

Introduction: Why Human Security Now?

Agnes attends Lalenge School in northern Tanzania. She does not have use of her legs and moves herself around with her arms, dragging the rest of her body on the ground. Agnes is one of the learners in a Complimentary Basic Education in Tanzania (COBET) learning center in northern Tanzania, part of a program set up by UNICEF to give children who never had the opportunity to attend school, or who had to drop out, a chance to catch up in their studies and matriculate into the public school system. Determined to enjoy the same activities as the other children, Agnes takes part in a dance that several of the COBET learners perform for our group.

When we gather 9 or 10 of the learners to talk with our group, Agnes is sitting in the front row. She tries to get into the chair herself, but it is too high. After she struggles for a few minutes, one of the COBET facilitators (teachers) helps her up. A shy girl, she speaks quietly and never makes eye contact. Still, every time we ask a question about the learners' experience in the program, her hand is the first to go up, eager to share her story.

Agnes's mother has passed away, and now she lives with her father, her stepmother, and a half sister. When she expressed to them her interest in going to school, they told her it would be a waste of time. Even though she is still a child, she is expected to make a contribution to the family or, at the very least, to find the resources to pay for her own food. To make a living, Agnes collects beans to sell, always pulling herself along on her thin, thin arms. When she has sold enough beans so that she can feed herself for a few days, she can take a break from her work and travel to the COBET center to study. On the days when there is no money to buy food, she is forced to stay behind.

At the COBET center, Agnes learns to read and write and do math. She also learns about hygiene and other basic life skills, and she takes classes in

food processing so that when she has finished school she can process the food that she gathers to sell, which will bring a slightly higher price than the beans she sells today. The World Food Programme (WFP) has recently begun offering meals to the participants in the center so that Agnes and her classmates no longer have to make a choice between going to school and having at least one meal for the day.

Mercy is a mother of two living in a village about two hours from Zimbabwe's capital, Harare. Several years ago, her husband died of AIDS, and that is when Mercy found out that she too was HIV positive. While concerned about her own health and anticipating a very short future for herself, Mercy was also worried about how her children would be able to build better lives for themselves.

As part of a UNIFEM project, Mercy has been given simple irrigation equipment that allows her to grow tomatoes year round, an important accomplishment in a country like Zimbabwe that is suffering severe food shortages. With the income from her tomatoes, Mercy has been able to send her oldest child, a daughter, to school, and her daughter recently passed her exam to become a teacher.

Like many places around the world, stigmatization of people infected with HIV is deep rooted in Zimbabwe. But, Mercy's positive disposition has helped her to overcome that stigma and use her experience to reach out to others. She has shown others in her community that, even though she is HIV positive, she is no different from them, and they can continue to live and work alongside her without fear. She encourages her neighbors to learn how to protect themselves and their loved ones from infection and has persuaded many of them to get an HIV test so that they can overcome the anxiety of not knowing whether or not they are infected. In doing so, she offers them living proof that they can continue to lead happy, productive lives even if their tests come back positive. In 2005, she took part in a conference on AIDS in Nairobi, Kenya, which possibly makes her the only person in her village to have traveled internationally. Her son, a well-dressed young man who looks to be in his early 20s, stays by his mother's side and shows us their tomato fields, visibly proud of his mother and what she has been able to accomplish for herself and her family.

Every year, thousands of people travel from Burma to work in Thailand, most of them illegally. They risk their lives and take the chance that they will never see their families again. But most of them find they have no

choice other than to leave Burma, a country with one of the world's worst human rights records. However, life in Thailand is far from easy. Needing employment so that they can provide for themselves, they take jobs, mostly in factories and fisheries, for little pay and under fairly dangerous conditions. Unable to travel and without protection under Thai law, many of them are cut off from their families and other social networks at a young age.

It is in such situations around the world that many people find themselves at risk of, among other things, contracting HIV. Often alienated, and without access to appropriate prevention information and resources, it is not uncommon for migrant workers to engage in risky sexual and drug-use behavior. Despite some attempts by the Thai government to make public clinics accessible to foreign migrant workers, few have taken advantage of their programs because of fear of deportation or because they cannot communicate with or feel discriminated against by the clinic staff. Few get tested for HIV infection, which can take up to 10 years before symptoms begin to show, so those who are infected often unknowingly spread the virus to others, and those who suffer complications rarely get adequate care when they need it. Near one of the fisheries—about an hour's drive from Bangkok—we visit an NGO-administered clinic for migrant workers from Burma, where they are looking after a young man in the final stages of AIDS. Like the other illegal workers at the fishery, the man knew that telling his employer that he was HIV positive would have resulted in his firing. Even when he felt sick, he could not complain and had to keep working.

For these individuals and for individuals around the world, being “secure” is a very personal and fluid condition. As human beings, we feel secure when we are not in fear of physical harm, but we also feel secure when we have the tools to determine our own future and that of our children, when we can be proud of who we are and how we live our lives, when we can communicate our needs and our concerns to those who can help us, and when we can reach for and achieve our dreams. What can we do to ensure that people around the world are able to secure themselves, their families, and their communities, from the various threats they face every day? That is the question that human security tries to answer.



The five UNTFHS-supported projects described in this report are a part of the international community's attempt to provide answers to these

questions. They were chosen in order to illustrate that a single human security threat—in this case HIV/AIDS—is inseparably intertwined with other threats that individuals and communities face on a daily basis. They offer lessons from both Africa and Asia, cover the activities of four UN agencies and many more NGOs and other international organizations, and represent a broad spectrum of activities, disciplines, and approaches.

The following projects, which are described in detail in the final section of this report, provide the basis for the analysis included in this report:

- Basic Education and HIV/AIDS & Life Skills for Out-of-School Children (Tanzania), UNICEF
- Enhancing Human Security through Gender Equality in the Context of HIV/AIDS (Zimbabwe), UNIFEM
- Improvement of Health Conditions of Migrants in Ranong and Samutsakorn Provinces in Thailand, World Health Organization (WHO)
- Model Communities to Demonstrate an Integrated Approach to HIV/AIDS and Poverty in KwaZulu Natal (South Africa), United Nations Development Programme (UNDP)
- Strengthening HIV Resilience in Thailand Mobile Populations Source Communities, UNDP