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PCB Submissions on Thematic Segment - Non-Discrimination

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Introduction

All Submissions were sent to the UNAIDS Secretariat in response to a Call for Submissions in July 2012 to Members and Observers of the UNAIDS Programme Coordinating Board, UNAIDS Cosponsors and UNAIDS country and regional staff. The purpose of the Call for Submissions was to collect and showcase programmatic efforts to reduce HIV-related discrimination at national and regional levels. As of 28 November 2012, UNAIDS had received a total of 91 submissions from governments, civil society and Cosponsors, with the following regional breakdown: Africa – 31; Asia Pacific – 13; Caribbean – 2; Eastern Europe Central Asia – 7; Global – 9; Latin America – 13; Middle East/North Africa – 7; and Western Europe and other States – 9. The submissions are categorized alphabetically according to the following sectors: Health, Justice, Workplace, Education, and Community. Please note that this compilation of submissions is for information only and has not been independently verified. For further information regarding the programmes and organizations listed, including contact details, please contact Susan Timberlake: timberlakes@unaid.org.

I. Reducing HIV-related discrimination in the *Health Sector*

ARGENTINA

Title of Programme: Services for Comprehensive Health Care of LGBT People in Public Hospitals in Argentina

Contact: Ministry of Health of Argentina

Implementer(s): Direction of AIDS and STI – Ministry of Health of Argentina, LGBT and PLH Civil Society Local NGOs, Local AIDS Government Programmes and UNPD-UNAIDS-UNFPA-PAHO/WHO

Sector(s): Health

Implemented by: Government and Civil society

Programme being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

This programme gave key populations facing discrimination on the basis of their sexual orientation, gender identity and other issues related to sexuality, and as a result, most vulnerable to HIV and co-infections, access to healthcare. In the cities where the project was implemented, the number of people making use of HIV and health related services increased considerably. Although it was originally designed to provide information, diagnosis and treatment for HIV and co-infections, the programme has become an effective access door to a comprehensive health care for this population. The programme also served to create effective links between the hospital, health teams, activists and other participants that ensured its continuity in time and the addition of more services. The creation of these links between the different actors involved in this programme, including the leading role played by various LGBTI organizations, enhanced the promotion of the service among populations who were traditionally underserved by the health system.

Short description of the programme

This programme has the dual aim of eliminating barriers faced by key populations including lesbian, gay, bisexual and transgender people and male who have sex with male ((LGBTI) in accessing health systems and promoting a rights based response through the elimination of stigma and discrimination, a key guiding principle of the Ministry of Health of Argentina. Argentina has a concentrated HIV epidemic with an increasing prevalence among these key populations. Supported by UN Joint Team on AIDS, between 2009 and 2010, research exploring the vulnerabilities relating to HIV and access to health system among this population

in 14 cities of 11 provinces of Argentina, was conducted. Some of the conclusions of this research showed that many of the interviewed people delayed or avoided their medical appointment when it related to HIV or a related co-infection, either because they were afraid of revealing their sexual orientation or thought their sexual orientation could be exposed.

On basis of this research and its conclusions, the Ministry of Health of Argentina, closely working with provincial and municipal AIDS Programs, local NGOs, and with the financial and technical support of UN Joint Team on AIDS, launched a programme to improve access to HIV prevention and treatment and care services for gay, trans (Transsexual, Transgender and Travesty), bisexual people and sex workers, by creating LGBTI “friendly” services in public hospitals in different cities in Argentina.

The first step of this programme consisted in identifying and meeting local actors willing to develop the project in the five cities where the services were initially installed. These actors were local HIV-AIDS government programmes, LGBTI civil society organizations and public hospitals. Several meetings were held in order to shape the characteristics of the services for each city according to identified needs and possibilities. The implementation considered, among other factors, hours and days of operation, the location of the programme within the hospital where the service would be installed, services that will be provided, professionals to be involved, health promotion and the specific responsibilities of every actor.

Even though these characteristics were different for each city, they have some points in common: basically, the service are open three times a week in late evening hours, which considerably increases the possibility of the LGBTI population accessing these services, as the traditional early morning hours at public hospitals are a barrier for accessibility.

The concept of comprehensive healthcare developed in this project includes the provision of testing services for HIV and related co-infections, follow up with patients, referral to other health services as needed (endocrinology, hormonal treatment, nutrition, proctology, gynecology, psychology, etc.) as well as information and capacity development on adopting a rights based approach to health care.

Another important element of the project has been the conducting of trainings on sexuality, sexual orientation, gender identity, hormones treatment, infections of particular relevance to key populations and other issues that usually health professionals do not receive at their schools or universities. These trainings are attended not only by the teams working directly in the services, but by all hospital employees, allowing for a general commitment of all members of the institution with the project.

Strategies used to expand the scope and coverage of the programme

Initially the project was launched in five cities of Argentina (San Juan, Salta, La Matanza, Mar del Plata y Rosario); however, the success of its outcomes extended its scope, not only territorially -with the recent addition of two more cities to the programme- but also in terms of population coverage. Just to provide a sample of the achievements of this initiative: In 2011, the service in San Juan city received 336 patients, 190 persons testing for HIV and 286 for syphilis, all with pre and post -test counseling. Moreover, all of them received their HIV test result, with 11 of them positive and initiating treatment. Regarding other STDs, 46 people received treatment for HPV and other 57 people were diagnosed and treated for other STDs. During the same period, the service in Salta, received 129 patients, and 57 were tested for HIV and other STDs. According to trimester reports sent by the teams of each city, similar numbers show the improvement of the accessibility to health system, diagnosis, treatment and comprehensive health of this population in quantitative and qualitative aspects.

In that sense, the strategic partnership with UN agencies, with NGOs working on sexual diversity and sex work, and with public hospitals allowed this programme to be expanded to an additional two cities, and currently, other ones are in the process of creating these programmes.

The decision to create these services in public hospitals was a key issue to ensuring its continuity once the initial funding finished.

Also, networking with other civil society organizations allowed an increased coordination within the health system and could target, by different strategies, other populations such as men who do not identify themselves as gay, homosexual or bisexual, but who have sex with men or trans women, and increase the impact of the epidemic within heterosexual populations.

In some cities, this initiative extended to other hospitals using the same concept of the service, reaching more people and more medical specialties such as endocrinology, odontology, proctology, etc.

Currently, with the financial and technical support of UN Joint Team on HIV/AIDS, the systematization of this programme is being conducted and it is expected that the resulting document would be a helpful tool for replication throughout the region.

BENIN

Title of Programme: Sensibilisation des Travailleuses de Sexes (TS) et leurs clients et référence des cas de pathologies identifiés vers les Services Adaptés (SA)

Contact: Programme National de Lutte contre le SIDA (PNLS)

Implementer(s): PNLS avec l'appui financier du 2eme Projet Multisectoriel de Lutte contre le VIH/SIDA (PMLS II) financement de la Banque Mondiale et l'intermédiation des ONG locales

Sector(s): Health, Social Protection, Community, Prévention des IST /VIH/SIDA

Implemented by: Government, civil society and UN or other inter-governmental organization

Programme being implemented since: 2009-2011

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcome of the programme

- Des résultats assez encourageants ont été observés sur tout le territoire national où interviennent les ONG locales.
 - Tout d'abord si nous nous référons aux données récentes en considérant la période de Novembre 2010 à Août 2011 nous avons :
 - Avec l'appui des ONG en 2011 :
 - 2389 Travailleuses de Sexes et clients référés pour les IST
 - 2057 cas d'IST dépistés
 - 3451 Travailleuses de Sexes référées pour le suivi médical mensuel systématique.
 - 11. 715 Travailleuses de Sexe Affichées sont sensibilisées
 - 29. 744 Travailleuses de Sexe Clandestines sont sensibilisées
 - 120. 338 Préservatifs distribués
- La quasi-totalité des TS déclarent :
 - Utiliser systématiquement le condom lors des rapports sexuels avec les clients et refusent les rapports sexuels non protégés même lorsque certains clients leur proposent d'augmenter la tarification en échange de rapports sexuels sans préservatifs.
 - *Avoir augmenté leur niveau de connaissances sur les IST-VIH-SIDA et sur l'utilisation du préservatif féminine

Short description of the programme

Le programme est lancé dans les localités ciblées et par les ONG en contrat avec le PNLS avec un plaidoyer à l'endroit des autorités locales, responsables politico-administratifs, les leaders d'opinion, les forces de l'ordre, les responsables de site prostitutionnel afin de susciter leur adhésion et appui à la mise en œuvre du projet.

- Les pairs éducatrices sont recrutées dans la population cible des travailleuses de sexe et réalisent des sensibilisations de proximité et la promotion du port du préservatif lors des rapports sexuels.
- Les PE ainsi identifiés sont formés par les ONG sous contrat avec le PNLS, ont la charge de réaliser sous la supervision des animateurs d'ONG des sensibilisations de proximité (vers les clients et les autres TS) d'orienter vers les Services Adaptés les cas souffrant de pathologies liées aux IST.
- Les pairs éducateurs formés ont un cahier (qui fait partir du Kit remis lors des formations avec des préservatifs et un phallus (pénis en bois) pour les séances de démonstration du port du préservatif) où elles transcrivent le nombre de personnes sensibilisées quotidiennement et le nombre de personnes référées pour IST.
- Les animateurs ou chargé de programmes des ONG intermédiaires collectent auprès des Pairs Educateurs les données statistiques relatives au nombre de personnes atteintes par les sensibilisations de proximité et la référence des cas vers les SA.
- Les animateurs d'ONG réalisent des sensibilisations de nuit dans les maisons closes et les buvettes. Les Agents des Services Adaptés accueillent et prennent en charge les TS et certains PE pour le suivi mensuel et les patients référés pour des cas d'IST. Ces agents font le suivi sur le terrain des activités des ONG et des PE.
- Des réunions de concertation sont organisées par les ONG afin de réajuster ou réorienter les activités du programme. A ces réunions sont impliquées le SA, les agents des forces de l'ordre, les pairs éducateurs, les responsables des maisons closes.
- Toutes les activités réalisées sont sanctionnées par des rapports qui sont périodiquement adressés au PNLS. Les indicateurs de performance sont également renseignés dans un tableau synthèse des données statistiques du projet mis en œuvre.
- Toutes ces activités ont permis à l'échelle nationale de :
 - Changer les perceptions des TS sur leurs risques d'infection,
 - Changer les perceptions des agents de santé des SA sur les TS
 - Promouvoir l'usage correct et systématique des préservatifs au cours de tous rapports sexuels avec leurs clients ou partenaires réguliers (boyfriends des TS)
 - Assurer à leur pairs une meilleure prise en charge des IST au niveau des unités de prise en charge des IST appelées communément SA,
 - Assurer l'accès facile au conseil dépistage au VIH et aux condoms dans tous les sites de prostitution.
 - Contribuer tout au cours de la mise en œuvre du programme, à orienter les TS et clients atteints d'IST vers les SA pour bénéficier d'une prise en charge adéquate
 - Réaliser de nombreuses sensibilisations de proximité
 - Réaliser la visite systématique, en se rendant chaque mois dans les SA (Services Adaptés).

Strategies used to expand the scope and coverage of the programme

Cette stratégie doit son efficacité à l'arrimage de la prise en charge clinique dans les services adaptés, aux activités communautaires de communication pour un changement de comportement de proximité et implique la participation des ONG dans le processus, la concertation avec les forces de l'ordre et les propriétaires des sites de prostitution, ainsi qu'un suivi régulier des activités par le Responsable du SA.

1. Les activités communautaires menées par les pairs combinées avec les activités de prise en charge des IST auprès des TS et des hommes fréquentant les milieux de la prostitution permettent de mieux contrôler la propagation des IST/VIH au sein de ce groupe cible. Mais un risque réside au niveau de la pérennisation des actions des Pairs Educateurs qui, à la fin du programme risquent de réduire l'intensité des activités initiées sur le terrain et dans les localités ciblées sous l'impulsion des ONG. En effet, Par exemple les ONG ont des difficultés à maîtriser la grande mobilité des Travailleuses de Sexe et des Pairs Educateurs qui, se déplacent saisonnièrement lorsque les activités de prostitution baissent d'ampleur

dans la localité et qu'il y a nécessité de se déplacer vers des horizons où l'activité est beaucoup plus rentable.

2. L'efficacité de l'action nécessite un renforcement des capacités de tous les acteurs, (animateurs d'ONG, agents des Services Adaptés, Responsables des sites prostitutionnel, personnel du PNLs qui réalisent périodiquement le suivi sur le terrain des ONG sous contrat) un suivi régulier des SA et la disponibilité des médicaments essentiels pour le traitement des IST
3. L'identification des TS dites clandestines est très complexe et demande que tous les acteurs intervenant dans le domaine se mobilisent afin de définir de nouvelles stratégies plus efficaces. En effet, dans de nombreuses localités du Bénin de nombreuses femmes ne se reconnaissent pas comme étant Travailleuses de Sexe clandestines alors qu'elles entretiennent régulièrement des relations sexuelles tarifées avec des hommes aisés ou ayant une certaine capacité financière. La discrimination à l'endroit des Travailleuses de Sexe affichées qui sont reconnues dans plusieurs sites de prostitution, et les pesanteurs socio - culturelles empêchent ces femmes de reconnaître que, de part leurs activités, elles sont catégorisées parmi les Travailleuses de sexe clandestines. D'autres actions doivent être initiées vers d'autres phénomènes spécifiques apparentés à la prostitution et qui se font plus insidieuses en se répandant dans de nombreuses localités du Bénin : (club transsexuel, phénomène WOLLOSSO (*striptease*), club ou tontines entre femmes libres pour acquérir auprès de certains hommes ciblés pour leur aisance, des biens comme Moto dit DJENANAN ou véhicule RAV 4).
4. L'utilisation de cette stratégie pourra être aussi être vulgariser pour atteindre d'autres groupes spécifiques tels que les MSM (Hommes ayant des relations sexuelles avec d'autres Hommes) et les UDI (les Utilisateurs de Drogue Injectable).

CHILE

Title of Programme: Guidelines for bodily transformation for transgendered persons, male to female and female to male

Contact: Ministry of Health

Implementer(s): Ministry of Health

Sector(s): Health

Implemented by: Government

Programme being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcome of the programme

During 2011 and the first half of 2012, the Ministry of Health of Chile developed the following tools:

1. Clinical guidelines (pathway) for transforming the body of people with incongruities between gender and sex at birth and "felt" gender identity (September 9, 2011).
2. Instructions on care of trans people and strengthening friendly hospital strategies for people of the sexual diversity (LGBT) in health care network (September 13, 2011).
3. Reiterates instructions for standard of care for trans people in the health care network, expanding primary and specialty health care (June, 14 2012).

Short description of the programme

The Ministry of Health has implemented a program of care for transgender people aiming to facilitate gender reassignment in a context of fair treatment and non-discrimination, both in hospitals and primary care health. The program's beneficiaries are people over 18 from the whole country. However, gender reassignment is currently performed in a single national reference center.

The guidelines include situations pertaining to trans persons, male to female and female to male. It also recognizes that some people who are intersex or with ambiguous genitalia, could

also face a similar situation when the “felt” gender identity is not coherent with socially assigned identity.

The guidelines state that primary health care and specialized services that provide care to trans persons should always consider the use of the legal and social name of that person’s choice. It also states that all records pertaining to these persons use, first, the legal name, and second, the social name. It finally instructs the health professionals to record hormonal treatments administered, surgical history and / or use of implants and other procedures related to bodily transformation described in the guidelines.

During the process of implementing this program, Congress passed the Anti-Discrimination Act which punishes, among others, discrimination based on sexual orientation and gender identity (Law 20609 of July 24, 2012).

Strategies used to expand the scope and coverage of the programme

The program has been developed due to the demand for bodily transformation arising from trans persons and the evidence of social discrimination transgender people face in Chile. Studies conducted globally, regionally and nationally have shown that sociocultural contexts with high levels of homophobia significantly affect the possibilities of accessing scientific information and evidence-based HIV and STI health services. Thus, people who have a sexuality that does not conform with the social norm have an increase vulnerability to HIV, especially homosexual or gay men and transgender women.

The Ministry of Health used several studies supported by UNAIDS in order to develop these guidelines. These are: "Stigma and Discrimination Index towards gay men, other men who have sex with men and transgender women" (National HIV / AIDS and STIs Program, Health Ministry, UNESCO and NGOs VIVO POSITIVO and ASOSIDA); "Facilitators and Barriers to access health services for men who have sex with men and transgender women" (National HIV / AIDS and STIs Program, Ministry Health, PAHO and NGOs VIVO POSITIVO and ASOSIDA). Both studies collected data from three of the regions with the highest HIV prevalence (Arica-Parinacota, Metropolitan and Valparaiso regions).

Some of the results of these studies include:

The Composite Index of Stigma and Discrimination (ICED), in its first application in Chile, reported high levels of stigma and discrimination against gay men and transgender women in Chilean society, both in terms of perception from the populations being studied, as well as institutional stigma and discrimination in the opinion of public policy and human rights experts.

The study of facilitators and barriers to access to health services indicated that sex reassignment surgery is a requirement for 20% of respondents. Hormone therapies are a must for 13% of trans women consulted and psychological therapies for 12%. The most important health care need for this group are the physical changes needed in the feminization process: 36%.

Barriers to health care among trans women included:

- The lack of available time of health care specialists
- Lack of confidentiality while handling information on sexual identity among health care workers
- The staff's willingness to address patients' questions
- Lack of specific HIV/AIDS information for trans women

COTE D'IVOIRE

Title of the Programme: Lutte contre les représentations existantes dans les milieux médicaux quant aux HSH et aux pathologies dont ils peuvent être les sujets

Contact: AIDES

Implementer(s): AIDES

Sector(s): Health, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Cet atelier a permis de mettre en lumière les représentations existantes dans le milieu médical quant aux HSH tout en faisant un point sur les pathologies dont peuvent souffrir ces derniers, pathologies souvent non diagnostiquées en raison de la crainte de discrimination et de discriminations.

Il a par ailleurs permis aux participants de développer de nouveaux axes de travail :

- acquisition de techniques de proctologie visant à permettre des diagnostics précoces tant en termes d'abcès ou de cancers anaux.
- permettre aussi au personnel médical d'être réactif sur de nouveaux foyers d'IST et d'envisager de nouveaux moyens de protection.

Short description of the programme

Parallèlement aux renforcements des capacités des acteurs de prévention déployés sur le terrain, il est indispensable de permettre aux acteurs de santé de développer des connaissances accrues tant sur le plan des pratiques homosexuelles que sur les pathologies qui en découlent, mais aussi sur la connaissance de l'histoire de l'homosexualité et de l'acquisition des droits fondamentaux. Seize médecins de sept pays (Togo, Burkina, Burundi, Mali, Cameroun, RCI, Algérie) ont été rassemblés au sein de la Clinique CONFIANCE à ABIDJAN.

L'idée de cet atelier était de changer la vision des médecins sur les homosexuels et surtout, leur permettre d'examiner et de traiter correctement les homosexuels. L'objectif était de permettre l'acceptation et d'éviter ainsi la stigmatisation au sein des centres de soins, des gays qui ont été sensibilisés aussi bien au dépistage, qu'à leur propre santé globale.

La première partie de l'atelier a porté sur la connaissance quant aux HSH et aux pathologies dont ils peuvent souffrir et ses propres projections sur l'homosexualité à travers des exercices adaptés. Elle a aussi été l'occasion d'une réflexion concernant les représentations que les médecins peuvent avoir de leur propre place dans le système de soins et dans l'intégration de groupes stigmatisés dans l'édifice de santé publique.

La seconde partie de l'atelier visait à faire connaître les combats menés par les homosexuels dans d'autres pays, sur d'autres continents afin d'ouvrir la voie à des combats localement, à travers la projection d'un documentaire (La vie au temps d'Harvey MILK).

Enfin la phase pratique de cet atelier, directement après une phase de théorie, c'est faite à travers l'examen direct de clients de la Clinique.

EGYPT

Title of the Programme: Challenging stigma and discrimination in the healthcare setting in Egypt

Contact: NAP MOHP

Implementer(s): National AIDS Program, Ministry of Health in Egypt in collaboration with Global Disease Detection and Response Program at the US Naval Medical Research Unit # 3

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes (The results of impact assessment to be published later in 2012)

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- A referral site for PLHIV in need of surgical care institutionalized
- Policies to support referral of PLHIV developed and policies institutionalized
- Stigmatizing attitudes of healthcare workers reduced by 16.2 percentage points (value based stigma), 20.1 percentage points (fear based stigma) and 8.8 percentage points (anticipated stigma)
(*Quasi experimental pre and post survey finding to be published in the end of 2012*)

Short description of the programme

To combat stigma, NAP implements several activities including anti-stigma campaigns /seminars targeting youth, tourist workers, women, teachers, religious leaders, Scout Association, the Ministry of Interior and the Ministry of Foreign Affairs, as well as medical professionals. Yet, people living with HIV (PLHIV) still encounter stigma in health facilities and, as a result, the denial of medical care is still seen. To combat this challenge, NAP Egypt strategized the development a network of referral hospitals to provide stigma- free medical services for PLHIV. NAP, in collaboration with Global Disease Detection and Response Program at the Naval Medical Research Unit #3, launched a pilot project to reduce stigma and discrimination against PLHIV in a 300 bed tertiary care hospital in Cairo

The project activities targeted 300 staff members of the hospital that included both medical and non-medical personnel of the surgical units.

The project started in November 2009 and encompassed a series of activities that were conducted for over two years in the hospital as follows:

- 1) Technical taskforce consisting of project partners including PLHA was established. The taskforce functioned as a platform to discuss the development and implementation of the anti-stigma intervention.
- 2) Qualitative research about the manifestations and forms of stigma was conducted in order to identify root causes of stigma in Egyptian healthcare setting and develop an anti-stigma intervention accordingly.
- 3) Development of anti-stigma intervention included looking to the results of the qualitative research, expert knowledge of the taskforce members, and international best practices. The process resulted to a comprehensive behaviour change strategy* and five training modules including basic knowledge of HIV, infection control with a special focus on PLHIV (standard precautions and invasive procedures), child birth and medical ethics.
- 4) Anti-stigma intervention reached over 200 healthcare workers. The anti-stigma trainings were executed during a period of four months.
- 5) Development of anti-stigma policy for admission of PLHIV in order to protect them against enacted stigma including gossiping or denial of care. The project also facilitated a process of post exposure prophylaxis policy and a general non- discrimination environment.

*A culturally appropriate behaviour change strategy to change stigmatizing attitudes of healthcare workers

Communication objectives	Approaches to change
To change negative attitudes towards PLHIV	<ul style="list-style-type: none"> • Showing dramatic consequences of stigma • Providing opportunities to interact with PLHIV
To reduce fear towards HIV and PLHIV	<ul style="list-style-type: none"> • Conducting risk assessment exercises with HIV • Providing updates regarding advancement of ARVs and their role turning HIV as a chronic condition • Correcting misconceptions regarding modes of transmission
To highlight the social responsibility	<ul style="list-style-type: none"> • Introducing medical ethics • Stressing the roles and responsibilities of healthcare workers. • Highlighting the legal consequences of denial of care or breach of confidentiality.
To strengthen self-efficacy to deal with PLHIV	<ul style="list-style-type: none"> • Building infection control skills with a focus on invasive procedures • Comparing HIV to other blood borne pathogens

Strategies used to expand the scope and coverage of the programme

The project has created strategies to ensure sustainability of the project achievements inside the pilot hospital and to support expansion the anti-stigma intervention both inside the pilot hospital and into other health facilities in Egypt as follows:

- The project institutionalized an admission policy for PLHIV referred to surgical care in the pilot hospital in collaboration with the hospital administration to ensure that the local hospital culture is considered and the admission of PLHIV has the buy in of the hospital.
- The project packaged the anti-stigma training including instructions for trainers in order to make replication of the anti-stigma trainings possible. (Available in a form of CD)
- The project successfully institutionalized anti-stigma trainings in the pilot hospital. All new staff members receive anti-stigma trainings during their orientation training that is conducted periodically whenever new staff is hired.
- The project conducted training of trainers (TOT) for hospital staff that has the responsibility to provide orientation training for the new staff members. The TOT training also included subject matter specialists from the central level of the Ministry of Health (infection control, medical ethics, HIV) in order to have a pool of trainers who can expand the project to other health facilities in Egypt.
- The project created networking opportunities for health providers from the pilot hospital with providers outside the hospital and internationally to share their experiences and encourage more healthcare workers to provide care for PLHIV.
- The project expanded the anti-stigma intervention to a second large general hospital in Alexandria in Egypt. This has not only increased access of PLHIV geographically for more services but it has proven to reduce secondary stigma among health providers who feel more comfortable to provide services for PLHIV as it normalizes medical care for PLHIV.

INDIA

Title of the Programme: Reducing HIV related stigma and discrimination in health care settings in Kerala

Contact: Engender Health International

Sector(s): Health, Workplace

Implemented by: Government, Private sector

Programme is being implemented since: 2006

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

The major outcomes of the project were the following

- Improved acceptance of people living with HIV (PLHIV) among health care providers in the project sites
- Increased knowledge among health care providers regarding standard precautions, rights of PLHIV for stigma free health care services and providers rights for infection prevention at health care settings
- Increased attention from health care managers and policy makers on issues related with stigma and discrimination at health care settings in Kerala, India

Short description of the programme

Stigma and discrimination related with HIV were prevalent in the state of Kerala in India, which is comparable to developed nations for its socio-economic and health standards. Stigma and discriminatory practices were reported even in health care settings, affecting PLHIV. The “Reducing HIV related stigma and discrimination in health care settings in Kerala” project (2006-2007) funded by DfID and implemented jointly by Engender Health International and Kerala State AIDS Control Society aimed at addressing this issue through an approach focusing on the rights of PLHIV for stigma-free services as well as those of health care providers for being free from infections at health care settings, including HIV infection. The project was implemented with support from Kerala Government and networks of people living with HIV in the state.

The target groups: The project primarily targeted all health care providers, including doctors, nurses, paramedical and other support staff in hospital settings in Kerala. The project also targeted people living with HIV in the state, health care managers and policy makers.

The coverage: In the pilot phase, the project covered six hospitals, one each from public and private hospitals, from 3 districts in Kerala. A total of 150 staff members were directly involved in the project activities. Also, more than 400 health care providers were reached through different communication activities in the project.

Components and activities of the project: The project had three components:

1. Research

The research component aimed at understanding the stigma scenario in health care settings through quantitative and qualitative research among health care providers and PLHIV in selected districts. It also assessed the outcomes of the project among project participants and PLHIV towards the end of the project.

2. Training

The project had the following activities under training component using the cascade approach:

- Adaptation and translation of Engender Health International’s training module on reducing stigma in health care settings to the health care settings in Kerala. This module included training on infection prevention practices and sensitization for stigma reduction.
- Field testing of modules
- State level training of health care providers
- Identification and training of state level resource team including district level trainers

- 3 days hands-on training for health care providers at the hospital levels. This training included hands-on training on infection prevention practices and interaction with people living with HIV on stigma and discrimination.

3. Advocacy and communication

The advocacy and communication components included

- Development of an advocacy brief for reducing HIV stigma in health care settings in Kerala and improving infection prevention practices
- Posters with anti-stigma messages for health care settings and PLHIV
- Posters and charts on standard infection prevention practices at health care settings
- A film on stigma reduction in health care settings

Strategies used to expand the scope and coverage of the programme

The implementation team had a plan of scaling up the project to all 14 districts in the state of Kerala and a proposal had been submitted to the Government of Kerala. However, there was no funding support for the same. Later, the following attempts have been made by different stakeholders for expanding the coverage and scope of the project

1. Utilization of the resource team and training package for addressing increasing infections from hospitals for patients and staff. This was initiated after involvement of the project resource team and implementation of project training package in the event of increased neonatal infections in a major mother and child hospital in the state. The scope of the project outputs was expanded to cover hospital infections and patient safety and the resource pool was expanded for the same. Later National Rural Health Mission in Kerala included the infection prevention training module in its training agenda for hospitals in the state.
2. Implementation of the training package jointly by Kerala State AIDS Control Society and Engender Health International for additional health care providers and Antiretroviral treatment centers, with funding support from National AIDS Control Program
3. Inclusion of stigma reduction training modules in all training programs implemented by Kerala State AIDS Control Society
4. Continued training provision by project trainers on individual, as well as institutional, fronts.
5. Dissemination of the project message and outcomes by project team at various forums including International AIDS Conference, 2008.

Even though the project had desirable outputs and a few attempts were made to take the project products forward for increasing quality of health care in the state, the proven tool for addressing stigma in health care settings- stigma and discrimination reduction sensitization program combined with infection prevention training for all health care providers has not been scaled up in the state or other places in the country at a major level. This shows lack of willingness and foresight from the part of program planners and policy makers. Clear directions from agencies like UNAIDS and other funding agencies are required at this front for scaling up this program for the benefits of PLHIV as well as health care providers in the country.

INTERNATIONAL AIDS ALLIANCE

Country: Algeria, Lebanon, Morocco, Tunisia

Title of the Programme: Responding to Most-At-Risk-Populations in the Middle East & North Africa Region

Contact: International HIV/AIDS Alliance

Implementer(s): International HIV/AIDS Alliance, Association de Protection contre le SIDA (Algeria); Soins Infirmiers et Développement Communautaire (Lebanon); Helem (Lebanon); Oui pour La Vie (Lebanon); Association Marocaine de Santé et de Développement (Morocco); Organisation Pan Africaine de Lutte Contre le SIDA (Morocco); Association Tunisienne de Lutte contre les MST/SIDA - Tunis (Tunisia); and the Regional Arab Network Against AIDS (RANAA) based in Lebanon

Sector(s): Health, Community/ Community mobilization

Implemented by: Civil society

Programme is being implemented since: 2006

Has the programme been evaluated/ assessed? Yes (The evaluation is not included because it is currently being finalised)

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Capacity building of eight civil society organizations (CSOs) and provision of combined HIV/STI prevention services to men who have sex with men (MSM), which had been identified as the most stigmatized key population. Behavioural and biomedical interventions implemented through these CSOs, together with an integrated referral system to friendly health services, have increased the access to, and improved the quality of, services for men who have sex with men.

Involvement of men who have sex with men. MSM have been actively involved in all stages of the programming (as educators, investigators, project officers, planners, advocacy agents etc.) from the design stage -using participatory community diagnosis tools- to the implementation of peer education and advocacy activities and the documentation of programme results. Support to the development of an enabling project environment. Advocacy activities undertaken at various levels and targeting several audiences have contributed to reduce stigma and discrimination among service providers and decision makers, to raise awareness of health needs and rights of MSM, and to influence a more focused and inclusive national AIDS strategy.

Exchange of experiences about MSM programming at regional level. An informal regional network of MSM and organizations promoting the sexual health needs of this population was established.

Short description of the programme

The Responding to Most-at-Risk Populations in MENA Region project, implemented by the International HIV/AIDS Alliance through AIDSTAR-Two, is supporting partner organizations in the countries of Algeria, Lebanon, Morocco, and Tunisia to strengthen their service delivery and their internal organizational capacity and to enhance their ability to influence their environments for increasing access to population-friendly services in locations that are generally hostile to most-at-risk populations.

The programme chose to focus on the most stigmatized key population in the region and the key population for which tailored information and services were most patently lacking: men having with men. New evidence in the MENA regional is confirming that the epidemic is expanding among this key population, with HIV prevalence now officially above 5% among MSM in Morocco or Tunisia. Sex between men reportedly accounts for nearly one quarter of all new HIV infections in the region, and stigma and discrimination and high rates of STI infection contribute to MSH becoming highly vulnerable to HIV infection.

The MENA Region project has had three main objectives:

- Implement STI/HIV prevention activities addressing the specific vulnerabilities of men who have sex with men;
- Encourage the sharing of experiences and lessons learned throughout the region;
- Influence the institutional and organizational environment towards a strong response to HIV at the local, national and regional levels.

The project has established outreach programs in more than 10 sites in these countries, where partner civil society organizations (CSOs) are implementing a package of combination prevention services aimed at MSM in accordance with international standards. CSOs inform program development by carrying out participatory situation analyses of the various MSM

communities and identifying their needs. Behavioural and biomedical interventions implemented through these CSOs include peer education, provision of prevention commodities, HIV testing and counselling, referral for STI diagnosis and treatment, and social and other support.

In parallel, partner CSOs implement advocacy activities addressing the following key issues - reduction stigma and discrimination, health needs and rights of MSM, more focused and inclusive national AIDS strategy. These activities take place at various levels –local, national and regional- and target several audiences -service providers, decisions-makers, NGO staff and volunteers, journalists.

As a result, partners CSOs have strengthened their service delivery and their internal organizational capacity and enhanced their ability to influence their environments for increasing access to population-friendly services, in locations that are generally hostile to most-at-risk populations.

From 2008, IHAA and their partners aim at consolidating, strengthening and expanding the coverage of current activities, as well as documenting the results achieved and the programming model implemented. The main areas of intervention are: advocacy work at the national and regional levels, capacity building of regional partnerships in prevention targeting MSM and other high-risk populations, and addressing stigma and discrimination. Those actions will enable to reinforce and sustain an HIV response adapted to the needs of this population at the national and regional levels.

Strategies used to expand the scope and coverage of the programme

CSOs have used the experience acquired and the tools developed in the framework of this programme to initiate prevention programs with other key populations. This is the case for instance of ATL-Tunis, which started with MSM, and is now working with all MARPs.

The programming experience acquired by the CSOs is also being used to expand the programme in new sites and new partners in Morocco. In the framework of GF Round 10, AMSED has been requested to train and support a new CSO willing to initiate a prevention program in the South of Morocco.

In the four countries, partner CSOs have become references in the national environment regarding MSM programming. Partners are regularly consulted by the National AIDS Programme and contribute to the elaboration of strategies, toolkits, or to the implementation of bio-behavioural surveys (case of ATL Tunis). APCS in Algeria has been invited by the Algerian Ministry of Health to present its VCT centre for MARPs. In Lebanon, SIDC are considered by the NAP as the main partner for reaching MARPs. This collaboration with the health authorities contributes to progressively influence a more inclusive and focused national responses, and therefore contributes to progressively expand the coverage for MARPs.

In order to expand the program beyond the four countries, the programme has mobilized and involved the Regional Arab Network Against Aids and invited RANAA to share the programme experience in other countries through regional workshops and exchange visits. In partnership with UNAIDS MENA, a regional consultation in May 2010 was organized about civil society and government collaboration for MSM sexual health. The consultation also resulted in an invitation for dialogue on access to HIV services by MSM made by civil society to governments.

The expansion and sustainability of the programme remains a challenge; the programme currently is prioritizing a more systematic and comprehensive documentation of the results achieved, methodologies and tools developed, and the regional dissemination of these products, in order to further contribute to the expansion of effective prevention programs for MSM.

INTERNATIONAL PLANNED PARENTHOOD FOUNDATION

Country: India, Indonesia, Uganda

Title of the Programme: What Works? Sexual and Reproductive Health and HIV Linkages for Key Populations

Contact: International Planned Parenthood Federation (IPPF)

Implementer(s): International Planned Parenthood Federation (IPPF) Member Association:

India – Family Planning Association India (FPA India)

Indonesia – Indonesian Planned Parenthood Association (PKBI Pisangan)

Uganda – Reproductive Health Uganda (RHU)

Sector(s): Health

Implemented by: Civil society, UN or other inter-governmental organisation

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy?

Outcomes of the programme

Providing integrated HIV and sexual and reproductive health services can act as a modality for stigma reduction in health care settings. As all clients follow the same intake procedure, share the waiting areas and access the same treatment and counselling rooms, it prevents clients from being identified as accessing HIV-related services. This has resulted in increased uptake of services among key populations: MSM and transgender in India, people who use drugs in Indonesia and sex workers in Uganda. Integrated service delivery also enabled clients to access a wider range of services meeting their specific HIV and SRH needs, while saving time and money related to travel.

Based on the lessons learnt in-country, Checklists for Action have been developed for each of the key population groups to support the work of frontline service providers in a supportive manner. These can be used as a tool by organisations to strengthen linkages between HIV and sexual and reproductive health.

Short description of the programme

“What Works? Sexual and Reproductive Health and HIV Linkages for Key Populations” was implemented in India, Indonesia and Uganda by UNFPA and IPPF. Based on the epidemiology of the national HIV epidemics, the programme targeted men who have sex with men (MSM) and transgender in India, people who use drugs in Indonesia and (female) sex workers in Uganda (indicative country examples)

In each country, the IPPF Member Association integrated targeted HIV services into existing sexual and reproductive health clinics and outreach programmes. Key steps included:

- Situational assessments involving the target group, to understand their unmet HIV and SRH needs
- Consultations with key partners and stakeholders, in particular organisations of or working with the target population, for collaboration and support
- Training and sensitisation of front-line staff, including receptionists, counsellors, outreach workers, nurses and doctors
- Integrating HIV services into clinic- and community-based delivery of SRH services
- Flexible clinic hours to allow greater accessibility of services for key populations (e.g. longer opening hours and/or allocated time-slots for key populations)
- Referrals systems to ensure a continuum of care and links with wider support services

Most clients initially accessed the clinic for a particular need, for example, HIV counselling and testing or treatment for a sexually transmitted infection. Through the integrated programme, they come to know about and access a range of services. In India, it also enabled married MSM to bring their wife to the clinic for HIV and SRH services, like family planning, as the clinic is not seen as ‘MSM-specific’ and their sexuality is kept confidential.

Clients report that having both HIV and SRH services has benefits, including receiving more comprehensive information and support, travel-related time and cost savings, and receiving quality services in a welcoming environment, free from discrimination.

“I’d prefer to come all the way to PKBI Pisangan when I need to do anal paps. I even recommend and take my other transgender friends who need to check for STIs to come here...I feel comfortable and don’t feel discriminated” (Transgender community member, Indonesia).

Strategies used to expand the scope and coverage of the programme

The successes, challenges and lessons learnt from ‘What Works’ programmes in country have been documented in a series of Advocacy Briefs on linking SRH and HIV for key populations. Each “What Works” brief focuses on a particular key population – MSM and transgender in India, people who use drugs in Indonesia and sex workers in Uganda. These are designed to help policy makers, programme managers and advocates more effectively link SRH and HIV services for key populations at the policy, systems and service delivery levels.

Policy level: Existence of strong national policy on SRH and HIV linkages specifying needs of key populations; an agreed comprehensive package of integrated SRH and HIV services.

Systems level: Identified specific and complementary roles for all stakeholders – justice, health, social services; developed effective facilitated referral systems; provision of training opportunities.

Service delivery level: Provision of specific services (e.g. hepatitis vaccinations for MSM, anal STI screening for transgender populations, pap smears for women living with HIV, voucher systems for general health checks, etc.).

The briefs also include ‘Checklists for Action’ which outline 15 key steps towards SRH and HIV linkages for key populations. This tool can be utilized by different types of organizations – service delivery or advocacy – to strengthen their work with key populations. The checklist helps to identify key areas in need of attention and can assist with developing a plan for action.

The success of ensuring the stigma-free health zones are developed within sexual and reproductive health centres is a key step towards addressing the SRH and HIV needs of key populations. This is particularly important in countries that do not have a supportive policy environment for key populations. Based on the success of SRH and HIV linkages as a modality of stigma reduction these have been scaled up and the number of IPPF Member Associations that a) provide services to key populations and have b) developed strategies to more meaningfully engage with key populations has increased.

Through IPPF’s annual data collection the following question has been asked and the response over 5 years is also indicated below which is indicative of how the scope and coverage has been expanded and strengthened across the 172 IPPF countries;

*Does your MA implement **strategies to reach out to and provide services to groups who are particularly vulnerable to HIV infections?***

Data disaggregated for key populations:

	2005	2006	2007	2008	2011
Sex workers	39%	51%	62%	56%	67%
PLHIV	43%	50%	55%	59%	69%
MSM	21%	30%	52%	37%	54%
PUD	18%	17%	14%	27%	33%

2005 – at least 1 key population = 58.7%

2011 – at least 1 key population = 80.8%

MADAGASCAR

Title of the Programme: Renforcement des capacités sur les droits Humains et VIH et l'approche non discriminatoire

Contact: UNFPA

Implementer(s): Gouvernement, Société Civile

Sector(s): Health

Implemented by: Government, civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- L'accessibilité et l'utilisation des services intégrés de Santé de la reproduction (Prise en charge des IST/Sida et de la Planification familiale) sont accrues pour les groupes clés à haut risque
- Les capacités des acteurs sur la pratique d'une attitude non discriminatoire et l'approche droit et VIH sont accrues pour les membres du réseau de PVVIH

Short description of the programme

Les objectifs spécifiques sont :

- Accroître la couverture, l'accès et l'utilisation de services de santé sexuelle et reproductive et de planification familiale de qualité parmi les jeunes vulnérables et les TS ;
- Améliorer l'accès et l'utilisation des services de soutien psychologique, de protection et de référencement pour les victimes de violences parmi les jeunes femmes vulnérables et les TS ;
- Créer un environnement légal et socioculturel qui réduit les violences, la stigmatisation et la discrimination dont sont victimes les TS, les femmes et les jeunes vulnérables.
- Renforcer les capacités institutionnelles et organisationnelles des institutions gouvernementales et des organisations de la société civile.

Les populations cibles sont celles avec lesquelles l'ONG de la mise en œuvre a acquis une compétence distinctive, c'est-à-dire les Travailleurs de Sexe et les jeunes marginalisés

Le programme vise à renforcer les capacités des associations de travailleurs du sexe sur les textes et lois en vue de les appuyer dans leurs actions de plaidoyer. Le programme comprend la promotion des droits relatifs à la santé sexuelle et reproductive des jeunes, la promotion de la lutte contre la stigmatisation et la violence, ainsi que la formation des leaders et prestataires de services.

Strategies used to expand the scope and coverage of the programme

Approche de mobilisation communautaire associant la promotion sanitaire à la promotion des Droits de l'Homme afin de favoriser l'accès aux services et l'autonomisation des groupes et des individus issus des populations vulnérables, notamment les jeunes marginalisés, les femmes et les TS.

MEXICO

Title of the Programme: Health AIDS services free of stigma, discrimination and homophobia

Contact: National Center for HIV/AIDS Prevention and Control (CENSIDA)

Sector(s): Health, Community mobilization

Implemented by: Government, civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? No, the process is in the training and certification step, so it can be evaluated after this step is concluded

Is the programme part of the implementation of the national AIDS strategy? Yes, the five

years National AIDS Strategy includes the reduction of stigma, any kind of discrimination, particularly homophobia, in order to ensure that health services, in the specialized AIDS clinics, country wide are provided free of this kind of discrimination.

Outcomes of the programme

Health services are trained in the discrimination issues, civil society run a parallel programme, with federal funds, to the health provides around sexual health and sexuality issues. 100 health providers are trained in sexual health and a training certificated process is prepared to be run in the future.

40 Centers received homophobia, stigma and discrimination issues training.

Short description of the programme

The programme runs in two different fields, the federal government part has two steps or sections: first the sensitization and training of health workers of the CAPASITS (AIDS and STI care, prevention and control centers); the training of personal of 79 of this centers, country wide, includes skills building processes, legal issues and specific training in those issues. Secondly, any center should ensure that they have a local committee that can receive the complaints of any client of the centers.

MOLDOVA

Title of the Programme: Reducing stigma and discrimination and building confidence in the Health sector

Contact: NPHC

Implementer(s): National Public Health Center

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 2009-2010

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

In the Republic of Moldova, in the period 2009- 2010, the project “Reducing stigma and discrimination and building confidence in the health sector” was implemented with the purpose to reduce stigma and discrimination and to change attitudes of medical personnel towards people living with and affected by HIV by improving their HIV knowledge.

The outcomes included:

- an evaluation of stigma and discriminatory attitudes among health workers;
- development and dissemination of the Guide “Reducing HIV-related stigma and discrimination” and of IEC materials;
- development of the curriculum on Reducing HIV-related stigma and discrimination for university, college and post-university education levels, and of the Trainers’ Guide for capacity building on Reducing HIV-related stigma and discrimination;
- a mechanism for monitoring cases of stigma and discrimination has been proposed;
- a legal assessment undertaken for excluding discriminatory provisions from health related legislation; and
- 1200 health providers, directors and deputy directors of district hospitals, public health centers and medical colleges have been trained.

Short description of the programme

The project “Reducing stigma and discrimination and building confidence in the health sector” had the following key interventions:

1. Assessment of the HIV knowledge, knowledge of universal precautions and stigmatizing and discriminatory attitudes among medical service providers. This assessment has occurred in the

framework of a broader Evaluation of the PMTCT Programme in Moldova. The survey had a sample of 895 health workers from 4 regions. The data collected served as the knowledge base for designing interventions to promote respect of human rights and reduce stigma and discrimination.

2. Development of the Action Plan and communication materials for reducing stigma and discrimination in the health sector. The Guide “Reducing HIV-related stigma and discrimination” for medical workers has been developed and approved by the Council of Experts of the Ministry of Health and has been distributed in health institutions throughout the country. 78000 IEC materials have also been published and distributed to health institutions and civil society partners active in the national response to HIV. The curriculum on “Reducing HIV-related stigma and discrimination” has been developed by professors of the Medical University and Medical College, and has been institutionalized in the respective institutions.

Two ToT have been held training 17 trainers, who later held 48 seminars on reducing HIV-related stigma and discrimination for 1200 health services providers. In order to ensure political support and commitment, seven 2-day workshops were organized bringing together administration of district hospitals and primary healthcare, deputy directors of the 5 medical colleges, the staff of refresher trainings for doctors.

3. In order to review and redress the normative framework, including for enhancing support to families and children affected by HIV, a legal assessment has been carried out. Conclusions and recommendations have been used for modifying the 2007 Law on prevention of HIV (amendments entered in force on 1 June 2012).

4. A system for monitoring of stigma and discrimination cases in the health system has been developed. Data on existing cases on stigma and discrimination in the health system were collected and analyzed, international recommendations in the matter reviewed, and technical requirements for the national indicator were taken into account. Monitoring visits were undertaken to review existing mechanisms for action in cases of patients’ complaints, and the petitions system was analyzed. A workshop was held to present findings and formulated recommendations for a system to register and report on cases of stigma and discrimination based on HIV status.

Strategies used to expand the scope and coverage of the programme

In order to ensure sustainability of the action, efforts have been invested to institutionalize project outcomes, as was the case of the curriculum-based education on reducing stigma and discrimination which is now part of the ordinary curriculum of the Medical University and colleges. Also, we have opted not to build parallel systems, but make maximum use of existing reforms aimed at enhanced bio-ethics protection within the Moldovan health system, and our recommendations for the monitoring and reparatory mechanisms in cases of stigma and discrimination build on plans to establish ethical commissions within each institution. Also, the petition system is an effective tool, but our project indicated the need to familiarize patients more with their rights and with existing remedies should their rights be violated. Our legal review has complemented the efforts of civil society partners like IDOM and has led to joint work to amend the 2007 HIV Law and related bylaws, and regulations in the health system.

NIGERIA

Contact: Total Health Empowerment and Development Initiatives

Sector(s): Health, education, community/ community mobilization

Implemented by: Civil society

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- Through the support of MSM volunteers in the implementation of these activities, the following were outcomes;
- Increase in the number of MSM willing to access the services provided by THEDI.
- A high demand of condoms and lubricants (acceptance to use the condoms and lubricants provided).
- Reduction in the level of inherent stigma and discrimination among MSM community members. Increase in the level of self-acceptance by MSM, which have helped in combating internalized homophobia.
- An increase in the number of MSMs interested in learning more about HIV/AIDS prevention strategies, and coping mechanism.
- Establishment of MSM specific support group in the State.
- Total Health Empowerment and Development Initiative work was evaluated and accepted as an abstract to ICASA and was published in the ICASA 2011 conference.

Short description of the programme

Total Health Empowerment and Development Initiative (THEDI) is currently providing HIV interventions programs for MARPS, with a specific focus on MSM in Benue State, Nigeria. THEDI conducted outreaches through parties, picnic and community dialogue as a strategy for reaching the targeted audiences. THEDI has conducted two major community based campaign programmes in April 2011 and May 2012, in which the organization recorded a total number of 356 and 221 participants respectively.

Presently, THEDI is working in Benue state, distributing condoms and lubricant to MSM, providing HIV prevention messages and information to the target population.

The needs assessment conducted by THEDI, of which 153 MSMs were administered questionnaires, also reflected following analyses: 18% of the participants have no information about HIV/AIDS, 73% have had sex in the last 6 months, 65% have had unprotected sex in the last 6 months, 47% have constantly engaged in unprotected sexual practices, and 78% have no access to condoms and lubricants.

PAKISTAN

Contact: Shah Abdul Latif Bhitai Welfare Society

Sector(s): Health, education, workplace, justice, social protection, community/community mobilization, faith

Implemented by: Government, civil society, private sector, faith-based, UN or other inter-governmental organisation

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The intervention results to increase need of male/female condoms and water based lubricants (WBL) within the community.

Short description of the programme

Naya Qadam project (NQP), done in collaboration with the Shah Abdul Latif Bhitai Welfare Society, has been conducting awareness raising and sensitization sessions on safer sex practices, including proper use of male and female condoms and water based lubricants. The target audience are female sex workers and their male clients. SALBWS supported for provision of male and female condoms to the NQP according to need. Both partners take joint responsibility of the facilitation of the sessions. Through these combined efforts, to some extent network operators/managers, FSWs and their clients have started to realize importance of proper use of condoms and water based lubricants for preventing from HIV, Hep.C/B and STIs.

Along with that, the collaborative efforts have also been putting to improve negotiation skills of FSWs for safer sex practices. However, it is time taking process because overall poverty, overall discriminatory behavior with women in the society and very low decision making power are made the efforts very difficult.

Strategies used to expand the scope and coverage of the programme

Access to treatment has been made possible through collective efforts by all the stakeholders. This strategy is also helpful to reduce incidence of HIV and AIDS.

POLAND

Title of the Programme: "Patient Rights Academy"

Contact: Institute of Patient's Rights and Health Education

Implementer(s): Institute of Patient's Rights and Health Education

Sector(s): Health, education, justice, community/ community mobilization

Implemented by: Private sector

Programme is being implemented since: January 2011 to December 2011

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

All the objectives were achieved by, above all, changing the attitudes and interpersonal relations with people who are socially excluded: people with mental disorders, people infected with HIV and people suffering from psoriasis, and by improving the quality of nursing care. The grant for the project allowed us to organise three meetings for NGO leaders who work with socially excluded people and to organise workshops for senior nursing personnel. The workshops, based on properly selected content, allowed us to successfully achieve all the objectives of the programme. In addition, at the request of a big organisation working in the area of HIV/AIDS, the analysis of the current needs and problems related to antiretroviral treatment for patients living with HIV was carried out. The analysis revealed that in the future we will see an increase of the number of patients in need of such a treatment. The analysis also covered the financial part, which is money required in order to implement standards in the provision of care to serodiscordant couples and in pre-exposure prophylaxis with the use of ARV drugs. The results of the analysis indicate that implementing such prevention standards would improve the quality of life of patients who stay in serodiscordant relation and would help protect healthy partners from getting infected.

Short description of the programme

The key objective of the project was to reduce the scale of social exclusion among people with mental disorders and people suffering from HIV/AIDS and to improve the quality of their lives by educating medical personnel dealing with such people. Other objectives included integration and consolidation of the community of patient advocacy groups active in the area of psychiatry and HIV/AIDS. The programme aimed to reinforce the organisational potential of these advocacy groups. The project involved measures aiming at educating people about patients' rights and changing interpersonal relations between medical personnel and both mentally ill and HIV infected patients. Our intention was that socially excluded patients should be treated by medical personnel subjectively and with due respect to ensure, above all, the fundamental patient rights, i.e. the right to intimacy and personal dignity, observed in practice. During the one-year-programme we organized seven workshops and trained over 230 participants from the medical and NGOs sector.

The main objectives of the Patient Rights Academy project were the following:

- to reduce the scale of social exclusion among people with mental disorders and people suffering from HIV/AIDS by ensuring that medical employees observe the rights of such patients;

- to improve the competence of professional medical personnel in providing care to patients with mental disorders and those suffering from HIV/AIDS;
- to integrate the patient community, including organizations working to help mentally ill patients and HIV/AIDS patients;
- to improve the operation of organizations working to help mentally ill patients by providing opportunities for meetings, sharing experience and consolidating their priorities;
- to increase the intellectual and organizational potential of NGOs.

Strategies used to expand the scope and coverage of the programme

In the future, medical personnel will have to receive trainings to ensure that nurses become, to some degree, advocates of their patients and that the medical institutions where they work observe the rights of people who cannot pursue their rights themselves. Just after a series of training sessions for medical personnel, we observed changes in attitudes as well as in the need for nurses to learn about patients' rights. This is best proved by the results of a survey carried out to evaluate the results of the training. It is a priority for the Institute to continue such activities in the future. The programme provided training to, above all, medical personnel with higher education degrees and to functional nurses, i.e. head nurses and ward nurses, who could share the knowledge received with their subordinates. This, in turn, will improve the quality of the medical care offered to patients, particularly patients at risk of discrimination and intolerance. Strengthening the organizational potential of patient advocacy groups actively working to help socially excluded patients, integrating these groups and consolidating their activities will certainly be of benefit to the patients these groups work for. Strong NGOs with leaders specializing in a particular disease will certainly be important partners for decision-makers responsible for government health policies. Well-trained leaders with a shared goal will find it easier to fight for the rights of their patients. The meetings organized as part of the Patients' Rights Academy project had already produced positive results.

Country: Poland

Title of the Programme: Antiretroviral treatment of people living with HIV in Poland in the years 2012-2016.

Contact: The National AIDS Centre, Samsonowska 1, Warsaw, Poland

Phone: 00 48 22 331 77 55

Implementer(s): The Minister of Health (The National AIDS Centre), the Minister of Justice, the Central Board of Prison Service

Sector(s): Health, justice, social protection

Implemented by: Government

Programme is being implemented since: From 2001 until now in a systematic and continuous way.

Has the programme been evaluated/ assessed? Yes (The title of the evaluation: "The level of satisfaction with medical care of PLWHA". The analysis conducted by TNS OBOP on the request of the National AIDS Centre. December 2007)

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

From 2001 until now, there has been 100% of the coverage of: voluntary counselling and testing centres, free-of-charge HIV diagnostics and ARV treatment offered to penitentiaries and people who stay under arrest or in detention centres, as well as to people who do not have health insurance and who are homeless.

Short description of the programme

The aim of the Program entitled: "Antiretroviral treatment of people living with HIV in Poland in the years 2012-2016" is to decrease the effects of the HIV/AIDS epidemic through providing ARV treatment combined with the monitoring of its effectiveness. The Program is also implemented among populations who are at risk of marginalization, that is in penitentiary

centres where voluntary and free-of-charge HIV diagnostics and ARV treatment are provided to everybody who needs it, as well as to people who do not have health insurance and who are homeless. The provision of such services offered in a systematic and continuous way to populations at risk of marginalization is exactly the same as the one offered to the general population and regular HIV patients.

Strategies used to expand the scope and coverage of the programme

The National Programme for Preventing HIV Infections and Combating AIDS for 2012-2016 (as well as its earlier editions that offered free-of-charge diagnostics and ARV treatment equally well) was implemented in penitentiary centres in the whole country. The National AIDS Centre promotes it as an example within international forums.

RUSSIAN FEDERATION

Title of the Programme: A Compass for Childhood Program

Contact: The National Foundation for the Prevention of Cruelty to Children (NFPC)

Sector(s): Health, education, social protection, faith

Implemented by: Government, civil society

Programme is being implemented since: 2011

Is the programme part of the implementation of the national AIDS strategy? -

Outcomes of the programme

This service works to prevent children affected by HIV from being orphaned or abandoned through comprehensive medical, social, and psychological assistance for HIV-positive pregnant women and children born to HIV-infected mothers. The result: the HIV-positive mother is able to properly care for herself and her child. She also adheres to treatment plans and is committed to learning how to care for her child. The service also addresses social issues (employment, school registration, living conditions, applying for social benefits, etc.). As a result, the child's birth family is pre-served and the child is cared for by his/her own mother.

Short description of the programme

The main goal of the program is the development of the Toolkit for the planning, implementation, monitoring and evaluation of regional programs in the child welfare field, according to the best Russian practices. The program is involved in the creation of Centres of Excellence (CoEs) for the dissemination of the developed Toolkit, toward the goal of increasing the qualifications of specialists. In view of the aforementioned goals, the following tasks were developed for the program:

I. Consolidate and analyse the most innovative Russian practices in providing services to families and children, as well as develop the Toolkit for regional planning, comprised of the following components:

1. The provision of services: Basic package of recommended services for families and children, including service delivery guidelines, methodological recommendations for their implementation, organization and in quality control;
2. Strengthening human resources capacity: Practically-oriented training programs for specialists on working with families and children, with accompanying training curricula and manuals;
3. Regional needs assessment: Tools to determine the level of services needed, analyse the effectiveness of resources usage and estimate the volume of investment needed for the implementation of regional child welfare programs;
4. Performance monitoring: Tools for monitoring the progress of implementation of regional child welfare programs, and the qualitative and quantitative evaluation of results;
5. Regional program modules: Model (approximate) divisions of regional programs in the child welfare field, with accompanying methodological recommendations for design and financial feasibility.

II. Establish inter-regional Centers of Excellence for the approbation and dissemination of the Toolkit for regional planning and training, as well as to provide expert methodological assistance to nine regions in the implementation of some or all of the components of the Toolkit for regional planning.

III. Raise awareness of the best models and practices in the field of child welfare by disseminating the Toolkit for regional planning, conducting nationwide conferences and other events, and by working together with other NGOs, think tanks and professional associations.

Strategies used to expand the scope and coverage of the programme

Through the 'A Compass for Childhood' Program, three inter-regional Centers of Excellence (CoE) are being established in Russia, to provide methodological support, training and access to best practices for family and child service providers. The first Center is located in Buryatia, and began training specialists almost immediately, in the fall of 2011. Later, this work Centers and internship sites started in Perm, Volgograd, Moscow, Irkutsk, Tambov.

SENEGAL

Title of the Programme: Lutte contre la stigmatisation des PVVIH et des groupe hautement vulnérables et promotion d'un environnement favorable.

Contact: Alliance nationale contre le sida

Implementer(s): Alliance nationale contre le sida

Sector(s): Health, education, workplace, justice

Implemented by: Civil society

Programme is being implemented since: 1994

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Aujourd'hui au Sénégal les PVVIH sont visibles. Ils ont organisé une marche de lutte contre la stigmatisation, elles participent à des émissions radio, leurs leaders fréquentent les hautes autorités du pays, siègent dans l'essentiel des instances de prise de décision affairant à la réponse au VIH. Les groupes hautement vulnérables à savoir les PVVIH, les professionnels de sexe (PS)

Les hommes ayant des rapports sexuels avec des hommes

Les médiateurs psychosociaux, placés dans les structures de soins pour une assistance des personnes vulnérables, sont recrutés dans les groupes de personnes hautement vulnérables (pvvih , PS, MSM). Les organisations de PVVIH ont des sièges dans toutes les régions du pays.

Le Sénégal compte 52 organisation de PVVIH, 9 organisations de les hommes ayant des rapports sexuels avec d'autres hommes MSM et 10 organisations de professionnelles du sexe PS dans beaucoup de collectivités locales dans programme de lutte contre VIH/SIDA est entrain d'être mis en œuvre.

Short description of the programme

La **programme de lutte contre la stigmatisation des PVVHIH et des groupes hautement vulnérable et de promotion d'un environnement favorable** cible les 14 régions que compte le Sénégal. Le choix de toutes les régions a été basé sur leur vulnérabilité à l'épidémie VIH et de la recrudescence des cas de stigmatisation et de discrimination des PVVIH. Sur la base de l'analyse des données épidémiologiques et des enquêtes sur la pauvreté et la vulnérabilité, les besoins programmatiques, les interventions proposées ciblent les bénéficiaires suivants : les PVVIH, les femmes, les jeunes et les adolescents, les orphelins et enfants vulnérables, les travailleuses du sexe, les groupes mobiles, les hommes ayant des rapports sexuels avec d'autres hommes, les personnes exerçant des petits métiers, les détenus etc.

Le réseau nationale des personnes RNP + a été choisi comme sous récipiendaire pour dérouler la stratégie de **plaidoyer contre la stigmatisation et la discrimination des PVVIH**. Six autres organisations non gouvernementales cossen, guestu ,ressip congad anrems et jamra dans le développement de stratégie de plaidoyer pour un environnement favorable à une bonne prise en charge des PVVIH et des groupe hautement vulnérable.

Ce choix RNP+ contribue à une meilleure implication des PVVIH dans la mise en œuvre du programme ANCS/Fonds mondial, mais aussi constitue une décision majeure pour booster la lutte contre la stigmatisation et la discrimination des PVVIH. L'engagement des médiateurs psychosociaux constitue également une stratégie importante dans la mesure où les médiateurs sont tous recrutés dans les groupe hautement vulnérables.

Strategies used to expand the scope and coverage of the programme

Les groupes cibles du programme vise

- Les communautés, autorités administratives et locales, autorités judiciaires, autorités médicales, prestataires de soins, leaders communautaires et religieux, les leaders des médias, les PVVIH, les groupes hautement vulnérables.

Les stratégies développées pour chaque groupe

- **L'accompagnement soutien des PVVIH et des GHV:** elle consiste en une prise en charge médicale à l'appui en nutrition, le renforcement des capacités économiques en vue d'une autonomisation. le renforcement des capacités manageriel des OCB (groupe d'auto support) des PVVIH,
- **La sensibilisation des communautés:** elle vise à donner aux communautés les moyens nécessaires à l'acceptation des groupes vulnérables. Elle se traduit par des activités de causeries de mobilisation sociale d'entretien. Il s'y ajoute les activités de formation de relais
- **Le plaidoyer auprès des leaders.** il consiste à la rencontre des leaders, de leur fournir les informations nécessaires et les enjeux enduits pour les amener à prendre des engagements dans le sens de la protection des droits des personnes vulnérables. Aussi ces sessions ont permis d'attirer l'attention des leaders sur les faiblesses ou manquement de certains textes juridiques.

TUNISIA

Title of the Programme: Programme répondant aux besoins en matière de santé sexuelle auprès des HSH en Tunisie

Contact: ATL MST sida section de Tunis

Sector(s): Health, prise en charge, psychosociale/ nutritionnelle/ juridique

Implemented by: Civil society

Programme is being implemented since: 2004

Has the programme been evaluated/ assessed? Yes (« Faire preuve de résultats pour les projets à base communautaire », Appui technique pour le Programme MENA, rapport d'évaluation 2012 (annexe 1). Programme régional pour la prévention du VIH chez les hommes ayant des rapports sexuels avec des hommes (HSH) dans la région du Moyen-Orient et de l'Afrique du Nord (MENA) : Revue pour l'International HIV/AIDS Alliance : rapport non finalisé

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Première phase (2004-2008)

- Renforcement des capacités et prestation de services durables de prévention du VIH/IST aux hommes ayant des rapports sexuels avec des hommes
- Utilisation des outils de diagnostic communautaire participatif / recherche opérationnelle pour développer des programmes adaptés
- Augmentation de l'accès aux services pour les hommes ayant des rapports sexuels avec des hommes, et soutien au développement d'un environnement favorable

- Création de liens au niveau régional et le partage des expériences et leçons entre pays

Deuxième phase (depuis 2009)

- Extension de l'accès et amélioration de la qualité des services de prévention, traitement, soins et soutien liés au VIH pour les hommes ayant des rapports avec les hommes
- Renforcement d'un environnement favorable pour la réponse au VIH auprès des hommes ayant des rapports sexuels avec les hommes,
- Création de l'Observatoire VIH, Ethique et Droits Humains.

Short description of the programme

Groupe cible:

Hommes ayant des rapports sexuels avec les hommes en Tunisie

Couverture :

- Couverture géographique : 7 régions au Nord du pays, 2 au niveau du centre et 3 dans le Sud de la Tunisie (soit 12 régions sur les 24 régions administratives de la Tunisie)
- Nombre de HSH touchés par les interventions : 10498 (*Cf annexe 2 extraite du Manuel ONUSIDA MENA sur le VIH et la des Hommes ayant des rapports sexuels auprès des hommes dans la région MENA*)
- Taille estimée de la population HSH en Tunisie : environ 20000 (*Rapport de l'Etude sur les modes de transmission 2012*)

Composantes et activités du programme

- Recherche action via la réalisation de diagnostic communautaire participatif (DCP) et surveillance de 2^e génération par les enquêtes séro-comportementales
- Planification stratégique : programme de prévention et de prise en charge sanitaire et psychosociale auprès des HSH, intégré dans le PSN 2012-2016 et dans les propositions du GFATM
- Programme de plaidoyer et lutte contre la stigmatisation et l'exclusion des populations clés dont les principaux objectifs sont les suivants :
 - Sensibiliser et renforcer la formation du personnel médical et paramédical sur les questions VIH (modes de transmission, évaluation du risque, etc.) du personnel médical et paramédical ;
 - Renforcer les capacités et sensibiliser les populations clés à la nécessité de réagir face à la stigmatisation
 - Plaidoyer/ renforcer les capacités des décideurs et des prestataires de santé à propos de la réduction stigmatisation/discrimination
 - Opérationnaliser le premier observatoire agissant dans le domaine d'éthique, VIH et droits humains mis en place par l'ATL MST sida section de Tunis.
- Formations et renforcement des capacités: Formations sur le VIH/sida, l'éducation par les pairs et la communication pour le changement de comportement, le travail de rue, la réduction de risques notamment sexuels, les compétences de vie, et pour les personnes vivant avec le VIH-HSH, sur la prévention positive ainsi que les techniques théâtrales adaptées à l'éducation par les pairs pour le but de réduire la stigmatisation des HSH.
- Education par les pairs ; communication pour le changement de comportement ; travail de proximité. Chaque travailleur de proximité doit suivre les formations susmentionnées avant d'être habilité à intervenir auprès de ses pairs, sachant que la sélection des éducateurs pairs se fait en se basant sur leur profil et ce pour atteindre le maximum de bénéficiaires. Ces actions basées sur une approche participative ont montré leur efficacité sur le terrain et la satisfaction des populations clés, ce qui nous a amené à élargir le champ des activités et à mobiliser d'autres HSH sur d'autres sites et régions sur tout le territoire Tunisien.
- Fourniture de matériel de prévention : préservatifs, lubrifiants, matériel éducatif
- Orientation vers le dépistage vers les centres de dépistage anonyme et gratuit

Strategies used to expand the scope and coverage of the programme

L'ouverture de l'espace de l'ATL MST/SIDA – section de Tunis, en tant que lieu de sociabilité et de socialisation, a participé au développement personnel (acquisition de compétence de vie, estime de soi...) de nombre d'hommes ayant des rapports sexuels avec des hommes. Il s'agit d'une expérience pionnière en Tunisie qui a contribué de faire sortir de l'ombre cette population. Dans un pays, où la prise de parole est peu diffusée surtout avant la chute de l'ancien régime, d'autant plus venant d'une population marginalisée à cause d'une homophobie dominante, l'ATL MST/SIDA – section de Tunis a réussi à donner la parole aux hommes ayant des rapports sexuels avec des hommes et à faire parvenir leur voix aux divers intervenants œuvrant dans le domaine de la promotion de la santé afin que ces derniers reconnaissent la nécessité de prendre en considération la question des rapports sexuels entre hommes dans la riposte aux infections sexuellement transmissibles et au VIH/sida, qui a progressivement permis d'humaniser la thématique malgré les contraintes (Cf annexe 1).

Afin d'assurer une meilleure implication de cette population dans les actions en matière de santé sexuelle et de lutte aux infections sexuellement transmissibles et au VIH/sida l'ATL MST/SIDA – section de Tunis s'est engagée pour :

- encourager les hommes ayant des rapports sexuels avec des hommes à jouer plusieurs rôles, notamment, les décideurs, les professionnels de soins de santé, les éducateurs, les scientifiques, les leaders communautaires et les responsables dans les institutions concernées ;
- jouer un rôle déterminant dans le plaidoyer auprès des gouvernements, des donateurs et du secteur privé et public pour la participation significative de cette population ;

Afin d'étendre davantage le programme, plusieurs orientations ont été prises ces dernières années :

- L'ouverture du siège de l'association aux différentes populations citées en vue d'instaurer des pratiques telles que l'écoute, le conseil et le soutien psychologique, la communication et l'information ont permis à l'ATL MST/SIDA – section de Tunis d'acquérir une expertise dans l'accompagnement de ces groupes y compris les hommes ayant des rapports sexuels avec des hommes. Dans cette perspective, l'association a adopté l'approche de réduction de risques autour de l'éducation sanitaire, la prévention et le changement de comportement pour une sexualité à moindre risque, en mettant en valeur la responsabilisation de la population concernée et l'échange d'un savoir qui lui serait adapté.
- La collaboration avec les autres sections régionales de l'ATL MST sida
- Le réseautage avec les autres ONG thématiques nationales, notamment l'ATUPRET de Sfax pour la formation, l'échange d'expériences et l'accompagnement en vue de l'introduction d'interventions de prévention au profit des HSH par cette association.
- La création de l'Observatoire VIH, Ethique et Droits humains permet aussi d'élargir les interventions au-delà des activités programmatiques de base, et de considérer les facteurs déterminants du Cadre d'Investissement, notamment les facteurs sociaux et juridiques.

ZAMBIA

Contact: Prisons Care and Counselling Association (PRISCCS)

Sector(s): Health, justice (access to justice)

Implemented by: Civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Despite stigma and discrimination being violations of human rights, the plight of prisoners living with HIV in Zambia is more manifested, based on the fact that the prison communities are more vulnerable, marginalised and disadvantaged because of the absence of protective laws and policies. In an effort to address this concern, Prisons Care & Counselling Association (PRISCCA) is closely collaborating with the Zambia Prisons Service through the Pre-Admission

& Post-Discharge Psychosocial Counselling Desks (PPPCD) to provide remedial measures to halt this trend in prisons. Below are some of the expected outcomes measured at initial (psycho-social), intermediate (behaviour), and long-term (health status) intervals amongst inmates within the prisons in Zambia:

- Commitment on advocacy against human rights violations and lobby policy makers to develop human rights-based responses to stigma & discrimination;
- Increased knowledge to challenge by means of litigation, lobbying, advocacy and all forms of legitimate social mobilization, any type of discrimination relating to interaction with inmates living with, suspected to be or vulnerable to HIV infection; or inmates accessing antiretroviral treatment (ART);
- Campaigns for an effective regional and global network comprising organizations with similar aims and objectives;
- Intensified media campaigns & education (including community radio stations in rural areas)

Short description of the programme

PRISCCA has attained exceptional and well planned strides in the scaling up of the response to HIV and AIDS that has seen the organisation train 30 inmates (5 females & 25 males) at each of the nine provincial major prisons in Zambia as peer educators on HIV & AIDS. Their functions include promotion of access to justice & human rights, and provision of information on basic legal education, and paralegalism for the provision of free legal representations (*pro bono*) to vulnerable inmates unable to afford legal fees. The activities are being rolled out from the PPPCDs, manned by trained inmates and supervised by prisons medical officers, prison health staff, the chaplaincy, and offender management prison officers.

The desks, which have been operational for three years now, were established to stimulate discussion among inmates within prisons in Zambia on the best ways of responding to the HIV challenge. They have since created an open forum for awareness creation on the dangers linked to transmission of HIV, strategies to amend or repeal Sections 155, 156 & 158 of the Penal Code that criminalize consensual sexual conduct among adults, and implement gender-neutral laws to protect both adults and children from sexual violence and assault and LGBTI issues, and equally provides fertile ground for creation of policy and other remedial measures to address the practices within prisons in this context. The PPPCD concept was born in prison and developed by PRISCCA and its partners and have been carrying out the following responsibilities:

- Coordination of prisoners' free legal services
- Providing PPPCD services
- Coordination of HIV & AIDS, TB, STIs and drug awareness activities
- Enhancing communication among prison administrators, prisoners and society
- Enhancing prisoners' access to healthcare services
- Facilitating academic programmes
- Facilitating prisoners' ideas on their project development
- Distribution of IEC reading materials
- Sensitisation and awareness raising on prison-related human rights issues

The HIV & AIDS epidemic has presented and continues to present unprecedented challenges in almost all spheres of human life in Zambia. These challenges of the epidemic are to a large extent felt in the prison community. It is beyond any reasonable doubt that Zambia has made positive strides towards reducing and/or mitigating the impact of the epidemic by introducing comparatively good programmes in the health sector. Despite all efforts made in this area, however, the fact remains that human rights abuses in the form of stigma, discrimination, rejection, humiliation, fear, exclusion, and marginalisation associated with HIV & AIDS are still a harsh reality amongst prisoners. This negative trend has greatly contributed to denial, partial visibility and openness, and non-accessibility to ART and prevention of HIV transmissions in prisons.

Strategies used to expand the scope and coverage of the programme

PRISCCA is using various consortiums, partners and stakeholders including the Zambia Prisons Service in calling for the amendment of the Prisons Act CAP 97, health and rights-related articles of sections 71, 72, 25 & 30 which state that health is not a full right for inmates and their access to public health facilities depend on the discretion of their respective prison officer-in-charge. The Prisons Act does also not provide for the basic necessities of circumstantial children (those born from within or being brought up in prison with their incarcerated mothers).

Recommendations have also been made to various stakeholders that include the Republican President, Zambian Parliament, relevant Government line ministries, NGOs, and international development and donor agencies to implement recommendations on the improvement of medical care services for inmates in Zambia's prisons. The recommendations arose from research facility tours coordinated by PRISCCA in partnership with the AIDS & Rights Alliance for Southern Africa (ARASA), and Human Rights Watch, and conducted in six prisons throughout the central corridor of Zambia out of which a 135-page report titled "*Unjust and Unhealthy: HIV, TB and Abuse in Zambian Prisons,*" has been released and was launched for circulation in Zambia by president of Human Rights Watch, Ken Roth.

In the report, the three organizations describe how inhuman and degrading conditions, poor or non-existent of medical care, ill-treatment, and corporal punishment, combined with criminal justice system failures, have created a human rights crisis in Zambian prisons. This is the first analysis of prison health conditions in Zambia by independent human rights organisations. The purpose of the research was to understand health conditions and human rights violations in Zambian prisons, and to provide recommendations for a future which respects the basic rights and minimum standards due to prisoners.

The spread of HIV infections is disproportionately high among groups that already suffer from a lack of human rights protection, social and economic discrimination, or marginalization in terms of legal status, a group under which prisoners fall.

The vulnerability of prisoners living with HIV affects practically every one of their human rights, be it health, unfair discrimination, violation of privacy or inhumane or degrading treatment. The application of the human rights approach to vulnerability, as PRISCCA is currently undertaking, is a relevant concept for elucidating risk-taking processes and designing intervention programs by concerned stakeholders, including the Zambia Prisons Service through the Ministry of Home Affairs under whose discretion the former falls.

Country: Zambia

Contact: Serenity Harm Reduction Programme Zambia – SHARPZ

Sector(s): Health

Implemented by: Civil society, faith-based

Programme is being implemented since: 2007

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The main outcomes of the project include:

1. Improved knowledge in alcohol and drugs at individual, as well as the community, level;
2. Enhanced personal functioning of individuals and families;
3. Some participants have gone back to their work while others have continued with their education programmes;
4. SHARPZ providing technique support in collaboration with other stakeholders to the Ministry of Health in developing the National Alcohol Policy in Zambia for the first time. Now in draft 6, it is almost ready to be presented to Cabinet for approval;

5. Development of a new approach to comprehensive care of people who use drugs using a harm reduction and strengthening the referral system of Mental health with Chainama Hills Hospital in Lusaka;
6. Highlighting the links between substance abuse and other risk behaviour which include amongst others, HIV/AIDS, gender based violence, mental health issues, loss and grief etc...
7. Development of a four Module curricula for training Community Facilitators in order to establish Community Alcohol Teams in Zambia [CATZ];
8. SHARPZ is contributing to the development of a network in Zambia with the help of FORUT under the auspice of the Norwegian Church Aid in Zambia called Zambia Network Against Harmful Use of Alcohol –ZNAHUA. [The network consist of different NGO's, CBO's, Government Ministries and individuals who have interest in responding to issues of alcohol and drugs in Zambia.]

Short description of the programme

There is growing evidence to verify that there is excessive consumption and misuse of alcohol in the country and of the negative influence it exerts in the social, health, financial and economic sectors of the Zambian community. Moreover Zambia is only beginning to recognise that there is a strong connection between substance abuse and the HIV&AIDS epidemic in Zambia. This is the background against which SHARPZ services takes on meaning. SHARPZ is a community based organisation that provides both counselling services for people who are managing problems arising from the misuse of alcohol and other drugs, and trains drug and alcohol professionals and semi-professionals. SHARPZ is guided by *public health and harm reduction (H.R.) approaches* on the management of alcohol and drug misuse. These approaches propose that there are three dimensions to the reality of drug and alcohol abuse that need to be targeted, in order to design meaningful intervention schedules: THE AGENT (the substance); THE HOST (the person with a susceptibility to misuse) and THE ENVIRONMENT (family, community, or society of which the person is a part). A *public health approach* addresses issues related to all three components. Harm reduction refers to the prevention of drug-related direct and indirect harms as well as to the prevention of drug use itself.

SHARPZ is dedicated to supporting the advancement of wellness and mental health in Zambia, through strengthening the provision of accessible, culturally sensitive and professional services for people with drug and alcohol problems, across the continuum of services and supports.

The target groups include, children, adolescent, youths as well as adults. Children and adolescents are treated mainly for Post-Traumatic Stress Disorder symptoms using Trauma Focused Cognitive Behavioural Therapy. Youths and adults receive treatment for issues related to harmful use of alcohol and other drugs. Additionally, training curricula is targeted at youths and adults both in issues of substance abuse and interconnected risks as well as child protection issues.

The activities highlighted above are mainly provided within Lusaka Province at a larger scale and in other provinces such as the Southern, Central, Copperbelt, Eastern and Western provinces on a small scale. Treatment and rehabilitation programmes are all based in Lusaka province whereas other services have been extended to other provinces through SHARPZ partners.

Since the inception of the programme over 5, 850 clients have benefited from the services which are offered by SHARPZ ranging from:

1. Health enhancement
2. Risk avoidance, which involves
 - a. Risk reduction,
 - b. Early intervention

The above activities include; awareness raising, community sensitization using flash mob Theatre and IEC materials. This is mainly done through outreach programmes to communities and schools

3. Treatment and rehabilitation of individuals and families struggling with substance abuse.

Treatment and rehabilitation programmes include individual, group and family therapy. Clients are treated both as outpatient and partially as inpatient.

Other services offered include training of frontline workers and advocacy issues, as well as research programmes in particular for traumatised children and adolescent consequent to substance abuse and other bio-psycho-social spiritual factors.

Strategies used to expand the scope and coverage of the programme

In January 2011, SHARPZ developed a new approach to rehabilitation and treatment model. A pilot project of 12 weeks Community Based Treatment programme was developed and piloted in Ng'ombe Kaunda Square compounds respectively. The programme target young men and women. It was a combination of a two weeks partial inpatient followed by 10 weeks of community based treatment in their respective compounds. The results were successful and it was cost effective for a developing country like Zambia with scarce resources for such kind of treatment programmes. Therefore apart from the full residential treatment programme, a new treatment approach was born in 2011.

Additionally, SHARPZ has developed 4 modular curricula targeting frontline workers. The rationale is to enhance the capacity of community health workers so that in every community in Zambia, a cadre of trained facilitators will be able to respond to issues of Substance abuse and other interconnected risks. The four modules are;

1. Multiple Intervention for Life Coaching – MILC
2. Facilitation of Interpersonal Skills for Hope – FISH
3. Practical Alcohol Workers Skills – PAWS
4. Motivational Interviewing for Change Evaluation – MICE

SHARPZ envisages expanding its activities by working in collaboration with other stakeholders such as Zambia Led Prevention Initiative –ZPI a Zambian USAID organisation, Corridors of Hope- COH, Afya Mzuri, Home Based Care, Ministry of Health, Drug Enforcement Commission, National AIDS Council –NAC through District AIDS Task Force – DATF, Tansitha Programmes and other relevant partners with the similar objectives.

SHARPZ has also adopted a new approach in terms of outreach programmes well known as the Participatory Learning Action - PLA. This approach is used as a model of involving the community from the time of assessing the problems within the community, identifying the knowledge gaps, developing plan for implementation, and monitoring and evaluation of the project to be undertaken.

ZIMBABWE

Title of the Programme: Sisters with a Voice - Zimbabwe's National Sex Work Programme

Contact: CeSHHAR Zimbabwe

Implementer(s): Centre for Sexual Health and HIV AIDS Research [CeSHHARZimbabwe] on behalf of National AIDS Council and supported by UNFPA and GIZ

Sector(s): Health, justice, community/ community mobilisation

Implemented by: Government, civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The overall goal of the programme is to reduce the exposure to abuse, stigma and discrimination and violence of female sex workers (FSW), improving their sexual and reproductive health and thereby reduce transmission and acquisition of HIV among them, their clients and partners of their clients. The reduction of related morbidity and mortality among sex workers and increased respect for human rights are further aims of the programme.

Key outcomes include number of women reached, increased support for and uptake of legal services, decreased level of discrimination by health care providers and the police, reduced negative reporting by print media as well as sex workers' collectivization –[affected community's power to work together to bring positive change], % of women aware of their HIV status (defined as tested within previous 6 months for HIV negatives), consistent condom use at last sexual intercourse with clients and regular partners and increased HIV knowledge.

Short description of the programme

“Sisters with a Voice” is Zimbabwe's National Sex Work programme run on behalf of the National AIDS Council with technical and financial support from UNFPA, under the Expanded Support Programme¹ (ESP), and GIZ. The programme was established in response to a situational analysis conducted by the NAC, IOM, UNAIDS and UNFPA in 2006-7. The programme was initiated by a team from the Zimbabwe AIDS Prevention Programme - University of Zimbabwe (ZAPP-UZ) and more recently, being run through CeSHHAR Zimbabwe. The programme is nested within Zimbabwe's National Behaviour Change Programme.

“Sisters with a Voice” targets female sex workers across Zimbabwe. The programme was started in 2009 in Harare and on one major truck road as a pilot project and is run through a mix of static and mobile sites. In the first 6 months, it reached over 300 women. Forty peer educators were trained in empowerment skills to strengthen the capacity of sex workers to claim their human rights and encourage them to make use of health services. The sites guarantee a stigma-free environment for the women through specially trained staff. In these sites, 400 STIs were treated, over 60% of the women were tested for HIV (of whom 55% were HIV infected) and over 70,000 condoms were distributed. The programme was expanded nationally in 2010 and is currently operating in 16 sites with 120 peer educators. The mobile teams visit 'hotspots' along highways once every two weeks while the static sites are open Monday to Friday every week. By end of June 2012 the programme had reached over 8,000 women, with over half the women attending for more than 2 visits. The programme provides health education, HIV testing and counselling, supported referral for HIV treatment and care, syndromic management for STIs, contraception, condoms and legal advice.

Trained and supported peer educators undertake outreach not only to encourage the access to health services and support the women in onward referral to clinical services (for example to HIV treatment services and gynaecological care), but also sensitizing the medical staff to ensure that the sex workers are not stigmatised or discriminated. The peer educators are supported by a team of highly experienced outreach staff coupled by sex worker (SW) interns who work with the outreach team for periods of up to a year at a time. The programme aims to reach a stigma-free and sex-worker friendly environment, on the one hand through socialization at static sites, peer group meetings and community mobilization, and on the other through the engagement of two local human rights organizations and the victim friendly unit of the Zimbabwe Republic Police. These are continuously engaged to improve respect for and protection of SW rights.

There are plans to expand the programme to a further 20 sites over the next 12 months with cervical cancer screening and long term family planning added to existing services. Advocacy

¹ The Expanded Support Programme was a multi-donor funding mechanism supported by DFID, Irish AID, CIDA, SIDA and the Norwegian Embassy

for a more enabling environment will be intensified through further increased community mobilization and training of public health service providers, print media journalists and the police.

Strategies used to expand the scope and coverage of the programme

The programme was scaled up in 2010 following a clear demonstration of the acceptability of the programme and the outputs - in terms of number of women accessing HIV testing, STI treatment, contraception, condoms and health education. Advocacy with key community stakeholders through initial sensitization and regular feedback meetings has promoted an enabling environment including the securing of low cost static and drop-in sites for the programme within existing, largely health related, local facilities. The sex workers themselves have taken ownership of the programme - as demonstrated by them coming in unasked to 'renovate' clinic sites as drop in centres. In Harare, one of the women runs a manicure service for her peers and the site has become a source of social as well as clinical support.

Staff and peer educators have already started a programme of stronger community mobilisation which has increased attendance at the programme, including from male sex workers. Women have used this to increase their support for each other - particularly with regard to HIV testing, treatment and care. All 120 trained peer educators, who are active sex workers and highly sensitive to the plight of their colleagues, receive continuous training. Several outstanding peer educators, currently engaged as interns for the programme, will receive further training and support to become community mobilisers within the next 6 months.

Gender based violence through the police, clients and intimate partners remains a major concern for women. Community mobilisation (coupled with advocacy training with police and print media) will be further used as a way of making women less vulnerable. In addition, a partnership with Zimbabwe Lawyers for Human Rights is planned to train peer educators as paralegal advisors for the women.

In 2011, a short advocacy DVD 'We have feelings too' was produced and launched at the World AIDS Day celebrations in Harare in December. It received very positive feedback and has been a helpful tool for advocacy and training, particularly with health workers, confronting them with the implications of discriminating and stigmatizing behaviour.

In addition to further expanding the geographical coverage of the programme in 2012 from 16 sites to 36, the scope of the programme will be expanded to incorporate cervical cancer screening and provision of long term contraception. Funding has been secured to set up treatment for prevention at certain sites and to evaluate its impact in terms of its effect on community HIV viral load.

Country: Zimbabwe

Title of the Programme: Male involvement in PMTCT programmes

Contact: Padare/Enkundleni/Men's Forum on Gender

Implementer(s): Padare/ Enkundleni/ Men`s Forum on Gender

Sector(s): Health

Implemented by: Civil society

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

1. Community leaders mobilised , educated and acting

Traditional leaders (chiefs, headmen and village heads) and church leaders were brought together at district level to discuss issues around HIV, including stigma, which is one of the major contributing factors to the high prevalence (15%) of HIV in Zimbabwe. Five community

leaders were trained by Padare, a civil society organisation, to undertake community outreach on HIV prevention, treatment, care and support.

2. Stigma and self- stigma dissolving

The traditional leaders, capacitated and encouraged, initiated community dialogue that addresses lack of knowledge on how HIV is transmitted, how it can be prevented and how to live positively with HIV. The communities are better informed, see HIV infection as another chronic disease and provide support to people living with HIV. In addition, community members started talking openly about their HIV status, which resulted in decreased stigma and self-stigma.

3. Increased uptake of HIV prevention, treatment and care and support services

As a result of reduced stigma, the district registered an increase in uptake of HIV services which include HTC, TB screening and PMTCT. Men more readily engage in HIV related interventions. More often couples access PMTCT services together. It was also observed that men who are living positively started supporting each other through peer networks (treatment buddies) to adhere to treatment.

Short description of the programme

Ending discrimination is a task that requires dispelling common fears and providing accurate information and support. In rural areas of Zimbabwe, the trusted source of accurate information are the traditional and church leaders. When these leaders speak, communities listen and take action. The community of Mashonaland Central, with the support of their local leadership and Padare, a civil society organisation that brings together men, are working together to eliminate stigma and discrimination that affects uptake of HIV services. The mobilisation of community leaders is a critical success factor in fostering community acceptance of HIV.

For nine years the Chikonyoras (a discordant couple in Centenary) was afraid of having a child. However, through the HIV information that the traditional leadership continued to provide, there was eventual community acceptance and the family enrolled for a PMTCT programme and gave birth to HIV negative twins, Anotida and Anoziva. The couple now speaks openly at public gatherings about their HIV status and enjoys community support.

Elizabeth Tafira under Chief Chiveso's area recalls "In the 1990s when I discovered my status there was little hope. Treatment was very inaccessible, there was a lot of stigma and discrimination, and delivering a baby was not an option for me." Elizabeth recently had a baby girl, Anashe, and is anxiously waiting for the results of the HIV test for her child. She is confident that PMTCT has worked and the test result will be negative.

Padare works with traditional leaders in rural communities building a strong community leadership voice in responding to HIV. Community leaders facilitate periodic community dialogues where both men and women come together to discuss ways in which they can prevent HIV infection, live healthy lives when HIV positive, prevent transmission of HIV to babies and reduce stigma and self-stigma. Padare works with communities in Manhenga, Chiveso, Musana, Shamva, Centenary and Madziva.

Strategies used to expand the scope and coverage of the programme

Mobilising traditional leaders as opinion leaders- The initiative brings together traditional leadership at the district level provides them with accurate information on HIV and encourages them to lead appropriate community level action (including mobilising men in the HIV response).

Engagement of men in spaces that men are found- Utilisation of existing traditional leadership mechanisms(chief, headmen and village heads) and churches to target men with key messages and to stimulate community dialogue on HIV issues.

Engagement of men through creating awareness platforms- The initiative supports a district family fun day, which is a platform for bringing HTC and TB screening services to the door step. Activities of the fun day include sports and edutainment.

HIV positive speakers-The initiative has mentored HIV positive speakers at the community level. These powerful speakers contribute to providing HIV information and reducing stigma and discrimination.

Utilisation of electronic media-The initiative has produced a series of radio and television discussion programmes on PMTCT. With the wide coverage of radio in Zimbabwe experts who are brought to the discussion panels also reinforce the key messages that the initiative is disseminating at the community level.

II. Reducing HIV-related discrimination in the *Employment/ World of work Sector*

ARGENTINA

Title of the Programme: Companies Committed to HIV/AIDS Response

Contact: Fundación Huésped

Implementer(s): Fundación Huésped and UNAIDS Argentina with support of ILO & UNDP Argentina

Sector(s): Health, workplace, justice, social organizations with strong relations with labour world in the corporate social responsibility (CSR)

Implemented by: Civil society, UN or other inter-governmental organisations

Programme is being implemented since: November 2009- present

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- 25 companies committed to the initiative with 60 thousand employees receiving information and training on HIV and the national AIDS- non-discrimination and human rights law.
- Bi-monthly newsletter on HIV, human rights and non-discrimination sent to more than 1000 Human Resources Managers (HHRR) and Corporate Social Responsibility Coordinators (CSR).
- Legal assessment for the past 5 years for more than 1000 people living with HIV than have suffered any kind of labour discrimination.
- Labour assessment for more than 50 people that want to get involved in the labour world.
- Special support to 7 social organizations of the country and member of GBC Health, soon to start actions in Latin America.
- More than one million people reached with HIV and non-discrimination information delivered by their companies.

On December 1st, 2012 we will issue the “Non HIV Discrimination in the workplace statement” signed by several Latin American companies

Short description of the programme

According to the information produced by the Legal Department of Fundación Huésped, 24% of their consultations refer to discrimination in the workplace (private sector), and according to the *People Living with HIV Stigma Index*, 22% of the people living with HIV have experienced discrimination at work. Argentina has laws and programs designed to prevent discrimination but it still represents a great problem that affects the quality of life and health of people living with HIV. Thus, we have designed an initiative that incorporates the response to HIV in the workplace with a cross-area strategy. The objectives are: 1) Non-discrimination (HIV related) towards employees; 2) Awareness and capacity building on HIV/AIDS addressing employees, their families and the community; 3) Improvement in the employability of people with HIV.

For the coordination of the project we are in constant and systematic communication with companies. The program is presented to the Human Resources Manager (HHRR) or the Corporate Social Responsibility Coordinator (CSR), stressing that there is only one way to implement the program, considering their needs and capacities. During approximately 6 months we designed annual or bi-annual work plans with each company with a focus on the three abovementioned objectives. The main objective is the one related to non-discrimination. We seek that the companies: 1) sign a letter of commitment regarding non-discrimination in relation to HIV and consequent information distribution among their employees; 2) sign an internal document to be incorporated to their Ethics Codes that prohibits discrimination in relation to HIV and incorporates confidentiality principles; 3) a technical paper for their managers and middle managers with frequently asked questions; 4) managers and middle managers trained in HIV-related non-discriminatory principles and information; 5) information and training to their employees about the need to incorporate this issue in the companies; 6) special training to companies that have people with HIV among their staff who need extra support.

The goal for each company is to achieve at least 4 of the 6 mentioned items.

On the other hand, we also have a social worker working with people with HIV, linking them to vacant job positions the member companies are currently advertising. To reinforce this strategy we also have signed agreements with the recruitment departments of several companies. The targets of these actions are HHRR managers, the CSRs and the middle managers of the companies. The geographic coverage is for any large, middle or small company working in Argentina; in some cases the companies have extended the initiative to their offices in Chile, Uruguay, Paraguay and Peru.

Partnerships are underway with the National Labour Ministry, and other social institutions together with some Bi-National Chambers of Commerce, aiming to add new companies to this initiative and also to conduct an impact evaluation and a good practices document.

Strategies used to expand the scope and coverage of the programme

- Companies and contacts search through social networks and internet in order to expand their databases and newsletter delivery of information related to HIV workplace good practices.
- Partnerships with organizations and HHRR CSR companies, and with Universities to facilitate contact with companies.
- Participation in forums, seminars and symposia related to CSR and HHRR with informative stands and brochure distribution.
- Partnerships with National and Bi-National Chambers of Commerce to present the initiative in their meetings. Each member company is committed to invite at least one other company to join the initiative. We also organize an annual event with more than 80 companies.
- We lead the creation of a special "Workplace Good Practices in response to HIV" recognition jointly signed by the United Nations, UNAIDS and Fundación Huésped
- Inclusion of briefs of the initiative in newspapers and specialized CSR and HHRR magazines.
- Inclusion of information (three times a year) in three newsletters that reach 25.000 business contacts.
- We have also an official webpage (www.compromisolaboralvih.org) permanently updated with the latest news of the activities carried out by the companies and their members.
- Partnership with the UNDP Global Pact and GBC Health in order to add more members to the initiative.
- Search of agreements with the National Labour Ministry and the Ministry of Health to sign a memorandum of understanding that will allow us to carry out transversal initiatives.
- Follow up and regular meetings with an estimated 35 companies that are not yet members of the initiative, sensitizing and promoting their engagement.
- From the discrimination cases that we receive in Fundación Huésped, we contact the companies and promote their involvement in the initiative and transform them into committed responders.

- Engage with other company networks that work with social issues, such as childhood and disabled people, with the objective to expand our scope of work and to expand our contacts.

From this initiative we are also promoting the “Business Club for Sexual Diversity”, seeking to raise awareness and support the LGBT community and their labour inclusion, aiming at social enablers that facilitate the response to HIV according to the UNAIDS Investment Framework.

CHILE/PARAGUAY

Title of the Programme: HIV Workplace Policy and Programme to reduce HIV discrimination, homophobia and transphobia in the transport sector in Chile and Paraguay

Contact: ILO

Implementer(s): ILO, Chilean Ministry of Labour, Chilean transport sector employers and truck drivers, Paraguayan transport sector unions

Sector(s): Workplace

Implemented by: Government, civil society, private sector, UN or other inter- governmental organisation

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Results:

- Sexual behaviour studies of Bolivian, Chilean and Paraguayan transport sector workers carried out with the participation of civil society, including sex workers and transgender groups.
- Manuals for truck drivers published aimed at preventing HIV-related discrimination, homophobia and transphobia (the Chilean manual contains a chapter written by representatives from the trans community).
- The collaboration between the transport sector and the LGBT community led to the development of workplace HIV policies for the transport sector in Chile and Paraguay, aimed at preventing HIV transmission and reducing HIV-related discrimination, homophobia and transphobia.
- HIV training materials for long-distance truck drivers were developed that address MSM and transgender issues responsibly, integrate same-sex scenarios and send a clear message of zero tolerance for discrimination against LGBT.

Short description of the programme

Working with the Chilean and Paraguay Ministries of Labour, employers’ and workers’ organizations and civil society organizations, including those representing the LGBT community, the International Labour Organization (ILO) carried out surveys on sexual behaviour and homo/transphobia of long-distance truck drivers from Bolivia, Chile and Paraguay. The survey responses reflected a generalized, societal attitude of discrimination against the lesbian, bisexual, gay and transsexual (LBGT) community. Informed by this evidence, the Chilean and Paraguayan transport sectors included LGBT, and people living with HIV, in extensive consultations with the trucking sector to develop HIV workplace policies and programmes for the sector. They also worked together to create innovative training materials, integrating role-plays illustrating common discriminatory situations faced by MSM and transsexual workers and how to overcome them. The collaboration between the transport sector partners (government, employers’ and workers’ organizations) and the LBGT community resulted in the development of workplace HIV policies for the transport sector in Chile and Paraguay that contain provisions to prevent HIV-related discrimination as well as homophobia and transphobia.

Strategies used to expand the scope and coverage of the programme

The employers' and workers' organizations in the transport sector in both Chile and Paraguay are using training materials to take the anti-discrimination message forward. The Chilean employers in the transport sector have published prominent anti-homophobia messages in the log books that all Chilean truck drivers are required to maintain, ensuring that the anti-discrimination message will reach all Chilean truck drivers nationwide. Other sectors are now taking this work forward. For example, transport sector workers are also present in the mining sector in Chile. Following the sexual behaviour study and development of the transport sector HIV workplace policy, the mining sector in Chile requested the ILO to carry out a similar study which has just been completed, targeting two important mines in a high HIV prevalence region in Chile. In order to build upon this research, the national AIDS response in Chile is considering an HIV prevalence study among mobile workers.

CHINA

Title of the Programme: Strengthen equal opportunity and treatment for people living with HIV and AIDS, and training for health workers on implementation of standard precautions and reduction of stigma and discrimination

Contact: ILO

Implementer(s): ILO, Legal AIDS Centres in Beijing and Yunan, China CDC in collaboration with the UN Theme Group

Sector(s): Health, workplace, justice

Implemented by: Government, Civil society, private sector

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Results:

- ILO, Marie Stopes International and the China Centre for Disease Control conducted a joint study to identify root causes of HIV-related discrimination in employment.
- HIV-related employment discrimination cases were reported, notably in the civil service and education sectors
- The study recommended that the Ministry of Labour and Ministry of Education employment recruitment policy be harmonized with national AIDS regulations and the Employment Promotion Law and that the practice of mandatory HIV testing of civil servants and teachers be eliminated. The study also recommended the expansion of legal aid services nationwide to protect rights of PLHIV and other vulnerable groups
- The recommendations triggered a formal policy review of the civil service recruitment policy. Legal aid services for key affected populations expanded to provincial levels

Short description of the programme

Programme goal

Create a sustainable, integrated program of action among institutional and community actors in China to address HIV-related discrimination in the workplace and contribute to the national program on HIV and AIDS.

Programme aims

Increased capacity of national and provincial partners to

- Revise legal frameworks that discriminate against PLHIV and key vulnerable populations,
- Develop and implement anti-discrimination HIV workplace policies and programs.

Programme activities

- Government, civil society, UN and PLHIV associations jointly conducted a study on the nature and root causes of HIV-related employment discrimination in China.
- Conducted standard interviews with 3,000 PLHIV and 110 key informative interviews with government and civil society representatives

Study findings

The study revealed that people living with HIV experienced prejudice, humiliation, deterioration of working conditions and relationships once employers and colleagues learned of their HIV-positive status.

Actions taken based on study findings

- The Chinese government is considering the removal of mandatory testing requirements from the regulations governing medical examinations for recruitment of civil servants.
- A *training manual* on HIV and employment rights has been developed jointly by ILO and Yunnan University Legal Aid Centre
- Communication strategies to raise awareness of employment rights for PLHIV among communities including 3 film scripts by ILO and the He'erbutong Education Centre
- A forum on HIV and Human Rights held to address HIV-related employment discrimination by ILO and Beijing Red Ribbon
- Establishing legal aid service hotlines staffed by volunteer lawyers to provide legal advice to PLHIV and other vulnerable groups by ILO and Zhengzhou City He'erbutong Education and Counselling Centre serving over 160 people in just 12 months reflecting a high demand for this service.
- Training workshops to raise awareness of HIV and employment rights among PLHIV, public interest lawyers, judges, government and community organizations by ILO & CDC.

This evidence-informed advocacy through a broad partnership engaging Ministries of Health, Labour, Education, the media, civil society legal aid services, United Nations organizations, and international diplomatic communities have been instrumental in the effort to reduce HIV-related discrimination in China.

Strategies used to expand the scope and coverage of the programme

The ILO strategy for expansion in scope and coverage

- Establish a monitoring mechanism on HIV-related employment discrimination for systematic information exchange between the Institute of Labour Studies, legal aid centres and civil society PLHIV groups, in collaboration with the Ministry of Human Resources and Social Security
- Build PLHIV associations' capacity to conduct training of provincial trade union officials on national, provincial legal and policy frameworks against HIV-related employment discrimination, the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111), and the ILO HIV and AIDS Recommendation, 2010 (No. 200).
- Train PLHIV associations to develop local advocacy strategies for addressing workplace discrimination through employers and trade union dialogue.
- Support civil society PLHIV organizations to develop a communication strategy to disseminate cases with positive resolution of HIV-related employment discrimination to Ministry of Human Resources and Social Security, national AIDS Programme, programme supported by the GFATM and media.

Promote resolution of HIV related employment discrimination cases by establishing links with national and provincial labour departments and trade unions

DEMOCRATIC REPUBLIC OF CONGO

Title of the Programme: De la stigmatisation et de la discrimination des travailleurs séropositifs

Implementer(s): Nous avons procédé par des campagnes de sensibilisation

Sector(s): Workplace

Implemented by: Civil society

Programme is being implemented since: 2012-02-08

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

De la fin de la discrimination des travailleurs séropositifs est possible par l'éducation sur le VIH/SIDA et la mise en place des politiques qui peuvent se traduire par la création d'un environnement non discriminant au travail et des directives que les responsables des entreprises doivent mettre en place sur le statut du travailleur séropositif.

Short description of the programme

En référence aux instruments internationaux dont notamment la déclaration universelle des droits de l'homme énonce la protection du droit à la discrimination, ceci démontre tout simplement qu'il faut mener les activités de sensibilisation sur la protection des droits des travailleurs séropositifs comme une lutte contre la contamination volontaire sur le lieux du travail.

Strategies used to expand the scope and coverage of the programme

Nous avons eu l'assistance technique de l'Union nationale des travailleurs du Congo pour mettre en œuvre des stratégies sur le VIH/SIDA sur les lieux de travail car il y a eu des évolutions amorcées dans les entreprises pour éviter la discrimination entre les travailleurs séropositifs et les travailleurs sans le virus VIH/SIDA.

ETHIOPIA

Title of the Programme: Strengthening the Economic Capacity of PLHIV

Contact: Network of Networks of HIV Positives in Ethiopia

Sector(s): Health, community/community mobilization

Implemented by: Civil sector

Programme is being implemented since: April 1, 2009

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Through this project, NEP+ changed the lives of 9000 PLHIV (starting from April, 2009,) who were discriminated, poor, jobless, and with no adequate income to sustain their lives by making them productive citizens.

These 9000 beneficiaries were engaged in different small business schemes such as

- Kiosks(retailer of different commodities)
- Food preparation (Baltina, Injera (local bread) baking), mini Hotels, road side food preparation etc.
- Fattening (sheep, goat, camel, and ox)
- Grain selling, coffee trade
- Selling of used clothes, shoes, house furnishers etc.
- Petty trades (dominant type of businesses)
- Transportation Service(Using horse Cart, Bajaji)
- Selling Stationery materials and providing photocopy and stationary services.

Today the outcome of the project,

- The Economic status of 75% of the PLHIVs involved in to IGA positively changed, their consumption increased, most of them furnished their own house with new house material, their saving increased etc.
- The mentioned amount of beneficiaries have got employment opportunities
- Psychological Satisfaction increased among these beneficiaries.

Stigma and discrimination have been decreased down and acceptance of the PLHIVs in the community has been increased.

Short description of the programme

For NEP+, “IGA is a small economic activity which is in general operated at or near the home of each PLHIV beneficiary using families labour of each needy to raise and diversify their income”. The target group for the IGA were poor PLHIV, found in 11 regional states of the country. These criteria to select the beneficiaries were aimed to reduce bias and bring uniformity among associations for all SSRs to consider when selecting IGA beneficiaries.

- The amount of monthly income should be less or equal to 200 ETB for family members, less than 3 and 350 Birr for families size more than 3
- The age of the beneficiary should be from 18 to 70 years
- The beneficiary should not be bed-ridden at the time of selection, and mobile
- Family heads, especially widowed/female headed households with orphaned child should be given priority
- The beneficiary should be of good reputation in the association free from addictions, criminal case and/or approved to be freed criminal cases
- The beneficiary should be resident in the locality for a long time (not less than 2 years)
- The individual should not get prior IGA benefit from other projects
- Children who lost their parents though AIDS should be given attention
- The beneficiary should not be engaged in work and have other source of income in the association
- The beneficiary should be willing to abide by the IGA policy of the association whether it is in group, institutional or individual basis
- The beneficiary should have enough time for the business and not be an employee of some other organization
- The beneficiary is expected to bring collateral for the amount of seed money he/she receives; is willing to return the amount of money received based on the principle of the regional small scale enterprise
- beneficiaries who have their own land are given the priority
- The beneficiaries should be willing to work with local micro enterprises
- The beneficiaries should produce a business plan showing the profitability of the selected business to be approved by the management committee of the association
- The selected business should comply to the ethical and cultural standards of the locality
- The beneficiary should be one who respects the staffs and claim his/her right in a legal way

The modality of the IGA that has been given for the PLHIV was,

- **Individual base:** - The intended IGA has been provided for individuals who qualify the criteria set. In addition the individual has to provide a business plan for his project to get the start-up capital
- **Group Based:** - Individuals have been grouped into teams to be beneficiaries of the IGA. Those who are going to be grouped should know each other and have common interest. The number of individuals to be grouped should not exceed 7-10 individuals. We have organized many groups throughout the country

Two types of trainings were given for the IGA beneficiaries after selection is conducted. These were:

1. Business skill training:-

This training has took place for 5 days in cooperation with Micro Enterprise Government Institutions based on the following topics

- Introduction and climate setting
- Assessing individual skill and capacity
- Strengthening individual business skill
- The inter relationship between business, family, culture and local environment
- Developing business practice
- Motivating entrepreneurship

- Generating business Ideas
- Selecting business Ideas
- SWOT Analysis
- Production and selling
- Structure and Management
- Price setting
- Bookkeeping
- Principles of market analysis

2. Vocational Trainings:

Vocational training was mandatory and has been given to all target beneficiaries. No beneficiaries can take start-up capital for IGA without taking vocational training. Even though the educational backgrounds of the target beneficiaries determine their eligibility to training institution, skill training has been given through attachments. The duration of vocational training has been lasted form few days to many months

Provision of start-up capital

The amount of start-up capital that was provided to each individual beneficiary was not less than Birr 3500 and more than Birr 4000

The amount of IGA that was provided to the group and Association has taken in to account the number of individuals beneficiaries expected to be benefitting from the IGA.

Strategies used to expand the scope and coverage of the programme

The strategies used to expand the activities in to other regions were

Importance of the Involvement of the Entire Family in IGA was considered

Micro enterprises that have managed to stabilize or improve income levels of HIV/AIDS affected communities are the provision of bundled financial and non-financial services to HIV/AIDS high-risk population.

In addition, the trauma of losing a loved one who is the breadwinner to AIDS requires counselling for bereavement and also for HIV/AIDS prevention .Non-financial services that include counselling to the high risk population before the provision of business management and marketing has proven to be successful

- NEP+ believes in that when working with HIV/AIDS affected communities, it is very important to work with the entire family unit. If someone is ill, the families still have a means to generate the intended income.
- Working with the entire family mitigates the risk of enterprise failure due to loss of productive time
- In agricultural production IGAs, labour saving devices and mechanisms have been used to ensure a higher yield while reducing labour which permits a caregiver to attend to someone who is ill or orphans to participate in an income generating activity while also feeding them.
- Experience sharing visits have been organized and conducted among all 11 regional Networks which were expected to implement the IGA.
- Trainings were provided for 11 Regional Network and 102 Association officers on the modality of the IGA.
- IGA guideline was produced and distributed to all implementers
- The start-up capital was allocated to all Regions and 102 Associations based on the PLHIV numbers they had.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

Country: IPPF countries

Contact: International Planned Parenthood Federation (IPPF)

Sector(s): Workplace

Implemented by: Civil society

Programme is being implemented since: Initiated in 2004

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

The IPPF HIV Workplace Initiative ‘HIV Works’ has resulted in:

- 1) a robust organisational and workplace policy that reflects the importance of addressing HIV in the workplace across all 172 global IPPF affiliates;
- 2) zero tolerance of HIV discrimination in our recruitment processes and procedures;
- 3) a systematic training programme for all staff on HIV to address issues such as workplace discrimination. An evaluation of each training has been done to ensure that it remains relevant to the key issues and emerging trends.
- 4) the establishment of IPPF+ - a group of PLHIV staff and volunteers from across the Federation that aims to provide a safe environment and support for all staff, board members or volunteers living with HIV within their workplace; and
- 5) the creation of global indicators to systematically track the implementation and outcomes of workplace policies and programmes across the Federation

Short description of the programme

The five key components of the IPPF HIV Workplace Initiative ‘HIV Works’ are:

- 1) *Policy development and political commitment:* The organisational HIV policy was updated to reflect the importance of addressing issues related to HIV and the workplace across both the Secretariat and the 172 IPPF Member Associations. The policy was developed and approved by the Governing Council representing 6 regions. Activities included in the policy framework include the rationale for PLHIV involvement; development of background papers etc. Accreditation as an IPPF Member Association requires the existence of a non-discriminatory HIV Workplace policy.
- 2) *Recruitment and responses:* IPPF ensures the HIV workplace policy and programme is supported through a recruitment policy for each regional office and IPPF Member Association managed through the human resources departments. Advertisements for all positions indicate IPPFs ‘affirmative action’ policy regarding people openly living with HIV and all pre-recruitment paperwork highlight our zero tolerance of HIV discrimination and embracing of HIV personnel issues.
- 3) *Workplace HIV wellness programme:* The workplace policy is supported through on-going, regular and systematic HIV trainings for all staff covering a host of issues including the rationale for HIV being a workplace issue; positive discrimination policies; staff support and advice. These trainings are evaluated and appropriate resources have been developed to support emerging issues.
- 4) *IPPF+:* Established and endorsed by the Governing Council, and working in collaboration with RCRC+ and UN Plus, IPPF+ aims to provide a safe environment and support for all staff, board members or volunteers living with HIV. Over the last two years the membership has tripled in size and includes HIV positive staff and volunteers from all regions of the Federation. Key activities include providing a safe space to specifically discuss how IPPF can and should remain a proactive employee on HIV issues and how support can be strengthened across the Federation through the development of ‘flagship’ Member Associations on workplace advocacy.
- 5) *Monitoring progress:* Through the addition of global indicators IPPF is able to monitor our collective progress on the above issues on a routine basis through our annual data collection process. Some of the indicators include:

Does your MA have a written workplace HIV policy on non-discrimination of people living with HIV and AIDS?

	Yes/No	If yes, when was the policy last updated? If no, what problems are
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		you facing in putting an HIV policy in place?
Member Association has a written workplace HIV policy on non-discrimination of people living with HIV and AIDS		
Member Association offers routine HIV training for staff at all levels		
None of the above		

Did your Member Association have people openly living with HVI as members on the governing board in the last year (January – December)?

Yes / No

Did your Member Association have people openly living with HIV as staff or volunteers in the last year (January – December)?

Yes / No

Strategies used to expand the scope and coverage of the programme

IPPF HIV Workplace Initiative is:

The IPPF HIV Workplace Initiative ‘HIV Works’ has utilised the following approaches and strategies to expand coverage and scope:

- 1) *Building on Success*: The programme initially started with a number of key global focus countries and regions that have now been expanded to cover all of the 172 IPPF Member Associations. This approach allowed for lessons to be learned; regional nuances to be addressed and the development of advocacy champions
- 2) *Human Resources as a leader in HIV*: By situating the programme within the human resources department, the replication has been strengthened and the institutional commitment lies beyond a ‘technical’ department. This has also allowed the issues of HIV stigma and discrimination to be managed as core area of work
- 3) *Replication and Reproduction*: Because of its success, a similar process has been developed to deal with values and perceptions related to the stigma attached to abortion related aspects.
- 4) *Country ownership*: The methodology and focus has resulted in country driven HIV Workplace Initiatives that address key issues while the systematic monitoring and accreditation system has allowed for routine comparison of performance
- 5) *Policy champions*: The establishment of both IPPF+ and a global steering committee to supervise its functions has resulted in a strong mandate across the 6 regions to consistently monitor issues related to HIV in the workplace and address on-going concerns of HIV staff and volunteers.

RUSSIAN FEDERATION

Title of the Programme: High level policy dialogue on HIV-related stigma and discrimination and punitive laws that affect people living with HIV

Contact: International Labour Organization (ILO)

Implementer(s): ILO, UNAIDS, UNFPA, UNESCO, UNODC, Committee on Labour and Social Policy, State Duma, Council of Federation (National Parliament), Moscow Academy of Law and All-Russian Federal AIDS Centre

Sector(s): Workplace, Justice

Implemented by: Civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Four reviews of national legislation and enforcement of the right to work, education, and sexual and reproductive health were carried out by the programme. A report containing the findings of the reviews was finalized in December 2011. The findings have been used to improve the effectiveness of the HIV-related activities being undertaken by the participating agencies in the following areas:

- **“Protection of the right to work for people living with HIV in Russia” (ILO)**
- *“Protection of the right to sexual and reproductive health for people living with HIV in Russia” (UNFPA)*
- *“Protection of the right to health for the IDUs living with HIV in Russia” (UNODC)*
- *“Protection of the right to education for people living with HIV in Russia” (UNESCO)*

The report on “Protection of rights to labour, health, and education for people living with HIV in Russia” was discussed during a participatory round table held at the National Parliament in September 2012 involving government institutions and NGOs. This inclusive dialogue led, among other things, to the adoption by the round table of Recommendations on the protection of labour, education and health rights of PLHIV in Russia that were transmitted to the relevant government institutions, NGOs and other actors.

Short description of the programme

Goal: Address HIV-related stigma, discrimination and legal obstacles to effective HIV responses through increased involvement of PLHIV and human rights NGOs, legislative and executive government institutions in fostering an enabling legal environment for the HIV response in the Russian Federation.

Objectives:

Build up high level policy dialogue on HIV-related stigma and discrimination and punitive laws towards PLHIV with specific focus on IDUs.

Target groups:

- High level decision makers;
- PLHIV

Activities:

National high-level roundtable discussions at State Duma on “Protection of the right to labour, health, and education for people living with HIV in Russia.”

Strategies used to expand the scope and coverage of the programme

Report on “Protection of the right to work for people living with HIV in Russia” (200 copies):

- was distributed at the National Conference on “Improvement of surveillance on efficiency of the anti-epidemic events implemented within the HIV prevention programmes in Russia” (December 2011, Suzdal). It was presented and discussed at the ILO session held during the above- mentioned event. AIDS Centres’ representatives participating in the session received first-hand consultation and advise on the labour rights of PLHIV and on how to secure enforcement of those rights;
- was distributed at the International Conference on “Combination of state and contractual regulations within outsourced labour and social security” (200 copies) and discussed during a round table discussion on “HIV/AIDS in the world of work and social protection: legal aspects” (May, 2012, Moscow).

SWEDEN

Title of the Programme: LGBT Certification

Contact: RFSL (The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights)

Implementer(s): RFSL, the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights

Sector(s): Health, workplace, education, equal treatment of 3rd parties

Implemented by: Civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

The overall goal of LGBT certification is for organisations to work strategically and long term in order to reduce discrimination, to offer a good working environment for employees, and offer inclusive services which treat third parties with equality and respect regardless of sexual orientation or gender identity. Since the start in 2008 more than 60 organizations have been certified, including several small youth-friendly service providers promoting sexual health among youth to the entire public dental service in Sweden's 5th largest county, pre-schools and youth institutions.

Certified organisations bear witness to the fact that certification has had a significant impact on their working environment and the attitudes of employees, as well as on the way in which they meet, treat and interact with those who use the organisations' services. Ninety-two per cent of those who took part so far in a certification would recommend certification to others.

LGBT= lesbian, gay, bisexual and transgender

Short description of the programme

LGBT certification is a way for organisations to show that they regularly and systematically work with LGBT issues as related to the working environment and equal treatment of third parties (such as patients, clients, customers, etc.).

The main objectives of certification are to provide general information about LGBT and tailor-made information for the particular customer, reviewed and adjusted as necessary the individual situation. The purpose is to equip all the individual staff members with knowledge on LGBT issues as well as the ability to recognize norms that may hinder equal treatment. In addition, the certification focuses on establishing processes for continuous and mainstreamed work related to LGBT issues.

The target groups for certification are organisations that want to ensure that they offer inclusive services to LGBT people specifically and to third parties in general, and who want to invest in their work environment. By entering the LGBT certification process they commit to intensive work with issues related to sexual orientation and gender identity/expression and in return receive a certificate as a public symbol of their on-going work. Such organisations include healthcare centres, youth centres, schools, government authorities, trade unions and private sector companies.

LGBT certification typically takes 6–8 months to complete and the certificate is valid for two years with follow-ups after 6 months and 1 year. After two years there is the possibility to renew the certificate. Certification consists of two parallel tracks: training for all personnel (1 full day + 3 half days) and appointment of an internal LGBT working group to lead the work on internal processes.

The curriculum consists of in-depth discussion and work covering issues around sexual orientation and gender identity (such as terms and definitions, hetero-normativity, coming out and the importance of openness, relevant antidiscrimination legislation, etc.) and customer-specific in-depth information (such as HIV and health issues, issues surrounding hate crimes

and violence in same-sex relationships, trade unions'/employers' responsibility, how to better treat patients/customers, teachers' pedagogical work with sexual orientation and gender identity/expression, etc.).

The work on internal processes includes analysis and revision of standards and policies such as recruitment policies and policies on antidiscrimination and/or equal treatment. Furthermore, it covers a review of the physical working environment, review of text and imagery information material, wording of any forms etc. Another part is establishing processes for continuous work with LGBT issues and quality control including how to introduce new employees, how to handle complaints, how to gain new knowledge, etc.

Strategies used to expand the scope and coverage of the programme

As the first and only certification of its kind anywhere (to our knowledge), LGBT certification has expanded exponentially since the launch in 2008. There are now approximately 70 certified organisations, with another 13 in progress during the fall of 2012. Most are in the healthcare and social services sectors, though there are also four preschools, an old people's home, a number of youth activity centres and a library in the certification programme. Due to very limited resources, RFSL has been unable to market LGBT certification but has rather relied on word of mouth and the recommendations of others. When an organisation in a particular area (such as a family counselling centre) is certified, other organisations in the same area often become interested. Many politicians have also recognised certification as a method for reducing discrimination and have written proposals in their municipalities that would require certain organisations (such as youth centres) to be LGBT certified. A number of these proposals have passed and led to completed or on-going certifications.

The content of LGBT certification is continuously revised and adjusted in accordance with customers' needs and desires. For example, all participants evaluate each training session and can provide feedback on what was useful and what could have been better during the session. They are also able to indicate what they want to know more about for the planning of upcoming sessions. Just prior to certification, a large-scale evaluation is done of all participants' knowledge and ability to reason in the areas addressed during the training sessions. Participants are also given the opportunity to evaluate and provide feedback on the certification process itself, which of course leads to revisions and improvements that are implemented in subsequent certifications.

REPUBLIC OF TAJIKISTAN

Title of the Programme: "Ensuring stigma- and discrimination-free workplaces through fundamental human rights, livelihood support and economic empowerment"

Contact: International Labour Organization (ILO)

Implementer(s): ILO, National AIDS Centre, Ministry of Labour and Social Protection, State Women Committee and Family Affairs, Employer's Unions – agriculture sector, Healthcare Trade Unions, Tajik Network of Women living with HIV, religious leaders, micro-finance institutions and UN Joint AIDS Team

Sector(s): Education, workplace, justice, faith

Implemented by: Government, civil society, private sector, faith-based, UN or other inter-governmental organisation

Programme is being implemented since: 2012

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Short description of the programme

HIV-related stigma and discrimination affects fundamental human rights at work and results in loss of jobs, denial of access to employment and social protection schemes and reduced earnings among PLHIV.

Programme objectives:

- Increase economic empowerment of PLHIV and affected families;
- Contribute to the national poverty reduction strategy and MDG goals;
- Sensitize law enforcement and uniformed services (police) to the needs of PLHIV and provide training to enable them to facilitate access to legal services for PLHIV; ;
- Involve national religious leaders in the HIV response; and
- Strengthen the private sector`s role in HIV workplace responses.

Programme proposed activities:

- 1,000 (60% women) PLHIV and affected families trained on how to boost their own business in rural areas and strengthening the economic empowerment in Tajik labour market, based on ILO tools (Start and Improve your Business – SYIB, Get Ahead). These trainings also contribute to further micro-loans and micro-credits from financial institutions, for example, from "IMON-International" and other micro-financial institutions for private sector development and entrepreneurship, and promoting economic independence (literacy) for women in order to promote gender equality.
- Collaboration established between Vocational Training Centres/MoL and PLHIV associations includes 100 (60% women) persons in skills-building training during 2012-15 (for occupations such as bookkeepers, hairdressers, etc.)
- At least seven PLHIV associations included in the national schemes to obtain grants from the Government of the Republic of Tajikistan for entrepreneurship development for women for the period 2013-2015.
- Involvement of the ILO tripartite partners (Ministry of Labour, employers and trade unions) to promote the employment of women with disabilities and women living with HIV.
- Involvement of the national judicial and law enforcement system in the HIV national response in order to guarantee legal protection for PLHIV and affected families. 50 judges, 50 prosecutors and 100 young magistrates and lawyers trained to raise awareness among PLHIV, MARPs and their dependents on their rights and at the same time reduce stigma and discrimination in the law enforcement system.
- Provide more social activities related to reduction of stigma and discrimination in/through workplaces in the formal and informal sectors in different regions (including jamoats - rural areas) with a family based-approach (awareness among family in law). Involvement of PLHIV, religious leaders and social services into these capacity building and social events.
- Six sectoral workplace policies and programmes (agriculture, hotel/tourism, retail, transport, police and construction) will be developed and implemented with tripartite constituents and national AIDS services on how to reduce HIV-related stigma and discrimination against PLHIV during 2013-2016.
- Communication kits and best practices collected and disseminated at big and medium enterprises (including joint foreign companies).
- A Job-fair exhibition will be hosted by the private sector`s actors in collaboration with tripartite constituents and AIDS services to present programme outcomes, achievements and challenges at the National country level.

Strategies used to expand the scope and coverage of the programme

- A national HIV and AIDS Workplace strategy was drafted, signed and approved in consultation with Ministry of Health and State Women Committee in 2012, as part of the National AIDS programme.

- National experts-lawyers in collaboration with Judicial Training Centre, Council of the Justice under the Tajik Government with ILO and UNAIDS support have drafted a Concept Paper on strengthening HIV awareness and reducing HIV-related stigma and discrimination among law and judicial enforcement systems.
- PLHIV associations were involved in capacity building events on preventing HIV-related discrimination in workplaces.

UKRAINE

Title of the Programme: Reduction of stigma and discrimination against people living with HIV through workplace policies and practices in the health sector in Ukraine

Contact: ILO

Implementer(s): ILO in cooperation with UNAIDS, the State HIV/AIDS Service, MoH, Ukrainian AIDS Centre, employers' and trade unions' associations and the Institute of Sociology of Ukraine

Sector(s): Health

Implemented by: Government, civil society, UN or other organisation

Programme is being implemented since: 2011-2012

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Results:

- A study on HIV-related stigma and discrimination was conducted in the health sector of Ukraine covering five pilot regions;
- Based on the study results, a set of recommendations to address HIV-related stigma and discrimination in the health sector was developed and validated by a tripartite working group;
- The Joint WHO-ILO-UNAIDS Guidelines on Improving Health Workers' access to HIV and TB Prevention, Treatment, Care and Support Services was translated into Ukrainian, printed and disseminated (1,000 copies);
- A training manual on the prevention of HIV-related stigma and discrimination in the health sector was developed and tested at the training (300 copies were printed and disseminated);
- The HIV and AIDS Recommendation , 2010 (No. 200) in Ukrainian was printed and disseminated (1,500 copies)
- Two training workshops built the capacity of 50 health care workers to address HIV-related stigma and discrimination. All the participants were given the Training Manual, which is a peer education tool that can be used by participants to train their colleagues in the health sector. At the end of the project, three health sector institutions in the Cherkassy region expressed their intent to develop HIV workplace programmes aimed at reducing HIV-related stigma and discrimination, with ILO technical support.

Short description of the programme

Given the high prevalence and burden of HIV infection in Ukraine, all branches of economic activity should be targeted and covered by HIV prevention activities. However, some sectors are at higher risk of occupational exposure to HIV, including health care service providers. According to the ILO Recommendation No. 200, "where a direct link can be established between an occupation and the risk of infection, AIDS and infection by HIV should be recognized as an occupational disease or accident".

As a follow-up to the adoption of the new international labour standard, the tripartite constituents in Ukraine (governmental bodies, employers' and workers' associations) have developed and adopted a National Tripartite Cooperation Strategy on HIV and AIDS in the World of Work under the auspices of the National Tripartite Socio-Economic Council under the President of Ukraine and with technical support from the ILO. The Strategy serves as a basis

for coordination and consolidation of efforts of the public authorities, trade unions, employers, their organizations and associations in addressing HIV and AIDS in the world of work. One of the directions of the Implementation Strategy is a study on the HIV situation in different sectors of economy and occupations, including the health care sector. A separate section of the Strategy is devoted to the prevention of HIV infection and protection of workers exposed to HIV infection at work with a special focus on health care workers.

As many studies show (including the HIV Stigma Index Study as well as a pilot study conducted by the Institute of Labour Medicine for the ILO in 2009) HIV-related stigma and discrimination prevent people from knowing their HIV status through VCT, seeking HIV-related services thus fuelling the HIV epidemic and impeding all measures taken to stop new HIV infections.

This project aimed at reducing health care providers' stigma and discrimination towards people living with HIV among health care providers in Ukraine through the development and implementation of HIV preventive workplace policies and programmes to tackle negative attitudes and to build their capacities. The training was based on the evidence gained through the cross-sectional survey among health care providers and managers working in health facilities (that are not AIDS clinics) in selected regions of Ukraine. The project also contributes to enhancing the implementation of the State AIDS Programme for 2009-2013, as well as the effective implementation of the recently amended State AIDS Law. It builds on the previous successful collaborative experience between the ILO, WHO, UNDP and other partners in implementing capacity building and policy support activities in the health care sector, including health care providers, their trade unions and other entities. The project also contributed to implementation of the National Tripartite Cooperation Strategy on HIV and AIDS in the World of Work. It enhances many national and international efforts to stop new infections through the world of work and ensuring universal access to treatment, care and support measures..

Strategies used to expand the scope and coverage of the programme

- All printed materials were disseminated through the network of the social partners throughout Ukraine.
- The Study report was sent out electronically to all regions of Ukraine and printed copies were also disseminated.
- The training manual for health care workers developed by the project was positively assessed by the Ukrainian AIDS Centre. It has been recommended to be used in the training of health care workers at their workplaces as well as being part of other training activities at the workplace level.
- The recommendations developed (based on the results of the study) were communicated to respective authorities and the social partners engaged in addressing HIV in Ukraine.
- As a follow-up to the project, ILO will continue to provide technical support to selected health care settings for them to develop, adopt and effectively implement workplace programmes on HIV and AIDS that include protections against HIV-related discrimination

URUGUAY

Title of the Programme: Social security benefits for sex workers in Uruguay

Contact: Banco de Previsión Social

Implementer(s): Banco de Previsión Social – BPS (financial social security institution in Uruguay), NGOs working on HIV, LGBT and people with HIV issues (CIEI-SU, AMISEU, OVEJAS NEGRAS, Km 0, AMEPU, REDUTRASEX, ATRU, ALPECSE), UNAIDS and UNJTA

Sector(s): Social security

Implemented by: Government, civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

A very innovative and participatory process involving the majority of LGBT organizations and networks of people with HIV resulted in the approval of social coverage for population groups vulnerable to HIV. This was done with technical and financial assistance of UNAIDS and the UNJTA.

The new legal norm was approved by the highest authorities of the Social Security's financial institution (Banco de Previsión Social or BPS) in February 2011 and is now being implemented. It established much better conditions and access to Social Security (pensions, health care, capacity training and other labour rights) for "precarious workers" including, but not limited to, male, female and transgender sex workers.

Short description of the programme

Since 1995, the BPS's Executive Director had recognized and provided female sexual workers the benefits of social security (R.D. 45-18/95). In 2009, a participatory discussion was launched by the BPS's Director. Participants included LGBT and sex worker organizations. After several sessions, a new legal norm was formulated and proposed in August, 2010. It included access to pension, labor rights, training opportunities, health and social benefits for female, male and transgendered sex workers. This represented very innovative and ground breaking legislation to reduce the vulnerability and environmental factors that increase the effect of HIV in MARPs. However, considering the social economic situation of the majority of sex workers, the collaborative work continued and other proposals were advanced in order to reduce the contributory fee in order to access social security. BPS and the Ministry of Economy and Finance, decided in February 2011, to dramatically reduce the social contribution of sex workers including them in the lowest paying category.

Strategies used to expand the scope and coverage of the programme

The new legislation was launched at a press conference. It was presented as public authorities' strong response to situations of stigma and discrimination related to sex work, in particular for transgendered people.

Joint work and collaborative process with BPS resulted from the articulation and coordination among members of LGBT organizations and networks of people with HIV, government institutions and the UN. Furthermore, this new legal norm has the potential for south to south cooperation. It was presented at the XV Pan American Infectious Diseases Congress, as solutions to challenges to universal access to HIV services for MARPs.

This successful experience of collaborative work among the diversity of civil society organizations and networks working on HIV facilitated the implementation of actions to promote the human rights of people with HIV. A study on the human rights situation of people with HIV and an ensuing national campaign was done in 2012.

This example of public policy inspired other public institutions beyond the health sector. Similar collaborative work is being done between the Ministry of Social Development and transgender organizations, aiming at implementing specific affirmative actions to improve the work and education conditions.

III. Reducing HIV-related discrimination in the *Education Sector*

CHINA

Title of the Programme: HIV-influenced Children Summer Camp

Contact: Chinese Centre for Health Education

Implementer(s): Chinese Association of STD& AIDS Prevention and Control

Sector(s): Education, community/community mobilization

Implemented by: Civil society

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The summer Camp activity has been hold for three years, once a year since 2010, with more than 100 HIV/AIDS influenced children from over 10 provinces participating.

Short description of the programme

Target groups: Children infected with HIV, or orphans whose parents died of HIV/AIDS.

Coverage: Children were chosen from HIV high prevalence provinces, such as Henan, Anhui, Shanxi, Yunnan, Guangxi, Hubei, Sichuan, etc.

Activity and components: The Summer Camps were hold in Shanghai (2010), Beijing(2011), Hong Kong (2012). They often start with an opening ceremony, where the leaders and HIV/AIDS ambassadors make short welcoming speeches and children express their acknowledgements. And often there are lively interactive programs. Visiting expos, museums, and other tourist attractions were arranged to broaden Children's scope, and to help rebuild their confidence in life and future.

Strategies used to expand the scope and coverage of the programme

The Children invited to the summer camp were recommended by local NGO and CDC.

Every year new participants join the summer camp in order to cover more HIV/AIDS influenced children. Medias reported on the summer camp activities, but as well carefully paid attention to protect the children's privacy.

ETHIOPIA

Title of the Programme: Safe Environment and Non-discrimination in Schools in Ethiopia (SENSE)

Contact: Save the Children Denmark

Implementer(s): Save the Children Denmark (Coordinating agency – lead), Danish Institute for Human Rights (Technical Assistance), Organization for Social Services for AIDS – OSSA (implementing Ethiopian NGO), Ethiopian Human Rights Commission (Partner at nat. level)

Sector(s): Education

Implemented by: Civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes (an internal midterm review was conducted in September 2011. The report has been attached for easy reference)

Is the programme part of the implementation of the national AIDS strategy? The project is not directly part of the national AIDS strategy but it is aligned with this strategy as well as developed in consultation with the National AIDS Commission (HAPCO)

Outcomes of the programme

To date, 24.000 school children have been reached by the programme, plus 4.700 teacher, community members, local leaders and professionals.

Innovative community mobilization initiatives developed and implemented by school children, teachers, local community leaders, built on lessons learned from SENSE awareness-raising.

Baseline survey (local level) and **Policy legal framework analysis** (national) **conducted** to strengthen strategic information on HIV-related discrimination and measures to address it.

Increased knowledge and changing attitudes/ behaviours on HIV-related discrimination.

Vulnerable children empowered and their health and education status improved.

Support structures established and strengthened (local level).

Increased stakeholder **capacity** (all levels) to address HIV-related discrimination, and better understand the links between human rights and HIV.

Strengthened coordination at all levels (schools, communities, local and national authorities), resulting in increased ownership, joint local initiatives and integration of non-discrimination in official HIV/AIDS interventions.

Increased local, national and international recognition of HIV-related discrimination against children and the links between HIV and human rights.

Short description of the programme

In 2009, Save the Children, with the technical assistance of the Danish Institute for Human Rights, commenced the project *Safe Environment and Non-discrimination in Schools in Ethiopia* (SENSE). The project is implemented in Bahir Dar and Debreworkos of Amhara Region in Northern Ethiopia. The **goal of the project** is to reduce HIV-related stigma and discrimination of children living with or affected by HIV and AIDS. Stigma and discrimination have been identified as being among the major obstacles for an effective national response to HIV and AIDS.

By **addressing the local, regional and national levels simultaneously** the project is the first that seeks to develop mechanisms and methods within the education system to reduce and report HIV-related stigma and discrimination. In addition to the education system, and in particular local school communities, the project involves affected children and their families, civil society, people living with HIV associations, government structures and offices, the HIV/AIDS Prevention and Control Office (HAPCO) and the Ethiopian Human Rights Commission. It has also inspired Save the Children and the Danish Institute for Human Rights to address the international community to strengthen the linkages between HIV and human rights protection. The SENSE project builds on a **baseline study** that assesses concrete manifestations of HIV-related stigma and discrimination, including a study of knowledge, attitudes and practices related to HIV and AIDS, as well as on an **analysis of the Ethiopian policy and legal framework**. These two studies provided important strategic information that has guided the implementation of SENSE and helped mobilise strong partnerships around the project aims.

Most of the project activities centre on building capacities, community mobilization and creating mechanisms and tools to handle HIV-related stigma and discrimination, such as the *Code of Practice and Action*, which is still being developed, as well as information and teaching materials for the education system. At the local level, this project facilitates educational and psychosocial support and referral systems for access to HIV services for children and families living with or affected by HIV and AIDS. While the inter-generational Child Protection Committees support the most vulnerable children and reduce HIV-related stigma and discrimination, it is the participation of children, through child-led clubs, campaigns and awareness raising that is at the core of the project.

Around 24,000 primary school pupils have benefitted from SENSE, including educational support and psycho-social support. This includes children in and out of school as well as children affected by or living with HIV, and children not affected by HIV –merely supporting children with HIV could be viewed as positive discrimination or preferential treatment that could be the source of further stigma. There are also 4,700 school teachers, civil servants and civil society representatives who have been involved in awareness raising, community mobilization and capacity building activities.

The project addresses the implementation of the UN Convention on the Rights of the Child and it adheres to the internationally agreed Three Ones principles that help guide national HIV and AIDS responses towards more effective coordination, planning and monitoring.

Strategies used to expand the scope and coverage of the programme

The SENSE project includes a wide range of innovative strategies, such as:

- Working directly with the **Ethiopian Human Rights Commission** on project implementation (it is the first-ever NGO project in Ethiopia doing that).
- Supporting national level **implementation of UN Human Rights Treaty Body recommendations** by programming around CRC recommendations.
- Focusing on **concrete manifestations of stigma and discrimination** in various settings in a child's environment and aiming to establish a Code of Action and Practice in schools as well as a monitoring and data gathering system for HIV-related stigma and discrimination.
- **Involving children and youth** directly and meaningfully in the design, implementation and monitoring to make the project more sustainable and fit to the target population.
- **Innovative IT and media activities** have been used in prevention and awareness raising of HIV-related discrimination in- and out of schools.
- Recognising the need for a **comprehensive approach** and focusing on the relationship between rights holders and duty bearers at the national, regional and local levels.
- **Ample space for community mobilization initiatives** to address stigma and discrimination designed and implemented by children, teachers and local community actors themselves integrated into SENSE project design and implementation plans
- Complementing the **international endeavours of UNAIDS** and others by providing inspiration, good practices and food for thought within the area of HIV, human rights, stigma and discrimination.
- Developing ideas for **policy improvement** at national, regional and local levels through analysis and advocacy to prevent HIV-related stigma and discrimination within the education system at large (opportunity for scale-up to national level practice).
- Integrating **human rights standards** for children living with or affected by HIV.
- Collaborating with the **national coordinating agency** on HIV and AIDS, HAPCO, which is a central element of the project.

Finally, the project takes concrete measures to adhering to the internationally agreed “**Three Ones**” principles on the harmonisation of coordination, strategic planning and monitoring of national HIV and AIDS responses

GREECE

Title of the Programme: IlluminAIDS- Zero Stigma and Discrimination against PLWHA

Contact: HeIMSiC (Hellenic Medical Students' International Committee)

Sector(s): Health, education, social protection, healthcare professionals, youth

Implemented by: Civil society

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Activity 1: Training New Trainers

Empowerment of 19 medical students to create and implement reproductive health and rights, peer education programmes for their peers in their universities, especially ones that focus on HIV/AIDS transmission, protection and stigma and discrimination against PLWHA (People Living with HIV/AIDS).

Empowerment of medical students to implementing standards, methodology and best practices in their programmes by using provided tools, to ensure better efficiency with true behaviour, to change peer education to a coherent approach to adequate treatment, care and support of PLWHA, while also creating a youth friendly environment.

Train participants in team building and leadership skills to ensure well supported projects local and nation-wide. .

Activity 2: Trainings of Peer Educators

Development of skills and knowledge of 140 medical students on HIV transmission, protection, and stigma and discrimination of PLWHA in health care settings and other sectors.

Special focus was given to communication skills in order to strengthen their capacity to communicating the message to their peers.

Short Description of the programme

IlluminAIDS is an **IFMSA (International Federation of Medical Students' Associations)** project that wants to address the problems of stigma and discrimination that people living with HIV/AIDS face in their life. We recognize that providing training on all aspects of HIV for health care students and professionals is crucial in achieving universal access to treatment, care and support for PLWHA. Stigma and discrimination still represent a major obstacle in decreasing the number of people affected by HIV.

Main goals of the project are:

- Develop trainings for medical students about HIV/AIDS and human rights of people living with HIV/AIDS
 - address values and attitudes of medical students towards PLWHA,
 - explore issues of discrimination, prejudice, stigma and how these are linked to HIV/AIDS,
 - explore ways how medical students can make a difference in the fight against stigma and discrimination of PLWHA
- Alterations and improvements in the medical curricula through implementing trainings for medical students on HIV/AIDS and human rights to make trainings become a part of compulsory courses.
- International and local advocacy/raising awareness among general population and health care professionals on stigma and discrimination and human rights of PLWHA to make people overthrow prejudices and misinformation they have about HIV/AIDS.

In Greece, we are currently focusing on the topic of developing trainings for medical students on HIV/AIDS and human rights of people living with HIV/AIDS. In this context, two activities were planned and executed:

Activity 1: Training of Trainers

Target Group: 19 Medical Students from 6/7 Medical Schools in Greece.

Methodology: UNFPA manuals on Reproductive Health Peer Education.

3-day workshop aiming to:

- Teach medical students on behaviour change, peer education, group dynamics and co-facilitation, as well as train practical skills as in how to adopt and use all of the previously mentioned.
- Teach medical students on HIV transmission, protection, and determinants of stigma and discrimination of PLWHA in health care settings and broader, as well as how to use their new skills on peer education on those topics. Topics include non-discrimination, informed consent, confidentiality, duty to treat, sexual and reproductive health and rights, and specific needs of key populations
- Train the participants in team building and leadership skills to ensure well supported projects locally and nationally.
- Foster interdisciplinary and multisectoral approach to prevention/health promotion, programming for youth, in order to develop a coherent response to the current situation.

Activity 2: Training of Peer Educators

Target Group: 140 Medical Students from 7/7 Medical Schools in Greece.

Methodology: UNFPA manuals on Reproductive Health Peer Education.

The project consisted of an eight-hour workshop (conducted in one or two days according to the needs and capacity of each of the 7 Local Committees) in order to train medical students on issues of:

- HIV transmission and protection,
- Stigma and discrimination faced by people living with HIV/AIDS,
- Reach-out trainings for the following street work.

A special focus was given to the discussion on stigma and discrimination in healthcare settings, and how it acts as an obstacle into providing adequate treatment, health and support.

Strategies used to expand the scope and coverage of the programme

IlluminAIDS is an **IFMSA (International Federation of Medical Students' Associations)** project with the participation of 8 National Member Organisations. Both the IFMSA and HelMSIC networks are being used in order to expand the activities in more geographical areas. In Greece, the activities already cover all medical schools in the country.

For the implementation of these activities in Greece, several strategies were used:

- Training of New Trainers (TNT) was conducted in the medical school of Athens, the capital, allowing medical students from all universities to participate (as it is centrally located).
- The TNT had a minimum fee of 20 euro, covering logistics of the training as well as nourishment. The accommodation was arranged in the houses of local students, in order to both decrease costs and empower their relations for the sustainability of the new network of trainers.
- All trainings were conducted inside the medical schools, in order to both nullify the expenses and help medical students feel comfortable in familiar environment.
- Trainers' exchanges took place in order to ensure gender balance, conduct the second activity in all medical schools, and face the phenomenon of drop out of trainers.
- The new peer educators took part in the reach-out conducted in central places of each city in order to inform mainly young people on issues around HIV protection, promotion of condom use and human rights of PLWHA, in order to build on their communication skills.

INDIA

Contact: National AIDS Control Organisation, Department of AIDS Control, Ministry of Health and Family Welfare

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

An independent evaluation after the multi-media campaign helped in understanding its effectiveness. Critical indicators of knowledge and attitude towards HIV/ AIDS are significantly higher among exposed groups (89%). A higher proportion of exposed respondents were aware of services like anti-retroviral therapy (exposed = 51 % whereas non-exposed = 9 %), HIV counselling and testing services (exposed = 64 % whereas non-exposed = 10 %) and prevention from parent to child transmission of HIV (exposed = 40 % whereas non-exposed = 3 %). Exposed respondents (86%) agreed that a normal relationship can be maintained with a friend or neighbour who is HIV positive. Similarly 84% opined that a positive teacher could continue to teach students in schools. Importantly, 87% of the respondents exposed to the campaign were fine to buy fruits and vegetables from a HIV positive vendor. Marginal increases in self-efficacy indicators (to react against instances of discrimination) are also observed.

Under the targeted intervention programme, HIV prevention services are ensured to Most at Risk Population. Services like STI care, counselling and testing, abscess care, care and treatment are made available to high risk population through linkages with existing services. As result of this, coverage of high risk population has been increased significantly and during last decade the prevalence among FSW, MSM and IDUs have declined from 10.33 to 2.7 (among

FSW), 8.47 to 4.45 (among MSM) and 13.15 to 7.17 (among IDUs) respectively. The service uptake among HRGs have improved considerably with current level of regular medical check-ups reaching 46% of the HRGs and reduction of STIs from 6.4% to 2.36% among FSWs and MSMs.

Short description of the programme

The north eastern states (eight) of India is home to more than 250 tribes, speaking more than 190 languages and dialects along with political insurgency, poverty, unemployment, inadequate health care and educational facilities. The region has porous international borders with Myanmar and is prone to trade of illicit drugs. Injecting drug use is a major driver of the HIV epidemic in the region. Over one third (about 65,000) of the total Injecting Drug Use (IDU) population in India belongs to Manipur, Nagaland and Mizoram. Most of Injecting Drug Users fall in the age group of 21-30 years and majority initiates drug use during their adolescence. The HIV prevalence among injecting drug users is about 1.91% in Nagaland, 7.53% in Mizoram and about 17.9% in Manipur.

A multi-media campaign was planned during 2009 in north-east aiming to capitalize on the locally popular entertainment channels among youth with an objective of enhancing awareness on prevention and services and also address issues around stigma and discrimination towards PLHIV.

Consultations at state level included various stakeholders like IDU, youth, positive networks, faith based organizations and government institutions to identify the interests of young people. It suggested music and sports as a common interest points for young people and provided opportunity to identify key influencers in the region.

As a first step, a team was identified and trained to work on the campaign before the planning process of the campaign was initiated. A trained team was available in each state when the micro plans were developed. While the theme and approach remained same, the campaign was adapted to suit the cultural and geographic needs of each state. Pre campaign activities included communication needs assessment to provide appropriate messages to the youth. An intense social mobilization was initiated in each state with local NGOs, CBOs, youth clubs, RRC and other local stakeholders to mobilize and partner with, for undertaking on-ground activities, amplifying the campaign and maximizing community involvement. Youth Clubs were set-up to maximize the involvement of youth in events. Creative visuals for pre-publicity and the one to be used during the campaign were also developed simultaneously.

It used a combination of music competitions and football tournaments, organized at district level culminating into the state level mega events. These were further amplified through TV, radio, newspapers and outdoor media. The winners of the music competitions were positioned as "youth icons" who further took messages on HIV/AIDS to the community through road shows. The messages for the campaign were developed and disseminated by youth themselves which focused on drug use, unprotected sex, stigma & discrimination and HIV related services. Faith based organizations, women groups and youth groups were sensitized and involved in the campaign. A special effort was made to reach out to the out-of-school youth in these states through training of youth clubs at district, block and village levels.

An independent evaluation was conducted to understand the effectiveness of the campaign which showed that 1 in 3 adolescents and youth have been exposed to the campaign.

TI Projects are peer-led interventions implemented through NGOs/community based organisations.

The key risk groups for targeted intervention are female sex workers, men who have sex with men, transgender persons, injecting drug users, truckers and migrants. Opioid Substitution Therapy (OST) is being implemented in 82 Centres for 7200 IDUs.

Migration is one of the emerging vulnerabilities across the country. The programme focused on destination sites, high migration locations and important transit locations and covering 29.69 lakh migrants.

Intervention services are treatment for Sexually Transmitted Infections (STIs), condom provision, provision of clean needles and syringes, behaviour change communication, creation of enabling environment, counselling and testing, care and support services and OST.

Strategies used to expand the scope and coverage of the programme

Due to the positive response during the first round of the campaign in 2009, the campaign was scaled up to all states of northeast in the third round and various strategies were used to increase the coverage and the scope of the campaign. The second and third rounds involved the faith based organizations and churches for the greater involvement for the youth. As an example the choir groups (40) in Mizoram state, had representation from all blocks and churches of the state. Further partnerships were developed with positive networks, CSOs and community groups for positive speaking at various events and to mobilize local resources for the various activities in the field level at states. For pre publicity and publicity during the campaign, partnerships with national, state and private television channels were established. There were also LCD screens erected in major areas of the street for public viewing of the events and competitions. All outdoor publicity carried messages of prevention and services along with messages for reducing stigma. To maximize the reach to the youth there were interpersonal communication with messages on HIV and information on the campaign in colleges and also in the villages through existing structures to reach the out of school youth. Local celebrities were ambassadors to popularize the campaign among the youth. There was greater political ownership in the states where leaders would participate in the events either by singing or even playing soccer. The campaign dates were finalized when there were no major state festivals, political events, exams etc., which maximized the engagement of the youth.

Apart from the reach the scope of the campaign has also been expanded during its third round. The campaigns also saw local celebrities inspiring the youth for blood donation and youth groups mobilizing communities. There were also testing services made available during the major events apart from the regular testing facilities in the states. The evaluation shows that there has been an increase in testing by 8 – 16 % in various states during campaign.

The present intervention strategies will be continuing with more evidence driven and result oriented. Community will be continuing at the centre of response to HIV. Linkages with existing services will be strengthened to ensure that the continuum of care is extended to most at risk population. The linkages between prevention and care components are addressed with stigma free environments, provision of outreach workers to sensitise health care providers, advocacy activities at service provisioning level.

KENYA

Title of the Programme: School outreaches by KENEPOTE members to enhance disclosure in order to reduce stigma and discrimination.

Contact: Kenya Network of HIV Positive Teachers (KENEPOTE)

Implementer(s): Trained KENEPOTE contact persons with support of school managers and the education office.

Sector(s): Education, workplace (targets teachers and learners living with HIV. Some teachers are yet to be employed while some learners are just waiting to join college/University)

Implemented by: Government, civil society

Programme is being implemented since: (indicate programme start year):2007

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

1. Following the launch of the advocacy and outreach programme, there were 102 new disclosures in 2007 in comparison to 44 in 2006. At the end of 2011, KENEPOTE reported 373 new disclosure (115 men and 258 women)
2. Increased commitment at policy level to address stigma and discrimination in school for example some school managers have been disciplined for stigmatising HIV positive teachers.
3. Self-reporting of discrimination cases after the “*human rights counts*” training through NEPHAK and legal rights by KELIN.
4. Increased referrals to KENEPOTE and other networks of People Living with HIV and the government AIDS Control Unit.

Short description of the programme

The advocacy programme is conducted in partnership with other Networks of People Living with HIV and the government. Since participation is voluntary, not all schools were reached.

The programme comprises of a one day in house training on advocacy with a focus on HIV, stigma and discrimination. The 15 minutes session is held after school between 3.30- 4.00pm or at lunch time between 1.30-2.00pm in the school staffrooms. The documentary ‘Courage and Hope’ was also given to some schools. The teachers who attend the sessions are expected to reach at least 300 teachers and learners per month with HIV messages. The advocates are also expected to provide quarterly reports and make a follow up on the people they reached for referral to care and treatment services.

The teachers integrate their advocacy skills within on-going national and local activities in their respective district. For example in Siaya, Busia, Migori, and Nandi districts the aspect of TB was included in the advocacy programme.

A separate session is held to reach out to Orphans and Vulnerable Children (OVC) addressing and clarifying emerging issues that are relevant to their situation.

Strategies used to expand the scope and coverage of the programme

- In 2012, we hope to improve this programme by supporting more teachers to participate in this programmed in 9 selected counties and to increase the coverage.
- A standardized manual will be used to ensure consistent advocacy messages on stigma and discrimination, especially useful for new members.
- There will be planned visits by various officers from the Teacher Service Commission (TSC) and KENEPOTE to specifically disseminate the TSC- sub sector policy on HIV and AIDS, provide technical support to monitor stigma and discrimination also mentor the teachers.
- In order to improve the outcome of the advocacy programme several plans are in place including Improving reporting and addressing of stigma and discrimination, final evaluation meeting to assess progress and remuneration of the teachers used in programme.
- New HIV messages will be introduced to the programme including new global strategies such as prevention for treatment and eMTCT.
- This programme will also reach out to orphans and vulnerable children with school fees payment and psycho-social support. This will involve profiling of OVCs as a basis to negotiate for OVC support.
- High level advocacy to ensure the KENEPOTE members are positioned to meet with the appointed county governors for future engagement on stigma and the HIV response within the education in Kenya.

MALAWI

Title of the Programme: “Let`s Talk about SRHR and HIV/AIDS” Campaign

Contact: Centre for Girls and Interaction (CEGI)

Implementer(s): Centre for Girls and Interaction (CEGI)

Sector(s): Health, education, justice, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: November 2011 to December 2014

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

1. A demand for safe abortion services targeting women and sex workers living with HIV/AIDS, duty bearers to better understand the rights of the rights holders, to empower youth advocates to SRH and Rights, safe abortion and shared opinions on the need for safe abortion services
2. Improved networking, coordination and support among SRHR organizations and Youth groups in Northern Malawi, and reduction of SRHR issues and HIV/AIDS issues
3. Strengthened youth organizations and community youth groups in Northern Malawi work on SRHR and HIV/AIDS issues through capacity building and improved access to information

Short description of the programme

The overall objective of this project is to mobilize support for youth advocacy towards contributing to national policies and legal reform efforts for safe abortion and reproductive health and rights accessibility and to campaign to raise public awareness about SRHR and HIV/AIDS to educate young people, communities and individuals on how to take action and talk real issues about SRHR how they can involve sexual diversity (sex workers and MSM)

While SRHR organizations throughout Malawi have organized themselves at grassroots levels to provide support to one another and raise awareness on SRHR, there continues to exist significant gaps of *inadequacy in coordination, networking and communication among these organizations at all levels and access to information on SRHR*. While it is plausible to note a number of frameworks on reproductive health in Malawi, the Maputo plan of Action, Reproductive Health Policy 2002, National Reproductive Health Strategy 2006 – 2010, Roadmap for the Acceleration of the reduction of maternal and Neonatal Mortality and Morbidity, Implementation Plan for Sexual and Reproductive Health 2007 – 2010 and Guidelines for Community Initiatives for Reproductive Health of May 2007 there is still a high level of issues on Sexual Reproductive Health, limited coordination, networking and communication among them lead to their less effective and efficient response to SRHR in Malawi. Sexual and Reproductive Health situations are particularly dire in Malawi, especially in the northern region. Young women face many barriers in accessing satisfactory reproductive health services and exercising their reproductive health rights, including the right to free and informed decisions concerning reproduction and sexuality

The major targets of the interventions will be youths (sex workers, MSM, young people in the age range of 14 to 29. The project will make deliberate efforts to target young women, girls and youth both in and out of school due to gender disparities in the targeted areas. Young women and Girls are primarily at risk mostly because of their biological make up and the social cultural perceptions that are ascribed to them. This puts young women and girls at high risk of being infected by HIV. The project is being implemented in northern regions of Malawi. Malawi is rated among the ten countries most affected by the AIDS pandemic.

The specific objectives of this project are:

1. To Strengthen youth organizations and community youth groups in Northern Malawi working on SRHR and HIV/AIDS issues through capacity building and improved access to information

2. To Improve networking, coordination and support among SRHR and HIV/AIDS organizations Youth groups in Northern Malawi, and the reduction of HIV and AIDS related stigma and discrimination in Malawi
3. To advocate for the Sexual and Reproductive Health Rights, HIV/AIDS prevention and reduction of sexual reproductive problems.
4. To create a demand for safe abortion services, for duty bearers to better understand the rights of the rights holders, to empower youth advocates to SRH and Rights, safe abortion and shared opinion on the need for safe abortion services
5. To Monitor and evaluate HIV/AIDS and SRHR sub-sector in the national response.

Strategies used to expand the scope and coverage of the programme

This project focuses on building the capacity of CEGI, HIV/AIDS and SRHR Organizations and community youths groups so that the impact and interventions of the programming will be sustained. This project utilizes knowledge and skills transfer activities to ensure that project beneficiaries are able to return to their organizations/groups and cascade knowledge and ideas. There is also a very strong programming emphasis on advocacy with decision makers and the media, who have the power to impart large-scale change and influence public opinion. CEGI has also focused on working closely with District Assemblies to ensure that our programming is successful and sustained after the grant through effective coordination as well as supporting and building the capacity of existing structures.

Currently CEGI has a resource centres in Mzuzu and also intends to open new ones in two districts. These resource centres are safe spaces where MSM, Sex workers and youth can access information on HIV/AIDS and other social issues. The resource centres will also have sporting activities such as chase, football etc. The resource centres are also used for condom distribution for MSM, Sex workers and youth visiting the centres

NORWAY

Title of the Programme: Pink competency – How to make a difference

Contact: LLH – the Norwegian Lesbian, Gay, Bisexual and Transgender Organisation

Implementer(s): It's a national collaboration between the Norwegian directorate for health, the ministry of education and research, the ministry of justice and public security and the Norwegian LGBT association

Sector(s): Health, education, justice

Implemented by: Government, civil society

Programme is being implemented since: 2006

Has the programme been evaluated/ assessed? Yes (by the participants them self. A report has not been made)

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

By focusing on language, attitudes and knowledge within the health, education and justice sector in Norway, we are providing a safe community. We believe that will make it easier for MSM to talk about their life, love and sexuality. Given that sexual minorities make up such a large proportion of those living with HIV in Norway, we believe that Pink competency in itself has a preventive effect on "HIV discrimination."

Short description of the programme

How can professionals meet their non-heterosexual patients constructively and positively?

What aspects of sexual orientation need special attention?

When is an extra effort important, and is sexual orientation ever irrelevant?

These questions form the basis of the training that the project Pink competency has been providing to health care professionals nationwide in Norway since 2006 for the police and justice sector since 2011, and since 2012 for teachers and the educational sector.

The aim of the project is to increase general as well as specific knowledge about the LGBT population, and to increase public servants' competency to encounter this population in an emphatic and non-discriminative way. Professionals within the sectors of education, justice and health care are often in a position where they can make a huge difference in people's lives. Pink Competency works to empower the professionals, and to make them aware of the unique role they can play.

The Norwegian government has urged all these sectors to have a special focus on the unique challenges that LGBT people have related to health and diseases. Sexual minority status influences mental well-being, the relation to public servants, the panorama of STIs and HIV, and reproduction. Pink competency cooperates with various professions, such as doctors, midwives, psychologists and nurses, police officers, teachers, school nurses etc. Also including their professional organizations, we make sure that the project is not being seen as something about gay rights, but about equality and non-discrimination.

Strategies used to expand the scope and coverage of the programme

We work on the basis that it is the professionals themselves that best know how to approach the subject.

We offer some perspective on issues as hetero-normativity, disclosure, language, awareness etc., but we don't give out a blueprint in "dealing with LGBT clients". We respect the professionalism of the people we work with, and focus on knowledge, empathy and practical skills. We leave it up to the professionals them self to reflect on how they can meet the non-heterosexuals in a non-discriminative way, and with understanding, insight and openness.

In doing that we have seen that the professionals integrate this perspective in their work, and they create an atmosphere that feels safe, and make it possible for people to trust and to share important parts of their lives with different helpers.

The project has been rated a great success amongst our partners and the professionals themselves. We believe that some of the reasons for this are that:

- Myths and illusions about the LGBT population are explored with lots of humour, and replaced with knowledge
- We work together with all the professions and their organizations
- We have a network of professionals within the field, that secure the quality of our work at all times
- We don't preach, we offer some perspectives and teach with respect for the professionals and their competency and reality
- We try to be very practical in our approach, and address issues such as language, awareness, heteronormativity, disclosure etc.

SWEDEN

Title of the Programme: BRYT! (In English: BREAK the norm)

Contact: RFSL

Implementer(s): RFSL Ungdom (The Swedish Youth Federation for LGBTQ Rights)

Sector(s): Health, education, workplace, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: (indicate programme start year): 2005

Has the programme been evaluated/ assessed? Yes (One evaluation is being made at the present and one is previously done. The already existing evaluation is written in Swedish and is at the present not available in digital form. If the existing evaluation in Swedish is of interest, please come back to us and we'll send it to you by post. If the present evaluation is of interest, it can be made available as soon as it is finished)

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Since 2005, more than 12 000 individuals have been educated in the programme. The methods have been spread in 10 000 copies and are used in schools, organizations, youth clinics and education programmes all over Sweden. Based on evaluations, the intervention has been an eye-opener and a cause of complete change of mind regarding discrimination and other obstacles for people in vulnerable groups. The program mainly focus on discrimination based on sexuality, gender identity and/or gender expression, but other discrimination is integrated such as discrimination based on functionality, race and faith due to the intersectional approach. The program was the first ground -breaking approach in Sweden to tackle discrimination out of a norm-critical approach, and has proven to be very successful. This is seen by getting the norm-critical approach mentioned in governmental strategies and the national curriculum as one of the most effective ways to work with discrimination based on sexual orientation, gender identity and/or gender expression. The material as well as book describing lessons learnt in the project (Normkritisk pedagogik: Makt, lärande och strategier för förändring) are used in several teacher training university programmes.

Short description of the programme

The initial target group for the program were youth organizations, and people working voluntarily or professionally in youth organizations in Sweden. One part of the program was to develop workshop methods for addressing discrimination and inequality out of a norm critical approach – an approach where the norm defining what's "right" and "wrong" is addressed and questioned instead of individuals deviating from the norm. Another part of the program was to educate workshop facilitators with in-depth knowledge about the methods and how to facilitate group discussions about issues concerning sexual orientation, gender identity, gender expression and intersectioning factors, such as race and functionality. During the program period and strengthened by the outcome, the target group was widened, and the workshop facilitators started giving workshops in many other contexts than in the one of the original target group. At the present, the program has included county politicians, governmental organizations, big non-governmental organizations, schools, youth clubs and youth clinics. The methods have been spread to an even much wider extent and are known by the majority of educators and pedagogues all over Sweden in the field of non-discrimination and equality. The methods can be used by anyone since an extensive description of the aim of each method is given in the method material. Experiences and lessons learnt from the programme has been published in the norm-critical anthology "Normkritisk pedagogik: Makt, lärande och strategier för förändring" (Darj & Bromseth, 2009). The method material Bryt and the anthology "Normkritisk pedagogik: Makt, lärande och strategier för förändring" is used as course materials in several teacher training University programmes.

The programme has reached more than 12 000 individuals in workshops lead by educated BRYT-facilitators, and the methods developed in the programme have been spread and used to a very much greater extent. Further on, a part of the material has been translated to English which makes it possible to use it in an international context. People reached by the program typically get new insights and a new idea about how discrimination arises and persists, and strategies of how to counteract discrimination in one's specific position: as politician, educator, care giver, officer, activist or as human being.

The norm-critical approach formulated in BRYT has been used and integrated in several HIV/STI-preventive programs and activities RFSL Ungdom driven and performed by RFSL Ungdom, for example norm critical safer-sex workshops and the large-scale safer sex-outreach program Colour of Love, where 12 000 individuals are reached every year.

Strategies used to expand the scope and coverage of the programme

Several parallel strategies have been used to expand the scope and coverage of the programme. On a political level, RFSL Ungdom has raised the need of a norm critical approach in education and health care with governmental organizations and politicians. By evaluating and updating the methods (3 editions of the method material BREAK the norm has so far been published), the methods continue to be up-to-date and innovative. Several programmes run by

RFSL Ungdom have been based on the outcome of the BRYT-programme, and the organization continues to educate BRYT-workshop-facilitators and provide workshops to non-governmental organizations, governmental organizations, companies, politicians and service providers. Experiences and lessons learnt from the programme have been published in the norm-critical anthology "Normkritisk pedagogik: Makt, lärande och strategier för förändring" (Darj & Bromseth, 2009). The method material Bryt and the anthology "Normkritisk pedagogik: Makt, lärande och strategier för förändring" is used as course materials in several teacher training University programmes.

BRYT was developed together with the Swedish public authority "The living history forum", which has made the spread of the methods, the workshops and the implementation of the norm-critical approach into official documents more efficient. The programme was a 3-year project funded by The Swedish Inheritance Fund Commission, with funding the years 2005-2007, but the programme is as demonstrated still running in several different levels, because of the ground-breaking approach and the proven good outcome of BRYT.

UGANDA

Contact: Infectious Diseases Institute

Sector(s): Health, education, community/ community mobilization

Implemented by: Civil society, UN or other inter-governmental organisation

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

In 2008, the Infectious Diseases Institute established a transition clinic for adolescents and young adults aged 16-24 which runs every Wednesday on a weekly basis. It opened with less than 50 young adults. To date, over 800 young adults are registered.

They have developed their potential through capacity building and skill trainings and are able to make informed decisions within and outside the clinic.

They have helped in peer counselling and many young people have voluntarily accessed testing, care and treatment once found positive.

It is evident the clinic has developed self-esteem and they are voluntarily educating young people about HIV prevention, care, treatment and other health related issues.

Short description of the programme

Description:

Infectious Diseases Institute is a clinic which was established in 2004 for people living with HIV in Uganda. It's located in Mulago Hospital, Kampala-Uganda Eastern Africa.

IDI's focus is to strengthen HIV treatment, care and related infectious diseases, for people living with HIV across Africa. IDI facilitates this through offering high quality training for health workers, research on best practices related to HIV in low recourse settings and advanced clinical services that support the development of new models of care.

In 2008, the infectious diseases institute established a transition clinic for adolescents and young adults aged 16-24 which runs every Wednesday on a weekly basis. This specialized clinic was established to bridge the gap between paediatric and adult care, and seeks to meet the particular needs of young adults as they make the transition from adolescent to full adulthood. This innovative model of care was instituted to meet the unique challenges of this population group whose needs were formerly unmet in their paediatric unit and the adult clinic. It opened with less than 50 young adults. To date, over 800 young adults are registered.

Target group:

Adolescents and young adults aged 16-24

Coverage:

At least all main referral hospitals in Uganda

Activities:

- Capacity and skill building trainings e.g., entrepreneurship, ICT and leadership skills, catering, tailoring, cosmetology, university scholarships, etc.
- Music Dance and Drama e.g. going to communities, schools, health centres etc.
- Art and craft e.g. beading, drawing, painting etc.
- Health talks e.g. in media, like TV, newspapers, internet etc. to fellow HIV positive people for better adherence, diet and hygiene among others.
- Public speaking and Effective representation e.g. in fundraising for the young adult clinics, being voices for the voiceless at different levels, etc.

Components:

- IDI working team
- Volunteers
- Drama members
- Counsellors
- IDI council
- People living with HIV
- Young people growing with HIV

Strategies used to expand the scope and coverage of the programme**1. Health care talks and trainings by Clinical care:**

- a. Sexual reproductive health care;
 - PMTCT,
 - Family planning,
 - Sexually transmitted infection treatment and
 - Prevention means like condom distribution.
- b. HIV clinical care;
 - Enrolment on ART program,
 - Treatment of opportunistic infections,
 - Adherence to Art treatment
 - Clinical and laboratory monitoring.
- c. Peer support;
 - Trained peer educators provide health talks to their fellow young adults during their appointments as they wait to see clinicians
 - Trained peers rotate on a weekly basis to voluntarily give health talks to fellow peers.
 - This is done in collaboration with health care workers who are scheduled to respond to medical questions.
 - The transition clinic holds peer support meetings on regular basis
 - The rationale that individuals learn better from their peers through sharing experiences on various topics including;
 - Relationships,
 - Disclosure,
 - Adherence to treatment,
 - Clinical appointments,
 - Challenges being faced while growing positively with HIV, etc.



Picture of young adults attending peer support workshops

2. Skill building initiative for young adults was launched;

- Entrepreneurship skills,
- Vocational skills, and
- Drama skills have been developed through this initiative.

3. Young Adult Drama;



Picture of drama group at community outreaches

It has been used as a tool to communicate the message of positive prevention in:

- communities,
- schools,
- churches,
- health centres,
- villages,
- landing sites

- a) It carries out massive sensitization of HIV prevention, care and treatment through music dance and drama, sharing testimonies and dramatizing information, education and communication impacts.
- b) Many young people are now willing to test for HIV and those already positive have been able to access care and treatment and all who test are encouraged to support one another regardless their status.
- c) Young people still call peer educators for answers to their questions or for advice.
- d) High retention of young adults in care (over 90%) as well as ability to influence HIV prevention in this critical group through messaging information education and communication (IEC)
- e) One of prevention strategies for transition clinic has been behavioural change communication (BCC), Education and communication material (IEC),

- f) Transition clinic has partnered with several providers such as HCP, straight Talk foundation, Ministry of health in providing materials to these young people.



Pictures: Attending peer education workshop

ZAMBIA

Title of the Programme: Reformatory and Approved Schools Anti-drug-abuse Project

Contact: FINDECO House

Implementer(s): Prisons Care and Counselling Association (PRISCCA) – Juvenile programme

Short description of the programme

1. The Open Society Foundation provided USD 75,000 in 2010 for the Provision of free Legal Representation for pre-trial detainees with minor offenses, Promotion of Human-Rights awareness among inmates and salaries for paralegal officers including hire of Law firms.
2. Danish International Development Agency - USD 32,000 for Improving the Living Conditions at Lusaka Central Prison (December 2011)
3. The Open Society Foundation in 2011 provided further funding (USD 125,000) to enhance the Legal Representation programmes and the operationalizing of the information desks referred to as Pre-admission and Post-discharge and Psycho-social Counselling Desks (PPPCD) which are manned by specially trained inmates and utilized as LEGAL ADVICE FACILITIES.

4. The current funding from the OPEN SOCIETY INSTITUTE OF SOUTHERN AFRICA (OSISA) is USD 175,000 which is a mere continuation of the project quoted above (3). Legal representation has now increased and extended to three regions (Southern, Lusaka and Copperbelt Provinces are now being covered and remandees in these areas represented by 3 Legal Firms)

DESCRIPTION OF THE PROJECT

a) Context of the project

This project is aimed at promoting recreational activities among children in conflict with the law. It is designed to be a healthy, safe way to spend free time with intent to give a break from the monotony of correctional facility life and to keep them from engaging in illicit behaviours like drug abuse, sodomy and other vices that lead to human rights violations.

Recreation/edutainment activities will involve a range of activities. These will include behavioural change sensitisation campaign through movies, indoor games like chess, cards and pool, and outdoor games like football, basketball, volleyball and netball. Other activities will include theatre/drama.

Through these sports, the project will promote interaction between the juveniles and members of the community to enhance rehabilitation efforts and reducing stigma. During such games plenary discussions on various challenges will be encouraged especially during resting times.

It is important to realise that most crimes are committed during leisure time. One of the underlying goals of correctional recreation activities is therefore to engage juveniles in activities that will enable them to successfully re-enter society after completion of their probation periods.

It is worth noting that recreation activities will bring about a rehabilitative effect on juveniles which can also increase the effectiveness of other treatments such as substance abuse counselling. PRISCCA being one of the beneficiaries of UNODC Treatment Training through Godfrey Malembeka, we hope to use some of the knowledge and skills obtained from the training.

As a founder member of the Child Justice Forum (CJF), our concern has always been to improve the wellbeing of children who are either in prisons with convicted mothers or those in conflict with the law. These children should be positively occupied while in reformatory or approved schools; so that they should come out of these places as better people that would contribute positively towards the development of the country.

b) Objectives

To promote a balanced and humane system of imprisonment and after care reintegration of juveniles into society

c) Specific Objectives

The following are the specific objectives of the project;

- a) Promotion of talent identification
- b) Promotion of behavioural change through recreation activities
- c) Create a platform for rehabilitation and treatment processes
- d) Keep lads occupied and reduce idleness

e) Project Sites

The project will be implemented at three reformatory schools which will include Katombora reformatory School and Mazabuka Approved School in Southern Province and Insakwe Probation Centre on the Copperbelt Province.

Number and characteristics of the DIRECT beneficiaries of the project

An average of 200 juveniles both female and male will directly benefit from the project. Insakwe Probation Centre in Ndola comprises of female juveniles and approximately 40 girls will directly take part in the activities.

These children came into conflict with the law and they are in the process of rehabilitation.

Thus, there characteristics may vary but all effort should be aimed at promoting behavioural change.

Number and characteristics of INDIRECT beneficiaries of the project.

The average number of indirect beneficiaries is about 300 boys and girls from the surrounding communities who will be taking part in the planned activities. Another 150 spectators from the surrounding communities will be engaged.

Short description of how the project has been planned, including the role of youth in this planning.

The project is designed to last for three months. It will be coordinated by a youth, Kelvin Musonda, who is also a Programmes Officer for the organisation. It has been designed with the sole purpose of promoting behavioural change and promotion of reintegration of these children after they are released from the reformatory schools. By engaging members of the surrounding communities, we shall be enhancing the reduction of social stigma that these children suffer at the hand of some people once they complete their probation periods. Thus, by engaging with them, they will begin looking at these juveniles as boys and girls in the process of changing into better people.

The project has been designed by the youth in the organisation and they will also be responsible for the implementation process and through the engagement with fellow youths who will be the beneficiaries of the project.

Short description of how the activities of the projects will be organized and implemented, including the role of youth in this implementation phase.

A number of activities will be implemented to bring about the intended results. These will include the following;

a) Outdoor Games

Outdoor games will be very crucial as these are the games that will encourage the engagement of community members and enhance the reduction of stigma whilst promoting rehabilitation process for the juvenile offenders. These games will include football, basketball, volleyball and netball. Festivals will be held where juveniles will compete with youths from the surrounding communities.

b) Indoor Games

Indoor games will enhance the levels of interactions among juvenile offenders. These will include chess, card and pool. These games will create a platform whereby even during their night time they can still play and interact amongst themselves while they discuss various issues.

c) Facilitated Video Screening

Facilitated video screening will help engage the juveniles into discussions of various issues with regard to behavioural change. It will also create an opportunity for entertainment. Various films about behavioural change will be sourced and screened so as to inspire change.

d) Debate

Debate among juveniles will create a platform where they will be able to raise a lot of issues that affects them. It will also enable them to speak about their challenges while in the confinements from different perspectives.

Short description of the activities of the project will be monitored and evaluated, including the role of youth in this monitoring and evaluation phase.

The various activities will be monitored through reformatory centre visits. Systematic reports from the administration will help assess their progress with regards to the objective of the project.

Sustainability of the project: How do you anticipate project activities and outcomes to be sustained after the end of the project.

The sustainability of the project will depend on the involvement of the direct beneficiaries themselves as they will remain engaging in the activities long after the project's life. The equipment for the activities will also remain for the usage of the beneficiaries. Most importantly, clubs will be formed which will be responsible oversee the running of the programmes. These clubs will continue to monitor the use of various equipment that will be purchased for the project.

iii. Costed Work-plan

Activities	Time frame	Total cost US \$	Other Contributions	Source of other contr	Amount requested from UNODC
Outdoor Games	3 months	4,000	1,000	Board and Management	3,000
Indoor Games		2,800	Nil	Nil	2,800
Facilitated Video Screening	3 months	2,000	Nil	NIL	2,000
Debate	3 months	200	Nil	NIL	200
Total			1,000		8,000

IV.Reducing HIV-related discrimination in the *Justice Sector*

ARGENTINA

Title of the Programme: LGBT Citizenship Plan

Contact: Federación Argentina LGTB (FALGBT)

Implementer(s): Federación Argentina LGBT with the support of UNAIDS and UNDP

Sector(s): Health, education, workplace, justice, public policies for LGBT citizenship

Implemented by: Civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The LGBT Citizenship Plan was presented in August 2010 in the Argentinean Senate.

Outcomes:

- Approval of Gender Identity law and comprehensive health care for trans persons (May 2012)
- Protocol describing treatment of trans persons by federal security forces (November 2011)
- Approval of egalitarian marriage for foreign non-residents (March 2012)
- Inclusion of sexual diversity in MoE's manual for Sexuality Education in Families
- Implementation of labour inclusion program for trans men and women in Salta and Córdoba (September 2011)
- Recognition of egalitarian registry of co-paternity for non-adoptive children of married men.
- Resolution for respectful treatment of trans persons in the Police Department of Misiones (December 2011)
- Establishment of LGBT Coordination within the Social Cabinet of Santa Fe (March 2012)
- Sensitization and training on sexual diversity for personnel working in night shelters and programs for youth and childhood in Buenos Aires (May 2012)

Short description of the programme

The LGBT Citizenship Plan is a comprehensive public policy proposal intended to remove all obstacles to full enjoyment of citizenship (rights) of lesbians, gays, bisexuals and trans.

A non-discriminatory construction of citizenship is an indispensable tool for promoting rights and reducing stigma and discrimination towards LGBT, populations most affected by HIV in Argentina and Latin America.

In responding to HIV, it is necessary to deal with human rights before infection occurs, beyond those associated to health, as a way to diminish vulnerability and improve access to public services, dealing with social and program enablers and promoting synergies with development sectors.

Proposals in this Citizenship Plan were elaborated for the National, Provincial and Municipal levels and include the Executive, Legislative and Judicial Powers of the State. From these proposals, a series of public policy initiatives are agreed with diverse governmental institutions, including for their implementation, a joint effort and dialogue between the State and civil society, proposing coordinating bodies and joint design of strategies.

This Citizenship Plan is also divided into thematic areas, identities and particular subpopulations that compose the LGBT community, in order to grasp the importance of dealing with particularities and complexities of populations with diverse realities and needs.

Thus, initiatives regarding labour, health, education and training, culture, sports, human rights, communications and information, social development and participation and security and violence prevention were proposed.

Regarding specific subpopulations whose needs were described are: LGBT youth, lesbian and bisexual women, trans men and women, older LGBT adults, gay and bisexual males.

The principles described for the implementation of proposals in this Plan are:

Equity: all LGBT persons must have the same rights of all citizens and it is the State's responsibility at all levels to guarantee this. Particularly damaging exclusions must be dealt with as a priority.

Co-responsibility: the State and civil society are responsible for guaranteeing, promoting and defending the rights of LGBT, as well as preventing, investigating and sanctioning all forms of violence against these groups.

Dignity: every LGBT has to be understood in his/her political, social, cultural, economic, erotic, affective and psychological spheres.

Autonomy: recognition of liberty of action and expression of human beings and in this way, to counter balance hegemonic social and cultural models that do not accept differences and whereby people with non-hetero normative sexual orientation and gender identity have no recognition.

Coordination: all public institutions must consider protection of LGBT persons and, in doing this, must recognize and implement coordinated and articulated affirmative actions tending to promote comprehensive and timely treatment.

Diversity: difference, plurality, creativity, dissent and different gender and sexual orientation identities are intangible values that must be respected.

Participation: strengthening of citizens and organizations that work for LGBT human rights must be promoted, aiming to empower them for advocate, construct common agendas, and vindicate social, economic and political rights.

Strategies used to expand the scope and coverage of the programme

In order to guarantee the implementation of proposals contained in the LGBT Citizenship Plan, FALGBT has promoted two strategies:

Technical work meetings with institutions and ministries of National, Provincial and Municipal governments.

Within the National Government, technical meetings and advocacy events were held with the Employment Secretary of the Labour Ministry, Tourism and Security Ministries, the Secretariat for Educational Equity (Ministry of Education), the Direction of AIDS and STDs and Sexual and Reproductive Health Program (Ministry of Health), Human Rights Direction (Ministry of Foreign Affairs), and Secretariat of the Interior and National Population Direction (Ministry of the Interior and Transportation).

At the provincial and local level, meetings were held with the deputy chief the Government of the City of Buenos Aires, the Chief of Cabinet of Buenos Aires, Ministries of Social Development and Education of the city, Ministries of Government and Social Development of Santa Fe Province, the Governor of Catamarca Province, the Chief of Cabinet of Buenos Aires Province, the mayor of Rosario, the Government Secretary of the city of Santa Fe and the Culture Secretary of Posadas (Misiones Province), among several government officers.

In relation to actions in the national legislature, the FALGBT has participated in the elaboration of legislative initiatives and lobbies for their approval in Parliament. Furthermore, personal interviews were held with all national legislators (257 Congressmen and women, 72 Senators). FALGBT also participated in public hearings convened for the open debate of the initiatives, production of theoretical material that provide the foundations of support to these projects, production of graphic and audio-visual material for the general public, fundraising for sustainability of actions and convening of experts with reputed trajectories.

As an example, based on the "Sexual Diversity Area", set up by the municipality of Rosario, Santa Fe (2007), similar municipal inclusion organs have been created in Neuquén (2010), Río Cuarto, Córdoba (2011), Santa Fe, Santa Fe (2011) and Godoy Cruz, Mendoza (2012).

We consider that in order to sustain the achievements and pursue the implementation of pending proposed policies, we must keep on working in a coordinated and articulated way among FALGBT, UNAIDS, UNDP, and diverse government institutions, on the public policy actions contained in the Citizenship Plan.

Country: Argentina

Title of the Programme: Best Legal and Ethic Practices for the Advocacy Work

Contact: Fundacion Huesped

Sector(s): Health, education, social protection, community/ community mobilization

Implemented by: Government, civil society

Programme is being implemented since: 2011

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The expected outcome of the programme is the creation of a national network including healthcare providers, social workers, law schools, diverse CSO's and activists trained in the knowledge of the best access to the available legal resources and social best practices in the country. The programme also aims to implement local advocacy plans about issues such as access to housing, education, nutrition and sexual and reproductive education throughout the country. It also will develop a replicable and transferable advocacy plan for a regional level.

Short description of the programme

The programme is meant to support human rights advocacy and legal assistance to reduce stigma and discrimination in Argentina. Although focused on HIV/AIDS, it has a much wider objective; it considers that the HIV epidemic is an extraordinary disease which has many diverse social aspects that have to be considered. The challenge is to go local everywhere and confront local traditional cultures concerning healthcare and social practices that are packed with stigma and discrimination. The target is to reach those that have no access to services

because of the invisibility problem that many PLWHA and persons with sexual diversity endure in their local communities.

This ambitious project involves not only the requirement of changes in legislation and training of local public authorities, but also the empowerment of community rights promoters, sensible healthcare providers and legal aid in discrimination cases, as well as in social assistance cases.

The first step was the production of a Guide of Best Ethical and Legal Practices that includes not only all the national available laws (including the recent Egalitarian Marriage and Gender Equality Laws) and local dispositions, but also discussions on the laws, as well as working materials and forms to be used locally.

Strategies used to expand the scope and coverage of the programme

To expand the scope and coverage of the programme, some strategic agreements were signed with the National Ombudsman Office – involving the training of all the local legal defenders - the National Institute against Discrimination (INADI) (with branches throughout the country), the National AIDS and STDs Direction (with its provincial branches) and healthcare services and the National Network of PLWHA. All these on a national level but also locally with universities, local Bar Associations, social workers associations, the business sector, the local CSOs and NGOs, as well as other local key actors.

The idea is, for the first time, to work all together in a public and private partnership using the same strategies to train and involve professionals in healthcare, social sciences and legal services for the development of a better national assistance to PLWHA. This partnership acknowledges the view that the social problems complicate PLWHA's access to healthcare, treatment and legal rights. For this purpose, 2000 Guides of Best Legal and Ethical Practices have been produced in hard copy, thousands are being distributed in CDs and the Guide is on the web freely available.

Another strategy to expand the coverage has been the distribution of the same material to other neighbouring countries as Paraguay, Bolivia and Uruguay, with the purpose of working towards a joint legal framework in the Latin American region.

COTE D'IVOIRE

Title of the Programme: "Moi, Femmes! Et mes droits?"

Outcomes of the programme

- 50 PVVIH issues des associations communautaires ont été formés sur les VBG ;
- 10 PVVIH ont été installées comme points focaux dans 5 zones pour recevoir, écouter et orienter leurs paires victimes de VBG
- 10 séances de sensibilisation et de consultations juridiques ont été réalisées en collaboration avec le PNUD et l'AJFCI
- 598 personnes ont été sensibilisées lors des séances dans les 10 sites du projet parmi les quelles **28 personnes ont bénéficié de consultations juridiques pour le rétablissement de leurs droits lésés**
- 124 survivants de violences dont 112 femmes et 12 hommes ont été reçus, écoutés et orientés par les 10 points focaux.
- 1000 dépliants sur les droits des PVVIH selon la législation ivoirienne ont été distribués lors des séances de sensibilisations
- 01 proposition d'amendement de l'avant-projet de loi sur le VIH relative à la dépenalisation de la transmission du VIH a été faite pour être prise en compte dans le projet de loi sur le VIH.

Short description of the programme

Le Réseau Ivoirien des organisations de Personnes Vivant avec le VIH dénommé RIP+ s'est engagé dans une action de lutte contre le stigme et la discrimination en faveur des femmes, filles, et de l'égalité des sexes dans le contexte de la réponse au VIH. Pour ce faire, il exécute un projet intitulé : « Moi, femmes ! Et mes droits ? » en collaboration avec le PNUD, l'ONUSIDA, le Ministère de la Santé et de la lutte contre le sida sur financement de la Fondation de France.

Les bénéficiaires (on va prendre en compte les chiffres de la mission du PNUD)

- 720 femmes vivant avec le VIH issues des ONG membres du RIP+
- 480 hommes vivant avec le VIH issus des ONG membres du RIP+

Ces 1200 personnes sont des membres de la communauté sensibilisés sur les VBG et des Personnes vivant avec le VIH, victimes de stigmatisation, discrimination et violences basées sur le genre sans ressources pour se protéger ou revendiquer leurs droits lésés.

Zones d'intervention:

09 localités de la Côte d'Ivoire (Abidjan sur 2 sites, Biankouma, Daloa, San Pédro, Tabou, Yamoussoukro, Bouaké, Ferké)

Principales activités

Ce projet s'articule autour de plusieurs axes d'intervention notamment :

- Les activités de plaidoyer sur les droits des personnes vivant avec le VIH en général et des femmes infectés en particulier
- l'édition de guide juridique sur la promotion des droits des femmes;
- La production de dépliants d'information sur les droits des personnes vivant avec le VIH
- La formation en droit des femmes et les spots dans les radios locales suivis de séances de sensibilisation sur les VBG en rapport avec la stigmatisation et discrimination;
- Création de centre d'écoute et la prise en charge juridique des personnes vivant avec le VIH survivants (es) de violence liées au statut VIH, en collaboration avec des associations de femmes juristes et l'association des jeunes avocats de Côte d'Ivoire.

Strategies used to expand the scope and coverage of the programme

Pour atteindre les objectifs fixés, le RIP+ a adopté trois principales stratégies à savoir:

- **le Partenariat et travail en réseau**
- Le RIP+ a développé son partenariat avec l'ONUSIDA et le PNUD ainsi que le Ministère de la Santé et de la Lutte contre le Sida.
- Ainsi, toutes les initiatives nationales en rapport avec le droit des populations vulnérables, le RIP+ est associé. Par exemple, lors des différentes missions de sensibilisations et au cours de l'atelier de relecture de la loi sur le VIH où le RIP+ a fait des propositions d'amendement sur les dispositions du projet de loi qui pénalisent les personnes vivant avec le VIH.
- **l'implication des bénéficiaires**
- L'identification des 10 personnes vivant avec le VIH, points focaux s'est fait de concert avec les bénéficiaires eux même. Ensuite ce sont eux qui font la veille du respect ou non de leurs droits. La Coordination et l'évaluation du projet se fait de concert avec les personnes vivant avec le VIH pour le succès et la pérennité du projet.
- **l'utilisation de canaux de communication de masse (radio locales)**
- Des annonces et communiqués sont diffusés sur les radios de proximités dans les localités du projet informant les populations de l'existence d'un tel projet, les invitant à se rendre auprès des points focaux en cas de besoin.

DEMOCRATIC REPUBLIC OF CONGO

Title of the Programme: "Problématique de la mise en œuvre de la loi portant protection des personnes vivant avec le VIH/SIDA en RDC, Défis et Perspective"

Contact: Forum de la Femme Ménagère "FORFEM"

Implementer(s): ONGDH Forum de la Femme Ménagère "FORFEM"

Sector(s): Justice

Implemented by: Government, civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

La loi portant protection des personnes vivant avec le VIH/SIDA a fait l'objet de la vulgarisation par FORFEM depuis 2006, appuyée par Urgent Action Fund for Africa, elle est soumise aux difficultés de mise en œuvre de toutes les lois en RDC, avec une justice à plusieurs vitesses, d'où le défi et perspective.

Short description of the programme

- Programme relative à la formation des personnes vivant avec le VIH/SIDA sur cette loi
- Formation des vulgarisateurs de la loi
- Plaidoyer auprès des autorités politico administratives et autorités judiciaires
- Sensibilisation des communautés
- Suivi et évaluation dans les cours et tribunaux

Strategies used to expand the scope and coverage of the programme

- Mobilisation sociale et plaidoyer en ce qui concerne la problématique de la mise en œuvre de la loi portant protection des personnes vivant avec le VIH/SIDA.

DENMARK

Contact: AIDS-Fondet

Sector(s): Justice

Implemented by: Civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? Not formally, but results shown in attached fact sheet

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Since 1993, Article 252 (2) and (3) of the Danish penal code have been used to prosecute at least 20 people living with HIV (PLHIV) for "wanton or reckless" HIV exposure or transmission.

This provision makes it a crime for anyone with a fatal and incurable communicable disease to wilfully or negligently infect or expose another to the risk of infection. The penalty is up to eight years of imprisonment. The code has only been used to prosecute people living with HIV, adding to the discrimination of a group that experiences much stigma and discrimination already.

In 2008, AIDS-Fondet (The Danish AIDS Foundation) initiated a collaborative advocacy effort that resulted in the suspension of the HIV specific articles in February 2011. A ministerial task force was set up to consider whether to amend, or abolish criminal laws relating to HIV exposure and transmission and a broader consultation process that ended in December 2011.

All parties in parliament are now positive towards decriminalization, but the final decision is still pending. Denmark's experience suggests that progress in HIV treatment, and its impact on transmission risk, is a relevant basis for advocating for decriminalisation.

Short description of the programme

In 2008, inspired by the AIDS Conference in Vienna, AIDS-Fondet, in consultation with the Danish PLHIV organization (HIV-Danmark) and the Danish MSM HIV organization (STOPAids), devised a strategy to make the Government aware of developments in HIV science; the

negative impacts of criminalisation on public health and human rights; and to recommend decriminalising HIV exposure and transmission in Denmark. The *first step* was to convince the Government that progress in HIV treatment made the Danish law obsolete. The *next step* was to convince the Government that punitive laws undercut basic HIV prevention and sexual health messages and are ineffective in reducing the spread of HIV. Based on this strategy, a range of advocacy activities were carried out including: a national conference; media work; and meetings with and letters to ministers and parliamentarians.

Strategies used to expand the scope and coverage of the programme

AIDS-Fondet has been actively involved in international advocacy networks throughout the period, and has shared news and progress with colleagues via <http://criminalhivtransmission.blogspot.dk/search/label/Denmark> and other networks. The Director of AIDS-Fondet, Henriette Laursen, presented a poster about the advocacy and resulting suspension at the AIDS Conference in Washington in 2012.

ECUADOR

Title of the Programme: SIEC Campaign - Advocacy, Information Education and Communication for National Police Personnel, for the best deal of Transsexual sex workers in the exercise of their activity

Contact: Silueta x Association

Implementer(s): Silueta X Association

Sector(s): Health, workplace, justice, social protection, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Silueta X sensitizes national police to HIV-related issues. Currently, Silueta X has a record of about 680 community police who have been sensitized. This sensitization means that sex workers are no longer being discriminated against by the police. Sex workers often experience violent repression and can feel especially persecuted if they are transgender sex workers. This atmosphere indirectly affects the welfare of female sex workers.

Studies from Corporate Kimirina (2008) and Silhouette X (2010), reveal that trans sex workers do not want to reach adulthood due to the discrimination that they face. This discrimination affects their perception and self-care in relation to their sexuality responsibly. This is why our program has also focused on improving conditions affecting sex workers to improve their self-perceptions and thereby raise their self-esteem in herself and her sexuality.

Short description of the programme

Thanks to the support of HIV Young Leaders Fund, Silueta X, could begin this project which aims to reduce violence against transgender sex worker by members of the National Police of Ecuador. In 2011, the violence by the national police included: dissent, theft of property, persecution, rape (oral sex - no condom use), physical shock, etc.

The project was aimed specifically at the protection of condom use during sex by members of the national police due to the increase of HIV. However, we understand our funders HIV Young Leaders Fund, which would not have rights without prevention. So we designed the campaign around sexual information, education and communication.

For the implementation, we had to train the transgender and gay sex workers to work in pairs. We use quotes from psychological science to avoid questions relating to awareness with the curriculum of the University of Guayaquil, Faculty of Psychology. We present the proposal to the Ministry of the Interior specifically with the program of democratic guarantees with Atty.

Viviana Chiriboga, the regulatory body of the National Police General who appointed Paolo Antamba turn Celia Ruiz with whom we maintain the process. To give seriousness to the process and the new implementation of this protocol "appropriate treatment for populations Gays and trans sex workers."

Today is the second year of the project. The first year lectures were scattered, but the process was formalized in 2012 with a schedule of talks. These talks will move onto the second phase in August. In this second year, the transgender and gay sex workers made it clear that violence has decreased. What is obvious is that there is rarely persecution, in order to vacate the places and streets where sex workers work, and rape, theft, etc. by the police has fallen dramatically. We plan to spend the end of the year a formal survey of the LGBT community.

Strategies used to expand the scope and coverage of the programme

A challenge was that we initially wanted to formal talks, and this way we lost credibility. That is why the first year in 2011, there was no formal agreement of the talks. Instead, we were only allowed access to police facilities and give few awareness talks to staff sporadically. This gave us the opportunity to demonstrate our credibility on the subject, leading to a formalized programme in the second year.

The police never showed negative talks. You might never have witnessed this because they are given in the same facilities before their superiors. However, we have been well accepted by them.

Our aim is to continue these talks not only in our city, but also in the province of Guayas, and in the future, to the various other provinces. That is the goal of the project, but now the overall situation of the financial crisis is undermining our current opportunities. We can only sustain our project if we find financial support. We spoke to the authorities and so far as it is a situation felt by a minority population does not believe important to fund this process. But the programme should be seen, not a matter for a minority population, but as an important HIV/health and human rights issue.

Agreement with police:

<http://issuu.com/siluetax/docs/name7a6134?mode=window&viewMode=doublePage>

You can see our photos via the following links:

1 contact:

<https://picasaweb.google.com/114356995606566485551/CampanaSIECGuayaquilAcuerdosAgos>
[to](#)

<https://picasaweb.google.com/114356995606566485551/CampanaSIECPolicinaNacionalSeptiembre2010>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Abril10SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Abril24SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Mayo1SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Mayo8SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Mayo22SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Mayo29SensibilizacionPoliciaNacional>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Feb14SensibilizacionPolicia>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Feb21SensibilizacionPolicia>

<https://picasaweb.google.com/116114974166588847040/HYLF2012Mar20PoliciaNacionalSensibilizacion>

<https://picasaweb.google.com/116114974166588847040/HYLFTalleresDeSensibilizacionAPoliciaNacionalAgosto2011>

Our Videos:

<http://www.youtube.com/watch?v=m8tuaSjTR04&feature=plcp>

Features in Ecuador about police awareness:

Sobre el apoyo de silueta X a Trabajadoras sexuales

trans: <https://picasaweb.google.com/114356995606566485551/EntrevistasAlGrupoFemeninoSiluetaX#5442664668593943074>

Sobre las primeras charlas a la Policía Nacional:

<http://www.diario-extra.com/ediciones/2010/09/05/especial/transexuales-capacitan-a-la-policia/>

Replica de nuestros horarios de Capacitación por ILGA: <http://ilga.org/ilga/es/article/n9yo9mS1R3>

Reportaje Internacional sobre sensibilización a Policía Nacional:

http://www.notiese.org/notiese.php?ctn_id=4271

Report 2012:

<http://siluetax.wordpress.com/2012/04/13/40-reportajes-positivos-silueta-x-policia-se-informa-sobre-diversidad-de-genero-40-reports-positive-silueta-x-police-reports-on-gender-diversity/>

Report in TV:

Sobre sensibilización a policía

Nacional: <http://www.youtube.com/watch?v=xA7dwcky1L4&feature=plcp>

EL SALVADOR

Title of the Programme: Atención a Privados de Libertad con VIH

Contact: Ministry of Health

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 2007

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- Reduction of stigma and discrimination of prisoners living with HIV, including MSM and transgender people in prison.
- Prison authorities improved health approach; they joint action with 22 multidisciplinary teams belonging to the Ministry of Health (MoH) / Staff Prisons on prisoners care, health promotion and prevention, especially of HIV and STI, and resource procurement.
- MSM and transgender prisoners are accepted and are not abused or killed. On the contrary, they are looked after by their peers, they share cells, bathrooms and utensils. They participate as peer facilitators, counselors or advocates; they are respected by fellow prisoners, guards and prison authorities. They are part of support groups and health committees for prisoners living with HIV (La Esperanza Prison). The prison authorities have authorized the use and provision of condoms in prisons (Sensuntepeque Prison).
- MSM and transgender prisoners do not fear anymore to reveal their gender and sexual identity; they dress according to their identity and sexual orientation. They participate in cultural and social events; for instance, a group of prisoners attended the global AIDS conference through a videoconference.

Short description of the programme

In 2005, we conducted a situational analysis in the country's prison system, revealing human rights violations, such as the prisoners' rights to health, education and treatment, as well as stigma and discrimination against people living with and vulnerable to HIV. The common attitude of the population towards people living with HIV passed on to prisons and prisoners living with HIV, so that prisoners were seen as the worst thing that exists in society, with no rights and not deserving to being treated as individuals.

The prisoners' health was not important to the prison system. Prisons did not have enough doctors, they did not know about HIV, and they did not know about the number of prisoners living with HIV. It was evident that there was stigmatizing and discriminatory behaviour toward prisoners living with HIV, as well as discrimination against MSM and transgender people by administrative staff, custodians and fellow prisoners.

In 2006, the MoH began its intervention in the prison system. The intervention started with 24 prisons and affected 12,000 prisoners. Currently, the intervention is working with 26 prisons and reaches more than 26,000 prisoners, including Juvenile Integration Centers. There are currently about 260 prisoners living with HIV who require monitoring, control and treatment.

The components of the intervention are: health promotion, disease prevention, integral care, tracking and monitoring. All the components are based on the principles of human rights, gender and sexual diversity.

Some activities:

- Inter-sectoral coordination meetings
- Developing national strategic plan on STD/HIV/AIDS and DGCP
- Socialization, awareness and training of staff of the prisons and MoH
- Identification and selection of multidisciplinary teams for the prisons
- Screening and counselling every six months in 26 prisons
- Integral care for HIV prisoners
- Follow-up visits, monitoring and evaluation of the actions of the multidisciplinary teams of each prison

As these teams carries out their activities of prevention, awareness, voluntary HIV testing, it was revealed that there was blatant stigma and discrimination against criminals, prisoners, gang members with tattoos, MSM, transgender and people living with HIV.

It was difficult for them to reveal their gender identity, their sexual orientation and to get voluntary HIV testing, therefore it was sought to raise awareness and to make strategies work within the prison system. If the rest of the prisoners found out about their gender identity and sexual orientation, they would have assaulted and even killed them. These attacks would increase even more if they knew about their HIV positive status. Moreover, discrimination by custodians, technical and administrative staff and even their family would increase. Through the intervention, the denomination of "preso, interno, reo" was changed to "detainees", generating respect and dignity towards prisoners, a term not only used in the country but as well internationally. Prisoners living with HIV were harassed and persecuted by their peers, endangering their lives; they were threatened and called "los sidosos o los del sida..." by custodians. This behaviour, through the interventions, changed over the years and the current Director General of Prisons affirmed that such behaviour of stigma and discrimination is being punished severely, including layoffs.

Strategies used to expand the scope and coverage of the programme

Strategies to addressing HIV and reducing stigma and discrimination of people living with and vulnerable to HIV, including MSM and transgender people:

- Inter-sectoral coordination (MoH / Ministry of Justice and Public Safety / ISNA and NGO)
- Advocacy and lobbying in coordination with the Ministry of Health authorities, Justice and Public Safety, ISNA, other.
- Partnership between MoH / Ministry of Justice and Public Safety
- Organization and formation of 22 multidisciplinary teams (MoH /DGCP) to operationalize the intervention strategy for people living with HIV
- Training and awareness on the issue of HIV, human rights, gender and sexual diversity, stigma and discrimination against groups of people involved or responsible for prisons, beginning with authorities, and proceeding to the rest of the prison staff.

- Simultaneously, starting to raise awareness and train prisoners living with HIV, mainly leaders of cells
- Offering voluntary testing of HIV (screening) every six months with respective counseling, pre and post-test (prisoners getting confident toward health personal)
- Comprehensive care in prisons, coordinating with internists and other medical personnel as needed, providing ART when required, taking up CD4 testing and viral load
- Creation of support group within prisons; though this strategy prisoners living with HIV have been sensitized and trained to better addressing problems and their needs. This increases their self-esteem, improves their lifestyle, and decreases the fear to know their HIV status, their gender identity and sexual orientation. This has served to unite gangs with prisoners, and most importantly, to work with prisoners of different sexual diversity and prisoners with exaggerated conception of “machismo”, as well as working with lesbians and women who have sex with women.
- Including prisoners in teamwork, especially MSM and transgender people, as peer facilitators, counselors and health workers in prison. They work with health screening equipment, training, and other. Demonstrating the authorities and fellow prisoners that they are people like the rest of the population, with the same feelings and capacities
- Use of condoms in prisons for prisoners
- Technical assistance, monitoring and continuous monitoring in each prison

GUYANA

Title of the Programme: Prevention of the passage of a bill to criminalize HIV transmission

Implementer(s): UNAIDS Guyana

Sector(s): Justice

Short description of the programme

In July 2009, an opposition member of the Guyanese Parliament presented a motion to the National Assembly, *The Criminal Responsibility of HIV Infected Individuals*, which proposed criminalizing wilful HIV transmission and exposure. The Minister of Health requested the support of the UNAIDS office in Guyana to help prepare arguments against the motion. After collaborating with the Minister of Health and UNAIDS Headquarters, the UNAIDS office in Guyana wrote and presented a position paper in the Parliament against the adoption of the motion. After this presentation, the Parliament adopted a decision to establish a “Special Select Committee of Parliament on the Criminal Responsibility of HIV Infected Individuals” (Special Select Committee) – a committee which would discuss and seek input from the public on the motion to criminalize HIV transmission and exposure. From August 2010 through July 2011, the UNAIDS office in Guyana convened several advocacy meetings with key constituencies, including faith leadership and networks of people living with HIV, as well as with the media, to speak about the motion. The UNAIDS office also submitted written arguments and made an oral presentation to the Special Select Committee about the motion. The Special Select Committee then requested UNAIDS to help prepare the Committee’s report and recommendations. In September 2011, after a speech by the Chairman of the Special Select Committee, the National Assembly of Guyana voted against the adoption of the motion.

INTERNATIONAL DEVELOPMENT LAW ORGANIZATION

Country: Nepal/ South Asia

Title of the Programme: Strengthening the Capacity of National Human Rights Institutions to Address Human Rights Issues in relation to Men who have Sex with Men, Transgender People and HIV

Contact: HIV and Health Law Initiative, IDLO

Implementer(s): IDLO, UNDP APCR with the Asia Pacific Forum for Human Rights Institutions, SAARCLAW (the legal apex body for the South Asian Association of Regional Cooperation) and Blue Diamond Society Nepal

Sector(s): Justice

Implemented by: Government, civil society, UN or other inter-governmental organisation
Programme is being implemented since: 2012
Has the programme been evaluated/ assessed? No
Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

NHRIs and NHRI staff have:

1. Strengthened appreciation of and understanding of the rights and vulnerabilities of MSM and transgender people;
2. Identified institutional capacity and mechanisms, and institutional strengths, weaknesses and opportunities to effectively address rights issues in relation to MSM and transgender people; and
3. Enhanced engagement of networks and partnerships with the MSM and transgender communities.

Short description of the programme

Background: In 2011, IDLO, UNDP APRC, UNAIDS, SAARCLAW and the World Bank co-hosted the South Asian Roundtable 'Legal and Policy Barriers to HIV,' to promote an enabling legal environment and strengthen the legal response to HIV in South Asia. The Roundtable was a follow up to the Asia-Pacific Regional Dialogue of the Global Commission on HIV and Law (February 2011, Bangkok) and built upon the human rights commitments of the Economic and Social Commission for Asia and the Pacific (ESCAP) under Resolution 66/10 and 67/9.

Target groups: the National Human Rights Commission of Nepal and the community of people of diverse sexual orientation and gender identity (SOGI).

Project Description: In 2012, IDLO and UNDP partnered with the Asia Pacific Forum of National Human Rights Institutions and SAARCLAW to implement this project in further progression of the initiatives and goals noted above.

The NHRI SOGI Project aims to promote an enabling legal environment. The project purpose is to assess the capacity of national human rights institutions (NHRIs) in Asia to address human rights issues in relation to SOGI and HIV. Nepal is one of eight countries in South and Southeast Asia participating in the NHRI SOGI Project.

Project Activities:

1. Build NHRI sensitivity to the rights and specific vulnerabilities of MSM and transgender people;
2. Review the mandate and mechanisms of NHRIs available to address human rights issues in relation to MSM and transgender people;
3. Identify institutional strengths, weaknesses and opportunities to effectively address human rights issues in relation to MSM and transgender people; and
4. Strengthen networks between NHRIs, MSM and transgender communities.

Project Methodology:

1. Desk review (background briefs)
2. Engage partners (share the proposal and plan for missions)
3. Stakeholder consultations (Mission 1) Facilitate meetings and stakeholder consultations to initiate or strengthen dialogue between communities and NHRI.
4. Survey of community awareness and accessibility (both actual and perceived) of NHRIs and mechanisms for addressing SOGI related issues. Community partners will lead a survey to capture community awareness and perceptions of NHRIs. The survey results will be shared at the National Dialogue (Mission 2).

5. National Report – The Commission will develop a national report on their response / capacity to address SOGI related issues. IDLO and UNDP will provide technical support.
6. National Partnership Dialogue (Mission 2) Community representatives and the Commission will meet again to share their findings (from the National Report and Community Survey) and to explore options for collaboration.

Project Outputs:

1. National Partnership Dialogue
2. Report from the NHRI (National Report)

Initial Results:

A National Stakeholder Consultation was held on 28 June 2012. At this consultation, the community and NHRC discussed the project and their existing working relationship. BDS made a list of requests to the NHRC at this consultation, a number of which focused on the capacity of the NHRC to advocate for the protection of human rights with other state institutions.

In early July 2012, the NHRC acted on two of BDS' requests by writing to the Electoral Commission and the Ministry of Finance to advocate for the rights of people of diverse SOGI.

- The letter to the Electoral Commission noted the security issues and harassment that transgender people experience when voting (voting queues are gender segregated – male and female) and asked the Electoral Commission to provide a safe and secure environment for all voters.
- The letter to the Ministry of Finance requested that the Ministry of Finance recognise people of diverse SOGI as a marginalised group and increase the budget available for skills development of this group.

By late August the NHRC had prepared a draft report assessing its response to SOGI-related rights violations and BDS had commenced the community survey process.

The National Partnership Dialogue is scheduled for early October 2012.

Strategies used to expand the scope and coverage of the programme

The Regional NHRI Project will engage NHRIs and community partners in countries across South and Southeast Asia under the Regional NHRI SOGI Project (the Philippines, Indonesia, Afghanistan, Bangladesh, Pakistan, Nepal and India. (East Timor maybe included pending available funding). Each country will follow the methodology outlined above and develop a national report for regional sharing. National reports will be electronically disseminated.

At a national level, the project has connected with national networks of diverse SOGI communities/groups/organisations to ensure genuine community participation. UNDP country offices have supported and facilitated in country communications and strategic relationships.

IDLO and UNDP propose to co-host a regional consultation in early 2013 to facilitate sharing of lessons learned during this project, best practice and regional networking of NHRIs and diverse SOGI community groups.

Note - A parallel assessment will be conducted in Pakistan with a non-state body called the Human Rights Commission of Pakistan (HRCP). HRCP has a comparable mandate to state human rights commissions. The state Human Rights Commission of Pakistan was established by legislation in May 2012, after the commencement of implementation of the NHRI SOGI Project.

UNDP and IDLO have sought funding to further expand the project in Southeast Asia (Cambodia, Laos, Myanmar, Thailand, and Vietnam). UNDP and IDLO are also currently exploring opportunities to build upon the outcomes of this project with four countries in South Asia in 2013 (Phase 2). Phase 2 proposes parallel engagement and sensitization of law enforcement personnel and further initiatives to strengthen the capacity of NHRIs to address SOGI-related human rights issues.

This NHRI SOGI initiative is being supported by UNDP APCR under the South Asia Multi-country Global Fund Round 9 Programme and the ISEAN-HIVOS Multi-country Global Fund Round 10 Programme.

Country: Papua New Guinea (PNG)/ Global

Title of the Programme: Strengthening and expanding HIV-related legal services

Contact: HIV and Health Law Initiative, IDLO

Implementer(s): IDLO together with in-country legal aid partner, PNG Development Law Association

Sector(s): Health, workplace, justice

Implemented by: Civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes (Report available late 2012)

Is the programme part of the implementation of the national AIDS strategy? The program is endorsed by NACS and addresses NHS Strategic Priority 2

Outcomes of the programme

Vulnerable groups in Papua New Guinea (including: people living with HIV, men who have sex with men, transgender people, people who sell sex and people vulnerable to FSV and GBV) are aware of their rights and are able to access quality legal services.

Short description of the programme

Background: In 2009, IDLO initiated the three-year Global Health Law Program to strengthen the enabling legal environment for the response to HIV. The Program initially targeted eight countries, but expanded to 17 over the course of the three years. PNG was one of the countries identified. The Global Health Law Program was supported by a grant from the OPEC Fund for International Development (OFID), as well as Ford Foundation and the World Bank. In PNG the project is supported by AusAID.

In 2009, IDLO undertook extensive consultations in PNG to support project design. In March 2010, IDLO initiated the PNG HIV Law Project.

Target groups: people living with HIV, men who have sex with men, transgender people, people who sell sex and people vulnerable to FSV and GBV. *Note, there is little injecting drug use in PNG, so the project does not include IDUs as a target group. In all other countries under the Global Health Law Program, IDUs are a target group.*

Project Description: The PNG HIV Law Project contributes to the enabling legal environment in PNG by providing legal aid services, conducting training and capacity building, and delivering legal literacy sessions.

Project Goal: To contribute to a strengthened legal environment to better respond to human rights violations against vulnerable groups in PNG.

Project Activities:

1. Provide legal aid services for vulnerable groups.
2. Build vulnerable groups' understanding of laws and legal processes through legal literacy sessions on HIV and health rights.
3. Engage stakeholders from the law and justice sector, government, members of Parliament and the health sector, on HIV and health-related legal issues, rights and protections, stigma and discrimination, and promote stakeholder collaboration.
4. Deliver capacity building workshops (engaging vulnerable groups, law and justice sector representatives, government, members of Parliament and the health sector).

Project Outputs:

1. Improved access to legal services for vulnerable groups.
2. Improved public awareness and understanding of HIV-related legal issues.

3. Strengthened referral networks between stakeholders, community, healthcare providers and the law and justice sector.

4. Strengthened capacity of vulnerable groups, legal professionals, government, members of Parliament and the health sector to contribute towards an enabling legal environment.

This approach fits closely with the PNG National HIV/AIDS Strategy 2011-2015 (NHS), under NHS Priority 2 'Systems Strengthening' - strengthening the enabling environment for the national HIV response. Within this strategic area, the National HIV/AIDS Framework makes provisions for enhancing the legal environment (Cluster 2.4) and addressing stigma and discrimination (Cluster 2.5). The National AIDS Council Secretariat endorses and recognises the work IDLO/PNGDLA are undertaking to address Strategic Priority 2.

Pervasive discrimination in society represents a significant challenge in the response to HIV. Discrimination against PLHIV and vulnerable groups impedes HIV prevention by discouraging HIV testing and limiting access to prevention, treatment and care services.

Legal services represent a concrete, practical and affordable way to respond to discrimination, address rights violations and support implementation of the PNG *HIV/AIDS Management and Prevention Act, 2003*. Combined, these initiatives contribute to strengthening the overall enabling legal environment.

The legal and policy environment in PNG is, on paper, rights-focused; the challenge lies in implementation of laws and policy. This requires concentrated efforts to inform people of their rights (demand side) and on-going initiatives to prepare and support law and justice sector actors to respond to HIV-related rights violations (supply side). Currently, a widespread lack of awareness of rights within the broader community; and a lack of sensitivity within the legal and justice sector, lends itself to discriminatory practices. The Project supports the strengthening of both supply and demand side, through legal aid, legal literacy, as well as training and capacity building initiatives.

The long term impact of the PNG Health Law Project is expected to include reduced discrimination against people living with HIV and vulnerable groups and increased access to essential HIV services.

Strategies used to expand the scope and coverage of the programme

The PNG HIV Law Project is one of 17 countries supported by IDLO under the Global HIV Law Program between 2009 and 2012 (Egypt, Jordan, Lebanon, Tunisia, Algeria, Morocco, Benin, Burkina Faso, China, Indonesia, Nepal, Guatemala, El Salvador, Peru, Mexico and Colombia).

In each of these countries IDLO partnered/partners with a local legal aid service provider to scale up or establish HIV-related legal services, with a view to strengthening the legal enabling environment, enhancing knowledge about rights and increasing access to quality legal services. Each project has aimed to increase the capacity of lawyers (both project lawyers and other lawyers) to manage HIV-related legal issues; through training, capacity building, resources or manuals, and/or networks. Key to the goal of increasing access to quality legal services is ensuring there are sensitized, non-judgmental lawyers available, equipped with the skills and knowledge to manage HIV-related cases.

In engaging lawyers and providing legal aid services, the Global HIV Law Program has brought HIV-related legal issues before courts and addressed matters at police stations and through administrative bodies. In this way, the Program addresses discrimination in the law and justice sector.

Across the globe, interviewed community representatives report discrimination in the workplace and discrimination in healthcare settings as key challenges. Project clients report that having a lawyer to address such discrimination is empowering and sends a strong message about discriminatory action.

INDIA

Title of the Programme: Crisis Intervention

Contact: Community Network for Empowerment

Implementer(s): Community Network for Empowerment (CoNE) - A State Level Network of Community Based Organisation of People Who Use Drugs

Sector(s): Health, social protection, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

- It consciously strengthens networking with key constituencies and allies – both internal and external
- It facilitates multiple layers of engagement that creates space for active involvement of CBOs, District Federations, state and national networks by following the principle of subsidiarity
- It evolves tailor made multiple and unique approaches to issues – awareness creation, reconciliation, negotiation, judicial processes, mass protest, advocacy, capacity building, report cards, social audit, solidarity building, collectivisation, networking, dialoguing, alliance/coalition building – from individual behavioural change to dealing with structural barriers
- Awareness on the basic rights and importance of reporting any discrimination has been increased amongst the marginalised communities
- Reporting of discrimination has been increased tremendously during last year.
- Effectively using existing provisions under the constitution and various legislations; and adhering to democratic processes
- Bringing in non-community stakeholders has greater implications on addressing the root cause of stigma by engaging influential segments of larger society

Short description of the programme

Community led crisis intervention is a method of confronting and resolving issues of violence, abuse, harassment, and discrimination that affect populations most at risk, particularly people who use drugs and of preventing them of acquiring HIV and other BBVs. The program covered all the nine districts of Manipur, a high prevalence state in North East India, through affiliated member Community Based Organisation and other key stakeholders. A trained team of high-risk individuals responds rapidly and in person to incidents of violence, abuse, harassment, and discrimination against high-risk group members. They provide practical support and ensure that the legal rights of the affected person are respected and his/her health needs are looked after.

The activities that have evolved include:

1. Responding to incidents of violence immediately as they occur
2. Counselling for individuals who have been involved in crisis and ensure they have adequate psychosocial, medical, and resource support in the immediate term
3. Resolving family or community crisis affecting those in high-risk groups
4. Networking with Lawyer groups to support negotiations with authorities and to train them on their legal rights
5. Advocacy, including networking with other likeminded groups and sensitization with pressure groups, law enforcement groups and other authorities
6. Building relationship with the media to improve public perception about high risk groups
7. Reporting of violence to the program and documenting incidents of violence and actions of the crisis response system

The key components of the program are

1. Understanding violence/harassment and nature of crisis response

2. Organize the crisis response team
3. Training of crisis response team
4. Implementation of Crisis response system
5. Report and analyse data
6. Educate the community and others
7. Build public acceptance and support for crisis response

Integrate crisis response with advocacy and community mobilisation

Strategies used to expand the scope and coverage of the programme

The key strategies that have been used to expand the scope and coverage of the crisis intervention include

1. Capturing of crisis in the state and initiating crisis responses
A study conducted to develop a state perspective on the crisis situation and develop multiple strategies to address crisis by effectively using and revamping the existing systems at the CBO levels and using the power of internal (primary constituencies of the network) and external (with other stakeholders) networking.
2. Capturing Crisis
The network captures the entire incidences of crisis in the state. The network effectively makes use of the existing mechanisms and systems developed by different stakeholders, engage both community and non-community volunteers to report crisis, effectively connecting and networking with internal (the constituencies of the networks) and external (non-community) stakeholders.
3. Fact finding in collaboration with the constituencies and with the support of experts and experienced people
The network initiates fact-finding studies on each and every crisis that are captured. The fact-finding study conducted by the network in collaboration with network constituencies, and also involves experts, experienced people and professionals to be part of the fact-finding studies based on the severity and complexity of the crisis.
4. Expert consultation, seeking views and guidance:
The network leadership team engaged in crisis management will seek advice, guidance and clarity from experienced people and experts in dealing with similar crisis.
5. Strategy planning in consultation with the constituency: Bringing on primary constituents and allies on board is very important in addressing crisis especially crisis that are of structural nature. One of the key roles of the network is to bringing together the respective stakeholders and initiate unified effort in addressing crisis.
6. Crisis response action team and actions: Crisis response action team is very important to engage with the crises. It may be an individual, a team of people, may be local social worker, CBO leader, NGO leader, administering service of lawyers and mediators who take initiative (reconciliation/settlement, negotiation, judicial processes, and media advocacy) to help the community in crisis to sort it out.
7. Broad based actions: Based on the progress and outcome of the efforts taken by the crisis response action team and the research/analysis on the occurrence and trend of different crises, the network will organize protest rally, policy advocacy, media advocacy, public interest litigation, public hearing and negotiations etc. whenever needed at a larger level with active participation of their constituencies and allies.
8. Monitoring and evaluation: The network uses the database created as part of capturing crisis and data from other sources to monitor the change in the crises situation and conduct outcome and impact assessments of broad based actions and networking processes in reducing crises.

INTERNATIONAL AIDS SOCIETY

Country: Switzerland

Title of the Programme: International Task Team on HIV-related Travel Restrictions

Contact: International AIDS Society

Implementer(s): EATG, Deutsche AIDS-Hilfe, GNP+

UNAIDS, International AIDS Society

Sector(s): Justice

Implemented by: Civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

- Availability of a continually updated online global database on restrictions and relevant country legislations that deny entry or residency to people living with HIV. The database provides an up-to-date online resources to all stakeholders including people living with HIV, civil society, governments, inter-governmental organizations and the private sector; factsheets and reports with regard to the mechanisms used in practice to implement and enforce HIV-related travel restrictions are also available online;
- Efforts towards the elimination of entry and residence restrictions. This has been done in collaboration with other stakeholders including governments, civil society and international governmental organizations;
- Galvanizing attention and keeping HIV-related travel restrictions high on national, regional and global agenda.

Short description of the programme

Even though many public health experts and advocates have stated that HIV-specific restrictions based on HIV status are discriminatory and do not protect the public health², many countries around the world still refuse entry to people living with HIV, thereby restricting travel and migration for millions of people around the world.

As pointed out in the section on outcomes, the programme targets firstly People Living with HIV as it enables them to access clear and reliable information about the implications and opportunities to travel all around the world; however, it also targets governments, calling for the removal of entry or residence bans and providing them with successful examples of countries which have changed their laws. In addition, organizations engaged in advocacy work can also benefit from the global database by accessing up-to-date data as well as a space for sharing experiences and reporting on existing cases of deportation, mandatory testing or other practices and laws that are in contradiction with the right to freedom of movement for everyone.

The database currently lacks information from eight countries out of the 200 countries included in the latest survey conducted in 2007/2008. It presents the countries according to seven categories: countries without restrictions, with entry bar, with short term restrictions, with long term restrictions, unclear laws/practices for which more information is needed, countries without information and countries that deport people with HIV. The activities of the program implementers, referred to as the International Task Team Working Group, consist of collecting data, building evidence, advocating policy change through consultations and interviews, and disseminating data. During its annual meetings, once or twice a year, it reviews the status of all the countries, defines priority countries on which the Working Group will focus its advocacy work and ensures homogenization of data collected from the various partners in the field.

So far several publications have been released including reports and factsheets, available online and, for some of them, in different languages. In addition, the Working Group has put together satellites, meetings and presentations at the International AIDS Conferences (Vienna, 2010, Washington D.C., 2012). These meetings are unique and highly visible platforms where

² Report of the International Task Team on HIV-related Travel Restrictions, Findings and Recommendations, December 2008, UNAIDS

the Working Group can raise awareness by bring together stakeholders affected by and involved in the legislation process, as well as by keeping the momentum on the issue.

Strategies used to expand the scope and coverage of the programme

In many countries, key populations at higher risk continue to face legal issues both directly and indirectly related to their serostatus. These populations include sex workers, people who inject drugs, people on opioid substitution treatment, and sexual minorities who remain victims of discriminatory laws, including in terms of freedom of movement. Punishing such behaviors provokes stigma that can lead to discrimination and other human rights abuses. With this in mind, the Global Database Working Group has been studying the possibility to extend the scope of the database to include travel restrictions faced by key populations at higher risk of HIV infection. This change of scope responds to a worrying normative environment and reflects the global interest and necessity in using a human rights-based approach for health issues. Such an approach has been demonstrated by UNAIDS's new strategy partially dedicated to advancing human rights. Denouncing human rights violations related to travel restrictions, what some have called "proxy indicators", represents the first step towards repealing abusive and repressive laws. Subsequently, along with the expansion of scope, the coverage will also be modified. Activities such as conferences, satellites and meetings will still be organized to disseminate information and increase the number of people who can be reached and involved in data collection; however these meetings might be more frequent and not only taking place at AIDS conferences. In addition, thanks to the collaboration with other partners, the global database content and publications will be more widely disseminated via partners' own networks and websites.

INTERNATIONAL AIDS ALLIANCE

Country: Eastern and Southern Africa/ Asia/ Mena

Title of the Programme: Initiative to Integrate Human Rights Programmes into National Strategic Plans for HIV

Contact Person: Christine Stegling, Associate Director /Senior Advisor on Human Rights International HIV/AIDS Alliance, Preece House, 91-101 Davigdor Road, Hove, BN3 1RE, UK

Phone: 0044 1273 718 900

Implementer(s): International HIV/AIDS Alliance and UNAIDS (Geneva and three regional offices)

Sector(s): Across sectors

Implemented by: Civil society, UN- or other inter-governmental organisation

Programme is being implemented since: July 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

- A significant outcome of the initiative was the participants' enhanced knowledge about human rights programmes in the context of HIV, resulting in enhanced capacity to present and justify HIV and human rights based programmes in national planning and programming contexts.
- An interactive and comprehensive training tool that will assist countries to practically implement a human rights based approach in their planning for the national HIV response.
- A lessons learned report, highlighting regional and global learning from the three regional workshops and showcasing examples of the impact of the training at national level.
- Each participating country left the regional workshop with a realistic and time-bound action plan, developed jointly by government and civil society participants, allowing for future engagement and follow-up to ensure progress is being made.
- Some participants have reported successes in advocating for specific and concrete HIV and human rights based programmes at national level, e.g. additional human rights based programmes were added in the Kenyan NSP in the mid-term review and in Tanzania

national 'civil society dialogue on mainstreaming human rights and gender equality issues in the NMSF III' was held as a result of the training.

Short description of the programme

To strengthen rights-based national responses to HIV, UNAIDS with the technical support of the International HIV/AIDS Alliance, initiated a project in 2011 to help national stakeholders (national AIDS programme managers, officials from ministries of health, gender and justice, civil society representatives, members of affected communities and UN staff) integrate human rights programmes into National Strategic Plans (NSPs). 33 NSPs were analysed for this initiative, confirming the findings from previous studies that while human rights are often included as overarching principles in NSPs, countries often fail to plan, cost and budget for specific human rights programmes, and to include M&E indicators. A comprehensive and interactive training guide was developed to guide regional workshops to build knowledge and skills of national stakeholders to better address human rights within their national responses. The three workshops were held in Johannesburg (SA), Riyadh (Saudi Arabia) and Bangkok (Thailand) in late 2011 and early 2012. The workshops were participatory and practical and organised around the national strategic planning cycle, demonstrating how human rights can be included in a practical way in the situation and response analyses, programmatic activities, budgets and monitoring frameworks of NSPs. A key output was the development of country action plans, drawn up and owned by participants themselves which are intended to strengthen the integration of human rights programmes into NSPs.

One of the key learning from this initiative is the importance of harnessing different entry points within each of the planning steps of the NSP roadmap. Participants agreed that it is vital that key populations are engaged and involved in each of the steps to ensure that human rights issues are fully integrated. Tools provided as part of the training can be used at national level, making human rights programmatic rather than abstract principles.

When seeking to plan and influence the NSP, participants learnt the importance of identifying those in power who are 'agents of change', with control over decisions to include human rights in national HIV responses, such as ministries of health, finance, interior and justice as well as NACs. Discussions centred around the identification of major roadblocks to successfully implementing HIV and human rights programmes and strategies to overcome these.

Strategies used to expand the scope and coverage of the programme

This is a global initiative that attempts to give practical meaning to human rights concepts and to HIV and human rights programming. One of the key strategies was to use UN convening power to gather national government representatives and civil society to jointly develop national action plans on HIV and human rights. This allows for an opportunity to do further work at national level which has already happened in some of the participating countries, such as in Kenya, Tanzania, the Philippines and regionally through the Arab AIDS Initiative.

The training guide and associated resources will be available online and are a good starting point for national capacity and consensus building to integrate human rights and HIV programmes at national level.

KENYA

Title of the Programme: Increasing access to justice for People Living with HIV and affected by HIV

Contact: HIV/AIDS Equity Tribunal

Implementer(s): HIV /AIDS Equity Tribunal.

Sector(s): Justice

Implemented by: Government

Programme is being implemented since: Formed in 2009 but commenced work in 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Hearing commenced January 2012. The Tribunal allows for justice free from strict observance of evidence act that governs the hearing of cases in open courts, thus avoiding lengthy process. Among the cases lodged, 90% qualified for hearing according to the Act, 10% were referred to other institutions. Of the admitted cases 60% have been heard and disposed. Most complaints have involved stigma and discrimination within military, police, local authorities and private sector workplace. Only one hearing emanated from the religious sector with an advisory sought from an organization dealing with key populations.

There have been an equivalent number of cases of family and community related nature that have required psychosocial support. Significant complaints are tied to social, cultural and religious practices, presenting challenges to the judicial mechanism even with discrimination being underlying cause.

So far interesting lessons have emerged and there has been major interest on Tribunal's work regionally and globally. Many have noted recognizing that this is first legal court of its kind anywhere in the world.

Short description of the programme

HIV /AIDS Equity Tribunal has the powers of Kenyan subordinate court of law and can exercise jurisdiction over civil matters. Its decisions are legally binding. The Tribunal's objective is to combat stigma and discrimination facing people living with HIV/AIDS in family, community, workplace, education, health care settings. It can consider issues on forced disclosure, denial of services, employment related violations, research and any other as defined under HIV/AIDS Prevention and Control Act 2006.

Strategies used to expand the scope and coverage of the programme

Expand hearings: Plans are in place to have more sittings in Nairobi to cope and manage increased workload and demand for services. In addition, the Tribunal has organized to hold hearings at the decentralized structures to bring its services closer to the people. The Tribunal is also exploring how to integrate hearings that cut across family and community stigma and discrimination, including loss of household, children and family support for bereaved women. Issues around divorce and disinheritance for women in discordant relationship have generated significant complaints and are considered for intervention.

Publicize its activities reach out to local community: The process of creating awareness and sensitizing the public, community and stakeholders about its work, mandate and jurisdiction is well underway. Stakeholder meetings and dialogue forums in identified counties and media briefings are planned so as to reach to the widest Kenyan constituency possible and create awareness.

Scaling-up resource mobilization

In addition to the government funds allocation over the government budget cycle, the Tribunal has embarked on building partnership with development partners and has just secured initial funds from UNDP.

Building its capacity. The Tribunal is in the process of streamlining its operational systems, including developing its rules and procedures. It is also developing its first 3- year strategic plan (2012-2015) in order to set out targets, performance indicators and be more focused and results- oriented. In addition there are plans to hire staff in key positions to man its new structures especially legal registry and psychosocial unit. Training of its members and staff in

judicial process, court operations and procedures is also in the pipeline, as well as acquiring offices and court premises and necessary facilities to equip it with necessary technology on secured government funds.

Deepen collaboration and partnership: Forge collaborative linkage with NACC and its affiliates in various locations and stations, to support regular planning and outreach meetings to monitor its performance. The Tribunal plans to evaluate the judgments reached, review its work and make an evaluation and impact assessment report to the National Assembly.

<http://www.unaidscribbean.org/node/115>

Country: Kenya

Title of the Programme: Increasing Access to Justice for People Living with HIV and affected by HIV

Contact: National AIDS Control Council

Implementer(s): HIV Equity Tribunal

Sector(s): Justice

Implemented by: Government

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The HIV and AIDS Equity Tribunal has received about fifteen cases filed by persons living with HIV and AIDS since it began its sittings in January 2012. About 80% of the cases have been conclusively determined. Others are still under the adjudication processes. The Tribunal has also been playing an advisory role to complainants by referring some case to other courts like the industrial courts. The number of cases dealt with by the Tribunal since its inception is a significant improvement in litigation by the persons living with HIV and AIDS on issues relating to stigma and discrimination, compared with only about four similar cases filed in the High Court of Kenya between the years 2003 and 2010. It is evident that the Tribunal enjoys more confidence of persons living with HIV and AIDS in dealing with stigma and discrimination than the ordinary courts of law.

Short description of the programme

The Government of Kenya published the Sessional Paper No. 4 of 1997 as the first official policy on HIV and AIDS. This culminated in the enactment of the HIV and AIDS Prevention and Control Act of 2006. The statute expressly outlaws discrimination at the workplace, schools and health institutions; outlaws restriction on travel and habitation, exclusion from public service , exclusion from credit and insurance services and denial of burial services for any deceased person known or suspected to have had AIDS. The statute established the HIV and AIDS Equity Tribunal to hear and determine complaints arising out of any breach of the provisions of the statute, as well as to determine any appeal or matter referred to it pursuant to the provisions of the statute.

The Tribunal comprises seven members drawn from the legal and medical professions as well as other persons whose attributes would enable the efficient operation of the Tribunal. At least two members must be women.

The Tribunal receives complaints from the general public and determines whether or not a complaint is admissible before it. For those that are admitted, the Tribunal conducts hearings in which the complainant and the respondent are heard and orders are given accordingly. The Tribunal may issue an order to confirm, set aside or vary any discriminatory order or decision complained against, or order the payment of damages in respect of any proven financial loss, including future loss, or in respect of impairment of dignity, pain and suffering or emotional and

psychological suffering as a result of the discrimination. It may also order the maintenance of the status quo of any matter or activity which is the subject of the complaint or appeal until the complaint or appeal is determined.

Strategies used to expand the scope and coverage of the programme

The Tribunal sits in Nairobi, but has plans to hold a circuit system to other regions of the country. In its sittings, the Tribunal adopts an inquisitorial approach in handling the complaints. The hearings are sometimes held *in camera* to protect the identity and dignity of the complainants. Its rules of procedure, yet to be codified, are flexible and are aimed at enabling the widest possible scope in addressing the complaints before it. The Tribunal allows representation by an advocate for any party before it. The Tribunal has the powers of a subordinate court of the first class. Its awards of damages are deemed to be decrees of the High Court for execution. It also has powers to take evidence on oath, compel attendance and testimony of witnesses. It has supervisory powers to ensure its orders are complied with.

Country: Kenya

Title of the Programme: Use of customary law in Kenya to address inheritance practices that mitigate or sustain violence and discrimination as lived by women and children living with HIV

Contact: Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)

Implementer(s): KELIN, Luo Council of Elders, Nyakach Elders, Kabondo Elders, Nyando's Widows and Orphan Association

Sector(s): Health, education, justice

Implemented by: Civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? Yes (<http://kelinkenya.org/wp-content/uploads/2010/10/100901-HIV-Legal-Services-Case-Studies-IDLO-UNAIDS2.pdf>)

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The use of cultural structures as an Alternative Dispute Resolution Method (ADRM) option has facilitated the enjoyment of the right to property by HIV+ widows and orphans. It is faster, efficient, less expensive and less adversarial as compared to the formal systems. The construction of houses for the most vulnerable widows has served as a way of bringing the community together, as they provide labour. Through this process, fulfilment of the women's right to housing has created conditions for fulfilment of their rights to gender equality, security of the person, access to justice. The IDLO and UNAIDS in their report *Scaling Up HIV-Related Services, Report of Case Studies: Ukraine, Kenya and India*, assessed KELIN's CSP and found it to be an effective mechanism that could be used to address other cultural practices that breach human rights and contribute to HIV risk and vulnerability, such as female genital mutilation, polygamy, and child marriage.

Short description of the programme

Women in Kenya have statutory rights to own property. These rights are rarely upheld due to a patriarchal system in which male traditional leaders and government officials believe women cannot be trusted to own property or are not entitled to do so. This results in an economic dependence on men and a power relationship in which women are unable to negotiate the terms of sex, including consent, fidelity and condom use, and their risk of HIV is increased. In parts of Kenya, women and children often become vulnerable to HIV when their husbands and fathers die, due to the fact that they are disinherited; disinheritance by their families and community then leaves the women destitute. Often widows and orphans resort to high risk behaviour such as involuntary sex work in order to earn enough money to survive.

In recognizing that the formal legal systems is not always accessible to many vulnerable women in Kenya, the project recognizes the power of culture and positively engages with it to ensure it operates for the protection of the rights of the vulnerable women and children. KELIN engaged community elders in Nyanza region in Kenya, to ensure that women exercise their right to

inherit and own property. The design of the project considered the fact that there formerly existed dispute resolution mechanisms in every community at all levels. The project therefore sought to reconstruct the community based 'courts' or arbitration barazas. The only conditionality set was to ensure that this process respected the human rights of the parties that came before them.

KELIN had initial community dialogue forums, with widows, elders and government officials to get buy in on the project. Thereafter, trainings were conducted for the widows and elders to help them understand the human rights provisions of the Kenyan laws relating to property rights. The widows were linked to elders by KELIN for purposes of arbitration of their cases. KELIN has taken on 148 cases involving disinheritance of widows, of which 88 cases have been resolved in favour of the women, and the rest are ongoing. In addition, 17 semi-permanent houses have been built for the most vulnerable widows and their children. All this has been done in a period of 36 months, whereas the courts take an average of 6 years to litigate one dispute of a similar nature.

All in all, this process is more accessible, less adversarial, and hence more acceptable and cost effective. In many instances, the widows have won their cases before the community courts, but have only been awarded bare land, and have not had the resources to build a home for themselves on this land. KELIN has been able to facilitate the construction of 17 semi-permanent houses for the most vulnerable widows. This simple ceremony to reinstate the widow and her children back in the home brings the community together to support the construction and serves an advocacy component in sensitizing the community members against the harmful cultural practice that also promotes stigma and discrimination amongst HIV positive women.

Strategies used to expand the scope and coverage of the programme

KELIN has developed a toolkit on how to work with community elders on matters affecting women (<http://kelinkenya.org/wp-content/uploads/2010/10/Working-with-Cultural-Structures-A4FINAL.pdf>). This has helped influence the inclusion of the promotion of ADRM at Article 159 of the Constitution of Kenya 2010. KELIN has also documented the success stories of the project that are available at (<http://kelinkenya.org/multimedia/video/>). In order to actualize Article 159 throughout Kenya, KELIN is seeking to carry out research into the different cultural structures that exist in Kenya, and assess the potential to scale up KELIN's work across more regions of the country. The proposed research would involve visits to the cultural structures in various regions to document the kinds of cultural structures that already exist, the kinds of cases they resolve, and to what extent their decisions promote and respect women's rights to non-discrimination.

The research would also include a desk study covering the whole of Kenya, and mapping out the cultural structures that are known to exist in each region, as well as the non-governmental organizations (NGOs) that are working with them where applicable. The findings of the report will be shared by KELIN through a structured forum that will have key government officials, NGOs working on the issue, the beneficiaries and key development partners.

Country: Kenya

Title of the Programme: Administration of Justice Programme (AJP)

Contact: Legal Resources Foundation Trust (LRF)

Implementer(s): Legal Resources Foundation Trust (LRF) and Kenya Prisons Service (KPS)

Sector(s): Justice

Implemented by: Government, civil society

Programme is being implemented since: 2008 to date

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The prisons now recognise the needs of HIV positive inmates which was never anticipated by the Prison Act and Rules (Cap 90). These include:

- i. A paralegal programme that has successfully pleaded cases for HIV positive prisoners by making the magistrate aware of the zero-status of HIV positive prisoners to ensure that they are provided with medical attention, including provision of ARVs while in prison. Through their relationship with the prison officers, they have ensured that HIV positive prisoners are identified for care and treatment. The programme has also helped HIV positive prisoners present their applications for early discharge through the prison decongestion exercise.
- ii. The creation of Prison Support Groups to facilitate awareness and improve communication with the prison authorities. The Support Groups help with psychosocial support and adherence, within the prison and also facilitate access to health services to the prisoners upon release. Successes include the Eldoret Prison Support Group formal recognition and registration with the Ministry of Gender and Social Services, and the nutritional supplement programme for the HIV positive inmates through the small farm where the support group members grow their own vegetables.
- iii. Through this program, transfer of inmates to other prisons now takes into consideration the status of the inmates to ensure that those being transferred are transferred to a prison that will be able to support the care and treatment of HIV positive prisoners. Family therapy has also been enhanced through advocating for HIV+ inmates who have a few years remaining before release to be transferred to a prison facility nearer home to allow their relatives to visit them more often.
- iv. Monitoring human rights and appropriate follow-ups on HIV+ issues – to reduce new infections through sharing of shaving kits, shavers are now included in prison which would otherwise have been contrabands. Moreover, there is now follow-up of TB medication for HIV positive prisoners.

Short description of the programme

The Administration of Justice Programme (AJP) focuses on penal reform and judicial participation. It covers 38 prisons (i.e. Nairobi, Eldoret, Kisumu, Nakuru, Machakos, Embu, Thika, Kapenguria, Kericho, Voi, Meru, Makeni and Nakuru) to assist men and women inmates who are in pre-trial detention (awaiting trial). There are 23 prison paralegals.

The Paralegal Approach is used to support the prison VCT Officers to provide legal aid and awareness, relative tracing and reintegration, human rights monitoring, counselling and policy advocacy. This is done through the formation of Prison Support Groups (PSG), training of police and prison officers, the development of simplified booklets and posters - HIV and AIDS, and Human Rights and HIV in Prison respectively and formation of Court User Committees. These forums are used to promote and protect all in the administration of justice to access justice and to live with dignity.

Strategies used to expand the scope and coverage of the programme

Paralegal Approach has expanded the interventions to include the following;

- i. Disclosure by Prison Officers on living positively and also joining the Prison Support Groups for mentorship.
- ii. Paralegals based in court stations with operational desks in Kisii, Embu, Meru and Makadara to assist all vulnerable court users with legal support.
- iii. Integration-when the clients leave prison the paralegal together with VCT office assist the clients to connect with other organizations in the community such as KENWA.
- iv. During Legal Aid Days VCT Counsellors are invited to provide testing for inmates and officers.
- v. Introducing new partners to prisons on identified gaps to assist i.e. He Intends Victory (HIV) Ministries who now provide psycho-social counselling, and utilities - blankets,

mattresses and mosquito nets to protect the women and children accompanied by their mothers.

- vi. Empowering the general prison population who are often ignorant on HIV matters to avoid transmission and discrimination. They are able to understand the clinical and social issues surrounding HIV.
- vii. Inclusion of vulnerable case discussions in Court User Committees that deal with sexuality in prisons and its related impact on inmates and women in particular.

MADAGASCAR

Title of the Programme: Plaidoyer auprès des juristes – medias et population clés à haut risque sur la protection des droits humains et lutte contre la stigmatisation & discrimination dans la région Anosy et Diana de Madagascar

Contact: UNAIDS

Implementer(s): Ministère de la justice, Société civile, particulièrement les populations clés à haut risque et les personnes vivant avec le VIH, Journalistes locaux

Sector(s): Justice, société civile, journalistes

Implemented by: Government, civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2012

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- L'accessibilité et l'utilisation des services intégrés de Santé de la reproduction (Prise en charge des IST/Sida et de la Planification familiale) sont accrues pour les groupes clés à haut risque
- Les capacités des acteurs sur la pratique d'une attitude non discriminatoire et l'approche droit et VIH sont accrues pour les membres du réseau de PVVIH

Short description of the programme

La discrimination, la stigmatisation et les violations des droits humains des Personnes Vivant avec le VIH (PVVIH) et des groupes les plus exposés au risque, constituent d'importants obstacles à la réalisation de l'objectif d'accès universel à la prévention, au traitement, au soin et aux services d'appui. Les personnes infectées et affectées par le VIH et les populations vulnérables sont souvent discriminées et marginalisées à cause de leur statut ou appartenance à un groupe spécifique, ce qui peut rendre leur accès à des services de prévention, de prise en charge et d'appui, difficile et problématique. Pour cela, l'implication des institutions nationales, particulièrement les juristes et les medias, dans la riposte nationale au VIH/sida représente un principe incontournable dans la lutte contre l'épidémie, notamment dans des contextes où la discrimination des PVVIH, des populations clés à haut risque et des personnes affectées par le virus est un phénomène réel et pressant. Un atelier de deux jours sera ainsi organisé et visera à:

- Renforcer les capacités des organisations Sous Récipiendaires du projet fonds mondial R8 et des populations clés dans les Régions d'intervention (Diana, Anosy) sur les techniques de plaidoyer concernant la protection de leurs droits et la non-discrimination & stigmatisation à leurs égards
- Convaincre les juristes à soutenir les populations clés dans leurs démarches juridiques et professionnels de média à contribuer dans la lutte contre la discrimination et stigmatisation à leurs endroits.

La campagne consiste en premier lieu à renforcer les capacités des populations clés sur les techniques de plaidoyer afin que celles-ci puissent en second lieu mener des séances de plaidoyer pour éviter la discrimination et stigmatisation.

Strategies used to expand the scope and coverage of the programme

Le projet va couvrir 4 régions de Madagascar (Diana, Anosy, Analamanga et AtsimoAndrefana)

et il est prévu que les journalistes et les juristes développent un petit projet de courte durée focalisé sur la lutte contre la discrimination et stigmatisation. En vue d'obtenir un meilleur résultat dans les futures actions effectuées par les cibles de l'atelier, il est préférable d'impliquer quelques populations clés à haut risque pour témoigner sur le non-respect des droits humains à leur endroit, d'assurer la collaboration de travail des juristes avec les Centres d'Ecoute et Conseil Juridique existant dans ces 4 régions et de solliciter les journalistes de mettre « à la Une » dans les journaux les nouvelles informations sur le VIH.

MOLDOVA

Title of the Programme: Litigation Programme of IDOM under the project “Reducing HIV-related burden in the Republic of Moldova” financed by the Global Fund Round 8 Grant

Contact: Moldovan Institute for Human Rights (IDOM)

Implementer(s): IDOM

Sector(s): Justice, Rights of People Living with HIV

Implemented by: Civil society

Programme is being implemented since: January 2010

Has the programme been evaluated/ assessed? Yes (The programme's activities are monitored quarterly by the Center for Health Policies and Studies (Center PAS) that is the principal recipient within the project “*Reducing HIV-related burden in the Republic of Moldova*” under the Global Fund Round 8 Grant, but no evaluation reports were drafted by Center PAS. UNAIDS Country Office has provided programmatic assurance for specific project activities as well, but no reports were shared with us as implementers)

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

411 people living with HIV and/or affected by HIV have been provided with legal counselling in the period January, 2010- June, 2012. 60 cases were undertaken for further intervention.

The litigated cases were/are on: *disclosure of confidential information related to HIV status (by medical staff, including family doctors), refusal of national authority to issue residential permits to foreign citizens that are HIV positive, refusal of medical assistance due to HIV status of the patient; marking of medical files etc.*

Short description of the programme

As of 1st of July 2012 a total of 7,473 people had been registered with HIV infection by the administrative case registration system, including more than 1,891 from the Transnistrian secessionist region.

Starting with 2010, IDOM is responsible for the implementation of the component “**Protection and promotion of the rights of people living with HIV**” under the project “*Reducing HIV-related burden in the Republic of Moldova*” financed by the Global Fund Round 8 Grant. IDOM provides legal counseling and undertakes litigation for the protection and promotion of human rights with regard to people infected and affected by HIV/AIDS. The Litigation Program is formed by four lawyers, one of which also coordinates the activities in this program.

Objectives of the program:

- to offer legal routine counseling to people living with HIV/AIDS
- to ensure policy/strategic litigation for selected cases of people living with HIV/AIDS in terms of human rights violation

Target Group/Beneficiaries:

- Direct target groups

The direct target group of this program are all HIV infected adults and children from Moldova. The Litigation Program implements its activities in all regions of the Republic, based on the collaboration with specialized NGOs that provide social services and support to persons living with HIV/AIDS (such as: League of people living with HIV of Moldova, Regional Social Center

“Life with Hope” from Balti (north of Moldova), Social Center for people living with HIV/AIDS from Comrat, including NGO “Biaz Gul”; Regional Centre for Community Policies (Chişinău), NGO “Hope” from Chisinau, NGO “New Life” (Chişinău); Step by Step (*Pas cu Pas - Cahul*). One of the main problems identified in 2010-2011 was the refusal of the Bureau of Migration and Asylum of the Ministry of Home Affairs to issue certificates of immigrants and therefore residence permits to foreign citizens with HIV positive status.

The Litigation Program undertook 5 cases on discrimination issues related to the HIV status of immigrants in the Republic of Moldova. Some of the cases were litigated in the national court system, inclusively at the Supreme Court of Justice of the Republic of Moldova that ruled on 22 December 2010 that the Bureau of Migration and Asylum must issue a certificate of immigrant to a foreign person living with HIV in the Republic of Moldova. That landmark ruling and the continuous lobby undertaken by IDOM with its civil society partners with the support of the UNAIDS and UNDP CO in Moldova and the UN Human Rights Adviser have contributed to amending the 2007 HIV Law as of June 2012, effectively removing all HIV related travel restrictions.

Short facts of the case

S.N., 28 years, a foreign citizen, married in 2005 a Moldovan citizen, G.V. Both live in the Republic of Moldova and have a minor child.

Following the application of S.N., the Bureau of Migration and Asylum refused to issue certificate of immigrant indicating that she is suffering from the disease (HIV/AIDS) and that she presents public danger.

The Court of Appeal rejected the request and mentioned in its decision that S.N. is a person infected with HIV/AIDS and this disease presents danger to society and, according to Article 15 para 1 (d) from the Law 1518-XV from 06.12.2002 on Migration, the immigration is prohibited to foreign citizens that suffer from diseases with danger to public health. Also, Article 24 para 1 from the Law 23-XVI from 16.02.2007 on prevention and control of HIV/AIDS provides that entrance into the Republic of Moldova for a period longer than 3 months is permitted only upon submission of a medical certificate with a negative HIV test.

On September 22, 2010, the decision of the Court of Appeal was appealed at the Supreme Court of Justice, because the conclusion of the Bureau of Migration and Asylum and the court decision violate the right to private life and family of the applicant and do not comply with the international acts to which the Republic of Moldova has adhered, as well as with certain national legal provisions. Thus, Article 15 from the Law on Migration and Article 24 from the 2007 Law on Prevention and Control of HIV/AIDS violate the Family Code, Constitution of the Republic of Moldova, Universal Declaration of Human Rights and the European Convention on Human Rights. The actions of the Bureau of Migration and Asylum cannot be considered “necessary in a democratic state” and “proportional to the goal pursued”. Authorities’ interference in the private life of a foreign person with HIV status is not proportional, because the balance between the interests of S.N. to have family relationships and the interest to protect public safety, alleged by authorities, was not ensured.

According to the Decision of the Supreme Court of Justice from 22 December 2010, the appeal filed by the IDOM’s lawyer was admitted, the decision of the Chisinau Court of Appeal was quashed, and the Bureau of Migration and Asylum was obliged to issue the certificate of immigrant to citizen S.N.

The Decision of the Supreme Court of Justice established a precedent for similar cases and changed the existing practice in the Republic of Moldova regarding the refusal of the Bureau of Migration and Asylum to issue certificates of immigration to persons living with HIV. In two cases, individuals were compensated by the courts for caused non pecuniary damages. Afterwards, the Bureau of Migration and Asylum had not been refusing to issue certificates of immigrant to foreigners who were HIV positive.

The HIV test is no longer on the required list of documents that must be submitted while requesting residential permission in Moldova. This type of case litigated in Moldova shows that a human rights situation could be improved locally in Moldova before the European Court for Human Rights made its verdict on a similar case (*Kiyutin, Application 2700/10, Decision from 10 March 2011*) against the Russian Federation.

Strategies used to expand the scope and coverage of the programme

IDOM reported to European Union Delegation in Moldova on arbitrary subjections to HIV tests as part of the immigration rules framework. Furthermore, the EU introduced in the Action *Plan on Visa Liberalisation* (12/16/2010) an action, stating "*Ensuring that freedom of movement in Moldova, Moldovan citizens and foreigners staying legally or stateless persons are not subject to undue restrictions, including discriminatory measures based on any ground such as sex, race, color, ethnic or social origin, genetic features, health status (including HIV/AIDS), language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation*".

IDOM reported to the United Nation Committee on Economic, Social and Cultural Rights (<http://www2.ohchr.org/english/bodies/cescr/cescrs46.htm>) by presenting its Shadow Report on implementation of the Covenant on Economic, Social and Cultural Rights related to the rights of people living with HIV/AIDS.

IDOM elaborated a research/report on legal national framework with regard to the compliance/violation of HR of persons living with HIV/AIDS in Moldova. This analysis served as basis for the work undertaken to amend the 2007 Law on Prevention of HIV/AIDS.

The article 24 para 1 of the Law on HIV/AIDS Infection Prevention (no.23-XVI of 16 February 2007) was modified on 01 June 2012. Currently, the article 24 para 1 provides that "*Any travel restrictions, border restrictions, refusals to issue a residence permit on ground of HIV status are prohibited*".

MOROCCO

Title of the Programme: Integration of fight against stigma and discrimination in the NSP in Morocco

Contact: UNAIDS

Implementer(s): Ministries (Health, Employment, Islamic Affairs, NGOs, PLHIV, National Council for Human Rights, UN Offices (UNAIDS, UNDP, UNESCO

Sector(s): Health, Workplace, Justice, Human Rights, Religious field

Implemented by: Government, civil society, UN or other inter-governmental organisation

Programme is being implemented since: 2007

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

La lutte contre le stigmatisation et la discrimination dans différents milieux (famille, milieu de soins et milieu du travail) a constitué l'un des axes de campagne nationale de communication sociale sur le sida mise en œuvre depuis l'année 2004 et qui mobilise les différents média écrits et audio-visuels. La mise en œuvre du Plan Stratégique National de lutte contre le sida 2007-2011 (PSN) a permis d'intégrer la lutte contre la stigmatisation et discrimination dans les différents programmes des ONG sida et des PVVIH ainsi que dans les programmes sectoriels notamment ceux du Ministère de l'Emploi et de la Rabita des Oulémas (secteur religieux). Suite à la revue de la composante Droits humains dans le PSN, un partenariat avec le Conseil National des Droits de l'Homme (CNDH) a été initié et une stratégie spécifique sur les droits de l'homme sera mise en œuvre dans le cadre du PSN 2012-2016.

Short description of the programme

La campagne nationale de communication sociale sur le sida, initiée à partir de l'année 2004,

par le Ministère de la Santé et les ONG, a axé sa troisième phase sur **la lutte contre la discrimination et la stigmatisation** des PVVIH. La campagne qui a ciblé la population générale, le milieu de travail, la famille et les prestataires de santé, a utilisé les chaînes TV et radio nationales, l'affichage urbain et la presse écrite. Elle a été relayée par une campagne de proximité dans les espaces de regroupement, festivals et autres.

Le Ministère de la Santé a organisé en collaboration avec l'ONUSIDA, **des sessions de formation sur l'approche de programmation basée sur les droits humains appliquée au VIH** destinées aux décideurs, gestionnaires et cadres des secteurs et ONG. Le ministère de la Justice et l'Administration pénitentiaire ont organisé plusieurs journées de **sensibilisation des avocats, magistrats et des responsables des prisons** pour renforcer l'application des lois et réglementations générales au profit des PVVIH.

Le **Ministère de l'Emploi et de la Formation Professionnelle (MEFP)** s'est doté d'un plan sectoriel qui vise à mettre en œuvre les dix principes du BIT particulièrement la lutte contre la discrimination liée au VIH en milieu de travail. Une charte tripartite (employeurs, syndicats et MEFP) a été élaborée en collaboration avec le PNUD et l'ONUSIDA, incluant un volet sur le respect des droits humains (non-discrimination, respect de la confidentialité et interdiction de dépistage obligatoire). Les médecins inspecteurs de travail ont suivi une formation intégrant les approches genre et droits humains, et un label de bonnes pratiques des entreprises sera instauré.

Le Conseil National des Droits de l'Homme (CNDH) a engagé un partenariat avec le Ministère de la Santé et l'ONUSIDA pour renforcer son implication dans la riposte. Le personnel du département protection et aides aux victimes a été formé pour renforcer ses capacités en matière de prise en charge, d'orientation et d'appui juridique en cas de stigmatisation ou d'atteinte des droits humains des PVVIH et des personnes affectées. Un plan d'action du CNDH en matière de protection des droits humains et VIH a été élaboré.

La Rabita Mohammedia, avec l'appui de l'ONUSIDA et l'UNFPA, a formé 70 **Oulémas** en matière de SSR (IST/VIH/SIDA), droits humains, genre et VFG. Ils œuvrent pour éliminer les comportements négatifs liés au VIH lors des prêches et des cours d'alphabétisation dispensés dans les mosquées.

L'ALCS a intégré de manière systématique la lutte contre la stigmatisation dans ses programmes et organisé plusieurs événements nationaux autour des droits de l'homme, notamment lors des assises nationales et des éditions du Sidaction. Une journée spécifique sur la discrimination des UDI a été organisée par l'ALCS, RDR et le CNDH.

L'Association du Jour (des PVVIH) a lancé en collaboration avec l'ONUSIDA et l'UNESCO, un projet de lutte contre la stigmatisation et la discrimination. Des PVVIH ont été formées et ont mené un plaidoyer à destination des mairies et des collectivités locales sur les droits et les questions de discrimination.

Strategies used to expand the scope and coverage of the programme

Le PSN 2012-2016 a intégré la question des droits de l'homme et la lutte contre la discrimination et stigmatisation comme un axe spécifique. Les interventions visent à créer un environnement favorable à la mise en œuvre des interventions notamment la prévention auprès des populations les plus exposées au VIH, la prise en charge et l'appui aux PVVIH. Il s'agit en premier de l'élaboration d'une stratégie spécifique sur les droits humains associée au VIH et la lutte contre la stigmatisation et la discrimination avec l'implication du CNDH (Conseil National des Droits de l'Homme) et la collaboration avec les institutions et ONG de défense des droits humains. Un comité national sur les droits humains sera opérationnalisé pour piloter cette stratégie.

Les plans stratégiques régionaux de lutte contre le sida (PSR) en cours de préparation intégreront un axe sur les droits humains et la lutte contre la stigmatisation et discrimination permettant une meilleure adaptation des stratégies au contexte local et une plus grande proximité de l'offre de prévention et de soins vers les populations clés plus exposées aux risques d'infection et les PVVIH.

Des activités de formation, sensibilisation et de plaidoyer seront organisées auprès des acteurs locaux, sur une gamme de sujets : stigmatisation, accès aux soins, genre et droit à la santé.

Des actions de lutte contre la stigmatisation et discrimination des PVVIH et des personnes exposées seront intégrées au sein des programmes dans le paquet global de la prévention combinée au niveau des régions. Les membres des commissions régionales du CNDH recevront également plusieurs sessions de formations sur les techniques d'écoute et de traitements des plaintes, l'orientation et les mécanismes disponibles de recours en cas d'abus. Le comité tripartite où sont représentés les syndicats, la Confédération Générale des Entreprises du Maroc (CGEM) et le Gouvernement (Ministères de l'Emploi et de la Santé) sera institutionnalisé. La charte d'engagement à la riposte au sida en milieu de travail sera signée par toutes les parties prenantes en septembre 2012. Celle-ci s'engage notamment à protéger les droits des travailleurs infectés par le sida, lutter contre la stigmatisation et la discrimination. La conduite de l'étude Stigma Index fournira des données concrètes pour le suivi et évaluation des actions.

Country: Morocco

Title of the Programme: Document violations of human rights of drug users in north Morocco to act better on the legal and social environment to strengthen the fight against AIDS

Contact: Association de lutte contre le sida

Implementer(s): Association de lutte contre le sida (ALCS)

Sector(s): Advocacy

Implemented by: Civil society

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Profile

- Average age: 38.2 years [18-60]
- Men: 91% - Women: 9%
- 31% live in the street and 80% live alone
- 2% of them have a formal activity, the less at risk of problems with the police and justice. Other income sources are related to: informal activity (74%), begging (10%), illegal activity (14%), family support (7%).

Consumption

- 97% are heroin users (some consume also other products), 70% are injectors
- 84% of DU injected in their lifetime

Prison

- 84% went to prison
- Average number of incarcerations: 4 [1-30]

Violation of human rights

- All DU testified to violence by the police, the three quarters with the health system and half with their families.
- 99.8% of PUD have been victims of at least one of those 9 violations with following sub scores: 87% from police officers (e.g. non legal custody) and 49% from health professional (e.g. non access to emergency hospital units). 60% has faced situation closed to human exploitation with drug smugglers or other PUD (including the exchange of sexual intercourse for drugs). Family environment is also a major cause of human right violations.

Short description of the programme

In Morocco, drug use is criminalized. A law in 1974 anticipates for a prison sentence (2 months to 1 year) and / or a penalty (500 to 5,000 dirhams). The law application by police is very strict and excludes drug users (DU) from medico-social support. This leads to a health paradox: the repressive policies stand in the way of health policies, while the national strategy for harm

reduction (HR) 2008-2011 adopted by the government considers DU as a person under care rather than a criminal.

ALCS, the first association of fight against AIDS in Morocco, wanted to act on the legal and social environment of DU to help overcome this health paradox in order to better fight against an emerging phenomenon of AIDS epidemic in Morocco: the increase of the risk of HIV infection associated with injecting drug use. The advocacy constitutes two phases: (1) conception and realization of a field survey of DU to document the nature and severity of the violations of human rights; and (2) writing of file arguments and organization of a national conference in order to sensitize policy makers and opinion leaders to the issues.

ALCS has managed a cross sectional study in 3 North cities. 300 PUD recruited through outreach programs were asked to answer a questionnaire including 9 questions designed to assess human right violation from police officers, health professional and the social and legal environment. Human right violation was defined as a break in national endorsed civil rights or break in national health good practices.

Strategies used to expand the scope and coverage of the programme

We will continue to develop partnerships with organizations involved in harm reduction among drug users and associations for the defense of human rights. Moreover, these associations have signed with us a declaration in which they commit to defend the rights of PUD.

We also intend to meet with officials of the prison administration and the Ministry of Justice to plead the cause of PUD and try to get more favourable judgments for simple drug use until the situation is more favourable to advocate for real decriminalization.

We will also participate in the efforts of the Ministry of Health for the introduction of methadone in prisons which will be a very important gain.

There is also the involvement of the National Council for Human Rights (CNDH) in this campaign that we intend to maintain.

NIGER/WEST AFRICA

Title of the Programme: Renforcement du plaidoyer et de la capacité d'intervention des organisations et programmes des réseaux de PVVIH en vue d'accélérer le processus de l'accès universel en Afrique de l'Ouest

Contact: Réseau Nigérien des Personnes Vivant avec le VIH (RENIP+)

Implementer(s): OSIWA/Réseau Africain des PVVIH-Afrique de l'Ouest (RAP+AO)/Réseau Nigérien des PVVIH (RENIP+)/Association des Jeunes Juristes du Niger (AJJN)

Sector(s): Justice, Droits humains

Implemented by: Civil society

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Le projet, en matière de lutte contre la stigmatisation et la discrimination, a obtenu les résultats suivants :

- Animation d'une cellule juridique, en collaboration avec l'association des jeunes juristes du Niger, contribuant à la protection juridique des droits des PVVIH dans la Communauté Urbaine de Niamey et à la formation de ceux-ci sur leurs droits et devoirs grâce à des séances mensuelles : **41 plaintes enregistrées, 3 plaintes transmises en justice, 2 décisions de justice obtenues, 1 dossier en appel.**

- Organisation, sur la télévision Ténéré (RTT) de Niamey, qui dispose d'une large couverture nationale, d'un débat en français sur le thème « Vivre avec le VIH/SIDA sans discrimination » ;

Organisation de six (6) débats radiophoniques sur le thème de la stigmatisation et de la discrimination envers les PVVIH (Horizon FM et Tambara FM) au cours du mois de Mai 2010 ;

Short description of the programme

Le but de ce projet, soutenu par le Réseau Ouest Africain des PVVIH (RAP+AO), est de renforcer la capacité de plaidoyer et d'intervention organisationnelle des six jeunes réseaux de personnes vivant avec le VIH, dont le RENIP+, en vue de les amener à s'imposer comme des acteurs clés dans leur riposte nationale contre le VIH/SIDA et lutter contre la stigmatisation et la discrimination dans leur pays respectifs.

Cette activité donnera l'occasion aux réseaux des pays ciblés d'acquérir des connaissances et compétences en gestion et management de leurs organisations, un savoir-faire dans les domaines et aspects suivants :

- la Bonne Gouvernance
- l'implication des Associations de PVVIH dans la lutte contre le SIDA
- la Prévention Positive, Santé de Reproduction
- Droits humains en matière de VIH/SIDA, etc.

A travers des moyens de communication traditionnelle, le RENIP+ organisera des sensibilisations de masse par des PVVIH à visage découvert dans 22 villages. Au cours de cette sensibilisation, les PVVIH présenteront aux masses publiques, une image positive des personnes infectées, les impacts négatifs de la stigmatisation et la discrimination, le droit de reproduction de PVVIH, les besoins de changement de comportement envers les PVVIH démystifiant ainsi la maladie en vue de faciliter l'accès des PVVIH aux services de prise en charge disponibles. L'occasion sera ainsi donnée aux intervenants d'appeler les populations à prendre soins de leurs parents infectés.

A cause de l'analphabétisme et de la peur d'être découvert séropositifs, beaucoup de PVVIH ignorent leurs droits ou préfèrent ne pas les réclamer. Dans le but de faire connaître aux membres les lois existantes protégeant les PVVIH et leur famille, une cellule de protection et de défense des droits des PVVIH sera mise en place avec les organisations. Elle permettra aux PVVIH de connaître leurs droits et devoirs vis-à-vis de l'infection à VIH. Les législations à caractère VIH et le Code de Bonne Conduite seront utilisés au cours de ces assises.

Strategies used to expand the Scope and Coverage of the Programme

Le lancement de la cellule juridique est intervenu à partir du 25 mai 2010. La stratégie de lancement des activités a consisté en une campagne d'affiche dans les centres de dépistage et prescripteurs (14) par les accompagnateurs psychologiques et sociaux et l'animateur de la cellule. L'expérience de la cellule juridique est actuellement en cours grâce à un financement de ENDA France, sous la supervision de l'ONG nationale SONGES. Les résultats obtenus par la cellule juridique du RENIP+ ont été à la base du plaidoyer pour l'intégration de la lutte contre la stigmatisation et la discrimination dans le nouveau cadre stratégique national de lutte contre les IST/VIH/SIDA 2012-2016. Plusieurs ONG de la place, telle que LAFIA MATASSA ont intégré l'assistance juridique dans leur programme d'appui aux PVVIH. Nous pensons que dans le cadre du prochain ROUND de financement du Fonds Mondial de lutte contre les 3 maladies, la cellule juridique pourra couvrir tout le territoire national.

PHILIPPINES

Title of the Programme: "Seeking Redress for HIV-related Human Rights Violations in the Philippines"

Contact: Pinoy Plus Association

Implementer(s): Pinoy Plus Association with UNAIDS Country Office

Sector(s): Health, Workplace, Justice, Communities and people living with HIV
Implemented by: Government, civil society, UN or other inter-governmental organisation
Programme is being implemented since: 2010
Has the programme been evaluated/ assessed? No
Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- Over 15 institutional partners, including 7 PLHIV groups actively promoting redress action on HIV-related human rights violations following the publication of “Seeking Redress for HIV-related Human Rights Violations in the Philippines”.
- PLHIV, LGBT and youth groups have requested copies of the redress publication and would be using this as reference/guide in seeking redress for recently reported cases of discrimination related to HIV as well as sexual orientation and gender identity (SOGI).
- AIDS bills filed at the Senate and House of Representatives in 2011 includes a statement on strengthening HIV-related redress mechanisms.

Short description of the programme

In the 2010 UNGASS country report, the absence of a redress mechanism was identified as a main challenge in addressing HIV-related stigma and discrimination issues. Building on UCO support in last biennium for PLHIV-led stigma index report and documenting redress mechanisms, UCO, in close partnership with Pinoy Plus, developed a reference manual on redress through a series of participatory consultations with PLHIV support groups in the country and involving representatives of alternative law groups, the Office of Alternative Dispute Resolution of the Department of Justice and the Philippine Mediation Center of the Supreme Court. The reference has since been printed and disseminated. A training module with support from UNDP has been piloted with positive women support groups.

Since its launch at the commemoration of the 2012 AIDS Candlelight Memorial, the Redress Mechanisms Reference document is being popularised and disseminated through social media and in their own events/activities as well as learning sessions conducted by PLHIV support groups.

There are on-going efforts to use this reference document to feed into addressing a related challenge of documenting and monitoring cases through electronic database system being developed by the Department of Social Welfare and Development in relation to HIV-Social Welfare Referral System.

This will also be part of the capacity development of civil society and community partners in priority sites under the Joint Implementation Plan of Sub-outcome 1.6 on HIV under the new UNDAF (2012-2018) in the Philippines.

Strategies used to expand the scope and coverage of the programme

- Social networking undertaken by the PLHIV groups/advocates;
- Capacity building and learning sessions of PLHIV support groups;
- Partnership building between PLHIV support groups and alternative law groups as part of UNDAF;
- Technical support to the NHRI (Commission on Human Rights in the Philippines) to strengthen its institutional capacity to monitor and report on HIV-related violations, including extending assistance to access redress mechanisms as one of four of its strategic/priority areas.

Country: Philippines

Title of the Programme: “Strengthening Role of NHRI in HIV and Human Rights”

Contact: Philippine Commission on Human Rights

Implementer(s): Commission on Human Rights with UNAIDS Country Office
Sector(s): Health, workplace, Justice, People living with HIV and MSM groups
Implemented by: Government, civil society
Programme is being implemented since: 2010
Has the programme been evaluated/ assessed? No
Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

In 2012, the Philippine Commission on Human Rights (CHR) committed to align its developmental goal with the National HIV Objectives of Zero Transmission, Zero Deaths and Zero Discrimination. Its' program objectives must also relate to and be mainstreamed in the regular operation of the CHR, particularly in regard to its core competencies (investigate human rights violations, monitor State compliance with human rights obligations and conduct human rights education, information and training.

Short description of the programme

The main target of the programme is CHR, building on the regional initiative which convened the NHRIs in February 2010. With UCO support, a first roundtable discussion internal to CHR was held in June 2010 and included in the first instance, CHR directors from regions that report the most risk/number of people living with HIV as identified by the Department of Health. These are NCR, Regions 3, 4, 5, 6, 7 and 8. Participating in this roundtable discussion were at least two CHR commissioners.

This resulted in an action plan on how to strengthen HIV response within CHR. Following national elections in May 2010, Loretta Ann Rosales was appointed to head CHR. The UN Country Team's courtesy visit included HIV in the discussion. In the new Chair's program agenda shared with development partners, HIV and LGBT issues were identified as two emerging priorities for action. Leveraging UNDP support, a second roundtable among CHR lawyers and investigators was held in 2011 and an HIV awareness orientation was held among CHR staff based in the main office in Manila.

In mid-2012, Chair Rosales took on leadership of CHR's HIV working group, which includes partnership with MSM community group and UNAIDS. A plan of action has been agreed upon to revolve around 3 priority areas:

1. Developing an HIV and AIDS policy to address internal knowledge, skills and attitudinal gaps on HIV and AIDS within CHR.
2. Advocating/monitoring for State accountability.
3. Strengthening redress mechanisms for HIV and AIDS related discrimination, hate crimes, etc.

Initial agreement has been reached to operationalize the work in the three priority sites with highest number of reported new HIV infections.

An initial scoping has been directed by Chair Rosales to get all regions to report on their respective HIV situation and role, if any, that CHR has been playing. An initial draft has already been circulated in August 2012 and will be used as input to refine action plan.

CHR targets before end of 2012 in confirming its policy on HIV, which is supported by a CHR Resolution to be passed by its Commissioners as a tool for policy reform and advocacy.

Strategies used to expand the scope and coverage of the programme

Strategic information – using evidence to make the case. That is, providing CHR and its units with updated information on the HIV situation and gender-related issues, especially those affecting men who have sex with men, as well as reports of HIV-related human rights violations.

Mainstreaming – institutionalising HIV response aligned with its mandate. This recognizes that while CHR strength is human rights, it still needs to better understand HIV and AIDS as it relates to human rights. This strategy is supported by three main actions:

- HIV sensitization of CHR rank and file to address gaps/weaknesses in internal knowledge, skills and attitudes related to HIV and AIDS
- Policy development – putting in place a CHR workplace policy and programme on HIV, supported by a CHR resolution
- Partnerships – linking CHR with key affected populations, including support groups of people living with HIV.

PORTUGAL

Title of the Programme: HIV/AIDS Anti-Discrimination Centre

Contact SER+

Implementer(s): Ser+, Associação Portuguesa para a Prevenção e Desafio à Sida GAT, Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA - Pedro Santos

Sector(s): Health, Education, Workplace, Justice

Implemented by: Civil society

Programme is being implemented since: Officially since January 2011 it started as, a pilot project, in February 2010

Has the programme been evaluated/ assessed? Yes. Every six months

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- Provide information, orientation, legal advice and judicial and social support to address discrimination and stigma issues associated to HIV infection
- Reduction of stigma and discrimination against people living with HIV;
- Implementation of the 20th objective from the Dublin Declaration of 2004;
- Identification of legal voids and or contradictions that facilitate discriminatory treatment;
- Approval of anti-discriminatory legislation and regulation in line best international practices and the orientations and commitments of the International and European Declarations and Conventions to which Portugal has agreed.
- Introduction and upgrade of anti-stigmatization and discrimination practices in the working place, schools, health and social institutions;
- Alignment of national jurisprudence with international good practices; and
- Improvement of the ethical and scientific rational for court decisions.

Short description of the programme

Target groups

- PLWHA or affected by HIV, subjected to discrimination and stigma issues associated to HIV infection;
- Health, teaching and social professionals and workers;
- Volunteers, providers and workers in NGOs, health system, schools and social support services;
- Business and work providers in general, particularly, the underwriters of the Code of Conduct “Business and HIV”.

Coverage

The centre is based in Cascais but its activities covered the all country. Cascais - a municipality of the metropolitan area of Lisbon, were more than one third of all Portuguese PLWHA live - has a high concentration of vulnerable groups (IDUs, inmates and migrants).

Activities

- To make available and widely known a call number for discrimination cases and legal information;

- Set up a multidisciplinary team with lawyers, doctors and HIV activists to provide counselling and legal and juridical referral in discrimination cases;
- Increase PLWHA's capabilities to recognize discrimination and stigma and empower them to fight against it by organizing, in each year of the project, at least, one workshop for people living or affected by HIV, including NGO managers, staff members and volunteers;
- Promote favourable attitudes, integration and acceptance behaviours towards PLWHA, by organizing, in each year of the project, at least:
 - ten information and awareness actions for company employees in the labour environment;
 - one workshop for managers and company officers or trade unions agents;
 - three workshops for the managers, officers and other social workers of social institutions (homes and others);
 - three workshops for schools boards, teachers and other education staff;
 - three workshops for clinical directors and other health professionals, in different health settings;
 - Organization of a documentation centre specialized in the areas of Human Rights, Equality and Non-discrimination, criminalization of HIV transmission, and stigma reduction mechanisms;
 - Partnerships, with at least one university, to study and research HIV associated discrimination, providing internships to graduate or post-graduate students;
 - Work closely with regulatory entities, academia and major political actors, namely the All-Party Permanent Parliamentary Group for HIV/AIDS, to review and improve to rights protection and discrimination regulation and legislation.

Components

- Information, orientation, legal, judicial and social support, advice and referral to PLWHA subjected to discrimination associated to HIV infection.
- Information and knowledge about HIV/AIDS and actual risks of transmission, to enable the different partners to prevent and deal with discrimination in workplaces, schools, and health and social settings.
- Identification of how existing legislation, regulations or practices address stigma and discrimination and development of alternatives, if necessary.
- Partnerships to guarantee the technical and scientific quality, efficiency and efficacy of the different interventions.
- Comprehensive monitoring and evaluation of results.

Strategies used to expand the scope and coverage of the programme

The Centre was largely publicized through a TV, radio, internet, newspapers, magazines, cards, posters and outdoors campaign based on a French one. Several well-known Portuguese personalities were asked to ask the general public "What will be your reaction if I was HIV+? Will you vote for me, work with me, watches my movies, read my books, follow my interviews?"

This was followed by a wide distribution of desk signs and "business cards" with the Centre contacts –telephone line, email address, site and location - to all CSOs working with PLWHA and vulnerable populations and to NHS main facilities.

A leaflet explaining, in lay terms, the definitions and cases of discrimination, by Portuguese legislation, and the general provisions, tools and resources to combat it, was distributed, one year later, to the same entities and distributed nationwide with the two existing community newsletters.

The Centre contributes regularly to those newsletters content. A "how to proceed kit" in cases of discrimination, including letter templates, names, address and contacts of the regulatory entities

to which complaints must be addressed, was developed and distributed to all CSO and interested organizations.

Training

A flexible design adapted to the different realities and needs of the trainees, companies, NGOs, work, education, health and social sets is used to increase and widening acceptance of the training proposals.

Content specific trainings with variable participatory methodologies are held, which include general knowledge about HIV/AIDS, transmission routes, actual transmission risks and the ethical, legitimate and legal frameworks that must be considered in daily or special situations – mandatory testing, disclosure of HIV status, professional hazards and risks, role of health and social professionals in the different environments, dealing with infected coworkers or colleagues, and access to insurance, bank loans, housing, school and health systems.

An innovative follow-up and coaching approach is offered to all NGOs interested in evaluating and improving confidentiality, data protection and admission practices and procedures. Referral to background information, legislation, administrative and juridical process is made available to trainees and participant institutions.

Network

Formal networking included protocols with law schools and university centres studying discrimination and equality rights, the Ministry of Health, National AIDS Plan, Labour Platform - a joint project of Employers' Associations, Trade Unions, Civil Society and the National AIDS Plan – the Ministry of Social Affairs, the Institute for Employment and Professional Training, CSOs, CBNGOs and AIDS NGOs.

Informal networking included other NGOs and local teachers associations, employment, health and social services.

TOGO

Title of the Programme: Stop Stigmatization of Women and Girls Living with HIV in Togo

Contact: Femme Plus Togo

Sector(s): Justice, community/community mobilization

Implemented by: Civil society

Programme is being implemented since: September 2010

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Changing the Wearing protection of persons in the fight against HIV / AIDS in Togo 31 December 2010.

Short description of the programme

The program was designed to improve the health of girls, women, and widows in six regions of Togo. The purpose was to organize advocacy meetings involving judges, caregivers and people living with HIV access to treatment and equal justice

Strategies used to expand the scope and coverage of the programme

- Mobilization of local elected community leaders (legislators, and members of different departments),
- Men and women with respect to gender equity: training and sensitization sessions on the rights of people living with HIV, and
- Advocacy for change in law to protect people living with HIV, training of judges for making the application of the said law.

ZAMBIA

Contact: Zambia AIDS Law Research & Advocacy Network (ZARAN)

Sector(s): Justice, community/community mobilization

Implemented by: Civil society

Programme is being implemented since: 2001

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

ZARAN has been promoting the rights of people living with HIV and human rights through law and policy review and advocacy, education and the provision of legal and human rights support to PLHIV who experience discrimination on the basis of HIV status.

One of the major outcomes has been the setting of a precedent with regard to mandatory testing in one of the cases that ZARAN worked on with the Legal Resources Foundation and other partners. In the case of *Kingaipe & Chookole vs, the Attorney General*, the Judge in the High Court ruled that mandatory testing for HIV was unconstitutional. ZARAN has also had successes in other cases challenging discrimination of PLHIV in the areas of employment and access to land.

ZARAN has also contributed to better articulation of the rights based approach in national HIV strategies and documents.

Short description of the programme

ZARAN's approach involves working on the legal and policy environment, addressing human rights violations, as well as equipping PLHIV and duty bearers with capacity to respond to HIV.

Legal & Policy Environment – ZARAN has published a law review on all laws with a bearing on HIV. It identifies gaps and makes recommendations for law reform. ZARAN also published a booklet on considerations for legislating HIV in Zambia. This work is being used to engage with law and policy makers. Parliamentarians and government agencies are the major targets in this regard.

Redress – Through the ZARAN AIDS Law Clinic, ZARAN addresses cases of discrimination and other human rights violations against PLHIV through litigation and negotiation. ZARAN has trained Supreme & High Court Judges and trained all magistrates in Zambia. ZARAN also works with legal practitioners through the Law Association of Zambia.

Strategies used to expand the scope and coverage of the programme

The main strategy for expanding scope and coverage has been partnership with other civil society organisations, as well as the National AIDS Council. This partnership relates to joint advocacy and distribution of materials.

ZARAN has used networking and coalition building as a strategy to push the agenda of HIV and rights. ZARAN has partnered with other organisations of people living with HIV on issues related to improved transparency and accountability for health resources under the Global Fund. ZARAN has also partner with other organisations on the Constitution. ZARAN is also a member of key bodies in area of HIV such as the Advocacy & Coordination Theme Group and the Prisons HIV/AIDS Advisory Committee.

The use of the media has also been central in disseminating information on the rights issues related to HIV. ZARAN provides information on HIV and human rights for PLHIV through the use of the media, i.e. newsletters, TV and radio programmes and community outreach. ZARAN also conducts training for PLHIV and civil society on HIV, human rights & advocacy to build capacity to identify advocacy issues and engage the relevant duty bearers. ZARAN also

engages with parliamentarians on their roles around ensuring appropriate legislation, increasing resources for HIV and providing leadership.

Much more can be done to expand the programme. A major challenge to expansion of ZARAN's programmes and that of many civil society organisations is the absence of long term and consistent funding. This has an effect on the ability to achieve desired outcomes.

V. Reducing HIV-related discrimination in the *Community Sector*

ANTIGUA

Title of Programme: Life on the Edge

Contact: Women against Rape

Implementer(s): Women against Rape and the Caribbean HIV/AIDS Alliance

Programme being implemented since: July 2010

Short description of the programme

In 2010, Women against Rape (WAR) trained five Spanish-speaking women to be advocates against sexual assault. The training was a three day programme which aimed to help the advocates gather pertinent information regarding Spanish-speaking victims of gender-based violence, to educate victims on safety, to respond to crisis calls and to guide victims through the necessary processes after having experienced violence. WAR saw the need for such training recognizing that there is stigma and discrimination against Spanish-speaking women in accessing health care services, especially against sex worker.

The advocates have participated in a variety of outreach and empowerment activities, including radio programmes to educate the Spanish-speaking community about gender-based violence, about the management of violence in relationships, and about contact information of organizations that would provide support and empowerment, such as WAR. There is no documented policy for Post Exposure Prophylaxis (PEP) in the public sector for victims of Sexual Assault/ Sexual Violence which greatly increases the risk of transmission of STIs/HIV and undesired pregnancy. The advocates are still reaching out to vulnerable communities and are providing education around gender-based violence, informing individuals about organizations that provide assistance and that respond to crisis calls. The programme is successful as individuals who once may have felt unsupported, now feel they have a system of organizations that is working in their best interests.

Strategies used to expand the scope and coverage of the programme

To ensure sustainability, in 2012, WAR received a small grant from Caribbean Treatment and Action Group (CTAG) which is the Latin America/Caribbean arm of International Treatment and Preparedness Coalition (ITPC) The current project LIFE IN LIMBO includes a component of a Treatment Literacy /ESL (English as a Second Language), a six week class focusing on how to effectively access care services associated with STIs, HIV/AIDS.

CHINA

Title of the Programme: A documentary to reduce HIV-related discrimination

Contact: Chinese Centre for Health Education

Implementer(s): Chinese Centre for Health Education, CCHE, Work team led by supervising director Changwei Gu

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

A 83 minutes' documentary (*Together*) about true stories of PLHIV reflecting their living status.

Short description of the programme

Target groups: Common public

Coverage: Nationwide

Activities and components: In 2009, under the influence of AIDS/HIV ambassador Wenli Jiang and her husband Changwei Gu, a famous director, planned to make a movie (*Life Is A Miracle*) to tell stories of PLHIV. Director Gu decided to invite some HIV infectors to join the movie and play a role. Meanwhile, he used this documentary (*Together*) to record the whole procedure. They first sought and chatted with PLHIV on the internet, visited many of them and recorded their stories. Finally, three PLHIV that agreed to join the crew. During the three month of film shooting, they got along very well with many famous actors and actresses. All of this proved that HIV/AIDS is not terrible.

Strategies used to expand the scope and coverage of the programme

The documentary was showed in theatres in 17 cities. 35 media reported about this documentary. 11 portal websites and 56 websites reprinted the news and pictures about the documentary. 22 TV shows made special interviews with the director and three infected persons. CCTV, Beijing Broadcasting Media, mobile newspapers reported the proceedings of the documentary. 11 video sharing websites broadcast the documentary.

Country: China

Title of the Programme: Public Service Advertisement to reduce HIV-related discrimination

Contact: Chinese Centre for Health Education

Implementer(s): Chinese Centre for Health Education

Sector(s): Education, community/ community mobilization

Implemented by: Government

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Two versions of Public Service Advertisement ("*No discrimination*", "*we are together*") performed by HIV infected people, infected children and WHO Goodwill Ambassador for Tuberculosis and HIV/AIDS, *Ms Liyuan Peng*.

Short description of the programme

Target groups: common public

Coverage: nationwide TV audiences and citizens

Activities and components: The PSA was performed by Ms Liyuan Peng, children whose parents died of HIV/AIDS and two PLHIV who appeared in Director Gu's anti-discrimination documentary. In this PSA, Ms. Peng and the PLHIV sang an anti-discrimination song (*People who love you*) together. They are like family and friends. The PSA shows warmth care and love towards PLHIV.

Strategies used to expand the scope and coverage of the programme

The 30 seconds short version was broadcasted during prime time on China Central Television for over one thousand times. The complete version of 2 minutes was showed on the internet, and reprinted widely.

COLOMBIA

Title of the Programme: Personas distintas, derechos iguales.

Different people, equal rights

Contact: Ministry of Health and Social Welfare

Implementer(s): -

Sector(s): Health, social protection

Implemented by: Government, UN or other inter-governmental organisation

Programme is being implemented since: 2010

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

One of the ambitions of the campaign was to raise awareness among vulnerable populations, to show them the outcomes of stigma and discrimination and to empower them by video clips, role models who speak out and to confront certain common attitudes in society.

In addition to the total number of people covered by the strategy of Information, Education and Communication (IEC), the incorporation of alternative strategies for reducing stigma and discrimination in populations vulnerable to HIV was one of the great achievements.

A breakdown of the total number of people who were direct recipients of the messages produced for the reduction of stigma and discrimination:

Activity	Number of People
Radio	779.300
Cinema	606.000
Magazines	32.000
Malls	12.000
Fences	2.000.000
General Strategy	16.000.000
Total	19.429.300

Short description of the programme

We designed and produced a strategy of information, education and communication using video clips and posters, addressing the general population with a clear objective: to reduce stigma and discrimination of vulnerable populations to HIV/ AIDS, including people living with HIV.

These tools were strengthened by the design and publication of six prevention guidelines, aimed at health professionals and the communities themselves (MSM, female sex workers, transgender people in prison settings, youth people, and vulnerable women).

Additionally, some activities were implemented to help people to identify vulnerability factors, to learn risk reduction practices and to ask for voluntary counseling and testing for HIV.

The communication strategy "Different people, Equal rights", was broadcasted throughout public-private partnerships and involved different organizations and enterprises.

Radio Diversia: alternative media aimed at LGBTI communities, which broadcast a radio drama called "condom-minium" with characters built from everyday life and scripts handling issues about HIV prevention.

Rosa Film Series: Film festival on sexual diversity. The clips were shown before the presentation of seven different movies around this subject. There were 35 exhibits in five theaters in Bogota, Barranquilla, Medellin and Cali.

Royal Films: Short Film Exhibition (life stories). The clips of the strategy "Different People, Equal Rights," were shown during a whole month in some theaters, before presenting commercial movies.

Strategies used to expand the scope and coverage of the programme

Since 2010, the Ministry of Health and Social Protection, has planned and implemented activities to reduce stigma and discrimination in the most vulnerable populations.

The involvement of UN agencies, working in the area, has strengthened the dynamic within the frame of human rights.

EGYPT

Title of the Programme: Feature Film “Asmaa” and shaping public opinion related to rights of People Living with HIV, combating Stigma and promoting Women empowerment

Contact: UNAIDS

Implementer(s): Script Writer/Director Amr Salama contractor to UNAIDS), Actress and Goodwill Ambassador Hind Sabry; and New century Productions (private moviemaker)

Sector(s): Health, workplace

Implemented by: Private sector, UN or other inter-governmental organisation

Programme is being implemented since: Foundation started as personal initiative in 2005, formulated by UNAIDS in 2007 and completed in 2011

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? No (Even though government was not heavily involved in production but the feature film was reflected in the Joint program of support 2007-08 which the government signed off on. Script writer met with NAP manager for input. The NSP clearly prioritizes initiatives to address stigma and discrimination)

Outcomes of the programme

There are several outcomes of this project, I summarize a few:

- This project represents a model for private-public partnership towards addressing social issues. The partnership is a creative model of win-win agreement where UNAIDS strengthened an expanded advocacy, outreach and communication on human rights and women empowerment; and the movie makers commercially benefited from the production while awhile promoting social responsibility.
- The movie was screened in movie theatres in Egypt over six weeks reaching at least 0.5 million individuals who attended movie theatres. This viewership is going to continue to increase as the movie is distributed to TV channels (advocating for Dec 1st on World AIDS day) and will continue to hammer the messages as it is constantly broadcasted.
- The movie was screened in more than seventeen international film festivals and several regional and global meetings highlighting issues of human rights, quality care, and situation of women in the Middle East. The movie was awarded in all festivals
- The media debates around HIV related issues, status of women, quality of care and medical ethics mounted significantly where 230 articles have been published in national, regional and global media.
- At least 34 top rated television programs were aired debating the issue and medical ethics related to care for PLHIV. UNAIDS, the movie makers and PLHIV were hosted on most of those programs.
- The movie created a platform to debate policy issues. For example, a memorandum of understanding is currently being discussed between UNAIDS and Cairo University school of Medicine to support a supportive health care setting for PLHIV and enhanced attitude of health professionals.
- Through this project, long term advocates have been created- every single person who worked on this movie is now educated about HIV and is an ambassador on the issues. They have changes perspectives forever and will act as advocates because they experienced the amount of injustice and discrimination hands-on. Their voices are powerful and will continue to resonate much longer.

- On the social level, a face has been linked to HIV- a local face that people can identify with.

Strategies used to expand the scope and coverage of the programme

The script was owned by UNAIDS as we produced it. UNAIDS was the initiator and technical supervisor of the script development. All rights for commercial use have been released to the production company which now has a distribution plan. This ensures that the message will keep propagating and that the viewership keeps expanding as it serves the commercial purpose for the company.

EL SALVADOR

Title of the Programme: Vida Digna (Life with Dignity): Reducing stigma and discrimination in El Salvador. The programme is supported by ViiV Healthcare's Positive Action programme

Contact: International HIV/AIDS Alliance

Implementer(s): Alliance Linking Organisation Asociacion Atlacatl Vivo Positivo (Atlacatl), a Salvadoran organisation run for and by people living with HIV³, and four community-based partner organisations. Groundwork for the project to expand across Central America began in 2011 implemented by two Alliance partner networks from the region, The Latin American and Caribbean Network of Sex Workers RedTraSex and The Latin American and Caribbean Network of Transgender people - RedLacTrans.

Sector(s): Health, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: The Vida Digna project, originated with great success in Mexico, is now being replicated in El Salvador. Colectivo Sol, the Alliance linking organisation in Mexico, helped to pass the project over to Atlacatl in 2010. The current phase of the project will run for 3 years, from January 2011 to December 2013.

Has the programme been evaluated/ assessed? No, as it is still going on

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Intensive training in stigma and discrimination for key populations and service providers, using the Participatory Community Assessment (PCA) in El Salvador across six countries in Central America via 2 networks.

Strengthened capacity of 4 key population organisations in El Salvador and 2 regional networks to implement projects to increase access to and to uptake the quality service for key populations.

Vida Digna partner organisations have greater influence and participation in international, national and local policy and decision-making processes related to HIV and AIDS and key populations.

South-south learning and exchange facilitated the successful adaptation of the Vida Digna Model in El Salvador, as well useful for the two regional networks across six countries in Central America.

Atlacatl has increased its legitimacy regionally and nationally by engaging deeply with key populations. It has even developed an accredited diploma programme on HIV, stigma and discrimination.

Short description of the programme

The Vida Digna (Life with Dignity) programme is one of the first in Central America to address the high levels of stigma, discrimination and even violence faced by key populations, which is preventing them from accessing basic services like health care, education and housing. Rights

violations and underrepresentation in decision-making processes, particularly of sex workers and transgender women, are also seriously undermining their ability to be part of the HIV response.

The aim of the programme is to build an environment favorable to the reduction of HIV/AIDS related stigma and discrimination towards key populations (men who have sex with men, transgender people, sex workers and people living with HIV).

Key programme activities and components include:

1. Participatory community assessment (PCA) activities

PCA activities enable key populations to examine stigma and discrimination at all levels, from individual to national level. They help participants to make connections with human rights, and give them tools to tackle these issues through official channels. PCA is used throughout the programme as a tool for needs assessment which forms the basis of advocacy and work plans for partner organisations, and for raising awareness with the general population. One example of a PCA activity: sex workers surveyed members of the public at a local shopping centre about their perceptions of sex work to gather evidence. Next, they produced a report on the stigma and discrimination they face and defined advocacy strategies based on their findings.

2. Influencing national policy

Activities that strengthen key populations to influence national policy, for instance capacity building and provision of support in gathering evidence and in developing, implementing and evaluating an advocacy and communications strategy to make their voices heard at the national level. For example, two Vida Digna partner organisations participated in the drafting of a new law on sexual and reproductive health rights to ensure that the rights of transgender women were addressed. Two partner organisations now sit in the Country Coordinating Mechanism (CCM) and have been collaborating with the government on a pilot project to create specialised health units for the LGBT community in El Salvador

3. Training service providers

Partner organisations are carrying out training to reduce stigma and discrimination with those service providers they have identified as discriminating against them. For example, in 2011 sex workers ran workshops for health care providers and police officers; gay men worked with their peers; and transgender women trained prison officers and civil servants. More than 8,000 people were reached as a result. The benefits are immediate. Since running workshops for health care providers, sex workers know where they can access stigma-free services. This work also helps to make an adequate HIV response to key populations more sustainable.

4. Building capacity

Intensive organisational development is a key part of the Vida Digna programme. Building and strengthening the capacity of key population organisations creates stronger organisations and makes the HIV response more sustainable. This support is invaluable, making sure that the voices and needs of key populations are at the heart of the HIV response.

Strategies used to expand the scope and coverage of the programme

1. **South-South Learning and Exchange:** the process of expanding the programme and adapting it from one context to another is one of the most fundamental parts of the Vida Digna programme. As donor, ViiV Positive Action seeks to promote south-south learning explicitly. The programme plan and budget included sufficient time and resources for informative exchange visits to take place, for meetings and for on-going capacity building for Atlacatl and for the 2 regional networks as they implement the programme.

2. **Reaching Strategic Stakeholders:** As the ultimate goal of the programme is to contribute to the eradication of stigma and discrimination, the programme targets key actors and decision makers who are well-placed to lobby for or indeed enact changes that benefit key populations. Vida Digna also seeks to influence the service-providers (health care workers, local authorities, and the police) who are strategically-positioned to help eradicate stigma and discrimination against key populations that take place on a daily basis.
3. **The PCA as a multi-purpose tool:** Once an organisation has started to use the PCA, it becomes a tool and an approach that can be applied across different projects for years to come. For example, beyond the end of the original Vida Digna programme in Mexico, Colectivo Sol has been using the PCA to train more than 60 organisations on stigma and discrimination. Similarly, Atlacatl uses the PCA to raise awareness on stigma and discrimination across its other projects, including with the work on a major, private sector road-building project, FOMILENIO.
4. **Building the capacity of key population organisations:** the programme provides intensive organisational capacity building for the staff of key population organisations in terms of financial management, grant-seeking, advocacy and communication strategies. The intense Vida Digna capacity-building has led to a step-change in partner organisations' ability to participate actively in Salvadoran civil society. This increased capacity and increased visibility at a local and national level are key to reducing stigma and discrimination.

Strategic Implementing Partners: by partnering with key population organisations and networks of key populations, the Vida Digna programme successfully reaches the groups of people who are hard to reach and often marginalised, even by national HIV programmes. Especially in the context of a concentrated epidemic like in Central America, the ability to access key populations ensures the programme's resources are being used effectively.

FRAMEWORK FOR DIALOGUE

Country: Malawi, Myanmar

Title of the Programme: A tool for religious leaders and national networks of People Living with HIV at the national level

Implementer(s): EEA, GNP+, INERELA+, UNAIDS

Outcomes of the programme

Results/Outputs of the first pilot test in Malawi (June 2012)

- Evidence gathering/identification:
 - PLHIV Stigma Index implemented and results disseminated by the network of PLHIV (MANET+)
 - Malawi Inter-faith Alliance Association (MIAA) on church and mosque status of policies development and implementation
 - Study on level of stigma in faith communities (by the network of religious leaders living with HIV, MANERELA+)
- Formation of a coordination working group (MANET+, MANERELA+, MIAA, religious leaders from Christian and Muslim faiths, Norwegian ChurchAid, UNAIDS)
- 9 priority areas of collaboration and further dialogue identified at the face-to-face consultation and dialogue among religious leaders, faith based organisations and networks/organisations of PLHIV (June 2012):

Agreed common issues and priorities

- Condom use should be in a family setting
- Use of demeaning language should be minimized in churches and mosques.

- Holistically support of PLHIV -most of the resources go for meetings and not direct support to PLHIV- (psycho-social, economic empowerment and providing information.)
- Lack of clear policies on the support of PLHIV from religious organizations.
- Sharing information about evidence of stigma and GBV
- Joint development of policies on HIV AIDS for churches/mosques
- Non stigmatizing language
- Respect and promotion of PLHIV rights gender and dignity.
- Support PLHIV (join PLHIV networks) in advocating to government on quality treatment for all.
- Development of policies that embrace diversity of stakeholders
- Inadequate resources to facilitate implementation of programs and activities
- Building healthy family relationship as God intended it to be.
- Inadequate communication skills on HIV AIDS.
- Religious Leaders reacted to say that there was a dire need for Religious Leaders to question government why it's allocating 40 Billion for subsidy rather than health.
- Malawi Church of councils has a generic HIV policy that that they would gladly share with others

Agreed collaborative actions

1. Development of policies (inter-faith and single faith) and ensure that they are understood internally and applied coherently across levels
2. Adaptation of UNAIDS acceptable language in reducing stigma and discrimination (faith institutions messages)
3. Sharing of information on evidence of stigma and gender-based violence (and acting against violations)
4. Support of PLHIV (faith joining PLHIV networks) in advocating to government on quality treatment for all
5. Continue dialogue on the use of condoms in the family set-up.
6. Resource mobilization to facilitate implementation of HIV program activities.
7. Orient and train religious leaders and PLHIV on rights and gender.
8. Holistic support (psycho-social, economic empowerment and information sharing) to PLHIV.
9. Support family with family life training by churches and mosques

- Feedback on the Framework for Dialogue received and collated in order to inform the final version. This included recommendations to:
 - revise the structure of the current Framework for Dialogue draft to make it more user-friendly
 - expand the base of evidence to include local evidence gathered from churches, mosques and faith based organisations, as well as that of the PLHIV Stigma Index
 - ensure the participation of National AIDS Commission in the framework for dialogue process to ground the work in the epidemiological context
 - address gender imbalances in participation during the dialogue process
 - provide more guidance on how to convert the dialogue into a long-term programme that can be cost and resourced for the country partners
 - provide greater linkages with global and regional level – to share lessons learned, to learn from others' experiences

Possible next steps (2012-2012)

- Coordination of multi-stakeholder Working Group guiding dialogue (MANET+, MANERELA+, MIAA, Norwegian ChurchAid, UNAIDS, Religious leaders, FBOs)
- Development of a 12 month SMART and cost work plan (led by the Working Group)
- Development of a long-term proposal to implement the 9 actions identified (convert the action plan' into a programme)

- Implement activities identified
- Continue dialogue in the area of use of condoms and other prevention technologies within the faith context
- Informing respective constituents of dialogue and outcomes to ensure coherence across faith institutional levels (from institutional leadership to district level to local church and mosque)
- Dissemination of PLHIV Stigma Index and other evidence
- Sharing of “Personal Commitment to Action” with a wider group of religious leaders and monitoring signatures and actions following signatures
- Hold a second face-to-face multi-stakeholder dialogue consultation to evaluate progress
- Monitor progress and document experiences

Short description of the programme

The Framework for Dialogue is a proposed methodology for country-level use to support initiation and/or strengthening the dialogue between PLHIV networks and religious leaders, faith based organisations and faith communities.

The Framework for Dialogue is not meant to replace current actions in country, but simply to enhance the collaborative work through dialogue and mutual respect. Such dialogues would enhance individual current actions as well as results in new joint actions. Beyond the work they do in responding to the needs of PLHIV, networks of PLHIV engaged in dialogue with religious leaders would strengthen their capacity in responding to the faith needs of their constituents. Similarly, beyond providing spiritual support to PLHIV, religious leaders engaged in dialogue with networks of PLHIV will be able to ensure their work and that of faith communities based on actual need as experienced by people living with HIV.

The ‘methodology’ articulated in the Framework follows a simple timeline of: 1) familiarization of evidence by PLHIV on experienced and perceived stigma; 2) understanding perceptions and experiences of faith based responses to HIV; 3) engaging in dialogue to determine what are areas of collaboration, areas where further dialogue is needed, and developing a joint action plan; and ultimately 4) maintaining dialogue in a systematic and long-term approach.

It is expected that the Framework methodology will vary from country to country, adapted to the local context – epidemiology, faith, past dialogue and collaboration, and other local factors.

However, it is hoped that all countries will maintain, as much as possible, a common thread of evidence-to-dialogue-to-joint action, to ensure that lessons learned from one country can support other countries as they prepare to enter into dialogue.

The Framework includes: background information on existing methodologies and evidence; guidance on how to use country-specific evidence; guidance on how to create a safe space for constructive dialogue; and a suggested timeline of activities and outcomes.

Strategies used to expand the scope and coverage of the programme

Pilot tests

Pilot tests locations have been chosen with specific focus placed on work already achieved in terms of dialogue between PLHIV and religious leaders. Thus, the aim is to ensure that country-level experiences and lessons learned shape and enhance the Framework for Dialogue, so that it is better adapted for use at the country level and that the experiences of those involved in the pilot tests are shared globally with others who may choose to use the Framework in their own contexts once it is finalized. Specific criteria for choosing the two pilot test locations were identified as:

- Two differing geographical regions with varying HIV epidemics and faith traditions
- A PLHIV network which has lead the implementation of the PLHIV Stigma Index
- Related work that is already on-going. For example:
 - religious leaders who have already signed the Personal Commitment or are otherwise engaged in the HIV response, and/or a strong network of religious leaders living with HIV
 - a history of dialogue and collaboration between religious leaders and people living with HIV

Thus, a first pilot test took place in Malawi in June 2012⁴, and the second pilot test is planned for Myanmar in October 2012.

The pilot test will involve the full implementation of the Framework for Dialogue methodology. The methodology is divided into five main steps. For each step, a set of suggested actions are given to guide national stakeholders in evaluating current situations, planning for the next step and eventually planning and monitoring future long-term dialogue and collaborative actions. Additionally, for the pilot test, a sixth step will be added (at the international level) to the process whereby feedback will be sought from the national-level partners involved in the pilot test in order to refine and adjust the Framework for Dialogue before it is published for wider use. Thus, the stages of the pilot test will include:

Timeline Steps to Implement

Week 1

- Initiating Dialogue
- Forming a multi-stakeholder working / coordinating group
- Set a date for a face-to-face consultation

Week 2 + 3

- Familiarisation with evidence base
- Prepare for consultation:
- Including, individual work by all participants to the upcoming consultation

Week 4

- Hold first face-to-face consultation
- Development of a long-term action plan
- Development of a long-term working group

Week 5 and beyond

- Re-evaluation and re-affirm coordination
- Develop a long-term 'programme' proposal
- Maintain dialogue and hold regular communications

Week 8 and beyond

- Joint resource mobilisation
- Carry out joint actions
- Monitoring of progress
- Document and share successes, challenges and lessons learnt
- Maintain dialogue and hold regular communications

Month 6 and beyond

- Review success

FRANCE

Title of the Programme: Someone else will always think we are either too much or not enough. A campaign to promote greater acceptance of individual differences – including HIV status – within LGBT communities in France

Contact: AIDES

Implementer(s): AIDES

Sector(s): Health, workplace, justice, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2012

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Cette campagne a été l'occasion d'impliquer différents lieux de sociabilité gays de Paris et de province. Elle aura permis de souligner que tout le monde peut être victime de discrimination

que ce soit par rapport à son statut sérologique, son orientation sexuelle ou plus simplement son apparence.

La déclinaison de cette campagne dans de nombreux lieux et magazines LGBT français montre le succès de cette campagne et sa capacité à rassembler largement autour du thème autour duquel elle a été construite. Les déclinaisons libres dont elle a été l'objet, le fait que cette campagne continue par elle-même démontre l'impact qu'elle a eu quant aux questions de discriminations quel qu'elles soient

Short description of the programme

Overall, there remain many social contexts, including open gay/LGBT settings, where speaking about one's HIV status remains extremely difficult: coming out as an HIV positive gay man can reduce your chances of finding friends, love and/or sexual partners.

The fear of HIV/AIDS is still high, many HIV negative gay men prefer to avoid speaking about HIV altogether (SNEG 2011-2012). For Gay men with HIV, this fear of facing exclusion from one's community is deleterious to their emotional health. Therefore in 2011, the French Community-based NGO AIDES implemented a national campaign designed to foster greater acceptance of people living with HIV within LGBT communities.

We chose strategically to embed the issue of exclusion/acceptance of HIV positive gay men in the larger issue of acceptance of individual differences within LGBT communities. The main catchphrase chosen was: "SOMEONE ELSE WILL ALWAYS THINK WE ARE EITHER "TOO MUCH" or "NOT ENOUGH", 6 poster (one for each of the colours of the rainbow flag !), each with an unconventional portrait (members and friends of AIDES volunteered as models) and one of the following punch lines :

Too fat! / Too trendy!

Too old! / Too manly!

Too HIV-positive! / Too faggish!

Strategies used to expand the scope and coverage of the programme

Initially, 36 000 postcard versions and 9 000 copies of the poster version have been distributed across France and 10 gay media independently relayed the campaign to their audience. Then, the concept of the campaign has been used by owners of LGBT venues across France, with different pictures and different punch lines!! Thanks to this snowball effect, as of early 2012, 38 new versions of the posters have been locally produced and we keep finding out about new versions and adaptations of this campaign!

The popularity of this campaign confirms that quirky humour can work to convey important messages. It has also positioned AIDES, the French community-based HIV and hepatitis NGO, as a leading public voice within LGBT communities.

Country: France

Title of the Programme: Campagne "Et si j'étais séropositif?"

Contact: AIDES

Implementer(s): AIDES

Sector(s): Health, workplace, community/ community mobilization

Implemented by: -

Programme is being implemented since: 2006

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Changer les mentalités et les comportements, notamment sur un enjeu de société comme celui de la discrimination des personnes séropositives, ne peut se faire du jour au lendemain, par le simple biais d'une campagne publicitaire.

La mission d'AIDES sur ce sujet est avant tout de transmettre un message, d'exposer un problème, de dénoncer des injustices auprès du plus grand nombre, guidé par la croyance que cela puisse progressivement faire évoluer les mentalités et la société. L'adhésion de personnalités, people ou politique, constitue déjà une prouesse : cela adresse un message de soutien fort aux personnes séropositives et les assure de la mobilisation de la société.

Aucun post-test ne sanctionne ces campagnes. Pour l'association comme pour l'agence, les meilleurs signes de réussite sont l'appropriation et la démultiplication du message par les médias (de nombreuses parutions gracieuses ont été offertes spontanément), le public, les politiques, et les militants.

La campagne "célébrités" a suscité l'enthousiasme des médias français avec un effet de démultiplication presse considérable :

28 reprises dans les quotidiens nationaux
16 citations dans les hebdomadaires nationaux,
(presse TV, people, féminine)
7 reprises dans les mensuels nationaux
11 reprises en radio dont RTL, Fun Radio, RMC et Europe 1
9 reprises en TV :
France 2 "On n'est pas couché"
France 5 "Le magazine de la santé"
Canal+ : "Plus clair" et "Salut les Terriens"
LCI : duplex le 24 octobre dans "Le Journal" de Michel Field, "On en parle"
NT1

Short description of the programme

Les objectifs de la communication :

Porter un message de tolérance vis à vis des personnes séropositives et de questionnement pour chacun quant à son respect de l'autre.

- Rappeler au plus grand nombre que les personnes séropositives sont toujours victimes de stigmatisations et de discriminations.
- Sensibiliser l'opinion publique pour, à terme, favoriser un changement des comportements à l'égard des malades.
- Adresser aux personnes séropositives un message de soutien faisant part de leurs difficultés quotidiennes et les assurer de la mobilisation de la société.

L'enjeu stratégique : casser une convention de pensée

Le rapport du grand public au sida et aux personnes séropositives est aujourd'hui encore largement empreint de lourds préjugés.

- Une grande majorité de personnes ne se sent pas concernée – ni personnellement ni dans leur environnement social proche – par cette maladie qui ne touche que les dépravés, déviants et autres pervers sexuels.
- Une convention de pensée qui se traduit dans les attitudes selon une logique fallacieuse même si le plus souvent inconsciente : Le sida ne touche que les marginaux = Les personnes qui reconnaissent leur séropositivité sont de fait marginalisées

ADOPTER UNE POSTURE OFFENSIVE

Stigmatisation et discrimination sont encore moins une fatalité que la maladie elle-même, et représentent une aberration qu'il est primordial de dénoncer de manière univoque et sans artifices.

SUSCITER LA RÉFLEXION, PAS LA PITIÉ

Pour concerner l'opinion publique, mettre en scène la détresse des victimes de la discrimination est largement insuffisant. Cette campagne ne vise pas à collecter des dons, mais à faire s'interroger chaque individu sur son comportement et sur les situations d'évitement, de rejet ou de stigmatisation.

"RATISSER LARGE"

Contrairement à la prévention, qui nécessite de plus en plus un ciblage des messages selon les populations visées (immigrés, ados, femmes, homosexuels...) la lutte contre la discrimination est l'affaire de tous et doit concerner tout le monde.

Mettre le grand public en face de ses contradictions en lui posant la question suivante : et si les personnes les plus respectables, accomplies, talentueuses que vous connaissez étaient séropositives, comment réagiriez-vous ?

L'agence et AIDES n'ont pas simplement demandé à des personnalités de soutenir la cause comme cela se fait habituellement. Elles ont demandé aux célébrités les plus populaires, celles qui sont quasiment des institutions dans leur domaine, de mettre en jeu leur popularité au service de la démonstration du propos.

Sébastien Cauet, Claire Chazal, Didier Drogba, Jean-Pierre Foucault, Johnny Hallyday, Muriel Robin, Laurent Ruquier ont tout de suite accepté de participer gracieusement à cette campagne afin de susciter une prise de conscience et favoriser un changement de comportement à l'égard des malades.

Mise en œuvre : lancement le 24 octobre 2006 en amont de la Journée Mondiale de Lutte contre le Sida du 1er décembre

- Conférence de presse le 24 octobre réunissant une centaine de partenaires, militants et journalistes, en présence de Claire Chazal et de Cauet.
- En grands médias
- La société Decaux, séduite par la campagne, a joué un rôle décisif en offrant plus de 2000 panneaux publicitaires, 4x3 et Atribus.
- Plusieurs villes ont également soutenu l'opération en mettant à disposition gracieusement 3539 panneaux publicitaires.
- 73 parutions presse gracieuses (nov-déc) : Métro, Aujourd'hui en France, Guts, À Nous Paris, Choc, l'Humanité, 20 Minutes, Fairplay Mag, Direct Soir, Les Inrockuptibles...
- Cartes postales et affichettes diffusées par le biais du réseau AIDES à travers plus de 70 villes en France
- 1540 diffusions sur Pink TV d'une pastille d'animation à partir des 7 visuels du 1er au 3 décembre.

Strategies used to expand the scope and coverage of the programme

À l'occasion de la campagne présidentielle de 2007, AIDES a souhaité impliquer les candidats et donc le futur président sur une meilleure prise en charge des personnes séropositives et plus globalement la place dans la société des malades touchés par des pathologies lourdes.

Une nouvelle version de la campagne a donc été développée avec pour objectif d'interpeller les présidentiables et l'opinion publique sur ces questions, grandes absentes du débat présidentiel, et d'obtenir des candidats des engagements concrets, dont notamment, l'accès à la Couverture Maladie Universelle pour toute personne précarisée résidant en France.

L'idée était d'utiliser les portraits des candidats, sans leur demander leur avis mais en les prévenant de l'imminence de la campagne, et leur faire porter ce message : Voteriez-vous pour moi si j'étais séropositif(ve) ?

Résultats : La campagne "candidats" force l'attention des intéressés, et fait entrer le sida dans le débat présidentiel

Tous les candidats ont annoncé leur fierté de figurer sur la campagne et ont témoigné de leur solidarité pour la cause des séropositifs.

Mais au-delà d'un simple témoignage de leur solidarité, **tous les candidats ont fait connaître leurs réponses aux revendications de l'association.** (publiées sur le site www.aides.org).

Certains même ont rencontré directement Christian Saout, ancien président de AIDES et plusieurs députés ont publié sur leurs sites ou blogs les visuels de la campagne.

Par ailleurs cette campagne a été déclinée dans de nombreux pays.

Country: France et Mali

Title of the Programme: Atelier « dissibilité » (fait de pouvoir dévoiler) son homosexualité et sa séropositivité sans craindre la stigmatisation.

Contact: AIDES

Implementer(s): AIDES et Arcad Sida (Mali)

Sector(s): Health, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2009

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

L'atelier a abouti à un travail de construction autour :

- de la mise en place de groupes de parole de MSM séropositifs
- de l'élaboration de scénettes de théâtre forum : une représentation a été organisée à la fin de la dernière journée de l'atelier.

Short description of the programme

L'idée de cette formation était de permettre aux participants (pairs éducateurs des associations) de réfléchir aux stratégies et aux moyens pour permettre une prise de décision réfléchie et proactive concernant le dévoilement ou le non dévoilement de sa séropositivité et/ou de son homosexualité.

L'idée était de partager l'atelier en deux temps :

- Un temps de travail en groupe de deux jours pour faire émerger les difficultés sur la question du dévoilement de la séropositivité à l'intérieur du groupe
- Un temps de formation au théâtre forum de trois jours pour aboutir à l'élaboration de scénettes sur la thématique de l'atelier

Ce cadre de travail devait permettre de croiser à la fois les problématiques individuelles et collectives des participants en matière de prévention et de prise en charge du VIH/sida dans le « milieu » MSM.

Outils et meilleures approches pour soutenir les personnes autour du dévoilement :

- Groupes de parole = comment faire pour que les gens puissent s'unir et de se soutenir mutuellement ? quelle est la différence entre un groupe de support et un groupe de parole ?
- Comment savoir en qui avoir confiance ? comment créer la confiance ? comment se confier ?
- Connaissance sur les traitements = être armé pour répondre aux personnes séropositives ?
- Comment déculpabiliser les personnes séropositives ?
- Comment améliorer la confiance en soi, l'estime de soi, l'acceptation de soi ?

Strategies used to expand the scope and coverage of the programme

Cet atelier était une première étape. Dans le but d'en faciliter le suivi, les facilitateurs formulent les recommandations/propositions suivantes :

- La possibilité de mettre en place des rencontres régulières entre les pairs éducateurs, notamment dans un objectif de régulation, de partage d'expérience et de recyclage devrait être étudiée par ARCAD. Cela favoriserait certainement un meilleur suivi et une plus grande qualité des actions en directions des MSM.
- Plusieurs participants semblent être disposés à mettre en place un groupe de parole ou d'auto-support de MSM séropositifs. Nous recommandons à ARCAD de soutenir la mise en place du groupe. Le coordonnateur du projet MSM pourrait être chargé du suivi du démarrage de l'action. Plusieurs stratégies ont été envisagées par le groupe, notamment en termes de visibilité du groupe, de sa constitution en tant que groupe de parole ou que groupe d'auto-support... Il est donc nécessaire de poursuivre la réflexion avec les personnes intéressées. Une fiche pratique sur la mise en place de ces groupes a été proposée aux participants pour les aider dans leur réflexion.
- La mise en place d'un groupe de parole ou d'auto-support de MSM séropositifs constituerait l'aboutissement de ce premier temps d'atelier. Une fois le groupe mis en place, le travail sur la question du dévoilement pourrait être prolongé dans le cadre d'un deuxième atelier pour lequel les participants seraient les membres du groupe de parole ou d'auto-support, un travail sur le témoignage (sur lequel AIDES a une expérience et des outils à partager) semblerait également particulièrement intéressant pour faciliter le dévoilement à la fois au niveau individuel et collectif. Les facilitateurs ont encouragé les participants à avancer à partir des pistes d'actions qui ont émergé de ce premier temps de travail et à revenir vers eux avec des demandes d'appui en fonction des besoins spécifiques liés à la mise en place de nouvelles actions.
- En fin de semaine, une représentation de théâtre forum a été organisée dans les locaux de l'association. Cette pièce interactive a été créée et jouée par les pairs éducateurs. Les thèmes abordés par les scénettes sont :
 - La discrimination de la séropositivité dans le milieu gay de Bamako
 - L'oppression d'un personnage gay efféminé par d'autres gays,
 - Les difficultés rencontrées par un gay pair éducateur séronégatif qui devient séropositif.Les membres d'ARCAD Sida (Mali) ainsi que des MSM avaient été conviés par les participants. Le public a été participatif et très réceptif à l'outil. Les facilitateurs sont disponibles pour poursuivre la réflexion sur l'utilisation de cet outil dans le cadre des actions MSM de l'association

GERMANY

Title of the Programme: Nation-wide anti-discrimination campaign to mark World AIDS Day called "Living together positively. Be safe!" ("*Positiv zusammen leben. Aber sicher!*")

Contact: Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education),

Implementer(s): Federal Ministry of Health (BMG); Federal Centre for Health Education (BZgA); partnering with the German AIDS Relief Organisation (DAH) and the German AIDS Foundation (DAS)

Sector(s): Health, education, community/ community mobilization

Implemented by: Government, civil society

Programme is being implemented since: "Living together positively. Be safe!" was launched in 2010

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Over the past two years, the new World AIDS Day campaign of the Federal Centre for Health Education (BZgA), entitled "Living together positively", has been calling for greater respect and tolerance towards PLWH by showcasing authentic persons living with HIV and a greater diversity of people living with HIV.

Extensive coverage has succeeded in reaching many people. Media interest has been high. Between 24 October and 24 December 2011, 1,033 news items with 75 million contacts were registered as referring to this campaign, 63% of which in the print media. The cinema spot was shown for more than five weeks in 343 places and had a total number of 7.89 million contacts. Of these, 6.42 million contacts were in the target group 16 – 49 years. Overall, 135.7 million contacts were counted between 2010 and 2011.

Discussions in the social media have been lively, positive and constructive. This has helped reduce discrimination and stigmatisation. Moreover, the importance of getting tested has been effectively communicated. This campaign has had a sustainable opinion-forming effect and has provided better circumstances for people to out themselves and live openly with HIV and AIDS. Through its motivational personal stories, the campaign has given PLWH and their families new courage and lowered prevention barriers in the population.

Short description of the programme

"Living together positively. Be safe!" is the first public, national campaign in Europe to focus on portraying authentic individuals living with HIV. The campaign presents a wide variety of people living with HIV and addresses the German population at large. Using billboards, city lights, post cards, a cinema and TV spot, the campaign's topic has moved into public awareness. A website provides additional information and lists activities to mark World AIDS Day which everyone can join. An intensive thematic discourse is held in the social media. This is an integrated campaign with an extensive reach.

The campaign brings together many people who advocate respect, tolerance and support and join the fight against exclusion and ignorance. Prime examples include the HIV-positive ambassadors of the campaign: people who share the stories of their life with HIV - talking about their families and friends, HIV and the medical care they receive, or their experiences in the world of work. These accounts offer impressive insights into the multifaceted reality of their lives. Their stories, pictures and videos as well as additional campaign information are available at www.welt-aids-tag.de. More than 13,000 people - infected and not infected - have already registered there, posting their messages on "*Positiv zusammen leben*". Everyone is called upon to share their experiences there - and to help people in Germany adopt a responsible attitude towards HIV.

The brave ambassadors with HIV give the campaign a human face. On billboards, posters, postcards and in a cinema spot, they directly address the beholder, drawing their attention to their stories. Among them is the 43 year-old Zübeyde from the state of North Rhine-Westphalia. She is a qualified nurse and the single mother of a ten year-old daughter. Her statement is: "Thanks to my open attitude towards my HIV infection, many people support my daughter and me." Or the 38-year old Thomas from Saxony who, due to his HIV infection, can no longer work in his trained profession as a painter and varnisher. He has this to share: "Even though I am HIV-infected, I want to make a good job - just like everybody else does. Therefore, everyone should know that an HIV infection does not need to stand in the way of a successful career."

Strategies used to expand the scope and coverage of the programme

In late 2010, more than 70,000 people in Germany were living with HIV and AIDS. The campaign aims to enable PLWH to live in our society free from exclusion or discrimination. The means to achieve this are

- drawing attention to this topic and putting it on the agenda,

- making the exclusion experienced by PLWH visible and relatable
- showing feasible approaches to living together in a positive way,
- increasing awareness and reaching out,
- stimulating reflection and talking together.

ISLAMIC REPUBLIC OF IRAN

Title of the Programme: Provision of Psychosocial support to PLHIV and their families

Contact: UNAIDS

Implementer(s):

	Name of NGOs	Cities/Name of PC
1	Afray e Sabz	Kermanshah PC
2	Kheyrieh Reyhaneh Alnabi Fatemeh Alzahra Institute	Mashhad PC
3	Hamdelan e Khamoosh	Shiraz PC
4	Yaran e Mosbat (IRCHA)	Tehran PC
5	Clinic Ejtemai Madadkari Baran	Isfahan PC
6	Payam Roshani	Yazd PC
7	Haadian Charity	Khoram Abad PC
8	Sherkat e Jamee Talaei Aria	Qom PC
9	Rahjooyan Ehyae Tandorosti	Zam Zam PC
10	Payam Avaran Hamyari	Varamin PC
11	Kheyrieh Monadian Salamat Institute	Kerman PC
12	Moaseseh Khairieh Teflane Moslem	Bushehr PC
13	Moaseseh Hemayat az zendegi e salaam, Takamol	Ahvaz PC
14	Bandar Abbas Positive Club (Yaran e Mosbat)	Bandar Abbas PC

Sector(s): Health, education, workplace, social protection, community/ community mobilization, faith, income generation, socio-economic support especially for WLHIV, dignity, reducing discrimination, sport, art (music, handicraft, photography), positive prevention (PMTCT, serodiscordance, home care), sexual and reproductive health, nutrition, co-infections, dental health, functional link and connection with PHC, VCT, treatment as prevention, adherence, advocacy with policy makers, creating an enabling environment across all stakeholders by PLHIV, publications, etc.

Implemented by: Government, civil society, UN or other-inter governmental organisation

Programme is being implemented since: 2006

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

- Establishment of 14 Positive Clubs in different provinces throughout the country;
- Covering more than 10% of diagnosed PLHIV of the country with various services in a stigma free environment;
- Empowerment of PLHIV w a focus on WLHIV;
- Capacity building for NGOs to deliver effective HIV services;
- Creating an enabling environment by dynamic engagement of PLHIV in management and running of Positive Clubs;
- Collection of strategic information through conduct of various researches with participation of positive clubs;
- Increased participation and networking of people affected by HIV;
- Advocacy and policymaking to promote and expand support for people living with HIV
- One of the positive clubs won **Red Ribbon Award** in 2012

Short description of the programme

The project started in 2006 following the signature of a tripartite agreement between the Centre for Diseases Control of the Ministry of Health, UNAIDS and UNDP, as principal recipient of the GFATM grant. One of the more remarkable achievements of this collaboration is the establishment of 'Positive Clubs', which are active in the field of positive prevention and whose mission it is to provide support to people living with HIV with their active participation. These clubs were designed to use community resources (non-governmental organisations) and the specialist, technical assistance of medical universities in order to provide services and psychosocial support as well as increase the participation of HIV-positive individuals in programmes to prevent the spread of the epidemic. Two objectives of the project were:

- A.** To cover 10 % of PLHIV by positive clubs through promoting positive prevention programmes and implementation of the principle of GIPA1 activity of Positive Clubs and
- B.** Capacity building for NGOs to deliver effective HIV services through empowerment by training sessions. By now more than 10% of diagnosed PLHIV are covered by this programme. The main activities include:
- 74 sessions of group therapy for PLHIV or their family members
 - 2 conferences to advocate for extended engagement of religious figures in psychosocial and spiritual support programmes for PLHIV and their family members
 - 5 workshops on 'Nutrition and HIV', 'Understanding HIV', 'Clinical course of HIV Infection and Harm Reduction', 'AIDS counselling for Psychologists', 'AIDS Counselling for Physicians' and 'Life skills'
 - 38 educational sessions in the topics of: 'Life skills', 'Clinical Course of the Disease and Anti-Retroviral Therapy', Opportunistic Infections especially TB for People with Advanced HIV Disease', 'Training of Peer Educators
 - Registering (25 + 7) people living with/ and affected by HIV at technical-vocational training centres, to develop their professional skills based on their own interests and organizing 'Entrepreneurship' workshops for PLHIV and their families
 - Organizing Charity bazar for WLHIV to market their handicraft products
 - 96 educational grants for school children living with/ or affected by HIV
 - 110 sessions of non-therapeutic home care services for PLHIV
 - Dental care services (including full dental prosthesis) for 30 PLHIV
 - Provision of visual aid glasses for 48 PLHIV
 - Encouragement by peer counsellors of 100 people most at risk of HIV for using Voluntary Counselling and Testing (VCT) services
 - Collaboration in organising the 'World AIDS Day' celebrations and participation in related local events
 - Start-up of a library and organising scientific and sportive competitions
 - Carry out leisure and sports activities, such as mountaineering and group physical exercises
 - 14 leisure-and-learning outdoor camps for PLHIV and their family members
 - Procurement of 1055 entry tickets for swimming pools or sports centres for PLHIV and their family members
 - 97 psychiatrists' visits for PLHIV or their family members
 - Production of 1000 booklets entitled 'Psychosocial Problems in PLHIV', 1000 posters on 'Positive Life', 1000 newsletter and public installation of 5 banners
 - Capacity analysis and needs assessment of current NGOs working on HIV-related issues;
 - Conduct of SI researches including Stigma Index
 - Capacity analysis and needs assessment of current NGOs working on HIV-related issues
 - Organizing national annual gathering of Positive Club members
 - Voluntary Counselling and Testing (VCT)' workshops
 - 'Mental Health of PLHIV' workshop for psychiatrists
 - Assistance in control of cutaneous leishmaniasis by production of special bednets by WLHIV

Strategies used to expand the scope and coverage of the programme

The project is a good example of inter-sectoral collaboration on sensitive issues such as support for PLHIV and working with NGOs. This has been achieved through meaningful involvement of PLHIV, active advocacy with policy makers and close cooperation of UN, civil society and the government. The project has achieved all its projected goals. According to GFATM, the project has achieved a performance rating of A1, the maximum possible. Evidence-based demonstration of positive clubs work and its effect on improvement of other aspects of the national response e.g. increasing VCT, adherence to treatment etc. had significant impact on sustainability and expansion of the programme. In addition, PLHIV and CSOs dedication and prominent work in turn increased their profile in the society and in eyes of decision makers. The beauty of work is that these community level entities, through UNAIDS technical support, capacity building and advocacy, have developed very constructive and balanced working relationship between various players of HIV response (PLHIV, high risk groups, the youth, communities, religious leaders, government, CSOs, etc.). In light of the achievements of the past years, the outlook is to improve the scope and quality of support services for PLHIV and their families through better cooperation between positive clubs, drop-in and behavioural counselling centres, thereby expanding 'positive prevention' activities within a more effective national response. In addition improvement of coverage by increasing the number of positive clubs is among other strategies.

JAPAN

Title of the Programme: Poster Contest

Contact: Ministry of Health, Labour and Welfare

Implementer(s): Japan Foundation For AIDS Prevention

Sector(s): Education, workplace, social protection, community/ community mobilization

Implemented by: Private sector

Programme is being implemented since: 2001 ~

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Around 500 people apply to this poster contest every year, and the posters that have won the first prize have been used for public relations on world AIDS day as for HIV education and public awareness. It is a good opportunity to raise public awareness and HIV education in order to raise HIV prevention.

(In 2011, the contest accepted 28 applications in the elementary school category, 148 in the junior high school category, 151 in the high school category, and 164 in the open category)

Short description of the programme

Target group: Younger generation, including elementary school students, junior high school students and high school students. The programme has two components: HIV education through poster contest and raising public awareness through public relations on World AIDS day. In order to provide the opportunity to think about HIV and how we can reduce stigma and discrimination, the poster contest was organized by the Japan foundation for AIDS prevention. The contest has four categories, elementary school students, junior high school students, high school students, and open category.

After the selection of the prize winning poster of each category, the poster for the public relations for World AIDS day is being selected from the winning poster of each category. The winning poster for raising public awareness on World AIDS day was printed by Ministry of Health, Labour, and Welfare (75,000 copies) and distributed to local governments, hospitals, and movie theatres.

Strategies used to expand the scope and coverage of the programme

Japan foundation for AIDS prevention works together with local governments, to invite to the appreciation of poster contest through elementary school, junior high school, high school, and other places.

To reach the younger generation, in addition to distributing the poster that has won the first prize, all the prize winning posters are electrically distributed through the AIDS prevention information network.

(AIDS prevention information network is managed by Japan foundation for AIDS prevention in cooperation with Ministry of Health and Labour and Welfare, to provide useful information for how to prevent the HIV infection.)

KENYA

Title of the Programme: Enhancing Greater Involvement of PLWHA and building partnerships among Civil Society Organizations and PLWHA networks

Contact: National Empowerment Network of People Living with HIV/AIDS in Kenya

Implementer(s): Networks of the People Living with HIV, Women Living with HIV

Sector(s): Health

Implemented by: Civil society

Programme is being implemented since: 2009/2010

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

The outcome of the programme is a strengthened framework for protecting human rights in the context of HIV& AIDS. The project outputs include: strengthened capacity of the national network of PLHIV in Kenya (NEPHAK) and to effectively respond to the epidemic and deliver on its mandate; strengthened capacity of CSO to input in critical national processes such as Joint Annual Programme Review, UNGASS and MDG reporting; Increased access to justice and legal services for PLWHIV and Enhanced capacity of CSOs to effectively respond to HIV/AIDS at the workplace.

Short description of the programme

The National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) is a national Network that unites people living with and affected by TB and HIV/AIDS through post-test clubs (PTC), support groups, community based organizations (CBO), non-governmental organizations (NGO) and networks. NEPHAK currently has 1,420 member organizations spread across the nine regions of Kenya.

Registered in 2003, NEPHAK's mission is to promote greater and meaningful involvement of people living with HIV (PLHIV) in the national response to TB and HIV/AIDS. The purpose of NEPHAK is to enhance the knowledge and skills of PLHIV in Kenya and to participate meaningfully in policy, decision-making, mainstreaming and programming initiatives.

NEPHAK has been able to deliver capacity building of member organizations on GIPA, Gender and Human Rights and hold campaigns and advocacy issues for PLHIV on Universal Access to health. Results of the advocacy include the establishment of HIV Tribunal with a tribunal member representing PLHIV, a first time allocation of fund for ARVs treatment in the country and in 2012 the High Court of Kenya ruled in favour of a case lodged on clarification and acceptance of generic drugs by PLHIV.

Strategies used to expand the scope and coverage of the programme

The project is based on a broad based **partnership and networking** with NEPHAK member organizations in Nairobi, Rift Valley, Central and Coast regions. NEPHAK is a member of the national multi-sectoral response under NACC leadership and also a member of national CSOs platform that advocates for PLHIV health issues.

The second strategy used was that of **advocacy, communication and social mobilization** targeting the communities and PLHIV. In this project, advocacies sought to ensure that people living with and affected by HIV and the general population are sensitized on GIPA, Human Rights and HIV Prevention and Control Act 2006. Media was a key partner in the project.

In 2010, following local and international media reports on the arrest and imprisonment of two TB patients in Rift Valley Province. NEPHAK mobilized various members of Civil Society Organisations working on health, HIV and human rights who collaborated towards the release of the 2 patients. As a result, they were released, recovered and are taking part in development issues in their community.

Country: Kenya

Contact: Sima Community based Organisation

Sector(s): Health, education, workplace, justice, social protection, faith, community/ community mobilization, Community at large

Implemented by: Civil society, UN or other inter-governmental organisation

Programme is being implemented since: -

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

To increase awareness of community based organizations about the prevention and treatment of HIV/AIDS at the grassroots level. Updated information will be provided in the following areas:

- Mobilization of resources at grassroots communities' level and other external opportunities.
- Alternative treatment/nutrition
- ARV intervention.

Short description of the programme

Sima CBO), established in 1994, is a community based organization in Trans-Nzoia county that unites support groups of People Living with HIV/AIDS (PLHIV) into a national and formidable force to counter the impact of HIV/AIDS on their lives and that of their loved ones in Kenya. Sima Community Based Organization is a non-profit making, voluntary body, by and for PLHIV that seeks to highlight the important contribution people infected and affected by HIV/AIDS have made and continue to make in response to the epidemic and the community at grassroots level and working with people who living with HIV/AIDS. The vision of Sima CBO is to see a nation where PLHIV are in the frontline in the fight against HIV/AIDS and where their rights are recognized and respected to support their meaningful involvement in HIV/AIDS prevention, care and support towards an AIDS free society. The mission of Sima CBO is to promote greater involvement of PLHIV at all levels of HIV/AIDS prevention, care and support in Kenya.

The overall goal of Sima is to work to improve the quality of life of People Living with HIV/AIDS (PLHIV) through co-ordination of PLHIV activities in Kenya. As a membership organization, Sima CBO has among its members small community based organizations of people living with HIV from across the country. These CBOs are groups of PLHIV (women, youth, men, churches etc.) at the village level taking care of orphans, providing home based care, psychosocial support among other essential services.

NEPHAK runs programme in the following broad areas:

- Advocacy,
- Capacity Building,
- Support to those affected and infected.

The Sima CBO targets 1,500 for positive persons in Trans-Nzoia region, and also we do Personal Counselling, Group Counselling, Home visits and health education.

Strategies used to expand the scope and coverage of the programme

- Empowering the community in owning the programme.
- Training and sustaining TOT in the programme.
- Establishment of clan support for the orphans and people living with HIV/AIDS.
- Focus in encouraging men to take leading roles in providing care and support.
- Sourcing for anti-retroviral, and other supplies to curb opportunistic infections against the PLWHAs in order to prolong their lives.
- Establish networking and referral systems with the community structure, identification of possible partners and strengthening CORPS towards community ownership of the programme.
- We solicit financial and material support for both affected and infected.

MAURITIUS

Contact: Ministry of Health & Quality of Life

Sector(s): Health

Implemented by: Government

Programme is being implemented since: 1987

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

Following on-going training workshops for Health Care Personnel (Medical Health officers, nursing & ancillary staff), an increased level of knowledge on HIV issues and HIV & AIDS Act is being observed among the health personnel which has brought a change in their attitude and behaviour towards People Living with HIV.

A decreased level of stigma and discrimination is being observed among Health Care workers caring for People Living with HIV in Health Care settings. Following training, it is felt that Nurses are motivated to carry out Voluntary Counselling and Testing in Area Health Centres.

At the National Day Care Centre for the Immuno Suppressed (NDCCI) and the Day Care Centre for the Immuno Suppressed in the four regional hospitals, some patients who were lost for follow ups are being brought back for care and treatment. About 75% adherence to ARV among PLHIV has been noted. This is monitored through the constant rise of CD4 cells count and undetectable viral load noted in many PLHIV. The number of patients under triple therapy has increased steadily from 20 patients in 2002 to 1800 in 2012.

Patients are currently benefitting from first to third line of treatment based on International ARV treatment protocols. The PMTCT programme is quite a success as a survey in 2008 revealed that only 68% were adherent to the programme. As per the Protocol of Mother to child Transmission in 2011, the percentage has increased to 90%.

Following the campaign in the past and the current aggressive media campaign launched by the Ministry of Health, people are more concerned about their HIV status, as an increase in the number in Voluntary Counselling and Testing is observed in the Area Health Centres and in outreach community activities through mobile caravans.

Short description of the programme

Education/Youth: On-going awareness sessions on HIV/AIDS/STIs, stigma and discrimination have been carried out in secondary institutions (public and private). Health Clubs have been set up in colleges as well as training of trainers to sensitise peers at school levels. Activities for youth out of school have been conducted in collaboration with NGOs and the Ministry of Youth and Sports. Poster competitions on HIV stigma and discrimination were launched among students in private and public colleges.

Health Care Workers: In collaboration with the Indian Ocean Commission, Medical Health Officers, Specialised AIDS Nurses and Nursing Officers of AIDS Unit have followed training opportunities to attend international conferences on HIV/AIDS/STIs.

In line with the policy of the Ministry to provide comprehensive care and treatment for PLHIV, on-going trainings for trainers, and Health Care personnel on HIV/AIDS Act and Management of PLHIV have been organized. Consequently, holistic care is offered to all patients attending health services (efficient referral to psychologists, social workers, nutritionists, vaccination services). "Groupe de paroles" among health professionals, PLHIV and NGOs are regularly carried out. A quality service delivery at all levels aiming at zero stigma is ensured. PLHIV have the same access to specialized care and surgery as any other patient.

Following training in HIV Voluntary Counselling and Testing in public institutions, the 3C's principle is implemented prior to HIV testing. Trainings for dispensers have also been organized on a large scale.

Provider Initiated Testing is offered at all Health care points. Pregnant women attending labour ward late or mothers who have never attended ante-natal clinics are offered HIV Rapid testing. The laboratory facilities have been upgraded to further provide comprehensive care and support to PLHIV. Since 2010, a viral load machine is operational at the Virology laboratory to help the management of PLHIV on ARV drugs.

With the setting up of HIV and AIDS Unit in prison, Provider Initiated Counselling and Testing (PITC) are on-going to determine the infection rate of prisoners. The same facilities of care, support and treatment that are available in our centres are provided to PLHIV in prison. A Harm Reduction Unit has been set up to ensure a better monitoring and a better coordination of activities of the Methadone Substitution Therapy and the Needle Exchange Programme. The Needle Exchange and the Methadone Substitution Therapy Programmes, which started as a pilot project in 2008- 2009 have now gathered their momentum. The service is provided island wide through centres, the mobile caravans of the Ministry and in selected sites by NGOs in the afternoon.

It is proposed to introduce an HIV stigma Index to assess the level of stigma and discrimination.

In order to achieve 90-95% of PLHIV adherence to follow up, peer educators will be trained in prison on treatment literacy and adherence.

Site of work: An operational plan for the world of work has been worked out in collaboration with Tripartite Committee members - Ministries/Trade Unions and private Sector - under the AIRIS IOC (Indian Ocean Commission). On-going awareness sessions on HIV/AIDS/STIs and Voluntary Counselling and Testing at the place of work (public and private) are being carried out, as well for migrant workers. The operational plan is mostly centred in combating stigma and discrimination at the place of work.

Justice: The implementation of the HIV and AIDS Act in December 2006, being one of the first Sub Saharan African countries to do so, ensures an effective legal framework to eliminate all forms of stigma and discrimination and assures the full enjoyment of Human Rights by People Living with HIV. It also provides measures for controlling and preventing the spread of the epidemic through the Voluntary Counselling and Testing (VCT) and the Implementation of Harm Reduction strategies. Furthermore the Civil Status Act was recently amended to make provisions for legal marriage to take place for local citizens and expatriates infected with HIV:

Social Protection: Social Aid is provided to PLHIV on a case to case basis. The Ministry of Social Integration and Poverty Alleviation, through the empowerment program by providing training in Handicrafts, and by providing Nutrition to Key Affected Populations, promotes economic and social integration of vulnerable groups in work market.

Faith: Workshops are held at national and regional level with community leaders and Faith leaders to raise community awareness and support for PLHIV and to create an enabling environment. Religious bodies provide counselling services to pre-marital couples.

Community Mobilization: On-going sessions are carried out for MSM, CSW, Seafarers, Prison Inmates, as well as for IDU & partners to promote safe sex and to modify risky behaviours. Counselling and Testing of partners is encouraged. Awareness sessions for economically dependent women/ vulnerable women are carried out in Social Welfare Centres and Village councils and in risky areas.

Decentralization of VCT points to all Community Health Centres and coverage of mobile clinics as means to ensure availability to the whole population has brought testing facilities to the community, easy access to testing facilities and the same time reducing stigma and discrimination in the population.

Strategies used to expand the scope and coverage of the programme

- Setting up of National AIDS Control Programme in 1987 aiming at primary prevention of HIV transmission through awareness campaign and information, education and communication activities for the population at large and in particular in high risk groups such as sex workers, homosexuals, IDUs and prisoners.
- Setting up of National AIDS Committees in 1987
- Setting up of a full-fledged Virology Unit at the Centla Health Laboratory in 1987. The laboratory facilities have been upgraded to further provide comprehensive care and support to PLHIV.
- Setting up of Day Care Centre for the Immuno Suppressed (DCCI) and Counselling and Testing Service (VCT) to all health regions as from 1999. Day Care services have been decentralized as from 2009 and operate in four regional hospitals.
- Introduction of Prevention of Mother to Child Transmission programme in 1999. Since September 2010, strategies have been reviewed and mobile team is actually contact tracing pregnant women to encourage them to follow the PMTCT.
- The National AIDS Secretariat was set up in May 2007, under the Prime Minister's Office comprising of a National Monitoring and Evaluation Unit to monitor and evaluate the activities of the National Strategic Framework (NSF) 2007- 2011 in the line with UNAIDS "Three Ones Principles".
- Voluntary screening of pregnant women attending public antenatal clinics after counselling has been put in place since 1999.
- Formulation of National Strategic Plan 2001-2005, 2006-2011, 2012-2016
- Provision of antiretroviral treatment free of charge to all HIV infected persons in need as from April 2002.
- Formulation of an HIV/AIDS Action Plan for IDUs (2002-2008)
- Passing of the HIV/AIDS Act which is the first of its kind in Sub Saharan Africa in December 2006.
- Decentralization of VCT points to all Area Health Centres and coverage of mobile clinics as means to ensure availability to the whole population has brought testing facilities to the community.
- Setting up a full fledged Harm reduction Unit to harmonise the MST and NEP to ensure effective coordination and monitoring.
- A National Protocol of treatment was developed in 2009 to scale up their uptake of infected people on antiretroviral treatment.
- Setting up of HIV/AIDS Unit in prison
- Acceptance of country proposal for HIV and AIDS by Global Fund Round 8 to the tune of 7 million Euros (Rs 305 m) over a period of five years for implementing projects to fight HIV and AIDS. Strategies are being put in place to reinforce adherence of PLHIV to their drug regime to prevent resistance.

- Registration of private laboratories with the Ministry of Health and Quality of Life to carry out reliable HIV testing.

MOROCCO

Contact: Association de Lutte Contre le SIDA

Sector(s): Health

Implemented by: Civil society

Programme is being implemented since: 2005

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

Sidaction Maroc 2005 a permis:

- La collecte de 13,5 millions de Dhs, dont 53% ont été consacrés aux actions de prévention et 47% à l'amélioration de la prise en charge des personnes vivant avec le VIH:
 - *Médicaments pour le traitement des infections opportunistes*
 - *Examens complémentaires*
 - *Transports vers les hôpitaux*
 - *Aide alimentaire*
 - *Mise en place d'activités génératrices de revenus au profit des personnes infectées, affectées et populations vulnérables à l'infection VIH/sida*
 - *Extension d'actions de prévention*
 - *Financement de 24 associations et de 4 projets de recherche au Maroc*

Le Sidaction Maroc 2005 a battu des records d'audience. Pour la première fois, au Maroc, une personne vivant avec le VIH a témoigné à visage découvert à la télévision devant des millions de téléspectateurs, en direct sur plusieurs chaînes télévisées. L'émotion et la compassion ont été générales. L'émission a aussi permis de démystifier le sida, de contribuer à la levée des tabous, et de changer les attitudes vis-à-vis des PVVIH, dans la société et dans les médias. Suite au Sidaction, on a assisté à la mobilisation de nombreux acteurs de la société (milieu scolaire, milieu du travail, etc...), à la création de la première association de PVVIH et à la réinsertion de PVVIH dans leur milieu social et familial.

Short description of the programme

Le 9 décembre 2005, l'ALCS décide d'organiser une opération à grande échelle en organisant le Sidaction Maroc 2005, une émission télévisuelle et une opération de sensibilisation et de collecte de fonds d'envergure nationale, sous le Haut patronage de Sa Majesté le Roi Mohammed VI. Le Haut Patronage accordé par le Souverain au Sidaction Maroc 2005 s'inscrit dans la continuité de l'engagement politique de Sa Majesté, en faveur de la lutte contre le SIDA. L'ALCS est soutenue dans cette action par l'équipe de l'association française Sidaction qui nous accorde le logo Sidaction, nous fait profiter de son expérience et participe à la mise en place du plan de communication, des modes de collecte, de la forme et du contenu de l'émission.

Le Sidaction Maroc est la première opération du genre dans un pays du Sud : une émission spéciale de 6 heures, produite par la chaîne nationale 2M, et diffusée en direct sur les 4 autres chaînes nationales.

Cet événement national avait pour but de collecter des fonds pour:

- *Prendre en charge des personnes vivant avec le VIH*
- *Rendre accessible le test de dépistage*
- *Lutter contre la stigmatisation des personnes vivant avec le VIH*
- *Sensibiliser le grand public à la prévention de l'infection à VIH/sida*

Il permet de collecter 13,5 millions de dirhams.

Le Sidaction Maroc 2005 a bénéficié d'une importante implication gratuite, de très nombreux médias, de l'agence de communication, des annonceurs, du call center, etc. Une importante campagne de communication a été mise en place pendant 2 semaines:

- *Large diffusion sur les deux chaînes TV nationales d'un spot axé sur la lutte contre la stigmatisation des PVVIH*
- *Reportages et témoignages de PVVIH*
- *Capsules de sensibilisation*
- *Affichage urbain*
- *Insertion presse et multimédia*
- *Campagne de SMS*

Des experts nationaux et internationaux, tels que Dr. Peter Piot, Pr. Michel Kazatchkine et Pierre Bergé, ainsi que des artistes et stars du monde du sport et du cinéma, nationaux et internationaux ont également contribué à l'émission.

Strategies used to expand the scope and coverage of the programme

Suite au succès du Sidaction Maroc 2005, un deuxième Sidaction Maroc a été organisé en 2008, **le 19 décembre 2008**, avec une campagne importante de communication, basée :

- Essentiellement sur la lutte contre la discrimination des personnes vivant avec le VIH,
- Montrant que le sida touche tout le monde et même notre entourage familial.
- Maximum de témoignages de personnes vivant avec le VIH, mais une seule à visage découvert
 - Partageant leur vécu et leurs difficultés
 - Témoignant de la manière dont elles se sont garanties une certaine qualité de vie malgré leur infection
 - Contribuant fortement au changement des comportements et deviennent des acteurs clés en matière de lutte contre le sida.
 - Leur engagement et leur courage de témoigner publiquement, a permis d'intensifier la lutte contre le sida.

L'émission permis de collecter 9,5 millions de dirhams.

La 3^{ème} édition de la campagne, du 6 au 31 décembre 2010, s'est déroulée sous le thème : « Donner, c'est Agir contre le sida ». Elle s'est articulée autour d'une émission télévisée, produite par 2M et diffusée le 17 décembre 2010 et a permis de collecter 13,09 millions de dirhams.

A l'initiative de Gad Elmaleh, parrain engagé de l'édition 2010 du Sidaction Maroc, l'ALCS a organisé également une collecte dans les établissements scolaires de la mission française. Plusieurs établissements ont répondu présents à notre appel et ont mobilisé leurs professeurs et leurs élèves pour cette action. Au total, près de 400.000 DH ont été collectés dans les différents établissements.

La promotion du dépistage étant le thème de l'édition 2010 du Sidaction Maroc et l'un des objectifs de l'ALCS, des journées portes ouvertes ont été organisées le lendemain de la soirée Sidaction Maroc. Toutes les sections de l'ALCS se sont mobilisées pour ces journées les 18 et 19 décembre 2010. Les CIDAG fixes et mobiles en plus des mallettes ont été déployées sur différents sites et ont permis de réaliser 3120 tests VIH sur 39 sites d'intervention dans 16 villes.

De nombreuses entreprises ont soutenu pendant toute la durée de préparation et de réalisation de la campagne Sidaction Maroc 2010. La plupart des ces partenaires accompagnent gracieusement le Sidaction Maroc, depuis la première édition.

Une nouvelle édition de Sidaction Maroc est prévue pour décembre 2012 et le Sidaction Maroc est devenu un rendez-vous incontournable de la lutte contre le sida dans notre pays.

PARAGUAY

Title of the Programme: Situational analysis of Human Rights: Stigma, discrimination and vulnerability to HIV of Lesbians, Gays, Bisexuals and Trans Persons (LGBT) in Paraguay

Contact: Focal Point UNAIDS Theme Group, UNAIDS

Implementer(s): UNAIDS and OCHCR

Sector(s): Health, Education, Workplace, Justice, Human Rights

Implemented by: UN or other inter-governmental organisation

Has the programme been evaluated/ assessed? July 2012, to be finished in October 2012

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

- Disseminate strategic information related to violations of human rights among LGTB (gay, lesbian, bisexual and transgender people in Paraguay) groups will contribute to discussing the establishment of human rights of LGTB in common agendas as a priority
- Promote the development of laws against all forms of discrimination
- The diagnosis of the situation is a key element regarding these populations' human rights and different situations of stigma and discrimination in all areas, and specifically in health, work, and education.
- Call attention and recommend to relevant authorities the review of public policies of HIV and other public services for LGBT people from a human rights perspective.
- Analyze strategies to improve the focus of work around HIV services and universal access for this population.

Short description of the programme

Paraguay produces human rights reports on a regularly basis through the Paraguayan Human Rights Coordination (CODEHUPY) - a part of the Inter American Platform on Human Rights, Development, and Democracy. In the chapter on the human rights situation of lesbians, gays, bisexuals and trans persons (LGBT), no mention is made about the disproportionate way in which HIV affects gays, bisexuals and trans, or about the lack of public policies to reduce HIV's impact. The HIV component of these reports does not inform about this either. A comprehensive report about human rights of LGBT in Paraguay was seen as a way of placing this issue in the national HIV agenda, especially since a recently UNAIDS-supported prevalence and behavioral study reported 13% prevalence in a mainly young gay population of Asunción.

Thus, this research was designed in order to produce strategic information concerning diverse human rights situations among gay, lesbian, bisexual and transgender people in Paraguay, especially regarding health, education, and labor; it was implemented in close collaboration with the United Nations Office on Human Rights (UNHCR) in Paraguay.

Methodological tools were developed to focus groups and key informants related to respect LGBTs in the abovementioned areas.

Furthermore, information from existing reports in Paraguay regarding the human rights situation of LGBTs, particularly in relation to HIV or health, were searched, according to the guidelines, principles and standards and guidance of UNHRC.

Strategies used to expand the scope and coverage of the programme

In order to have the widest reach, all well-known LGBT organizations were contacted for focal points and interviews, especially with leaders of these groups. Public presentation and publication of this study will put HIV and LGBT populations in the public agenda as well as recommendations to elaborate public policy to reduce discrimination in health, labor and education are being put forward. This will especially include recommendations to reduce HIV - related discrimination in different sectors.

These issues will be used as inputs for the National Strategic National Plan 2013-2017, starting in October with UNAIDS support.

Among the recommendations, attention will be placed to those proposing intensified efforts to implement friendly health services for LTBT, ensuring promotion, specific and relevant prevention, treatment of HIV and sexually transmitted infections, condom availability for LGBT, and systematic actions to reduce stigma and discrimination.

The Target audiences for these public presentations and recommendations are:

- Members of National Parliament, Ministry of Public Health, Children and Adolescents, Health Services, National HIV Programs, Direction of Human Rights, Ministry of Justice and Labor, Ministry of Education, Ministry of Interior.
- LGBT organizations.
- Civil society organizations working on the HIV and STIs.
- NGOs working on human rights.

SOUTHERN AFRICA (MALAWI/SOUTH AFRICA/ ZAMBIA)

Title of the Programme: Changing Religious Attitudes, Changing Faith Perspectives: Theological Reflections on the Transformative Strategies of Sexual Minorities

Contact: INERELA+

Implementer(s): Grant funded through Norwegian Church Aid, implemented by INERELA+

Sector(s): Community/ Community Mobilization, Faith

Implemented by: Faith-based

Programme is being implemented since: 2011

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

1. Religious leaders, using the lens of HIV and vulnerability to HIV, receive comprehensive sex, sexuality and gender education using the SAVE methodology (see:www.inerela.org).
2. Religious leaders are mentored in terms of examining how both theology and practice have embedded stigma and discrimination towards sexual minorities within their institutional, theological and cultural frameworks. In particular, how these understandings further stigmatise sexual minorities and expose them to increased levels of violence and livelihood vulnerability, and thus to HIV infection and transmission.
3. Drawing on their authority within communities, religious leaders can use their training and experience to develop a doctrinal and pastoral framework that can be used to change social attitudes and ethical responses to sexual minorities. Furthermore, in creating increasingly safe spaces within a religious community, discrimination and stigmatisation has the potential of being reduced and thus also reduce those that occur towards sexual minorities who are HIV positive.

Short description of the programme

1. Direct Reach: High Level Christian and Moslem Religious Leaders from Malawi, South Africa and Zambia. Indirect Reach: Religious Leaders whom these leaders oversee and, through them, their communities.

2. Activities:

- Using the SAVE methodology, train 60 Religious Leaders in a global understanding of HIV prevention, treatment, care and support. Then, embark on sex, sexuality and gender education with a focus on how social, cultural and institutional norms increase the vulnerability of sexual minorities to HIV.
- Provide mentoring to trainees in developing guidelines on how religious policies, doctrines and practices can be undertaken to protect sexual minorities from discrimination and stigmatisation. Further, mentoring and introducing sermons, scriptural studies and discussions on sexual minorities that challenge prevailing attitudes and norms towards sexual minorities.
- Implement these guidelines at community level.

- Through a Dialogue with these 60 Religious Leaders further expand understanding of individual and institutional practices that contribute to religious communities being agents of discrimination and stigmatisation. By including sexual minorities in important cultural and social institutions, those who are HIV positive will have increased access to HIV prevention, care, support and treatment.

3. Monitoring and Evaluation

INERELA+ uses 3 lenses to evaluate impact. The methodology uses questionnaires based on the “Stigma Index”, focus group discussions and communication within the virtual space.

- Institutional and Political: Religious Leaders who challenge government, law enforcement services and health departments to end discrimination. Religious Leaders who challenge the prevailing hetero-normative dialogues, policies, doctrines and practices embedded within religious institutions.
- Cultural: Religious Leaders who challenge destructive practices made normative through references to cultural practice. In particular, strong stances against practices that perpetuate fear amongst and violence towards sexual minorities.
- Behavioural: Increased access for HIV positive sexual minorities to HIV prevention, care, support and treatment.

Strategies used to expand the scope and coverage of the programme

1. In recognition of the integral role law enforcement plays in access to justice for sexual minorities INERELA+, along with partner organisations, is piloting a project for sex, sexuality and gender training and mentoring for police officers. The pilot will focus on a single police station in Katlehong, South Africa. The police station will include on-going mentoring from trained Religious Leaders of INERELA+.

2. The object is to reduce secondary victimisation of sexual minorities by police officers, especially after sexually based violent crime. Furthermore, the project aims to strengthen access for sexual minorities to clinically responsible post exposure prophylaxis (PEP). The indicators of the success of this project are defined as follows given that research access to the survivors and their legal documents will, naturally, be limited:

- Increased reporting of sexually based crimes in the police station targeted, particularly by people who self-classify as a sexual minority.
- Increased use of clinically responsible PEP by all survivors of crimes that put people at risk of HIV infection.
- Although the scope of the project does not include this, it is hoped that the increased support received by sexual minorities by police officers, will lead to an increase in the conviction rate of sexually based offenders against this group. In addition, this increase will begin to erode the culture of impunity that surrounds sexual crimes perpetrated against sexual minorities.

3. Masego, a project of INERELA+, is currently in feasibility study stage. The aim of this project is to provide a safehouse for lesbian women and their children after these women have survived “corrective rape”. The feasibility study is being conducted in South Africa and, if implementation proves successful, the model will be rolled out to Zambia and Malawi in the second phase.

UGANDA

Contact: Tororo Forum for People Living with HIV Networks (TOFPANET)

Sector(s): Health, Education, Workplace, Community/ Community Mobilization

Implemented by: Civil Society

Programme is being implemented since: 2004

Has the programme been evaluated/ assessed? No

Is the programme part of the implementation of the national AIDS strategy? Yes

Outcomes of the programme

More people living with HIV disclosed their HIV status, provided peer support, formed more networks for people living with HIV, more referrals were done and more clients went to seek for support.

Short description of the programme

Tororo Forum for People Living with HIV Networks is an umbrella organization for clubs, associations, groups and individuals living with HIV in Tororo district. We do community awareness, peer counselling, public speaking, giving testimonies, community education, home visits, school visits to young positives, advocacy for the rights of PLHIV in the district, sit in the planning committees of the district.

Strategies used to expand the scope and coverage of the programme

Mobilization of people living with HIV in communities, forming networks, clubs and groups of people living with HIV at county, sub county, parish and village levels all over the district of Tororo.

ZAMBIA

Title of the Programme: The stigma and discrimination component of the Alliance's Africa Regional Programme II

Contact: International HIV/AIDS Alliance

Implementer(s): Alliance Zambia

Sector(s): Health, community/ community mobilization

Implemented by: Civil society

Programme is being implemented since: 2008

Has the programme been evaluated/ assessed? Yes

Is the programme part of the implementation of the national AIDS strategy? No

Outcomes of the programme

This programme has delivered significant policy and advocacy impacts:

- Beneficiaries report that stigma sensitisation activities were crucial in changing their attitudes and behaviour.
- 100% of the trained trainers reported better knowledge of stigma, while 8% secured other work as a result of their training, taking their training and experience with them, and broadening the Alliance's indirect impact in country.
- Increased numbers of community members are involved in promoting voluntary HIV counselling and testing and supporting people living with HIV.
- A reduction in clinic waiting times for PLHA with opportunistic infections.
- Trainers in Mumbwa reached over 3,000 people directly. Outcomes include a higher proportion of PLHA accessing ARVs; adults and children living with HIV staying in the family unit; and more people living with HIV finding work.
- In Mumbwa the programme reached over 55,000 families and outcomes for the family include a greater awareness of the needs of children with HIV, and a greater willingness by husbands to participate in prevention of mother-to-child transmission (PMTCT) services.
- In Mazabuka trainers reached nearly 7,000 people. The number of people accessing ARVs increased, as did the percentage of PLHA finding work as a result of the stigma activities.
- Trained treatment support workers are able to help with basic patient administration and support patients in clinical appointments.

Reduced stigma attached to taking ARVs has increased the number of people coming forward for treatment.

Short description of the programme

Alliance Zambia has been implementing the stigma and discrimination component of the Alliance Africa Regional Programme (ARP) (partly funded by the Swedish International Development Agency (Sida)) since late 2008.

Objectives:

- to reduce stigma and discrimination faced by people living with HIV and key vulnerable groups

Target groups:

- **People living with HIV** contribute their time to participate in training workshops and district workshops, to listening to health talks at the clinic, and to understanding their own self-stigma.
- The **families of people living with HIV** are also key stakeholder groups.
- **Healthcare service providers and health institutions** contribute time and drugs to treating both HIV and opportunistic infections.
- **The trainers** themselves are a stakeholder group and put a significant amount of time into the programme.

Coverage:

National

Activities:

Using the Alliance's stigma tool kit, the regional stigma training team based in Lusaka has rolled out a unique model of training trainers at a national level. It used participatory training methods which are not used in the same way by other NGO's doing the same work. The trained trainers carried out training through the use of district workshops, training community leaders, health and social welfare workers, treatment support workers and the general population in targeted areas. This combination of training activities ensured greater impact than simply training trainers.

Strategies used to expand the scope and coverage of the programme

A Social Return on Investment (SROI) evaluation was carried out at two sites in Zambia during 2010 and used focus groups from each site to determine the stakeholders for the study, what happened to each stakeholder group, and what impact this had for the group. The evaluation also included independent research and analysis to ensure the data was robust, and in some cases this was collected through primary research.

The SROI evaluation included calculations for attribution of change to the programme, SROI incorporates social, environmental and economic costs and benefits and so is of particular relevance to Alliance programmes and activities, which aim to achieve social and health changes that are currently difficult to value.

The results of this evaluation are being used as a basis for review of the programme and for plans to expand scope and coverage.