discrimination” day will be celebrated on March 1st of each year.



Republic of Congo

OAFLA-Congo supported the preparation of documents for the dissemination of the law to fight HIV/AIDS and protect the rights of people infected and affected by HIV/AIDS;

Republic of Equatorial Guinea



H.E. Mrs. Constantia Mangué Nsue Okomo De Obiang
First Lady of the Republic of Equatorial Guinea

H.E. Mrs. Constantia Mangué Nsue Okomo De Obiang has a BA from BA, Luther King University School of Teaching, Malabo, 1970 and a Doctor Honoris Causa, Universidad Interamericana de Buenos Aires, Argentina. H. E. is;

- Founding President of the NGO CANIGE (National Committee to support children in Equatorial Guinea).
- Honorary President of ASONAMI (National Association of people with disabilities).
- President of the National Committee on the Rights of the Child
- Patron of the National Program of Reproductive Health

Introduction

1. Awareness Program to prevent HIV among girls and women
2. Prevention of mother to child Transmission of HIV Program
3. Program for the economic empowerment of women

Challenges

- Maintain the sustainability of achieved results
- Lack of skilled human resources

Results

- Over 240 Peer Educators (female civil servants, youth and students) trained at the national level,
- Several public animation sessions in some areas with the involvement of these trained youth and women.
- About 1890 women traders have received credit
- Approximately 1000 patients have received treatment for 2 months

Future Outlook

- Implementation and launch of the National Program for the Elimination of Mother to Child Transmission of HIV
- Meeting with women traders



Gabonese Republic

Action against Cancer

As part of these initiatives for women and youth, the Foundation is committed to the prevention and treatment of cancers in Gabon, particularly for the cervical and breast cancers.

The underlying vision, shared by all actors of the program is to make Gabon a pole of excellence in the control and management of cancers in Central Africa.

The short-term goals are to make all services of the Libreville Institute for Cancer Research (ICL) operating through the provision of highly specialized human resources and basic training and continuing education for Gabonese health professionals. In parallel, the project aims to establish a strategy to fight women's cancers, endorsed by the Ministry of Health, including the implementation plan for early detection of breast and cervical cancers.

Some figures

- Forty-five (45) patients treated with radiotherapy between July and December 2013 at ICL
- Three hundred and fifty (350) patients treated with chemotherapy in 2013
- A strategy for Early Detection of Breast and Cervical Cancer designed and implemented
- Two hundred and forty-five (245) batches of drugs available for chemotherapy at ICL

- Five Moroccan professionals, including two medical physicists made are made available to ICL to train Gabonese staff.
- Seven Gabonese experts participate in basic training and continuing education in Morocco (specialties: anatomy pathology, haematology, oncology, paediatric oncology, radiotherapy, nuclear medicine, epidemiology, general and gynaecological surgery, oncology)

Combatting violence against women: a national priority

In its continued fight for widows, H.E Madam Sylvia Bongo Ondimba committed herself, in 2013, to combatting violence on women in Gabon by conducting advocacy work at the society and government levels. In Gabon, there are 56% of women who report being victims of domestic violence during their lifetime and 52% have experienced physical violence at least once since the age of 15.

Republic of the Gambia



H.E. Mrs. Zineb Yahya Jammeh

The First Lady of the Republic of The Gambia

As the First Lady of the Republic, Her Excellency Madam Zineb became engaged in various humanitarian/charitable organisations and activities targeted at the most vulnerable groups of society, women and children. The public role she assumed is due to the encouragement and support of her spouse, who is known for empowering women. In her efforts to significantly improve the lives of many, Her Excellency the First Lady succeeded in changing the lives of numerous women and children.

Her Excellency the First Lady of The Republic of The Gambia Madam Zeineb Yahya Jammeh on Thursday the 3rd April 2014 officially launched Early Infant Diagnosis (EID) of HIV at a colorful ceremony attended by several dignitaries including state ministers and members of the diplomatic corp.

The goal of the launching of Early Infant Diagnosis as part of routine services for HIV positive mothers was to contribute towards eMTCT which is aligned to the national PMTCT framework and OAFLA mandate. This will ensure

that HIV exposed infants are free from HIV infection and their mothers alive.



In Her Excellency's public address, she raised the following issues:

- Since the emergence of an effective response to HIV and AIDS treatment children in the Gambia have always been tested at the age of 18 months and efforts have been made to ensure the children are tested as early as 6 weeks;
- The work of the African First Ladies has been increasing visible and has made real differences in the lives of those infected and affected by HIV and AIDS;
- She reiterated that OAFLAA remains committed to the UNAIDS global vision of Getting to ZERO (zero new infections, zero discrimination and zero AIDS related deaths)
- Although in the Gambia, remarkable progress has been registered on PMTCT, the situation indicates that a lot needs to be done, particularly male involvement, adherence to treatment, resources mobilization, stigma and discrimination and geographic coverage;
- It was worth noting that PMTCT is the standard for the AIDS plus MDGs approach, where it serves as a key entry point for prevention, treatment, care and support services for the whole family;

- She highlighted that the vulnerability of women and girls remain high in sub Saharan Africa and if they are robbed of their rights and dignity, then we are losing the opportunity to tap half the potential of mankind to achieve the MDGs;
- She said, today we are here to make a difference by demonstrating that PLHIVs are our brothers, sisters, husband, wives and dear friends indeed.

In conclusion, she mentioned that evidence have shown a wide disparity between adults and pediatric care across the sub region and hope that the launching of Early infant Diagnosis of HIV in the Gambia among children will be greatly enhanced. She called on the masses to access these services which are now available near them.

Republic of Guinea



H.E. Mrs. Conde Djénè Kaba
First Lady of the Republic of Guinea

H.E. Mrs. CONDE Djene holds a MA and a BA in Communication and Sociology. She has extensive experience while working in several organizations in France. While working at the Agency for Cultural and Technical Cooperation (ACTC) in Paris for eight years, she had different responsibilities including the publication of a Technical Information Bulletin on the monitoring of Heads of State activities, named "Monitoring Bulletin".

Her close relatives, her friends and her colleagues unanimously recognize her as a humble person and a person with high sense of duty, commitment to the defense of good causes. Her actions also combine forecasting, precision, flexibility and results.

Projects in different areas implemented by the First Lady of Guinea include the:

- participation in the campaign to sensitise political and religious leaders on the enrolment and retention of girls in school with its slogan "BECAUSE I'M A GIRL", organised with the support of Plan Guinea;

- participation in the campaign to raise the awareness on cervical cancer and its detection (cancer centre of Donaka Conakry hospital);
- promotion of literacy amongst girls;
- donations of sanitation materials and equipment to women's groups in Kissidougou, Kankan and N'Nzérékoré;
- organisation of sanitation campaigns in large cities of the country;
- annual Christmas Tree Celebration for Children of Guinea;
- donations of clothing, shoes, food and financial assistance to the SOS village in Conakry;
- completion of the project to equip 250 children with hearing impairment with hearing aids in Boulbinet school – Kaloum municipality, with the support of Rotaract Clubs of Guinea and Paris and the NGO Audition Solidarité from France.
- organisation of food donations to the religious people of Guinea during the holy month of fasting;
- assistance to victims of natural disasters (N'Zérékoré element).

Republic of Kenya



H.E. Mrs. Margaret Kenyatta
First Lady of the Republic of Kenya

H.E. Madam Margaret Kenyatta is the First Lady and wife of the fourth President of the Republic of Kenya, HE Uhuru Kenyatta. She has taken up her role with much gusto and has been received by the Kenyan public with love and warmth. With a background in building and architecture, the First Lady espouses the values of hard work, integrity and peace Amongst all people. She is Involved in charity work and supports environmental conservation. Her Excellency is passionate about the welfare of women and children in Kenya, Africa and the world at large and is a member of the Organization of African First Ladies against HIV / AIDS (OAFLA).

Action Against Polio

The First Lady has been pivotal in complementing the government's efforts in the fight against polio. Towards this end, she launched the third round of vaccination campaign whose target is 4.3 million children under the age of five. The aim is to ensure that every child is reached and that every single child is polio free. This initiative has been successful and has exceeded the target by 108 per cent.

Fighting Cancer

The First Lady has also joined the fight against Cervical, Breast and Prostate Cancer and is raising awareness about the terrible stigma inflicted by Vesico Vaginal Fistula which causes shame and discrimination against women by other members of society.



Conserving the Environment

The First Lady is also passionate about environmental and conservation causes. On environment, the First Lady has not only planted trees on several

occasions but also opened an environmental education centre which aimed at protecting the country's water catchment areas and achieving the UN's requirement of a 10% tree cover by 2030. She has also been at the forefront in wildlife conservation, leading the "Hands Off Our Elephants Campaign".



Republic of Niger

The First Lady of Niger has carried out important activities in the following areas:

Health:

- Donation of food for people living with HIV;
- The celebration of World AIDS Day
- The promotion of voluntary HIV testing
- Support to cataract surgery for vulnerable people;
- Donation of pharmaceuticals, medical equipment and consumables to the various health centres in Niger;
- Set up of two hundred (200) Kits in the support centre for fistula care in Niamey.

Education

As part of improving the quality of education, the First Lady has initiated a project called "IT for All" which focuses on the promotion of the Internet. Thus, for the first phase several schools have been covered (Mariama Junior high, Kasai High School of Excellence in Niamey, Maïné Junior high and High School, Chateau de Diffa Primary School)

In addition to this project, the First Lady has carried out the following activities:

- Introduction of an Excellence Award for best female students (computers, school kits)

- Scholarships for orphans
- Equipment for schools with white boards, school supplies and hygiene kits
- Study on the problem of education of girls in the Maradi and Diffa regions with the support of USESO.

In the Field of the Environment

In this context, the First Lady of Niger has initiated and implemented the following projects:

A project to use butane gas as an alternative to wood energy in national and regional hospitals in Niger. This is a pilot and ongoing project which was launched at the Zinder National Hospital.

A fishing Project (Economic analysis of value chain of fish in Tillabéry and Niamey regions) with the support of NEPAD;

Micro Credit for Women

In her everyday quest to reduce the social divide and give some hope to the poor to be self-sufficient, the First Lady, through her Foundation, initiated a project on savings and credit. The pilot phase involved granting credit on equity funds in January 2013 to eighty (80) widows from women's groups of Lazaret municipality II of Niamey for an amount of two million nine hundred and twenty-five (2,925,000).

The GURI Foundation, with the support of the Islamic Charitable Foundation, awarded in January 2014 a credit of 3.6 million (3,600,000) to sixty (60) women from four groups of the urban community of Niamey.

At Madaoua in the Tahoua region, in the framework of the partnership between the Foundation and the ASUSU mutual, fifteen (15) groups received 45 million, with 3 million per group to conduct micro credit activities intended primarily for the production of onions.



Federal Republic of Nigeria

Sponsorship of children with heart ailment

The First Lady of Nigeria has sponsored two batches of over 50 children to have a heart surgery abroad. The women and children hospital being built by the First Lady in the heart of Abuja city is nearing completion. The hospital will handle heart surgery and other health services for women and children.

Philanthropy to the indigent

The First Lady visited several orphanages and also hosted disadvantaged persons comprising the physically challenged, people living with HIV/AIDS and market women. Food bazaars were held at the presidential villa during which she distributed bags of rice, vegetable oil, yam and other materials to the disadvantaged, the aim of the distribution was to assist in poverty alleviation and reducing hunger. Empowerment items were also distributed to women in several parts of the country.



Graduation of 140 trainees of A.Aruera reachout foundation training school

On February 26, 2013 a total of one hundred forty (140) trainees from batches 9 and 10 of the A.Aruera Reach out Foundation Training School received certificates for completion of training in Tie&Dye of fabrics; catering; bead making, Hat making and tailoring. These graduates acquired the necessary training in their chosen vocations and were provided with cash and working equipment to enable them to start their own businesses.

Relief materials for victims of conflict

In tune with the pledge made by Her Excellency as President of the African First Ladies Peace Mission during the 12th summit of OAFLA in January 2013, that the AFLPM would strive to make its presence felt in troubled regions of Africa, relief materials were airlifted to Mali on March 27, 2013. She has also undertaken similar assignments to Kenya and South Sudan.



Republic of Rwanda

Other HIV related programs championed by the First Lady of Rwanda are :

Family Package: Extends a comprehensive package including Prevention and Elimination of Mother to Child Transmission of HIV/AIDS (PMTCT/ EMTCT), basic care and economic support to families living with HIV and AIDS.

Pairs schools and health Adolescent Sexual and Reproductive Health and Rights (ASRH&R): centers to create youth-friendly spaces for the exchange of adolescent sexual and reproductive health information.

Mountain Movers: Improves knowledge, attitude and behaviour of youth age 15-24, particularly girls, on HIV/AIDS prevention.

Malayika Murinzi ('Guardian Angels'): A continuation of the African First

Ladies' "Treat Every Child as Your Own" campaign, which aims to rekindle traditional African values to care for and protect children. The Malayika Murinzi initiative recognizes adults who protect children against HIV/AIDS, break taboos about sex through sexual education, and speak out against adults infecting children.

Isange One Stop Center for Gender Based Violence.: "Isange" is a kinyarwanda word that means 'feel at home'. The purpose of the Isange Center is to extend a comprehensive response (including medical, psychosocial, forensic and legal services) to all victims of GBV. Following the successful piloting of the Isange One Stop Centre Model in Kigali, the country is now embarking on a national scale up in health facilities across the country.

Republic of South Sudan



H.E. Mrs. Mary Ayen Mayardit
First Lady of the Republic of South Sudan

H.E. Mary Ayen Mayardit is an over two decade freedom fighter, mother, women, children and human rights activist, educationist, women socio-economic empowerment and gender based violence, reproductive health and HIV/AIDS campaigner. As an orphan, the First Lady, was unprivileged in war-ravaged South Sudan and married at a teen-age. She soon became an SPLA guerrilla fighter, alongside her husband, in pursuit of freedom and justice for her children and all Southern Sudanese people. Therefore she experienced deprivation of social services such as education, health facilities, adequate food and security during that period, which challenges remain a-rife today. Her passionate desire to improve the situation of women and children in South Sudan inspired her to establish Concern for Women and Children as a charity, humanitarian, non-governmental organization.

Health – sexual and reproductive health, maternal and infant health education and services and HIV/AIDS prevention education and services.

Education – promotion and advocacy of girls' education, provision of formal and informal/alternative adult education facilities and services (construct, equip and operate).

Research and Advocacy – research and influence women and children policy in South Sudan and carry out advocacy / campaigns on women, children and human rights at national and state level

Women Economic Empowerment – vocational training on business and entrepreneurship causes and provision of micro-credit / micro-finance to organized women cooperatives; focus is placed on agriculture.



Republic of Zambia

Her Excellency, the First Lady of the Republic of Zambia is the World Health Organization (W.H.O) Goodwill Ambassador against Gender Based Violence (GBV).

H.E Dr. Christine Kaseba-Sata since her appointment as W.H.O. Goodwill Ambassador led advocacy efforts against GBV at international, regional and national levels.

United Nations Commission on the Status of Women

At the 57th United Nations Commission on the Status of Women (UN CWS) in March 2013, Dr. Kaseba in her capacity as Goodwill Ambassador was part of a panel discussion on the topic "*Global Magnitude, Health Impacts and Health Sector Response to Violence against Women*". The panel was chaired by Jacob Kumaresan, Executive Director, and W.H.O Office at the United Nations. Other panellists were Arvin Gadgil, Norwegian State Secretary, Claudia Garcia-Moreno, and W.H.O Team Leader for Sexual Health, Gender and Reproductive Rights and Adolescence and Saraswathi Menon, Director, Policy Division UN Women.

Dr. Kaseba made a presentation on the "*Needs and Challenges for Acting at the Country Level*". Dr. Kaseba stated that GBV is without doubt the most widespread of all human rights violations and a public health issue affecting all socio-economic and cultural groups throughout the world. Dr. Kaseba



asserted that even though many countries have ratified many conventions and treaties relating to issues on GBV, they still have to domesticate and align existing national statutes. Dr. Kaseba urged policy makers, health program managers, educators, and donors to ensure that the health system responds to Gender based violence as that will protect women's health and rights.



First Lady Dr. Christine Kaseba speaking at the 57th UN-CSW meeting in New York in her capacity as WHO Goodwill Ambassador on Gender Based Violence

2013 Commemoration of the 16 Days of activism Against GBV in Zambia

Every year, Zambia joins the rest of the world in commemorating the 16 Days of Activism against Gender Based Violence. In 2013 Her Excellency Dr. Christine Kaseba launched the 2013 commemoration which attracted participation from government institutions, civil society, faith and community based organisations involving men, women and children.

In her keynote address, Dr Kaseba challenged law enforcement agencies, policy makers and the general public to seriously enforce the Anti GBV Act in its entirety and called upon men to be more positively involved in the fight against GBV. Furthermore, Dr Kaseba called upon the private sector to be innovative in their participation to curb the vice by channelling their corporate social responsibilities towards the economic emancipation of women and girls.



Participants marching during the commemoration of the 16Days of Activism on Gender Based Violence, looking on is the First Lady of the Republic of Zambia, Dr. Christine Kaseba

Law Association of Zambia Consultative Meeting on GBV

As part of the sixteen days of activism, Dr Kaseba also participated in a consultative meeting convened by the Law Association of Zambia (LAZ) where LAZ pledged to increase pro bono services to clients/victims of gender based violence, increase awareness and enforce the implementation of the 2011 GBV Act.

Gender Based Violence One-Stop Centre

H.E Dr. Kaseba officiated at the launch of the One-Stop Centre under the Young Women Christian Association (YWCA) in partnership with Kansanshi Copper Mines and the Ministries of Health and Community Development Mother and Child Health in Solwezi, North Western Province of Zambia. During the launch, the First Lady lamented the escalating levels of GBV in the country despite the enactment of a law coupled with the rising levels of awareness. One Stop Centres are an effective way of dealing with Gender Based Violence as they help survivors to access medical, legal and psychosocial services under one roof. She strongly spoke against those promoting and condoning GBV as an acceptable cultural norm.

Training of Traditional Leaders (Headmen) in GBV

The Office of the First Lady under the auspices of OAFLA Zambia Chapter is implementing a project against Gender Based Violence (GBV) in Chief Chikanta's area in Kalomo District Southern Province, Zambia funded by the World Health Organization (W.H.O). The project is being carried out in partnership with Ministries of Gender and Child Development; Chiefs and Traditional Affairs; Justice; National Legal Aid Clinic for Women and Young Women Christian Association (YWCA).



First Lady Dr. Christine Kaseba leads during a focus group discussion with the 150 Headmen who attended the workshop on GBV

During the GBV training of one hundred and fifty (150) headmen including fifty (50) female community leaders is held on 7th and 8th March 2014 the First Lady, Minister of Chiefs and Traditional Affairs Prof. Nkandu Luo, Chief Chikanta and Permanent Secretary for Ministry of Gender and Child Development Ms. Daisy Ng'ambi, participated in focus group discussions in a bid to understand the challenges the trainees might face in executing their work. The trainees were equipped with bicycles, GBV record books, copies of the Zambian Anti GBV Act and other materials that will empower the community leaders with knowledge on GBV. These tools will also assist the community leaders follow up and report on GBV cases in the area.



CHAPTER THREE

ADVOCACY AND COMMUNICATION STRATEGIES

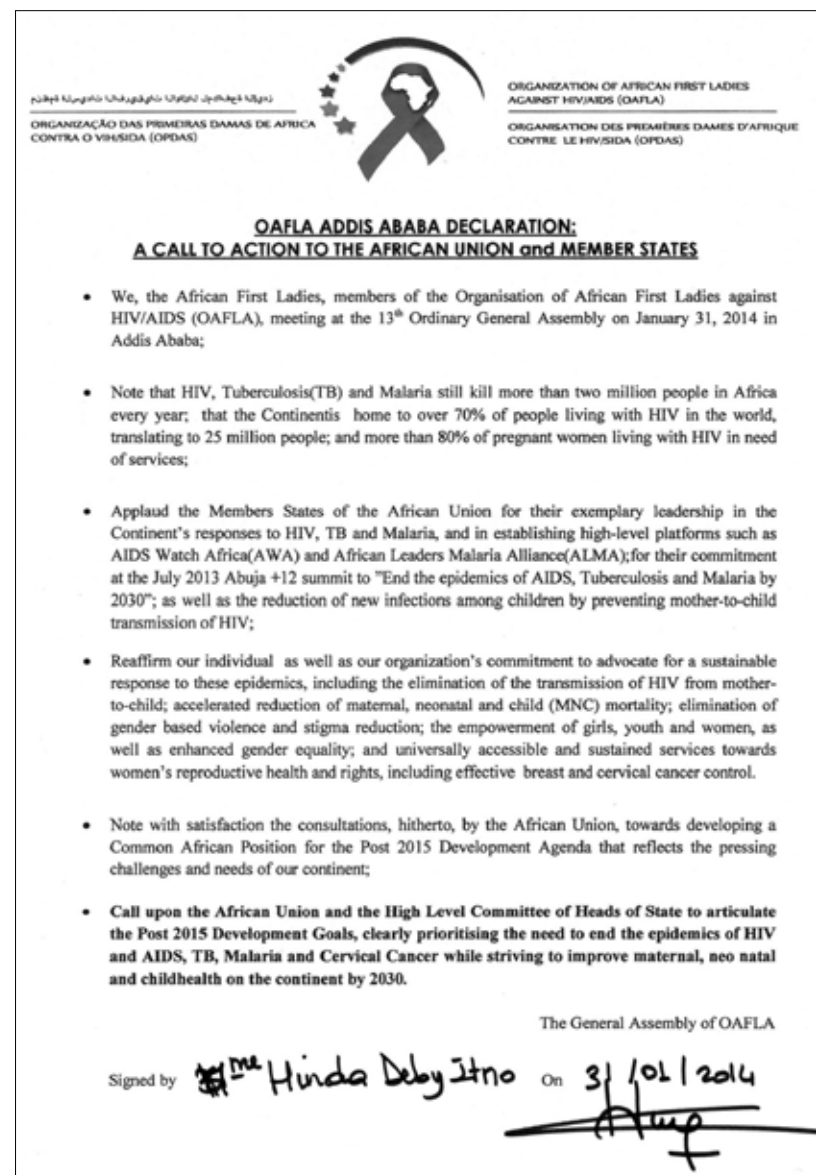
3.1 Context

The role that African First Ladies can play in the AIDS Response is certainly multi-faceted. Perhaps the most strategic opportunity, however, lies in the context of communication and advocacy. At the national level, First Ladies can take advantage of their role as opinion leaders and lead/ support national awareness campaigns, be it for PMTCT or other relevant priority issues. This opportunity as opinion leaders is double pronged as the status of First Ladies also allows them to raise their concerns and advocate for change with a variety of other high level opinion leaders in their respective countries. This is perhaps best seen in the dialogue they have supported with religious leaders, traditional leaders and chiefs, political leaders and members of government. African First Ladies are key partners in championing the culturally sensitive yet important issues that can reduce new HIV infections, increase access to treatment, and generally empower women. The impact of OAFLA national awareness and advocacy campaigns on PMTCT, male involvement, early and forced marriage, male circumcision, youth and HIV prevention, have been exemplary and have yielded strong results. These OAFLA communications/ awareness and advocacy campaigns and initiatives show that African First Ladies are indeed change agents that can support the African AIDS response and the empowerment of African women.

3.2 Activities

Post 2015 Agenda: Continental Advocacy


The OAFLA Secretariat, with the leadership of the African First Ladies attending the African Union Summit and OAFLA General Assembly in January 2014, held high level dialogue on the Post 2015 Agenda. This program included intensive dialogue and presentations with the Technical Advisors, and presentations to African First Ladies and members of the General Assembly. The outcome of this dialogue, a 'Call to Action: Addis Ababa Declaration' articulates the need to position HIV/AIDS as an unfinished business of the MDGs, and calls for the positioning of AIDS as a stand alone priority in the Post 2015 Agenda. In addition, it brings forth the common/ joint voice of Africa's First Ladies on recognising that many targets remain unmet in the area of HIV/AIDS, MNCH and women's empowerment. The final signed



declaration, presented to you here, was shared with the High Level Committee on the African Common Position of the Post 2015 Agenda. The Declaration can now be used as an advocacy tool by OAFLA in all relevant platforms, and can also be used by their partners in advocating for their mutual goals.

National Communication/ Awareness and Advocacy Initiatives

Republic of Benin



H.E. Mrs. Chantal de Souza Yayi
First Lady of the Republic of Benin

H.E. Madame Chantal de Souza Yayi studied at the University Cheikh Anta Diop of Dakar (Senegal), Faculty of Economics, then at the University of Reims (France). She holds a BA in Economics (Business Management major). She did her internship in France followed by Dakar before working as Chief Accountant at "Laboratoires d'Analyses Médicales de MEIDEIROS" in Dakar.

Madame Chantal de Souza Yayi, created an NGO named "ADJALALA HORIZONS D'ESPOIRS" for charitable, educational, social and health activities.

In the health area, H.E Madam Chantal de Souza Yayi was heavily involved in achieving the MDGs, particularly those related to the reduction of maternal, new-born and child mortality and HIV/AIDS, including PMTCT.

- Thus, in 2008, in partnership with UNFPA, a reduction of maternal mortality special Initiative was established, whose main purpose is to contribute to the reduction of maternal, new-born and child mortality through advocacy and awareness and social mobilization activities. Many awareness and social mobilization sessions, whose main themes were prenatal consultation, danger signs during pregnancy, HIV/AIDS, Family Planning, Obstetric Fistula, etc. were conducted in communities across the country (Aplahoué, Bembéréké, Karimama, Gogounou, Ndali...) and had a real impact on people. In this context, people and maternities were granted socio-sanitary materials for strengthening EmOC (emergency obstetric and neonatal care), including two ambulances funded by UNFPA.

- As part of the African First Ladies VISION 2010 initiative, whose technical and financial partners are the West African Health Organization (WAHO), WHO, UNICEF and UNFPA, Madame de SOUZA YAYI Chantal is the godmother of the Monitoring Committee on the National Strategy for the Reduction of Maternal Mortality.
- The First Lady is also the Honorary President of the Action Plan Committee on the dialogue between researchers and policy makers to reduce maternal and neonatal mortality in Benin, whose technical and financial partners are the West African Health Organization (WAHO) and the International Development Research Centre (IDRC)
- The First Lady has sponsored the program to strengthen the skills of midwives in Benin, which began in November 2008 and whose technical and financial partner is UNFPA
- The First Lady has sponsored and launched the Campaign for Acceleration of the Reduction of Maternal Mortality (CARMMA).



Republic of Chad

From 27 to 30 July 2013, the OAFLA team accompanied by the national press has conducted an advocacy mission in Mandalia, capital of the Department of Chari in the Chari Baguirmi Region, which is very affected by HIV and high maternal mortality rates due to low utilisation of health services. The aim was to bring traditional and religious leaders to take ownership of the action plan of the First Lady and participate fully in its implementation. Over two hundred (200) people attended the information, debate and advocacy session.

Before and after the big meeting, the press carried out interviews with organized groups (associations of traditional leaders, religious leaders, women and youth) on reproductive health, HIV and AIDS and EMTCT. Various speakers gave presentations on the following topics:

- The root causes of maternal mortality
- The gender-based violence with a focus on education in general and that of girls

- The roles of leaders in changing the behaviour of the population

Touched by the different presentations, community leaders have made commitments to the implementation of the Action Plan of the First Lady.



The Islamic Republic of Comoros

In the East African region, the Union of Comoros, Uganda, Rwanda and Tanzania have agreed to organise an EMTCT campaign in each of these states.

In the Union Comoros, the campaign began on Saturday April 20th, 2013 with a march crisscrossing the city of Moroni, the capital of Comoros.



More than a thousand people marched in the streets of Moroni to launch the awareness campaign on the elimination of the transmission of HIV from

mother to child. It is an outstanding success for the First Lady and President of the Halouoit   Foundation who, in collaboration with the national directorate on the fight against AIDS and NGOs including women's groups, succeeded in a mobilization that saw the participation of all the authorities of the country with the Head of State, the Presidents of the Institutions of the Republic, the members of the Government of the Union and the Islands, members of the Diplomatic Corps, Representatives of International and national organizations, Heads of the various army corps, traditional chiefs and religious leaders, medical professionals, women's associations, associations for human rights, pupils and students, and all components of the country's socio-professional groups.

Many organisations competed with slogans and banners extended throughout the course. Upon arrival at Independence Square, several speeches were delivered.



Republic of Congo

OAFLA-Congo conducted Advocacy for:

- Extension of PMTCT sites in the rural and border areas of the Republic of Congo
- Extension of the project "Prevention of HIV/AIDS among women and girls in rural and border areas of the Republic of Congo" within twelve (12) Departments of the Republic of Congo.

Awareness sessions were conducted mainly in the three Centres for women and girls established by OAFLA-Congo with the support of AAISC (an NGO for Social Marketing of condoms), social communication providers, local NGOs fighting against AIDS and the staff of the departmental units fighting against AIDS (UDLS). These sessions were attended by students of different schools (secondary schools), women's associations and women from religious denominations.



Gabonese Republic

Member Commissioner within the UNAIDS-The Lancet Commission

In June 2013, following her continued commitment in Gabon in the fight against HIV/AIDS, H.E Madam Sylvia Bongo Ondimba was appointed member of the Lancet Commission *"From AIDS to sustainable health."*

This Commission, which brings together Heads of State, political and economic policy-makers and people living with HIV aims to catalyse skills and political momentum to guide the debate on the future of health in the post-2015 development program, and to accelerate progress towards the eradication of AIDS.

UNITAID

At the invitation of Professor Philippe Douste-Blazy, Deputy Secretary General of the United Nations, Madam Sylvia Bongo Ondimba has participated on April 1st with Bill Gates in the annual conference dinner of UNITAID.

While a child in a developing country is twenty-five (25) times more likely to die during his first five years, young women account for over 60% of young people affected by HIV/AIDS in the world; in sub-Saharan Africa, their share amounts to 72%.

That is why Madam Sylvia Bongo Ondimba has decided to support UNITAID's action, which embodies the ability to mobilize the international community to overcome HIV/AIDS.

Gabon gained encouraging results in recent years in the fight against HIV/AIDS. However, we must continue our advocacy. There is no miracle solution: infrastructure, trained and qualified staff, transparent and effective procedures will be the key to our victory against the disease. This human investment calls for citizenship, solidarity and conscience of each and everyone.

Gabon Marathon and the Women against AIDS campaign

During the weekend of November 30 to December 1st, 2013, Gabon has held its first marathon. This sporting event dedicated to the entire family has witnessed more than eight thousand (8,000) participants and twenty thousand (20,000) spectators. "La Gabonaise" was amongst the activities: A female race of five kilometres, three objectives for our children to be born and live without AIDS.

The Sylvia Bongo Ondimba Foundation for the Family took advantage of this beautiful intergenerational meeting, which coincided with World AIDS Day, to gather participants and spectators around the Women against AIDS campaign and continue to raise awareness about the Millennium Development Goals: Zero Transmission, Zero death, Zero discrimination.



By participating in this race, the Foundation and its President wished to remind of their commitment in the fight against AIDS, particularly in the prevention of the transmission from mother to child.

Also throughout the period of the campaign, ten facilitators, trained especially for the occasion, were present by pairs, twice a week, in the waiting rooms of each MCH centre of Libreville. The aim of this activity was to inform, educate and mobilize all people (especially women) who came for consultations in these health centres, on PMTCT.

Along with the sensitisation activity within the MCH Centres, the facilitators also visited schools which have a high concentration of young women of childbearing age, in order to spread the same message on PMTCT of HIV.

Throughout this campaign, were held mobile and voluntary testing campaigns available in all MCH centres visited and in two of the four selected schools. This action was meant to promote testing among people who do not spontaneously make the process or are discouraged by the large crowds in the ATC.

All volunteers being tested received pre and post-test counselling. The results being instantly made, all people collected their results. Positive patients were referred to the care centres and received support from a person dedicated in an association of PLWHIV to prevent possible isolation. VCT campaigns were conducted in partnership with laboratories in health centres. Pre and post-test counsellors were mobilized among the AMIS facilitators specially trained for this activity.

Some results

- Five thousand five hundred and eighty (5,580) people sensitized in Maternal and Child Health centres
- One thousand three hundred and seventy (1,370) students educated in schools with high concentration of young women of childbearing age and demonstrations of male and female condom use were made.
- Nine hundred and one (901) people tested in MCH centres, including thirty (30) HIV positive with a prevalence of 3.3%.



Republic of the Gambia

OAFLA-GAMBIA led an advocacy and awareness creation activities on the prevention on PMTCT. Activities held in this regard were:

Sensitisation of national assembly members

The activity was conducted at the National Assembly Chambers where over thirty-five (35) members were in attendance including the Honourable Speaker. The Speaker delivered the opening statement and challenged the Honourable Members to give this activity the importance it deserves. Two power point presentations were delivered by resource persons, covering the overview of HIV response and PMTCT in the Gambia. The presentations were followed by lively discussions to clarify issues. Finally, the Honourable Members promised to continue the dissemination of PMTCT services in their various constituencies and thanked the Office of Her Excellency the First Lady for her laudable initiatives.

Community campaign on HIV Counselling and Testing:

This activity was conducted in collaboration with Western Health Region-2 at Jiliba Junction in Brikama Nyambai on Saturday 1st February 2013. The audience comprised women, men and youth kafoo leaders, representatives of the Imam, Alkali and community leaders. The meeting started with prayers

Sensitization of male folk [males] on PMTCT:

Forty people were sensitized in the six sites of the two regions and participants comprised the Lord Mayor, Governor, Alkalolus, Imams, Pastors, community and youth leaders, youths, uniform men from various departments, senior and junior staffs' of departments, support staffs, VDCs, NGOs, etc. Voluntary Counseling and Testing service was conducted along side with the sensitisations.

Radio program:

Two radio sensitisations on HIV and PMTCT in particular were conducted in West Coast Region, with Brikama FMB radio on the 6th and 7th February 2014. They were one hour radio talks each.



Republic of Ghana

The Ghana Chapter of Organisation of African First Ladies Against HIV&AIDS (OAFLA), led by the Premier Ambassador for UNAIDS Global Plan to Eliminate mother-to-child transmission of HIV in Ghana, Her Excellency Mrs. Lordina Dramani Mahama in collaboration with the Ghana AIDS Commission initiated an advocacy campaign on HIV and reproductive health service delivery in Ghana.

The theme of the campaign is “PMTCT - the Key to an HIV free Generation, and Keeping Mothers Alive”. This campaign was officially launched alongside the 2013 World AIDS Day celebration on 5th November, 2013 in Accra after its initial implementation in the Eastern and Brong Ahafo regions of Ghana.

The objectives of Her Excellency's campaign are to galvanize community support for the prevention of mother-to-child transmission of HIV, create the awareness of and help address the reproductive health needs of women and to sensitise and educate men to support their female counterparts in accessing PMTCT and reproductive health services.

A combined approach of advocacy, Behavior Change Communication (BCC) and free reproductive health services including HIV testing, breast and cervical cancer screening was utilised for the campaign.

Strategies adopted include:

- Stakeholders Advocacy Sessions at the Regional level
- Advocacy through Community engagements
- Service provision in the Communities (HIV testing, syphilis testing, breast and cervical cancer screenings and screening for other health conditions including high Blood Pressure etc.)
- Use of Persons Living with HIV (Heart to Heart Ambassadors) in anti-stigma reduction
- Visit to PMTCT centers to encourage staff and gather feedback from staff and clients (for quality improvement)

The impact of the initial phase of Her Excellency's the First Lady's advocacy campaign can be described as tremendous. Partnerships are key as this reflected in the ability of the team to complete activities due to enormous support by key partners with technical capacity and joint funding.

Moreover men understood the need to support their partners in their health seeking behaviors especially their reproductive health needs. In the regions of implementation, PLHIV and women of reproductive age understood better the need for adapting simple yet effective measures to check their health and the need to seek medical attention early.

It was also noted that a combined approach of advocacy and integrated service provision is more effective and efficient.



Republic of Guinea

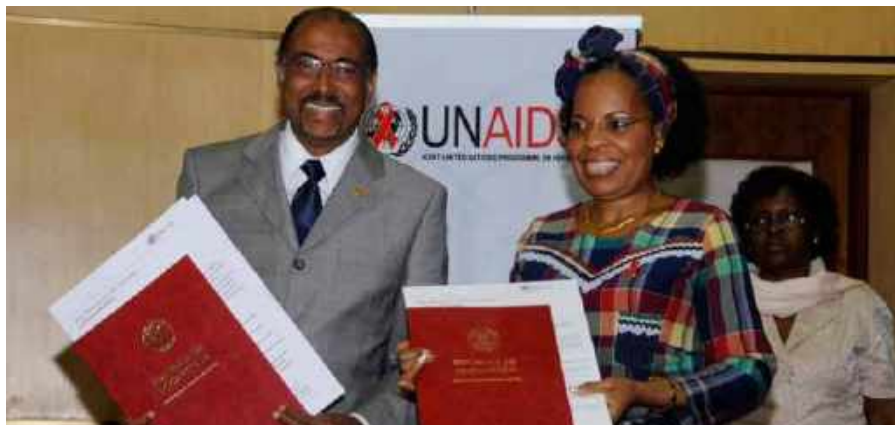
In terms of advocacy and communication, activities implemented by the First Lady of Guinea include:

- Organisation of advocacy Campaigns with political, traditional and religious leaders to abandon harmful practices to health (excision, sororate, levirate, depigmentation, tattooing, forced and early marriage), and gender-based violence in our communities;
- Advocacy with religious, political, community leaders, and traditional leaders to involve men as partners in PMTCT (OAFLA funding);
- Organisation of a gala dinner for the mobilization of funds for PMTCT activities;



Republic of Mozambique

H.E the First Lady of Republic Mozambique, Dr. Maria da Luz Dai Guebuza, assumes since the second half of 2013, the task of noble Patron for the Global Plan to eliminate New infections by 2015, established by UNAIDS.



HE the First Lady of Republic Mozambique, Dr. Maria da Luz Dai Guebuza, Patron for the Global Plan to eliminate New infections by 2015,

The appointment took place in Maputo, shortly after the completion of the 7th Stop Cervical Cancer Conference in Africa, held from the 21st -23rd July 2013.

For H.E Dr. Maria da Luz Dai Guebuza, the appointment to this position, *“represents a big responsibility because in the actions to eliminate HIV infections in Mozambique, must also look at Africa and worldwide”*, and highlighted that Mozambique has recently come to the orange grading due to the work being done in the Country in the fight against HIV & AIDS.

“Mozambique is up to fully carry this mission because the people will give their support to ensure the achievement of the goal of eliminating new infections by 2015,” stressed Madame Guebuza.

Mr. Michel Sidibé, UNAIDS Executive Director, indicated that H.E the First Lady of Republic of Mozambique, as Patron, will give HOPE for mothers and their babies by advocating for free HIV generation. Mr Michel Sidibé stated his believes in the work of the First Lady of Republic of Mozambique, so that by 2015 the country will once again reaffirm that it was worth investing in the figure of H.E Dr. Maria da Luz Dai Guebuza.



Republic of Niger

The “GURI Vie meilleure” Foundation of the First Lady of Niger has implemented a project to support HIV-positive women from twenty-two (22) Health Integrated centres (HIC) in Niamey. In this framework, sessions on awareness, testing and counselling and family mediation were held in the HICs. These activities were carried out by seventy (70) highly experienced facilitators from January to March 2014 in the 22 HICs of the urban community of Niamey. This allowed a large access for women to HIV/ AIDS testing; psycho emotional support is given to HIV-positive women and through mediation, information was given to the spouses of the seropositive women.



Federal Republic of Nigeria

As the Child Online Protection Champion (COP), given the unwholesome activities on the internet and lack of effective monitoring and control expose children and youth to indecent behaviors that predispose them to the risk of HIV and AIDS, the First Lady Nigeria has reflected on this new challenge and have initiated enlightenment campaign to save children of the continent and the world at large on internet abuse and server crime given the potential in scaling up HIV/AIDS pandemic.



Republic of Rwanda

Sensitization Campaign: November 18th 2013 at Ngeruka Sector of Bugesera District, a Sensitization Campaign was carried out on the adoption of Male Circumcision and use of VCT services among adolescents and young people. More than **280** young girls and boys with parents and the population in general were present. 130 youth got HIV test out of which 0 found positive. Different channels were used to deliver awareness message through poems, songs, dances, talented local young musicians and speeches by officials.



Registration for VCT

A 5 day Male circumcision campaign was conducted at Ngeruka Health Center targeting 1,200 youth from 15 - 35 year old from Nov 25 – 29 / 2013. To perform this activity, Ngeruka HC used its trained staff with support

from other nearest HCs as well as support from the Hospital staff. Although 1,200 youth aged between 15 – 35 years old were targeted, 2,113 young boys came to seek this service due to the message spread by young people after the sensitization campaign.



Republic of Uganda

The First Lady was nominated the National EMTCT Champion in August 2012 and thereafter she embarked on Regional Campaigns to create awareness about EMTCT. These Campaigns are organised and coordinated by OAFLA UG in partnership with the Ministry of Health (MOH), the Uganda AIDS Commission (UAC), HIV/EMTCT stakeholders and the political leadership at all levels of society.

The EMTCT Regional Campaigns were held on the following dates:

- South Western Region – Ntungamo District 22nd March 2013
- Northern Region – Lira District 28th June 2013
- Eastern Region – Tororo District 16th August 2013
- Karamoja Region – Napak District 16th September 2013

The following activities were organised as part of the Regional Campaign:

Public Rally and Media Campaigns:

In all the Regions the Campaigns culminated in Mass Public Rallies with over three thousand (3,000) to five thousand (5,000) and key stakeholders from the various districts. During the Rallies the First Lady and EMTCT Champion visited stalls exhibiting work carried out by different organisations and institutions involved in the HIV response. Hon. Janet Museveni also provided the key note message at all the rallies, while other messages were delivered by Ministers, MPs, dignitaries, Development Partners and local leaders. The Rallies were preceded by intensive media campaigns with messages on: HIV and AIDS awareness, the significance of testing for HIV as couples

and male involvement in reproductive health. Implementing partners, the district leadership and Village Health Teams (VHTs) also played a big role in mobilizing communities to attend the Rallies.

Consultative Meetings with Key Stakeholders:

Consultative Meetings were organised in each region to provide a forum for stakeholders to build synergies and engage on key issues. The Meetings were attended by Cabinet Ministers, MPs, Diplomats, UN agencies, Development Partners and officials from the UAC and the MOH. Also in attendance were national and regional actors from the health sector, key stakeholders from the Region, political leaders, Civil Society Organizations (CSOs) and cultural and religious leaders. The Consultative Meetings covered the following issues:

- **South Western Region:** The Meeting was held in Ntungamo District where the focus was on Enhanced Networking and Collaboration of Stakeholders.
- **Northern Region:** The Meeting was held in Lira District with the focus on The Role of Village Health Teams as well as Cultural and Religious Leaders in promoting EMTCT.
- **Eastern Region:** The Meeting was held in Tororo District with a focus on the Role of the Youth and Fathers in promoting EMTCT.
- **Karamoja Region:** The Meeting was held in Napak District with a focus on Re- engaging the District Leadership in the EMTCT response and HIV and AIDS Awareness Campaigns.

Other HIV and AIDS/EMTCT Activities conducted

In all the Regions the Campaigns were preceded by mass publicity and sensitisation programmes. Messages were developed, recorded and disseminated through Information Education and Communication (IEC) channels including the media, brochures, fact sheets etc.

Activities held in the capital Kampala were the following:

Public Testing of H.E the President and other National Leaders :



On 8th November 2013, OAFLA UG, in an exclusive event, organised public testing by for the Head of State. The objective of the testing was role modeling by the top most leaders in the nation and to have them send advocacy messages on the need for testing by everyone

Dialogue on EMTCT for Cultural and Religious Leaders at the National level:

In November 2013, a dialogue was held in Kampala for Cultural and Religious leaders at the national level, to share the challenge of HIV and AIDS and to appeal for their active involvement in influencing behavioral change.

The Four EMTCT Regional Campaigns witnessed great success in heightening public awareness and building strong partnerships for the promotion of EMTCT across a wide spectrum of stakeholders. The Campaigns were also instrumental in: engaging key stakeholders in consultations around EMTCT, sharing the importance of Option B+ and stepping up the availability of commodities. Through these Campaigns the First Lady has effectively utilized her political platform to foster increased political will and to enhance an exceptional team spirit amongst stakeholders. In the same vein the public rallies and consultative meetings have stepped up the re-engagement of the political, cultural and religious leadership in the HIV and AIDS response. The effective use of the mass media to disseminate the Campaign messages and the mobilization of the public have increased the demand for commodities and in turn the accessibility of services countrywide.

Republic of Zambia

OAFLA Zambia chapter embarked on a Campaign: **Save the Born Child: Accelerating Option B+ Interventions in Zambia** aimed at mobilising policy makers and communities on the need to expand ART coverage for HIV positive mothers from pregnancy to life and to reduce chances of children contracting HIV through breastfeeding. Its focus is also on pediatric ART.



The strategies to implement the campaign are policy advocacy, resource mobilisation, public mobilisation, treatment, care and support.

Activities that were held in the framework of the campaign were:

- A Stakeholders Meeting on Option B+ targeting government ministries, cooperating partners and grassroots organisations was held on 11th October, 2013.

- A radio program on Option B+, Pediatric ART and family and community support for children living with HIV/AIDS was aired live on Sky FM Community radio station targeting 1,880,000 people. The program was aired on the 15th of November, 2013.
- A video documentary highlighting the successes and challenges of the current PMTCT programme in Zambia was produced and shown during the stakeholders meeting held in October 2013 .
- The Chapter participated in the World AIDS Day. Commemoration and delivered a sensitisation message on Option B+
- The chapter participated at the 17th ICASA Conference held in, South Africa. H.E. Dr Christine Kaseba was a special guest speaker and in her remarks implored partners to participate in the implementation of the OAFLA 2014-2018 strategic plan.
- Distribution of food packs from Namibia and other assorted items was done at Chiluli Cha Bumi PMTCT Health Clinic in Southern Province on 7th March 2014.
- A two day GBV/HIV/Child Marriage training workshop was held for 150 traditional leaders in Chikanta Area, southern Province from 6th -7th March 2014.

So far the results of the campaign are:

- Two hundred (200) people from over seventy-five (75) organisations attended the stakeholders meeting. Follow up meetings by different stakeholders have since been held on Option B+ policy in Zambia.
- Thirty-eight (38) PMTCT counselors trained by OAFLA Zambia Chapter are made aware of Option B+ and are involved in the sensitization of communities on the policy.
- As a result of some of the meetings attended during the ICASA the Global Fund on malaria, TB and AIDS is considering funding cervical cancer activities in Africa to prolong the lives of mothers living with HIV/AIDS
- One hundred and fifty (150) traditional leaders have been mobilized to participate in raising awareness of PMTCT, Pediatric ART and OVC care in the communities.



Conclusion

Way forward

The growth and the success that OAFLA has achieved is not owned not only by OAFLA alone, but also by its partners which have given OAFLA the partnerships, the guidance and the resources to affect change. Taking into consideration the Post 2015 development agenda, OAFLA has broadened its scope of interventions and in addition to HIV and AIDS, the OAFLA 2014-2018 Strategic Plan incorporates maternal, neonatal and child health, cervical cancer and mainstreams the empowerment of women, girls and children in all its goals.

By addressing HIV/AIDS in such a comprehensive and integrated manner, greater gains can be achieved in eliminating new HIV infections (including EMTCT), expanding access to treatment and support services, to eliminating stigma and discrimination, and to eliminating AIDS related deaths.

More than ever, OAFLA counts on the support, partnership and guidance from its partners in successfully implementing this comprehensive and integrated approach articulated in the new OAFLA Strategic Plan 2014-2018.

Summary of Strategic Plan 2014-2018

OAFLA's Vision

- An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities.

OAFLA's Mission

- First Ladies of Africa advocate for effective policies and strategies towards the elimination of HIV and AIDS, reduction of maternal and child mortality and the empowerment of women and children, through strategic partnerships in the spirit of solidarity.

Goals

1. Contribute to the national effort in preventing, managing and eliminating HIV and AIDS
2. Contribute to the national effort in reducing maternal, neonatal and child mortality
3. Contribute to the national effort in reducing cervical cancer
4. Enhance organizational visibility, organizational learning and stakeholders' commitment
5. Ensure program and financial sustainability

Goal 1: Contribute to the national effort in preventing, managing and eliminating HIV and AIDS		
Specific Objective	Outputs	Activities
1. Support the elimination of new HIV infections	1.1 Reduced rates of Mother to child transmission 1.2 Reduced rates of new infections, particularly in young women	1.1.1 Design and implement continental and national advocacy campaigns on EMTCT, for decision makers, opinion leaders and citizens 1.1.2 Advocate for treatment, ARV for pregnant and lactating women as a means of preventing MTCT 1.1.3 Support national and continental prevention programs with a focus on young women
2. Advocate for increased domestic financing for HIV&AIDS and reproductive health programs	2.1 AU member States and Governments report on meeting at least 15% Abuja commitment 2.2 Increased commitment from state and non-state actors, including the private sector, for a diversified on health financing	2.1.1 Recruit advocacy/campaign leaders among parliamentarians and mobilize stakeholders 2.2.1 organize discussion forums to build strategic partnerships with the private sector 2.2.1 Advocate for tax rebate for private sector organizations 2.2.2 Advocate for national incentives to state and private companies for contributions to the national health budget 2.2.3 Advocate for increased national spending on HIV, EMTCT, and SRH
3. Ensuring Universal access for all	3.1 Increased access to health information, support and treatment services for all	3.1.1 Support national and regional dialogue on promoting local manufacturing and trade harmonization for drugs 3.1.2 Engage relevant partners in dialogue on incentives for trade harmonization and local manufacturing with stakeholders, including relevant ministries, PLHIV, private sector and others 3.1.3 advocate for the AU Pharmaceutical Manufacturing Plan for Africa
4. Eliminate Stigma and Discrimination	4.1 Discriminatory laws that act as barriers for accessing health information, support, and treatment services are highlighted 4.2 health guidelines to include nutrition as an integral part of a comprehensive response to HIV and AIDS developed and implemented	4.1.1 Dialogue with relevant key populations on the laws and procedures that are discouraging/ creating barriers for accessing treatment and support services: This will include: women and girls affected by violence, PLWHIV, sex workers 4.2.1 Mobilize relevant ministries to include nutrition in the response to HIV and AIDS

5. Increased community participation and ownership of HIV and AIDS programs	5.1 Informed, motivated, and empowered community members 5.2 well informed media becomes a strategic partner in mass campaign	5.1.1 mobilize key opinion and religious leaders and community elders to build consensus on critical issues that needs their intervention 5.1.2 Support mentor male champions to advocate for male involvement in HIV&AIDS programmes 5.1.3 Support community awareness programs targeting the youth 5.1.4 Support diversified schemes including micro financing opportunities to empower women infected and affected by HIV and in vulnerable situation 5.1.5 Support communication campaigns the 3 Zeros, EMTCT, Know your status 5.1.6 Advocate for stronger community based support for AIDS orphans 5.1.7 Ensure the Inclusion of HIV programmes in community festivities 5.2.1 Support strong dialogue with key media practitioners on HIV&AIDS issues and reportage, and engage in media briefing sessions
Goal 2: Contribute to the National Effort in Reducing Maternal, Neonatal and Child Mortality		
Specific objective	Outputs	Activities
1. Support the review and the adoption of fee waiver policy/ procedures for maternal health services and hospital stays	1.1 Greater public support for maternal health services and hospital stays fee waiver generated and Government acceptance of fee waiver policy 1.2 members of parliaments acknowledged the issue 1.3 the issue received high media coverage	1.1.1 Support the assessment on the implications of fee waiver in increasing access to maternal health services 1.2.1 Organize a forum for members of parliament to reach consensus on key findings of the assessment 1.2.2 Prepare monthly articles in the national dailies on the findings of the assessment 1.3.1 Carry out press conference to release key findings of the assessment
2. Promote the development /implementation of Maternal Newborn and Child Health (MNCH) Roadmap including budget to intensify health care services	2.1 The Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality in Africa (CARMMA) Launched and implemented 2.2 increased commitment among political decision makers to strengthen and intensify MNCH services makers	2.1.1 Reconcile all countries who have already launched CARMMA and evaluate the implementation of the campaign 2.1.2 Compile and share implemented activities to relevant partners 2.2.1 prepare and disseminate policy briefs on the state of MNCH 2.2.2 lobby governments to increase access to quality, integrated services for mothers and children
3. Establishing/ maintaining partnerships and networking to mobilize additional resources for MNCH programs	3.1 Potential donor expressed commitment through official communiqué	3.1.1 prepare/disseminate situation analysis report on the status of MNCH in the region/country 3.1.2 organize participants in donors round table meetings for fund raising 3.1.3 participate and deliver key messages in various regional and international forums
4. To Promote laws/legislations on the ban of Harmful Traditional Practices (HTPs) such as FGM and Child marriages and intensify their enforcement. Mobilizing and empowering communities regarding these practices	4.1 members of parliament, academia and other prominent personalities supported the need to amend existing laws/legislations 4.2 Police officers and the Judiciary committed to enact the laws intensively 4.3 community members banned practicing FGM and child marriages	4.1.1 Review and identify existing gaps in laws/legislations with regard to FGM and Child marriages 4.1.2 reach a consensus within members of parliament, university students and other support groups on main topics which needs to be amended 4.2.1 inform and educate the judiciary and policy staffs about their indispensable role in protecting and safeguarding the rights of children, girls and women 4.3.1 mobilize religious and opinion leaders, the elderly including youth to ban HTPs 4.3.2 inform and educate traditional practitioners about the consequences for not abiding by the constitution 4.3.3 recruit and mentor men champions to support the banning of HTPs (FGM & Child marriage) and to support girl-child education.

5. Promote Family Planning (FP) and include nutrition in the health education as well as school curricula targeting pregnant and lactating mothers and their children	5.1 Nutrition is included in the health education guidelines and school curricula 5.2 community members acknowledged the benefit of FP 5.3 community members motivated to support pregnant women seeking and receiving health care 5.4 community members aware of the importance of balanced and adequate diet for the health and survival of mothers and their children	5.1.1 Support national efforts to build consensus on critical legislation that need amendment among members of parliament, academia and other stakeholders 5.2.1 promote the benefits of FP in reducing untimely deaths of mothers and children 5.3.1 rally information about the benefit of FP, the positive outcome of supporting women to seek health care during pregnancy, children and after birth using community social structures and networks 5.4.1 organize rally and meetings to inform and educate community members about the benefit of balanced and adequate diet for babies under two years of age and pregnant and lactating mothers
Goal 3: Contribute to the national effort in reducing Cervical Cancer		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Support the effort of creating a supportive policy environment for the prevention, early diagnosis and treatment for cervical cancer	1.1 members of parliament advocated and lobbied for cervical cancer national policy 1.2 Ministry of Health (MOH) acknowledged the need for policies and strategies in addressing cervical cancer	1.1.1 Prepare/disseminate report on the situation of cervical cancer at national level including policy options (targeting MOH and Members of the parliament) 1.1.2 Lobby for the review/update of curricula to integrate early diagnosis of cervical cancer using visual screening 1.1.3 Lobby for the formulation of policies, strategies and programs to prevent and treat cervical cancer 1.1.4 Identify key players/support groups and organize press release
2. Increasing resources for cervical cancer prevention and supporting institutions working in the fields of cancer prevention and treatment	2.1 Donors pledged to support cervical cancer prevention program 2.2 Establishment of centres of excellence for cancer prevention and treatment	2.1.1 identify donor groups and individual philanthropists 2.1.2 design/implement advocacy action targeting donors group 2.1.3 engaging donor groups to solicit their commitment and contribution 2.2.1 Advocate for the establishment and financial support of centres of excellence for cancer prevention and treatment
3. Increasing awareness about the prevention, early diagnosis and treatment options about cervical cancer	2.1 Greater public awareness created about the prevention, early diagnosis and treatment option of cervical cancer 2.2 Social networks advocates for cervical cancer	3.1.1 organize campaigns to create public awareness of cervical cancer 3.1.2 organize women's support groups to improve health seeking behavior 3.2.1 create social platforms for education, information sharing, and interaction
Goal 4: Enhance organizational Visibility, organizational learning and stakeholders commitment		
SPECIFIC OBJECTIVE	OUTPUT	ACTIVITIES
1. Ensuring organizational effectiveness and efficiency	1.1 functional strategies for effective and efficient communications adopted and implemented 1.2 operational research (OR) tools developed and implemented 1.3 organizational learning enhanced	1.1.1 assemble a communication team to develop/implement effective and efficient communication strategies to enhance coordination and networking among members 1.2.1 assemble a team to develop operational research tools 1.2.2 undertake operational researches (OR) in collaboration with the OAFLA chapters 1.3.1 document, analyze and share lessons learned and good practices 1.3.2 explore document and disseminate new and innovative approaches in problem solving and advanced technologies in addressing HIV&AIDS and MNCH issues in Africa 1.3.3 establish effective networking in order to share experience among members 1.3.4 maintain effective M&E reporting system among members and Secretariat 1.3.5 conduct training, seminars experience sharing and study tours for members 1.3.6 Establish peer – review mechanism

2. Strengthening stakeholders commitment	2.1 enhanced information flow between OAFLA Chapters and its secretariat as well as among members 2.2 increased partnership and solidarity among members 2.3 increased commitments by partners(Governments, donors and community members) to support OAFLA Chapters and its secretariat undertakings 2.4 OAFLA Chapter persuaded to play active role 2.5 audited financial reports delivered to all stakeholders on time	2.1.1 organize/conduct meetings to build consensus on priority issues, challenges and programs/interventions in realizing OAFLAs objectives 2.1.2 disseminate information about OALFLA chapters and its secretariat functions (roles and responsibilities) as well as areas that needs strategic partnerships 2.2.1 facilitate and maintain functional peer support program and strategies 2.3.1 Use media outlets such as community radios, local news papers and other electronic media to support OAFLA chapters 2.3.2 organize social events for potential partners 2.4.1 introduce creative/innovative approaches to persuade OAFLA Chapters to play active role 2.5.1 prepare and disseminate audit reports on financial accounts
3. Increasing organizational visibility	3.1 OAFLA Chapters and its secretariat frequently invited to international, regional and national policy/program reviews or consensus building meetings 3.2 joint programs/events organised	3.1.1 organise/conduct various forums, press conferences at national level 3.1.2 prepare/disseminate quarterly newsletters, annual reports 3.1.3 deliver speeches in international regional forums by the first ladies 3.1.4 organize and carry out talks presentations on various topics related to HIV/AIDS/MNCH, Gender, and youth 3.1.4 prepare OAFLA profile to be distributed in all avenues 3.1.5 update OAFLA website regularly 3.1.6 Maximize use of social media 3.2.1 organize event or tele-conference where FL s share their collective success and challenge's
Goal 5: Ensure program and financial sustainability		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Institutionalize various systems/structure(s) for programs management, monitoring and evaluation	1.1.1 organizational structures/systems in place in ensuring accountability 1.1.2 functional system for reporting, record keeping monitoring and evaluation institutionalized 1.1.3 leadership technical and managerial competences of the leadership, technical advisors and staff members of OAFLA enhanced	1.1.1 review/update the organizational structure of OAFLA chapters and its secretariat 1.1.2 prepare reviews/update job description and staff evaluation protocols 1.1.3 develop/institutionalize various systems for regular reporting, record keeping, monitoring and evaluation of programs 1.1.4 adopt a standardized accounting procedures or financial management control and reporting including administration manuals 1.1.5 undertake regular staff meeting to follow up on going projects and record the minutes of each meeting 1.1.6 organize various training, seminars and workshops to enhance the leadership and technical competency of Africa First Ladies and their technical advisors and staff members of the secretariat
2. Ensure leadership, technical and managerial competencies of OAFLA Chapters and Secretariat	2.1 Secured budget form nation account 2.2 The house of the secretariat gets ownership license 2.3 Major OAFLA Document updated	2.1.1 prepare /submit a document with compelling reasons to the house of people representative (parliaments) to secure their support 2.2.1 Secure entitlement for the secretariat house in AA 2.3.1 review OAFLA constitution ,rules of procedure, framework of action, HR and financial manuals
3. Increase and diversify the resource-basis of OAFLA Chapters and its secretariat	3.1 Expanded resource bases	3.1.1 Prepare / implement national fund raising strategies 3.1.2 organize donors round table meeting 3.1.3 Prepare/submit various proposal's to donors



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