UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB(33)/13.CRP5
Issue date: 10 December 2013

THIRTY-THIRD MEETING

Date: 17-19 December 2013

Venue: Executive Board Room, WHO, Geneva

Agenda item 9

PCB Submissions on Thematic Segment - HIV, Adolescents and Youth

Disclaimer: This compilation of submissions is for information only. With the exception of minor corrections to grammar and spelling, the submissions within this document are presented as they were submitted, and do not, implied or otherwise, express or suggest endorsement, a relationship with or support by UNAIDS and its mandate and/or any of its co-sponsors, Member States and civil society. The content of submissions has not been independently verified. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Nor does the content of the submissions necessarily represent the views of Member States, civil society, the UNAIDS Secretariat or the UNAIDS Cosponsors. The published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall UNAIDS be liable for damages arising from its use. UNAIDS expressly disclaims any responsibility for inadvertent offensive or insensitive, perceived or actual, language.

Table of Contents

Introduction………………………………………………………………………………………. Page 9

I. Africa
104 submissions…………………………………………………………………………. Page 9 – 149

1. Algeria: Establishment of Three Animated Prevention Clubs against HIV in the Youth Community
2. Angola, Namibia: Promoting the Fight against Poverty and Economic Self-sufficiency of the Population Affected by HIV/AIDS in the Regions of Luanda (Angola) and Ohangwena and Caprivi (Namibia) by Primary Health Care, Vocational Training, Community Organizational Capacity Building, Development of Income-generating Initiatives such as Micro-credit.
3. Botswana: Humana Hope Youth Friendly Centres for HIV Prevention
4. Botswana: HIV Prevention to Adolescents and Prevention of New HIV Infections to the People
5. Botswana: Kids' Club
6. Botswana: Botswana National HIV/AIDS Prevention Support Project (BNAPS) Abstinence Campaign
7. Botswana: The Time is Now
8. Botswana: Arts For Positive Behavioral Change
9. Burkina Faso: Amélioration de la Santé Sexuelle et Reproductive des Adolescents et Jeunes
10. Cameroon: "Aunties" for Sexual Health and Non-violence
11. Cameroon: Education Globale à la Sexualité
12. Cameroon: Projet d’Autonomisation des Associations des Jeunes PVVIH
13. Cameroon, DRC, Kenya, Lesotho, South Africa, Tanzania: Shuga Programme
14. Cameroon, Ghana, Kenya, Malawi, Rwanda, Tanzania, Ethiopia, Eritrea, Benin, Burkina Faso, Togo, Mali, Liberia, Nigeria: HIV/AIDS Awareness and Training Program for Blind and Visually Impaired Persons in Africa
15. Congo: Expérience de la Ligne Jaune: Téléphonie mobile au service de la prévention du VIH en faveur des adolescents et jeunes de la République du Congo
16. Democratic Republic of the Congo: Youth against HIV/AIDS
17. Democratic Republic of the Congo: Campagne Nationale " Education à la Santé des Jeunes"
18. Democratic Republic of the Congo: Disability Awareness against HIV/AIDS
19. Democratic Republic of the Congo: An Innovative Approach Using Both Cellphone and Radio to Identify Young People’s Sexual Concerns in the Democratic Republic of the Congo
20. Ethiopia: Biruh Tesfa
21. Gambia: My Future, My Life
22. Ghana: Operation Save Our Youth
23. Ghana: Good Practices: Adolescents and youth in the AIDS response
24. Ghana: Communicta Education on Stigma Reduction and TB/HIV Referrals
25. Guinea-Bissau: Bonnes Pratiques par Adolescents et Jeunes au Réponse du VIH
26. Guinea-Bissau: La Contribution de l’Education par les Paires à l’Augmentation de l’Adhésion au Counselling
27. Kenya: Adolescents Count Today (ACT)
28. Kenya: Lea Toto Program: Adolescent Mentorashp Program
29. Kenya: One2one Youth Programme
30. Kenya: Closing the Gap among the Youth by 2015
31. Kenya: Advocacy for Youths and HIV Awareness
32. Kenya: Friends of Youth: Scaling up a Proven Youth-adult HIV/AIDS Behavior Change Program
33. Kenya: Training of Peer Student Counsellors
34. Kenya: The MARPs Engage Program
35. Kenya: Ericsson Kenya Mentorship Programme
36. Kenya, Rwanda, Burundi, Tanzania, Uganda, Ethiopia: Giving Hope - Youth Empowerment Methodology

37. Lesotho: Cash Transfer Initiative
38. Malawi: Building Capaicity for Adolescents Living with HIV/AIDS to Access and Demand for their Rights
39. Malawi: Test 4 Life Youth Project
40. Malawi: HIV/SRH Youth Musical Workshops
41. Malawi: Reducing the Risk of HIV Transmission amongst Adolescents and Youth Involved in Transactional Sex
42. Malawi: Enabling Youth SRHR: Strengthening SRHR in Malawi's National Youth Policy
43. Morocco: Une Journée de Sensibilisation sur l'Education Sexuelle : Les IST-Sida
44. Morocco: "Ensemble" Appui aux Associations de Jeunes de Quartiers et Culturelles pour l'Intégration du VIH/sida par une Approche Communautaire Basé sur la Création de Compétence'
45. Morocco: Site Web: Chababe.ma
46. Mozambique, South Africa, Tanzania, Zimbabwe: Youth2Youth Focusing on Solutions Programme
47. Nigeria: Mitigating the Burden of HIV/AIDS among Youths in Nigeria
48. Nigeria: ZIP-UP Street Walk Against HIV/AIDS
49. Nigeria: Exploring the Sexual and Reproductive Health Needs of Adolescents Living with HIV in Nigeria
50. Nigeria: Men Alive
51. Nigeria: Menace of Street Children
52. Rwanda: Sexual, Health and Reproductive Education (SHARE)
53. Rwanda: Youth Initiative on Messages Promotion for Behaviour Change
54. Rwanda: Kigali Youth Cluster HIV/AIDS Program
55. Rwanda: Football AMAHORO
56. Rwanda: To Fight Against HIV/AIDS and Assist HIV/AIDS Sick People
57. Rwanda: Secondary Schools Campaigns Against HIV and AIDS
58. Rwanda: To Establish a Positive Change in the World through Patriotism and Peacebuilding
59. Rwanda: Coodiprib: Bugarama Youth HIV/AIDS Program
60. Rwanda: Behavior Change Social Marketing (BCSM) and Rwanda Social Marketing Program (RSMP)
61. Senegal: Programme d'Education a la Vie Familiale (PEVF): Protecting adolescent health and rights
62. Somalia: Executive Director
63. South Africa: ACTS: Advise, Consent, Test, Support
64. South Africa: Shout-it-Now: Innovative Technology+Team Approach to Mobile HCT
65. South Africa: Boys 2 Men Program
66. South Africa: Prevention of New HIV Infections, Intervention and Advocacy
67. South Africa: Stepping Stones and Creating Futures
68. Sudan: Protecting Communities from the Spread of AIDS
69. Sudan: HIV/AIDS Awareness Outreaches
70. Sudan: Prevention of New HIV Infections
71. Togo: Accès Integré aux Services de SR/VIH chez les Jeunes en Milieu Rural
72. Uganda: HIV/AIDS Control and Eradication Campaign Strategy among the Youth and Community
73. Uganda: Strengthening Civil Society for Improved HIV/AIDS and OVC Service Delivery in Uganda (SCIPHA) Project
74. Uganda: Sexual Health Improvement Project (SHIP)
75. Uganda: Youth and Advocacy for HIV Prevalence in Young People
76. Uganda: Suubi+Adherence: Evaluating a Youth-Focused Economic Empowerment Approach to HIV Treatment Adherence
77. Uganda: Investing in the Youth Mind Have a Free HIV and Aid Generation
78. Uganda: Positive Prevention among the Young People Living with HIV&AIDS
79. Uganda: Uganda Youth Responses to HIV
80. Uganda: School's Choose

81. Uganda: Promoting Behavioural Change and Abstinence against HIV/AIDS among Youth
82. Uganda: Rhythmic Voices
83. Uganda: Improving Health of Youth Affected and Infected with HIV
84. Uganda: My Body My Life My Choice (Get Ur Mix Out)
85. Uganda: Sexual Health and Reproductive Education (SHARE)
86. Uganda: POZ Transition
87. Uganda, Kenya: Brighter Future: Improving Sexual and Reproductive Health of Adolescents Living with HIV
88. United Republic of Tanzania: Initiatives, Programmes or Processes for Adolescents and Youth that Effectively
89. United Republic of Tanzania: Situation Analysis for Adolescents Living with HIV
90. Zambia: Join in Circiut on AIDS, Love and Sexuality
91. Zambia: Teens Club
92. Zambia: Zambia-Ureport: m-Health Interventions to Accelerate National HIV Response Targeting Adolescents and Youths in Zambia
93. Zambia: Adolescent Girls Empowerment Program
94. Zambia: TIKAMBE: A youth-led accountability model
95. Zambia: Wize up! Love life? Ziba [1] HIV! Campaign
96. Zambia: Needs, Challenges and Opportunities: Adolescents Living with HIV in Zambia
97. Zambia, Zimbabwe, Malawi, Kenya, Mozambique, South Africa: SAVE Toolkit
98. Zimbabwe: Young for Real
99. Zimbabwe: The Zvandiri Programme
100. Zimbabwe: Strengthening HIV Prevention among Youth in Manicaland
101. Zimbabwe: Young People's Network on SRH, HIV and AIDS
102. Zimbabwe: Adolescents and Youth Leadership and Participation in Sexual and Reproductive Health and Rights (SRHR) including HIV and AIDS Programmes.
103. Zimbabwe: Young People We Care
104. Zimbabwe, Ethiopia, Nigeria, Kenya, Uganda, Ghana, Mali, Senegal: Evidence and Rights Based SRH Education and HIV Prevention Interventions for Youth

II. Asia
33 submissions………………………………………………………………………. Page 149 – 192

1. Asia-Pacific: Young People and the Law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services
2. Asia-Pacific: Making the Case with Strategic Information: Young key populations at higher risk of HIV in Asia and the Pacific
3. Australia: Agents of YEAH: HIV and sexual health peer education and leadership program
4. Bangladesh: Rolling Continuation Chanel
5. Brunei Darussalam: HIV Awareness Programme for Peers&Youth (HAPPY)
6. India: Home for HIV Orphans and Adults
7. India: Youth Empowerment Programme
8. India: Water Purification Kits for Families Living with HIV/AIDS
9. India: Youth Intervention for HIV/AIDS in India
10. India: Project Aarambh
11. Indonesia: PUDAN
12. Indonesia: Youth-Adult Intervention to Respond: Youth leadership on HIV-related decision making prosses.
13. Indonesia: Addressing and Educating HIV Prevention among Adolescent and Youth by Social Media
14. Indonesia: Increasing Accsess for Drugs Users Living in Vulnerable Context and People Living with HIV and AIDS
15. Iran (Islamic Republic of Iran)

16. Kazakhstan: Second National Youth Forum "Reproductive health of the nation- role and responsibility of young people"
17. Kazakhstan: X-Road
18. Kazakhstan: Integrated Youth-Friendly Services for Adolescents and Youth
19. Myanmar: Youth Empowerment for HIV Prevention
20. Nepal: The End of Experts? ‘Community Life Competence’ Enables Nepal’s Young People to Identify Youth-and-HIV-Related Problems, and Build on Their Own Intrinsic Strengths to Solve Them
21. Nepal: Youth Initiative for HIV Infections
22. Pakistan: Providing Safer Sex Education to the Marginalized Young People for the Prevention of HIV/AIDS Using Peer to Peer Education and Theatre”
23. Pakistan: HIV Prevention First Right Adolescent
24. Pakistan: Youth Engagement for Prevention of HIV
25. Pakistan: Mass Awareness about HIV in Rural Areas of KPK Pakistan
26. Pakistan: Silence is Death
27. Pakistan: HIV/AIDS
28. Philippines: The River of Life Initiative: Helping young people made vulnerable by exploitation cross the brighter side of life
29. Singapore: Breaking Down Barriers
30. Tajikistan: Cost Effectiveness of Youth Friendly Health Services for Most at Risk Young People Scale Up in Tajikistan
31. Thailand: 'V' Teens Empowerment Project
32. Turkmenistan: Youth Centre
33. Yemen: Access to Information

III. Eastern Europe
20 submissions……………………………………………………………………. Page 192 – 218

1. Albania: Piloting Contingency Management Intervention among Injecting Drug Users in Tirana, Albania
2. Albania: Implementing Voluntary Counseling Testing Centers in Albanian Prison System: An effective approach in reducing HIV prevalence among vulnerable groups and young people
3. Albania: Prevention of HIV among Vulnerable Groups
4. Albania: Dissemination of Information and Knowledge among Young People in Albania Related to HIV/AIDS
5. Albania, Bosnia & Herzegovina, Moldova, Montenegro, Romania, Serbia, Ukraine: Prevention of HIV among Most-at-Risk Adolescents in Ukraine and South-Eastern Europe
6. Armenia: Getting to Know People Living with HIV through Their Life Stories
7. Azerbaijan, Belarus, Georgia, Moldova, Ukraine: Strengthening Capacity of Non-State Actors (NSA) for HIV/AIDS Testing & Counselling of Most-at-Risk Adolescents and Young People
8. Belarus: Accessible Qualitative HIV Counselling and Testing Services for Most-at-Risk Adolescents
9. Bosnia and Herzegovina: Right to Know
10. Kosovo: Social Marketing
11. Latvia: HIV Testing Days, Informative Campaign Colloboration with Latvian Red Cross
12. Republic of Moldova: Together
13. Romania: HIV/AIDS Prevention among Youth
14. Romania: Shaping the Future
15. Romania: 1. Communication between Doctors and HIV Positive Persons. 2. Strengthening the Prevention and Control of HIV/AIDS, HVB, HVC in Romania
16. Romania: HIV Prevention in Most-at-Risk Adolescents
17. Ukraine: HIV Prevention among the Most at Risk Adolescents
18. Ukraine: Mentoring from Generation to Generation
19. Ukraine: Positive Life for Positive Children

20. Ukraine: Sports/Football as Prevention of HIV/AIDS among Rural Youth of Ukraine

IV. Latin America and Caribbean
16 submissions………………………………………………………………………. Page 218 – 241

1. Argentina: Sexual and Reproductive Health Promotion among Youth
2. Argentina: HIV and Adolescence in Argentina
3. Barbados: dance4life Barbados
4. Bolivia: Investing In Young People Most Vulnerable of Bolivia
5. Brazil: Fal@ndo em Bem-Estar Teen
6. Brazil: Project Strengthening Community Action Networks for STD/AIDS Prevention: Knowing and intervening
7. Costa Rica: Prevention, Detection and Attention of HIV/AIDS in Prisons
8. Ecuador: Ask About before Acting
9. Guatemala: CrowdOutAIDS in Guatemala - Una voz frente al VIH
10. Haiti: Youth Mobilization to Stop HIV
11. Haiti: Prevention des IST et du VIH chez les Jeunes de l'Artibonite Haiti
12. Haiti: FOREF Youth HIV Program: A nationwide Model
13. Latin America and Caribbean countries (Mexico, Puerto Rico, Argentina, Ecuador, Venezuela, Colombia,Cuba, Paraguay, Costa Rica, Panama, Brazil, El Salvador): Consolidation of the Latin American and Caribbean Network of Positive Youth (Y+LAC)
14. Latin American countries: Evaluation of the Implementation of the Ministerial Declaration, "Preventing through Education"
15. Nicaragua: Haciendo Comunicacion
16. Trinidad and Tobago: Through Art There Is Realisation

V. Multiple regions and Country Unspecified
13 submissions………………………………………………………………………. Page 241 – 260

1. Afghanistan, Bangladesh, Benin, Bolivia, Burkina Faso, Ghana, Kenya, Malawi, Mozambique, Nepal, Rwanda, Namibia, Nicaragua, Togo, Uganda, Zambia: Adolescents and Advocacy for Sexual and Reproductive Health and Rights (A+ Programme)
2. Bangladesh, Burundi, Ethiopia, Myanmar, Uganda: Link Up: Integrating HIV and sexual and reproductive health and rights
3. Bangladesh, Malawi: Do They Match? Research Results on Young People's Realities and Needs Relating to Sexuality and Youth-Friendly Service Provision in Bangladesh and Malawi
4. Eastern Europe, Central Asia: Mobilization Adolescents Affected by HIV/AIDS EECA
5. Global: Young People Living With HIV Influencing the High Level Meeting on HIV in 2011
6. Global: Y+ Programme of GNP+
7. Global: Portfolio of Materials to Guide Programs and Policies for Adolescents Living with HIV
8. Global: Grants Programme
9. Global: Stepping Stones
10. Global: MSMGF Youth Reference Group
11. Kenya , Rwanda, Zambia, Tanzania, Benin, Sri Lanka: Mobilizing and Investing in Young Women's Leadership and Advocacy around SRHR &HIV
12. Nigeria, Romania, India, Canada, Mexico, Mauritius, Lebanon: Youth RISE Up! For HIV Prevention
13. Country Unspecified: Adolescent Health Development

14 Western Europe and Other States
21 submissions………………………………………………………………………. Page 260 – 289

1. Belgium: L’Education à la Vie Affective et Sexuelle Auprès des Jeunes
2. Denmark
3. France: Dessine-Moi un Mouton
4. France: Les Après-Midi du Zapping
5. Germany: I Know What I'm Doing
6. Netherlands (among others): Long Live Love
7. Norway: The Norwegian Youth Network on HIV and Point 7 Youth Representative
8. Portugal: Youth Media: Our Response to HIV/AIDS
9. Puerto Rico: Orientadores Pares Jovenes
10. Spain: "SI DA, NO DA" Info&Prevention Workshops
11. Spain: Helps Program: Program for young children and families with HIV
12. Sweden: "Sex on the Map" - Animated sexuality education film for teenagers
13. Sweden: HIV School
14. United Kingdom: Managing Transitions between Children's and Adults Services for Young People Living with HIV
15. United Kingdom: Body&Soul
16. United Kingdom: The CHIVA Youth Committee (CYC)
17. United Kingdom, Ireland: Freedom To Be
18. United States: StatusSexy.com
19. United States: Protective Legal Environment Audit for Service Providers to Young People
20. United States: HIV Prevention for Latina Girls at Greater Risk for Juvenile Delinquency
21. United States: Health Outreach Utilization and Support Enhancement Project (The HOUSE Project)

Introduction

All submissions were sent to the UNAIDS Secretariat in response to a Call for Submissions in July 2013 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 effective programmatic and policy efforts to with and for adolescents and youth in the HIV response. As of 20 November 2013, UNAIDS had received a total of 207 full submissions from governments, civil society and Cosponsors, with the following regional breakdown: Africa – 104; Asia – 33; Eastern Europe – 20; Latin America and Caribbean – 16; Multiple and Country Unspecified – 13; and Western Europe and other States – 21. The submissions are categorized alphabetically according to the regions and countries. 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 Mikaela Hildebrand: hildebrandm@unaids.org.

I. Africa

1. ALGERIA

Title of Programme: Establishment of Three Animated Prevention Clubs against HIV in the Youth Community
Contact: Green Tea Association
Implementer(s): 1. Association GREEN TEA: supporting the project. 2. The Association Friends of In Guezzam, In Guezam, Tamanrasset. 3. Youth Association for the Protection of acquired cultural and development (TAKASIT In Marwan) Tahaggart, Tamanrasset.
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: December 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The current situation of HIV has increased sharply in Algeria compared to previous years, especially in the wilaya of Tamanrasset which is in a very specific area (border Algerian-Malian and Algerian-Nigerien). Faced with such a statement and for our efforts, the association GREEN TEA intends to contribute to the creation of an information, awareness and prevention against HIV network. This network is the establishment of 03 Clubs in the wilaya HIV Info Tamanrasset, in charge of setting up a program of ICE (information, communication, education) for young people, the youth-led clubs formed in the field of communication, prevention against HIV, entertainment and advocacy organization. Club HIV Info animate training activities for teenagers and peer outreach activities such as football tournaments and outings, musical events and campaigns in favour of youth and neighbourhoods through prevention and awareness against HIV.

Outcomes of the initiative
- 03 Clubs of HIV info will be equipped.
- 60 young leaders trained in communication and technical awareness against HIV.
- Organization of 02 campaigns and 02 tournaments on Foot, 02 days to raise awareness in secondary schools of Tamanrasset.
- Distribution of 60 briefcases and training manuals, 1,000 posters, 15,000 leaflets, 600 CD awareness against HIV, installation of a Facebook and a website for young members of the project.
- 10,000 young people will be made aware of the dangers of HIV.

2. **ANGOLA, NAMIBIA**
Title of Programme: Promoting the Fight against Poverty and Economic Self-sufficiency of the Population Affected by HIV / AIDS in the Regions of Luanda (Angola) and Ohangwena and Caprivi (Namibia) by Vocational Training, Community Organizational Capacity Building, Development of Income-generating Initiatives such as Micro-credit
Contact: Spanish Red Cross
Implementer(s): ANGOLA -Health Ministry -National Institute against HIV --Soul City Institution -Social Marketing Association.
Implemented by: Civil Society, ANGOLA -Health Ministry -National Institute against HIV --Soul City Institution -Social Marketing Association
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2007-2010

Short description of the initiatives
This project aims to promote the fight against poverty and economic self-sufficiency of the population affected by HIV / AIDS in Angola (Samba and Cacuaco Municipalities in the province of Luanda) and Namibia (Caprivi regions and Ohangwena), areas where Spanish Red Cross , with the Cruz Vermelha de Angola and Namibia Red Cross respectively, have been working in recent years.

Intervention in Angola is based on two main actions:
- First, the improvement in the early diagnosis and quality of life of people living with HIV / AIDS in the municipalities of Samba and Cacauco, on the outskirts of Luanda, which will run through the creation of a Center for Counselling and tested Volunteer (CATV), training and awareness for HIV / AIDS and STDs, psychosocial support to affected and STD syndromic approach.
- Second, strengthening the basic health of the population of the municipalities of Samba and Cacuaco, with the central focus of intervention health posts in these communities, through improving infrastructure, equipment centers, training and community awareness and community health activities.

Intervention in Namibia has two geographically areas of intervention:
1. In Caprivi, the first component focuses on capacity building aspects of the population (disease prevention and poverty-related habits such as HIV/AIDS, tuberculosis, malaria, alcoholism, domestic violence, etc.). The second component is directed to the most vulnerable population to launch a micro –credit system.
2. In Ohangwena, the project is primarily aimed at the San community, although some of the activities also target the rest of the population. Thus the capacity building component (disease prevention and poverty-related habits) is aimed at the general population, although the shares with the San have specific treatment appropriate to the cultural identity of this group. Also in Ohangwena, we have scheduled a support component to increasing food production to promote food self-sufficiency of the San, which will consist of the mobilization and organization of the San to carry out community crops and small livestock rearing.

Outcomes of the initiative
ACTION 1 : RISE OF THE PREVENTION OF HIV / AIDS AND OTHER STD AND IMPROVING THE LIVING CONDITIONS OF THE AFFECTED BY HIV IN THE PERIPHERY OF LUANDA (SAMBA MUNICIPALITIES AND Cacuaco) , ANGOLA
- Outcome 1: Increased knowledge dissemination and prevention and control of HIV / AIDS and other STDs in the population of the municipalities of Samba and Cacuaco , on the outskirts of Luanda.
- Outcome 2: Increased screening and counseling of HIV / AIDS and other E TS in the municipalities of Samba and Cacuaco, on the outskirts of Luanda.

- Outcome 3: Health Post: Improved syndrome approach and treatment of STDs in the City of Samba.
- Outcome 4: SHG Created psychosocial counseling and income generation in the municipality of Samba.

ACTION 2: BASIC HEALTH IMPROVEMENT IN THE MUNICIPALITIES OF SAMBA Cacuaco, OF THE PERIPHERY OF LUANDA, ANGOLA .

- Outcome 1: Improved maternal and child care in the municipalities of Samba and Cacuaco (Luanda).
- Outcome 2: Strengthened Primary Health Care (PHC) in the municipalities of Samba and Cacuaco.
- Outcome 3: Improved knowledge of the population about basic health and sanitation.

ACTION 3. INTERVENTION CAPRIVI. NAMIBIA

- Outcome 1: Community capabilities have been strengthened in Caprivi.
- Outcome 2: Opportunities thanks to income-generating projects have increased.

ACTION 4. INTERVENTION OHANGWENA.NAMIBIA

- Outcome 1: Community capabilities have been strengthened in Ohangwena.
- Outcome 2: Increased food production.

What Strategies have been used to expand the scope and coverage of the initiative?
There is continuation of the awareness campaign of IEC (Information, Education and Communication) on prevention of HIV / AIDS and other STDs. During the course of the sensitization is enhanced awareness of personal risk of contracting HIV / AIDS and reinforce prevention messages. It emphasizes the connection between STD (sexually transmitted diseases) and HIV / AIDS and encourages people to an early diagnosis if you have signs and symptoms related to the most common STDs. The awareness is reinforced with informative posters and pamphlets designed for the project.

3. BOTSWANA

Title of Programme: Humana Hope Youth Friendly Centres for HIV Prevention
Contact: Humana People to People Botswana
Implementer(s): Humana People to People Botswana
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Community Mobilization for Youth Friendly HIV-Prevention
Programme being implemented since: 2010

Short description of the initiatives
The project is part of the larger community intervention to fight new infections of HIV-AIDS and strives to establish Youth Friendly Centers in all the 5 districts covered by the project in the country. These are meant to increase demand for and access to HIV prevention services. These Centers of Excellence are located in the Humana offices with a mobile component to provide youth friendly services in strategic places where youths meet such as:

1. In the communities: The centers provide services from youth centers or community halls where youths easily and often meet. HPP Staff are deployed in these centers to coordinate the youth friendly services and mobilize resources and volunteers to excite and motivate the youths to access HIV-AIDS Prevention Services which include: mobilization of youths, information, condom distribution, edutainment such as: music, drama, dance, films, poetry, counselling and referrals. This enables youths in the community to get access to HIV-AIDS services and counselling without any fear of stigmatization.
2. In the schools/colleges: The mobile Youth Friendly Services reach out to selected schools and colleges for the learners to easily access youth friends sought these

services to be part of the extra-curricular activities overseen by the Guidance & Counselling Teacher(s) and Peer Educators with support from HPP Project staff. Key activities include passing of information, advice and counselling and referrals on HIV Prevention. They also include peer education and edutainment such as: music, drama, dance, films, and poetry.

3. In the work places: The project engages employers and moves the Mobile Youth Friendly Services in workplace targeting organizations employing a large number of youths. The activities are coordinated through manager in charge of HIV-AIDS Programs. Special places or rooms are set to engage the workers and ensure confidentiality. Activities include information dissemination, peer education, youth mobilization, condom distribution, edutainment such as: music, drama, dance, films, poetry, counselling and referrals.
4. In HPP Project Office: HPP-Project Office shall host one of the centers in the community and shall serve as a model and center of excellence to be run by HPP staff in providing appropriate and exciting youth friendly service for HIV-AIDS prevention and support. The centre will provide information, peer-education, youth mobilization, condom distribution, edutainment such as: music, drama, dance, films, poetry, counselling, testing and referrals. The centers shall also be used to reach out to other key stakeholders and promote the use of Youth Friendly Service Approach in their delivery of HIV-AIDS services. These stakeholders shall include: clinics, religious institutions, families (households), traditional and traditional leaders. The traditional Humana Participatory Methodologies shall be used covering door-to-door and one-on-one mobilization of youths in schools and adults in homes and work-places. The value addition shall be on adding young attraction media like:
   - Use of edutainment: music, videos and performing arts with HIV-AIDS messages
   - Use of computers and ICT: these include computers, internet

Outcomes of the initiative

Program Results in 2011:

- 3,115 people were tested of HIV during door-to-door campaigns
- 1,595 people participated in the "Positive Living Groups"
- 204 TRIOSs were formed to support adherence on people on treatment
- 131 Backyard Gardens were established for healthy eating
- 240,137 condoms were distributed for safer sex use
- 6,735 youth and children participated in the HOPE activities
- 2,011 people participated in opinion-forming activities
- 107,376 people were reached through door-to-door HIV/AIDS awareness

What Strategies have been used to expand the scope and coverage of the initiative?

The project uses highly participatory engagement methodologies and extensive outreach to mobilize the target groups in their business and social setting like in homes, traditional meeting centres, schools, colleges and work places. The following are key issues handled and improved by the project:

- Improved communication with peers and family which reduce stigmatization
- High respect of privacy and confidentiality
- Training for adoption of Positive Peer Pressure
- Strategies to reduce temptations of trendy fashion and flashy life-style Reduction of fear of victimization and assured parental consent and transport
- Harmonization of cultural and religious beliefs to HIV Prevention initiatives
- Improved institutional support systems at family, community, school, work-place and religious level
- Counselling and support for resisting Sex, Alcohol and Drug abuse and addictions

4. BOTSWANA

Title of Programme: HIV Prevention to Adolescents and Prevention of New HIV Infections to the People
Contact: Otse Community Home Based Care Trust
Implementer(s): Civil Society
Implemented by: Our organisation has volunteers who conduct home visits, Monitoring and Evaluation, Social worker and a part time nurse
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, HIV counselling and testing
Programme being implemented since: 2009

Short description of the initiatives
HIV Prevention:
The purpose of the initiative will be to equip adolescents and youth with HIV prevention messages by providing comprehensive health care services. Services will include voluntary HIV counselling and testing, care and support in the households, adherence to treatment, and education on nutritional eating, life skills. Our target group will be school-going children from the ages 10-19 years. We will also target out of school teenagers within the same age category. To a limited extent, we shall target youth and adults from age 19 to 60. HIV positive clients already in our register will be followed and taught about positive living and avoiding re-infection. Activities will include children's camp, workshops for teachers, and workshops for parents and children to improve communication between the two. Condom demonstration to teach about correct, consistent condom use. Stakeholders' seminars will be conducted so as to sensitise our target group on the available service providers. We will use a structured concept called Journey of Life which we are currently using under the Botswana National Aids Prevention Support. The concept has proved to be very effective, not only in Botswana but in Southern Africa. We will rely more on volunteer who on daily basis visit individuals at their homes and teach them about HIV. These volunteer also provide care and support services to those infected and affected by HIV/AIDS.

Outcomes of the initiative
Otse Community Home Based Care Trust intends to reduce the number of adolescents involving in sexual activity at an early stage. We want to see the teenage pregnancy and school drop out being reduced if not stopped in the areas that we cover. In addition to that, we would like to have more of adolescents and youth being involved in income generating activities so that they become independent and empowered. Depending on the results of the baseline, we would like to see the cases of new HIV infection having dropped or having achieved zero HIV infection rate as adopted by the Government of Botswana. Marginalised or underserved orphans and needy families will be identified through the help of our volunteer and they will be reffered to available service providers.

What Strategies have been used to expand the scope and coverage of the initiative?
1. Community Ownership- Otse Community Home Based Care Trust has a sound relationship with community and political leadership in the vilages that we serve. For the effectiveness of the initiative, we will involve our leaders and community members extensively so that we do not go wrong.
2. Allignement to National Priority- We are not going to deviate from the priorities set by the Government of Botswana. This will help us in getting the support we need and again help in the sustainability of our project.
3. Continued Support- We will ensure that the clients we have had for the past years are not lost. This strategy will help us to manage our initiative well. These are the clients who will help us in dessiminating messages. Some of these clients have been absorbed in our pool of volunteers. It now becomes very simple for us to make an impact.
4. Expansion to the Villages nearby- to make serious impact, Otse Community Home

Based Care Trust has expanded to all the villages within the District that we are in. we do not want to leave anybody out because these are the people with same culture, interests and are related.

5. Incorporate other Interventions where and when need be. HIV is a complex condition and we will use every intervention possible to win it. We are not going to limit ourselves because we want to make an impact in the villages that we serve.

5. BOTSWANA

Title of Programme: Kids' Club
Contact: House of Hope Trust
Implementer(s): House of Hope
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The Kids' Club was established as a life skills initiative for children aged between 7 and 17 years. Most of these are orphaned and/or vulnerable children (OVCs) that have graduated from the House of Hope Preschool, which is operates mainly to offer orphaned and vulnerable children early childhood education.

We operate the club through a team of volunteer facilitators that have received various trainings from psychosocial methodologies (such as Journey of Life, In her Shoes etc.), to lay counseling. The clubs meet in six different satellite wards around Palapye village, all running simultaneously, which increases their reach. The clubs run on a fortnightly routine and easily reach over 400 students week, with a quarterly average attendance of 650 youth. We target in-school youths, most of whom are orphaned and/or vulnerable. We reach them with HIV/AIDS prevention and treatment messages, messages on Gender Based Violence and in the near future, we are planning to include a financial training component in this program. The financial training will be based on the AFLATEEN model, which will teach our youths to be financially responsible and independent. This is part of our bid to ensure the Kids' Club – like all House of Hope programming, offers comprehensive support to our clients.

Activities at the kids' club sessions are intended to provide a relaxed, social environment where the youth can interact with their peers, freely sharing information on HIV related issues. Facilitators are on hand to guide the conversation towards the outlined lesson objectives of each day. Participants are also given time to engage in games to encourage them to be physically active and interact with one another.

Outcomes of the initiative

- Youths that are equipped with HIV correct prevention, care and treatment information
- Youths that are informed and able to access and demand services and commodities for HIV prevention.
- Reduced rates of HIV infection and prevalence amongst Palapye's youth.
- Reduced teenage pregnancy in the Palapye district.
- Youths that are informed and empowered to share HIV prevention messages with their peers.

What Strategies have been used to expand the scope and coverage of the initiative?

We have tried to recruit more volunteer facilitators, so as to be able to start up more satellites, but we do not have the funding to do so.

6. **BOTSWANA**

Title of Programme: Botswana National HIV/AIDS Prevention Support Project (BNAPS) Abstinence Campaign
Contact: Scripture Union
Implementer(s): Scripture Union regional offices
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 01/04/2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

- *Purpose*: Comprehensive knowledge on HIV/AIDS prevention through abstinence lifeskills: Towards zero new infections by 2016
- *Target Audience*: School-going youth aged 10-19
- *Activities and Components*: Improved positive attitude towards abstinence among youth in upper primary and secondary schools - lifeskills and leadership camps, abstinence talks, abstinence rallies and reinforcement sessions in Ramotswa, Palapye and Francistown. Enhanced community participation in supporting abstinence by parents, teachers, and school management - positive parenting workshop for parents and teachers per region to equip them with supportive, encouragement and teaching skills on abstinence; assembly presentations of True Love Waits at school assemblies. Increased appreciation of value and worth of sex among youth in Botswana and demonstration of visible leadership insight per year -regional training of prefects and class monitors on behavioral change and abstinence.

Outcomes of the initiative

In Ramotswa, Palapye and Francistown 2004 youths and adolescents participated in the reinforcement sessions; 359 youths and adolescents participated in the rallies; 341 participated in the abstinence talks; and 197 participated. These activities improved positive attitude towards abstinence among youth in upper primary and secondary schools as evidence by the positive responses of the participants.

In Ramotswa, Palapye and Francistown 89 parents attended positive parenting seminars. This enhanced community participation in supporting abstinence by parents. In the three regions 427 prefects participated in a lifeskills and leadership workshop. This increased appreciation of value and worth of sex among youth and the youth leaders are demonstrating visible leadership insight on behavioral change and abstinence. The campaign was done between April 2012 and June 2013. The value of the project is apparent as other schools and churches are calling for it to be done with them. Schools where implementation is done have requested for continued support by the organisation.

What Strategies have been used to expand the scope and coverage of the initiative?

Scripture Union Bostwana has gone an extra mile to include HIV/AIDS issues affecting youth in its programmes across the nation. SU programmes are run in almost all the secondary schools in Botswana and this provides a platform for young people to have the liberty express issues of relationship and sexuality in a friendly environment.

7. **BOTSWANA**

Title of Programme: The Time is Now
Contact: Bopaganang Basha Youth Centre
Implementer(s): NGO
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The TIME IS NOW Project is a concept that is pointed to a number of structural societal factors that focus on preventing new HIV infections among youth and further equip the youth to take critical decisions concerning their health, including taboos about sex in the public and private spheres, gender inequality, gender and relationship norms, lack of parent child communication, mobility and consumerism in alcohol and drug abuse at the individual level data analysis also presented a variety of options for targeting behavioural drivers, including lack of knowledge about HIV risk, lack of peer socially support for sticking to one partner, and lack of self efficacy to resist other partners. Efforts to reduces phenomenon of cross generational MCP characterised by culturally undesirable differences in age will focus on making it socially un acceptable for all older men to take advantage of their status and relatives wealth to pressurise young girls to have sex with them, and on empowering girls and boys to say no or walk away from unwanted partnerships with older men.

This concept will also focus on abstinence: abstinence is meant to encourage the youth and unmarried individuals to abstain from sexual activity as a best and the only way to protect themselves from exposure to HIV and other sexual transmitted infections. Abstinence until marriage is particularly important for young people, approximately half of all new infections occur in the 15-24 year age group.

- Abstinence in eliminating the risk of HIV transmissions among unmarried individuals.
- Abstinence as adoption of social and community norms that support delaying sex until marriage and that denounce cross generational sex
- Abstinence as the lifestyle.

Outcomes of the initiative
The overall outcome of the programme is to reduce the spread of HIV & AIDS and facilitate access to treatment and care for those suffering from HIV & AIDS. This programme is aimed at strengthening decision making on youth and adults in general over the plan period. This comprehensive strategy will produce youth who can prioritize and ensure that necessary measures need to be taken to prevent new HIV infections. Raising a generation of youth who can make proper decision making pertaining their health

What Strategies have been used to expand the scope and coverage of the initiative?
Kgotla fire sessions that are aimed at engaging the youth and community group leaders to impart new knowledge of Abstinence and Prevention to begin new behavioural changes as they reach out to other community members, gather specific targets and conduct multiple sessions with their groups assisted by our organisation to ensure that sessions are conducted in the manner that we require. Theatre activities will primarily focus on schools particularly on positive attitude and encouraging the practice of abstinence and decision making. *Speak Out Centre*: The Speak out Centre will be stationed at the Bopaganang Basha Youth Centre and this will be designed like a cyber café and the purpose of the Speak Out Centre will be to allow internal and external youth to have an opportunity to use the TIME IS NOW page, and register more numbers. The Speak out Centre will solely be used for the youth to speak out on the issues of HIV/AIDS and affects them both positively and negative. The Speak out Centre will be only allow individuals to use the computer for only a minimum of twenty (30) minutes to place their comments, questions and answers

8. **BOTSWANA**
Title of Programme: Arts for Positive Behavioral Change
Contact: Ghetto Artists
Implementer(s): Ghetto Artists
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Adolescent Sexual Reproductive Health, Multiple Concurrent Partnership, HIV/AIDS, Gender based Violence, Cross generational partnerships and adolescent and inter-generational sex
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

1. *Program Description*

YEAR 1: The project shall identify the Orphan Venerable Children aged 10-35 who are HIV NEGATIVE & HIV POSITIVE across the selected villages, identify the disabled children in the same territory, pre-school children and employ 15 facilitators for the program from the villages in the selected territory and secure a base office within the territory where it is best fit. The intended group shall be trained on Information dissemination (about Adolescent Sexual Reproductive Health, Multiple Concurrent Partnership, HIV/AIDS, Gender based Violence, Cross generational partnerships and adolescent and inter-generational sex), theatre skills and play making process for the 1st half of the year. At the end of the ½ there shall be an EXPO. For the last ½ of the year the OVC's and pre-school children supervised by the facilitators shall conduct performances across the 12 villages at Kgotla's and school. The performances shall be accompanied by workshops, talk shows and community conversations respectively. Ghetto artists shall oversee the proceedings of the project.

YEAR 2: The 1st half shall partner the facilitators and the OVC's to conduct training on Information Dissemination and theatre skills for the Children's theatre which focuses on the 16 primary schools across the villages and the ½ shall end with an EXPO. In the last ½ of the year, all trained participants shall prepare items for different performing arts (e.g. visual, painting, dance, music etc) and perform at the end year EXPO. Ghetto artists will be monitoring the proceedings.

YEAR 3: During the 1st half of the year, there shall be Information dissemination at Kgotla's, junior school and senior school through theatre performances and talk shows conducted by Ghetto Artists. The 2nd half of the year shall focus on project close down and implementation of the sustainability plan by Ghetto Artists Organisation. Location of the Project: Northern part of Botswana: pre-schools in 12 villages, 16 primary schools (1 at Dukwi refugee camp), 9 Junior schools, 1 senior school & 12 Dikgotla 2. Program Summary

2. *Statement of Problem*

- Lack of peer social support
- Lack of positive activities for youth at rural areas and less awareness on skills to combat sexual exploitation of minors plus lack of communication about safe sex within the relationships.

3. *Objectives*

- To raise awareness about concurrency and HIV/AIDS
- To promote self-worth, positive affirmation and dignity among persons aged 10-35

Outcomes of the initiative
Activity- Theatre Performance

Indicator - Number of performances
Outcome - 44 performances
Measure - Attendance register and Questionnaire

Activity – Workshops
Indicator - Number of Workshops
Outcome - 5 Workshops
Measure - Registration strip

Activity - Talk Show
Indicator - Number of Talk Shows
Outcome -18 Talk Shows
Measure - Registration strips

Activity - Consultations Meetings
Indicator - Number of meetings
Outcome - 12 meetings
Measure - Attendance registers

What Strategies have been used to expand the scope and coverage of the initiative?
The Francistown District trained 25 Trainers of Trainers and 1 Employee of Ghetto Artists was trained as a Trainer of Trainers. The trainings were done for most Peer-Educators in Francistown (50 Youth Volunteers, & 3 resources centers. The strategies were trainings/ workshops. Therefore lack of funds was a great a Challenge to continue with the project.

9. BURKINA FASO

Title of Programme: Amélioration de la Santé Sexuelle et Reproductive des Adolescents et Jeunes
Contact: Action Communautaire pour le Bien être de l'Enfant et de la Femme au Burkina (ABEFAB)
Implementer(s): Burkina Faso
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
La vulnérabilité des adolescents (s) et des jeunes à l'infection au VIH est une réalité dans les pays africains. Ils sont nombreux, les jeunes qui ignorent leur statut sérologique et qui ont peu d'information sur le VIH. Cela a pour conséquence des comportements à risque chez les jeunes. Il y a une propension des infections sexuellement transmissibles (IST) classique (Gonococcie, Syphilis,…) au sein des adolescents et des jeunes de 10 à 30 ans avec plus de 50% des nouvelles infections (SP/CNLS- IST).

Le condom reconnu comme moyen de prévention contre les grossesses non désirées et les IST/VIH/SIDA n'est pas systématiquement utilisé par ce groupe. Parmi les jeunes de 15- 19 ans, seulement 20% des filles contre 53% des garçons déclarent avoir utilisé le condom à un moment quelconque (EDS 2003). Les proportions ont vite passé à 14% chez les filles et à 37% chez les garçons en 2004.Par contre, chez les 20-24 ans on a assisté à un taux d'utilisation élevé de l'ordre de 63%.

Les données sur le taux de pré nuptialité au Burkina Faso sont élevées. Avant l'âge de 15 ans, il est de 21% chez les filles et 13% chez les garçons.

L'un des phénomènes aussi récurrents est la prostitution juvénile caractérisée par la pratique de rapports sexuels en échanges de cadeaux ou d'argents. 35% des filles et 5% des garçons de 12-19 ans déclarent avoir eu des rapports sexuels en échanges de cadeaux ou d'argents. Chez les filles des rapports sexuels avec des compensions multiformes sont notifiés : 95% ont reçu de l'argent, 33% des vêtements, 13% des bijoux et 9% de la nourriture (G. Guiella et V. Woog 2006). Une majorité de jeunes vivent aussi leur sérologie dans le silence ou dans l'ignorance.

L'accès au dépistage chez les enfants est aussi nouveau. C'est un phénomène qui mérite une attention particulière et c'est ce qui nous interpelle dans la lutte actuelle.

Toutes ces données montrent l'urgence des actions que l'ABEFAB voudrait entreprendre. C'est pourquoi l'ABEFAB a mis en œuvre en 2009, 2010 et 2011, le projet « Prévention primaire et prise en charge du VIH/SIDA chez les jeunes » financé par le RAJS/BF.

Après trois ans de mise en œuvre il ressort que le projet est pertinent du fait qu'il allie plusieurs canaux de communication tels que le Plaidoyer, la communication pour le changement de comportement et la mobilisation sociale.

Le but du projet est de Contribuer à la réduction du risque et de vulnérabilité des jeunes de moins de 24 ans aux IST/VIH/SIDA et à la prévention de la transmission du VIH de la mère à l'enfant.

Pour le présent projet, ABEFAB s'est fixé comme cible les adolescents et les jeunes (garçons et filles) de la région du centre de la tranche d'âge de 10 à 24 ans selon les catégories suivantes: Minimes: 10 - 14 ans, Cadets: 15 - 19 ans, Juniors: 20 - 24 ans

Outcomes of the initiative
Le projet est connu des personnes ciblées Les aspects clés de la SS/SR sont connus des personnes rencontrées Un état des lieux sur les droits des adolescents et des jeunes en SS/SR est fait Quelques droits du Burkina Faso en matière de SR notamment la Loi SR sont communiqués et discutés.

What Strategies have been used to expand the scope and coverage of the initiative?
La stratégie de mise en œuvre est axée sur des activités de communication pour le changement de comportement à travers le plaidoyer et la mobilisation sociale, et comme stratégie nous prévoyons: une rencontre individuelle avec les différents autorités concernées (les autorités sanitaires, les élus locaux, les chefs coutumiers et religieux, les responsables administratifs, les parents d'élèves les adolescents et les jeunes.

Trop souvent, les gens qui travaillent avec les jeunes ne les voient pas comme des défenseurs de la cause et pensent qu'ils manquent de formation pour faire un plaidoyer. De fait, le personnel des organisations communautaires travaillant avec les jeunes, les enseignants, les professionnels des soins de santé, les parents et les jeunes sont souvent des défenseurs convaincants de meilleurs programmes et politiques. De ce fait, nous travaillons avec ce groupe.

10. CAMEROON

Title of Programme: "Aunties" for Sexual Health and Non-violence
Contact: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Implementer(s): German-Cameroon Health and AIDS Program
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2001

Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
In 2000, a study by the German-Cameroon Health and AIDS Program (PGCSS) found that girls in Cameroon have followed worldwide trends toward sex before marriage, early sexual initiation and multiple sexual partners. This puts them at high risk of getting pregnant, being removed from school, forced into early marriage, harmed by unsafe abortions, and acquiring HIV and other sexually transmitted infections.

In Cameroon, a girl's auntie used to be her most trusted confidante, teacher and counsellor on sexual matters. In 2001, the German-Cameroon Health and AIDS Program launched the Aunties' Project which borrows form this tradition, inviting young unwed mothers to take part in five days of basic training in sexual and reproductive health and to join local associations linked through a national network. So trained, unwed young mothers become known as "Aunties" and form local Aunties' associations, through which they support each other and also perform many of the functions aunts used to perform. These contemporary Aunties reach beyond their own families into their villages or urban neighbourhoods, providing young people with sex education in schools and counselling outside of school. By mid-2010, the project has recruited more than 12,000 unwed young mothers who first got pregnant while in their teens.

The purpose of the project is to prevent teenage pregnancies, school dropouts, forced and early marriage, harmful unsafe abortions, HIV and other STIs, by empowering young women to protect their sexual and reproductive health and fight gender-based violence. Through training and social support provided by local Aunties' associations, unwed young mothers learn to build self-confidence and motivate each other to take care of their own sexual and reproductive health.They also muster the courage to speak openly about their personal experiences and reach out to others.

The Aunties are nonjudgmental advocates, teachers and counsellors for sexual and reproductive health and rights. Skilled Aunties backed-up by well-established Aunties' associations and reinforced by Aunties' Project staff can be powerful forces for the good in their communities, giving young people somewhere they can go for protection and letting others know that exploitive or abusive behavior may no longer be hidden from view and tolerated.

Giving unwed young mothers useful roles in their communities increases the respect others have for them. The education they provide has a similar effect, as people come to accept that sex before marriage is not unique to unwed young mothers.

Outcomes of the initiative
There is evidence that the Aunties' Project is changing the behavior and improving the health and wellbeing of tens of thousands of trained Aunties and hundreds of thousands of other Cameroonians. A 2006 survey of 802 Aunties found that before training 26% always used condoms; after training and then attending Aunties' association meetings regularly, 47% always used condoms. Since training, 19% had returned to school and 63% has taken other action to improve their economic prospects. 1717 of the 1950 young unwed mothers (88%) who underwent Aunties training took up the offer provided by the Project to be tested for HIV between 2008-2009, and 99% returned to receive their results and counselling on how to protect themselves and their children further. The project also contributes significantly to basic education, as about one in five trained Aunties return to school. The Aunties' network also supports girls seeking self-employment by encouraging enterprise and supporting the development of professional skills.

What Strategies have been used to expand the scope and coverage of the initiative?

The Aunties' Project has grown swiftly. By mid-2010, there were more than 12,000 trained Aunties in more than 240 local Aunties' associations spread across all ten provinces in Cameroon. Around 3,000 Aunties were experienced and skilled educators in sexual health and, working in pairs, they had the potential of reaching as many as 300,000 students per year. More than 4,300 Aunties were experienced and skilled councillors and they had the potential of reaching more than 64,000 young people per year. In 2005, Cameroon's local Aunties' Associations formed the National Network of Aunties' Associations (RENATA) advocating against gender inequality and violence against women and girls. Since then, it has mounted campaigns to prevent unwanted pregnancies and to end gender inequality and breast ironing. In 2008-09, it collaborated with the PGCSS on Cameroon's first ever study on rape and incest and, since then, has been conducting a vigorous campaign against these acts of physical and psychological violence. In early 2010, Cameroon's Ministry for Women's Empowerment began extending the Aunties' project through all 58 of the country's Women's Support Centers. The success of the Aunties' Project has encouraged the national government to budget for its expansion and seek to leverage further support from other international donors. The Aunties' approach is transferable to other countries, providing a promising model for empowering young women, fighting gender-based violence and contributing to four of the eight Millennium Development Goals: gender equality and empowerment of women, reduction in child mortality, improvement of maternal health, and reduced infection and harm by HIV and other diseases.

11. CAMEROON

Title of Programme: Education Globale à la Sexualité
Contact: Society for Women and AIDS in Africa (SWAA)
Implementer(s): International Women's Health Coalition, CORDAID
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? No

Short description of the initiatives

L'objectif du programme est de: permettre aux jeunes des établissements scolaire de la ville (primaire et secondaire), de mieux connaitre leur corps et les changements pubertaires; d'apporter aux jeunes (préadoslescents et adolescents une autonomie et une vision positive de la sexualité; permettre aux jeunes d'entrer dans la sexualité en faisant des choix responsables; développer chez les jeunes des aptitudes tels que l'estime de soi et l'affirmation de soi. Notre but est de: d'aider les jeunes qui vivent dans les familles monoparentales; de soutenir les enfants victimes des abus sexuels en milieu familial; d'éviter aux enfants la déperdition scolaire du fait des grossesses précoces; Permettre aux enfants d'avoir une bonne santé sur la durée en évitant les infections sexuellement transmissibles et les avortements clandestins; permettre aux enfants de faire le bon choix avec l'exposition des mauvaises influences des médias (films, internet). L'activité en elle même consiste à des séances de cours sur la sexualité dans les établissements scolaires. Nous réalisons généralement 2 séances par semaine et par classe.

Outcomes of the initiative

Notre Projet rencontre un grand succès auprès des responsables d'établissement qui ne savent toujours pas quel langage tenir aux enfants concernant la sexualité. Les enfants apprécient beaucoup le programme car il permet d'aborder en toute liberté les problèmes réels de leurs vies de tous les jours. Il ouvre une fenetre sur leur avenir tout en restant tres présent.

What Strategies have been used to expand the scope and coverage of the initiative?

La stratégie utilisée pour amplifier la portée de ce projet a été la médiatisation à travers les

passages radio. l'organisation d'une journée solennelle de remise de diplômes aux meilleurs élèves avec kermesses, match des incollables concours de danse.

12. CAMEROON

Title of Programme: Projet d'Autonomisation des Associations des Jeunes PVVIH
Contact: Education Fights AIDS
Implementer(s): Education Fights AIDS, EFA international
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Le projet veut faciliter l'accès médical de 900 PVVIH dans 10 communes de la région de l´extrême Nord. Il permettra de développer des sources de financement durables, tout en développant des liens de collaboration entre les différents acteurs du milieu. Il permettra également d´améliorer la prise en charge des malades et la lutte contre la stigmatisation et la discrimination notamment á l´endroit des femmes, à travers l'éducation communautaire.

Outcomes of the initiative

1. Les prises en charge médicale, alimentaires et scolaires de 900 PVVIIH et 1000 OEVs sont améliorées
2. 224 pairs éducateurs et éducatrices (PE) sont formé(e)s, compétent(e)s et efficaces dans les domaines du VIH/SIDA et de l'égalité des genres.
3. Chacune des 15 associations gère une AGR productive avec suffisamment de bénéfices pour couvrir les coûts liés aux traitements (ARVs et CD4) de tous les malades de l'association.
4. Les autorités administratives, religieuses et traditionnelles des 10 communes soutiennent les efforts du réseau EFA et luttent avec les associations contre la stigmatisation, la discrimination et l'inégalité entre les genres dans leurs communautés

What Strategies have been used to expand the scope and coverage of the initiative?

1. La mise en place des partenariats:
    - Base "Les Assistants techniques, les pairs éducateurs, les leaders communautaires"
    - Institutionnels: l´Etat: Délégation régionale MINSANTE, MINJEC, MINAS de l´extrême Nord" ; Les structures techniques déconcentrées: Groupe Technique Régional, les Hôpitaux de District, les Centres de Santé Intégrés, MINJEC" ; Les ONGs, Réseau International, Nationale et locales: Peace Corps Cameroun, RELIVS, Global Giving
2. Renforcement des Capacités: les Bureaux exécutifs des associations, les Assistants techniques, les Pairs éducateurs, les formateurs des pairs éducateurs, les leaders communautaires religieux, traditionnels et locales.
3. Autonomisation des associations

13. CAMEROON, DEMOCRATIC REPUBLIC OF THE CONGO (DRC) , KENYA, LESOTHO, SOUTH AFRICA, TANZANIA

Title of Programme: Shuga Programme
Contact: UNICEF
Implemented by: Government, Civil Society, Private Secotor

Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Access to information on HIV and AIDS by Blind and Partially sighted persons in most accessible formats
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
In six priority countries with extremely high burden of HIV (Cameroon, DRC, Kenya, Lesotho, South Africa, and Tanzania), UNICEF led a comprehensive multi-country initiative, Shuga Radio, to support awareness- raising (around HIV, sero-discordancy, multiple and concurrent sexual partnerships, sexual violence and related rights to protection, care and support, HIV testing and counselling, PMTCT, treatment and care), social and behaviour change and demand creation among young people for proven effective interventions.
The project aims included:

- Engaging young people, improving their knowledge and attitudes through media and community and social groups;
- Building demand for HIV Testing and Counselling;
- Improving systems for planning and coordination of HIV Testing and Counselling and referral to high impact HIV services for adolescents and young people;

Monitoring uptake of HTC services and referral for young people.

Outcomes of the initiative
Lessons:

- YP reluctance to request partners to test;
- Condoms strongly recognized to prevent STIs/pregnancy/HIV;
- Males had worse perceptions on living with HIV and were less likely to disclose, report or seek help following rape/ sexual violence;
- Age of consent is a significant barrier to adolescent HTC access;
- System bottlenecks include supply and supply chain challenges, human resource capacity and loopholes in patient management/follow up reflected in parallel data records;
- For those testing positive, referral is functional but requires self-motivation. For those testing negative, weak to no active follow up/referral.

DRC:

- Adolescent/young adult females visiting sites rose nearly 40% (729 to 1010);
- Uptake in adolescent/young adult males increased nearly 70% (311 to 524).

Cameroon:

- Monitoring of HTC services among adolescents/young adults conducted using 12 months of data from three regions;
- Increased use of HTC shown during 2012, highest levels during broadcast.

What Strategies have been used to expand the scope and coverage of the initiative?
Use of media can stimulate interest in health issues among young people. Radio broadcasts are an excellent means of bringing information to hard-to-reach groups. Broadcasts are available either through radio or via mobile telephones equipped to receive radio signals. Young people can use these means to follow the broadcasts that interest them.

In addition to showing the potential of radio to reach young people, Shuga demonstrates how social media and forum to increase the reach of conventional media programming. For example, the programme's reach was expanded through the use of Facebook and youth clubs. Repeated airing of the programming also expanded the reach of the broadcast. Through partnerships with radio stations that agreed to provide free air time, the programmes reach was broadened even further.

Cameroon and DRC advanced significantly in implementing the communication and service monitoring components in partnership with MoH, Communication, Social Development, National AIDS Commissions, youth organizations and media partners. A national baseline report on HTC utilization and referral in adolescents and young people in the priority high burden province (Kinshasa) and a complete report on HTC for young people in the province developed in 2013. Government commitment was secured to continue and expand data abstraction to 39 sites identified nationwide in high burden settings. Cameroon completed orientation of national providers and service partners in coordination, collection and use of the disaggregated data and aims to use the data from the initiative to advocate for a stronger focus on adolescents and further disaggregation of national data in key reports. Mobile phones were used to further engage young people in exchange on the themes covered in the media component of the initiative and data was collected on audience perspectives to the media during the implementation in Kenya and DRC through UNICEF and private sector partners Praekelt Foundation. These country level efforts on demand creation and sub-national monitoring of service uptake in adolescents were welcomed by the Government partners as it brought a multi-sectoral partnership together around a concrete results-driven initiative in support of their national targets. It also responded to a need at the country level to understand programme gaps and bottlenecks and enabled them to use existing data, inform their information systems and strengthen the quality of their ongoing efforts for prevention among young people.

Tanzania launched Shuga Radio this year and Nigeria is preparing to design and launch it this year too.

14. CAMEROON, GHANA, KENYA, MALAWI, RWANDA, TANZANIA, ETHIOPIA, ERITREA, BENIN, BURKINA FASO, TOGO, MALI, LIBERIA, NIGERIA

Title of Programme: HIV/AIDS Awareness and Training Program for Blind and Visually Impaired Persons in Africa
Contact: African Union of the Blind (AFUB)
Implementer(s): National organisations of the Blind in 19 countries who are the members of AFUB and WBU
Implemented by: Civil Society, African Union of the Blind in partnership with national organisations of the blind in 19 countries
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Access to information on HIV and AIDS by Blind and Partially sighted persons in most accessible formats
Programme being implemented since: 2005-2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The factors that contribute to acquiring HIV/AIDS are closely linked to extreme poverty which made blind persons vulnerable to this disease. Unfortunately the mainstream programs that seek to stop the spread of HIV/AIDS through education and other prevention strategies, providing treatment to those already afflicted with the disease, were inaccessible to this group. HIV/AIDS is a particular problem for blind women, who represent at least 60% of the target population. Having less access to education, health care and employment; increased vulnerability to abuse and rape has further increased their vulnerability to HIV/AIDS. While this project was distinct in its purpose, as it was specifically targeted to address the unique needs of blind/Partially sighted persons, it was imperative that we linked with mainstream community health care and HIV/AIDS programs as their accessibility to blind persons was a major outcome of the project.

Target group: The primary beneficiaries were blind/partially sighted persons within the 16 to 60 age group who were further divided in to members of organisations of the blind with relatively higher education backgrounds, leadership and training experiences; Blind/partially sighted persons in educational and rehabilitation institutions; other blind/partially sighted persons who lived in rural and urban areas. The secondary target of the project was service providers in HIV related areas including national AIDS commissions, government and non governmental organizations working with HIV/AIDS related issues, Community Based Organisations, health service providers and media houses. Goal: To reduce the incidence of HIV/AIDS among blind persons in Africa by increasing their participation in HIV awareness and control programmes in their communities.

The specific objectives are to: 1) Facilitate access by blind/Partially sighted persons to mainstream HIV/AIDS awareness and control programs. 2) Establish and provide resources and technical support to national HIV lobby committees. 3) Provide HIV awareness training to blind/Partially sighted persons in the selected countries. 4) Establish a "best practice" model that can be exported to other countries in Africa. 5) Ensure that blind/Partially sighted women participate equally as advocates, trainers/peer counsellors and beneficiaries; the training and resource materials reflect their specific issues and needs.

Activities: 1) Establishment of National Advocacy Networks of national organizations of the blind, health care practitioners and community based HIV/AIDS service providers 2) Development and translation of training and resource materials for blind persons and mainstream service providers 3) Adaptation of training and resource materials into accessible formats (braille, audio, large print, digital) 4) Provision of resources and technical Support to the National Advocacy Networks 5) Recruitment and training of visually impaired Trainers/counsellors ensuring 60% of them are blind women 6) Conducting grassroots training for blind/partially sighted persons 7) Provision of information and training to mainstream service organizations regarding the unique issues faced by blind/partially sighted persons and their increase vulnerability to HIV/AIDS; and adaptation techniques to make their awareness, training and treatment programs accessible.
8) Implement public education programs in the media and by other means to raise awareness of HIV/AIDS among blind persons and encourage them and their families to access the services and programs.

Outcomes of the initiative

1. Increased level of knowledge, skills, confidence and participation of 369 peer and 5794 community educators with visual disabilities from 19 countries in addressing HIV and AIDS issues has increased access of persons with visual disabilities to accessible information services on HIV/AIDS.
2. Effective functioning of 19 national advocacy committees have significantly contributed in addressing issues of persons with visual disabilities on HIV/AIDS through establishing strong linkages with multiple stakeholders.
3. Effective and extensive use of fully accessible training module, 20 resource materials and user guide has enhanced the training skills of 369 peer educators and 5794 community educators, which was demonstrated by mobilising additional resources from organisations to continue their trainings.
4. Increased awareness among public, media, government and AIDS service providers on the need for accessible information for the blind and partially sighted has resulted in formulation of inclusive national policies and specific policy by WHO.

What Strategies have been used to expand the scope and coverage of the initiative?

Project was implemented in 19 selected countries of African region for a period of 8 years from 2005 to 2012 in three phases. The first phase of the Project was implemented between 2005 and 2007 in Cameroon, Ghana, Kenya, Malawi, Rwanda and Tanzania. During this phase, Five National Lobby Committees were established in order to advocate for the

mainstreaming of blindness needs into existing mainstream HIV&AIDS programmes. All five National Lobby Committees developed plans for their continued work. A training model was developed which includes a Training Of Trainers (TOT) Manual, whose training methods are tailored to the needs of visually impaired Peer Educators. Another tool which was developed is a manual targeting mainstream HIV&AIDS organisations for inclusion of visually impaired people in their programmes. Twenty different HIV&AIDS resource materials were developed and adapted into accessible formats (Braille, Large print and audio) and languages (English and French) for blind and partially sighted persons. A guide for Peer Educators to use during the grassroots training was also developed. Throughout the project, a number of Non-governmental, Community Based Organisations and National AIDS Commissions in all the countries worked with the AFUB member organisations involved in the implementation of the project to begin to address the issue of access of visually impaired persons to HIV&AIDS programs. A number of public education programs were implemented, particularly using the media in order to sensitise community members including persons with visual disabilities. The second phase of this project was implemented between 2008 and 2011 in Botswana, Zambia, South Africa, Lesotho, Ethiopia, Eritrea, Benin, Burkina Faso, Togo, Mali and Liberia. The third phase of this project started in 2011 in Nigeria and Ethiopia with the title "Equalize It: Making HIV/AIDS and SRH Programs Accessible to Blind Adolescents and Youth". The focus of this phase is on youth and adolescence and also on sexual and reproductive health. The pilot project initiated in 6 countries was scaled up and replicated in 13 other countries of the region. The strategies for this success include: training of peer and community educators; development of accessible training manuals, user guide and resource materials; formation of national advocacy committees; strong linkages and interface with multiple stakeholders and effective public awareness programmes.

15. CONGO

Title of Programme: Expérience de la Ligne Jaune: Téléphonie mobile au service de la prévention du VIH en faveur des adolescents et jeunes de la République du Congo
Implemented by: Government, Private Sector
Programme being implemented since: 2007

Short description of the initiatives
En République du Congo, les adolescents et jeunes présentent une vulnérabilité particulière face VIH. En effet, les données de l'enquête de séroprévalence et sur les indicateurs du sida (ESIS-2009) révèlent une progression inquiétante de la prévalence, passant de 1,9% chez les 15-19 ans à 5,2% après 25 ans, dans un contexte où la séroprévalence nationale est de 3,2%.

Aussi, la population appartenant à la tranche d'âge de 15-24 ans est marquée par d'autres données peu encourageantes:

- 20% de femmes et 25% d'hommes ont eu leurs premiers rapports sexuels avant l'âge de 15 ans;
- seulement 8% de femmes et 22% d'hommes ont des connaissances jugées satisfaisantes en matière de VIH et sida;
- 20% de femmes et 23% d'hommes, ont mentionné l'utilisation des préservatifs lors des premiers rapports sexuels;
- 45% ne connaissent pas un endroit où effectuer le test de dépistage; et
- 20% de femmes et 10% d'hommes ont déjà fait un test du VIH.

D'autre part, la téléphonie mobile a connu ces dix dernières années un développement considérable en République du Congo atteignant plus de deux millions d'abonnés dont beaucoup d'adolescents et jeunes sur une population de quatre millions d'habitants.

Afin d'apporter une réponse appropriée à cette vulnérabilité des adolescents et jeunes, le

Conseil national de lutte contre le Sida a mis en place un projet innovant, utilisant la téléphonie mobile pour atteindre un grand nombre d'adolescents et de jeunes. Basée sur un partenariat public privé (PPP) avec MTN, une société de téléphonie mobile, la Ligne Jaune Info Sida a été lancée en décembre 2007. Il s'agit d'un dispositif d'appel gratuit, dont l'objectif est de faciliter une relation d'aide à distance avec les clients permettant ainsi d'améliorer les connaissances, de faire la promotion des services de prévention et de traitement et de gérer une situation d'angoisse.

Plus de cinq (5) ans après sa mise en œuvre, la Ligne Jaune Info Sida enregistre en moyenne 6.000 appels mensuels dont plus de 80% des moins de 25 ans. Quarante six pourcent (46%) des appels ont concernés la transmission sexuelle du VIH et 15% des appelants ont pu utiliser les services de dépistage.

Les NTIC représentent un bon moyen pour prévenir le VIH, les IST et les grossesses non désirées chez des adolescents et des jeunes. La République du Congo espère capitaliser cette expérience, la rendre durable, et investir dans d'autres moyens comme internet et les réseaux sociaux pour atteindre un nombre plus important d'adolescents et jeunes, et faire avancer le processus d'intégration de la santé de la reproduction et du VIH.

16. DEMOCRATIC REPUBLIC OF THE CONGO

Title of Programme: Youth against HIV AIDS
Contact: Youth Program for the Development of Africa
Implementer(s): DR Congo
Implemented by: Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Youth against HIV AIDS is an initiative that aims to fight against HIV AIDS to young people around, and create and strengthen youth leadership in the fight against HIV and AIDS.
Objectives:

- Fight against HIV/AIDS
- Promote youth leadership involved in this fight
- Involve young people and make them major players in the fight against HIV AIDS

Outcomes of the initiative
More than one thousand five hundred young people aware of the fight against HIV AIDS youth leaders are determined to fight this scourge several young (500) are oriented centers for voluntary anonymous screening

What Strategies have been used to expand the scope and coverage of the initiative?

- Games competition
- Organization of youth forums on HIV AIDS
- Online discussion on facebook and skype
- Conference-debate
- Projection film
- Theatres
- Comedy

17. DEMOCRATIC REPUBLIC OF THE CONGO

Title of Programme: Campagne Nationale "Education à la Santé des Jeunes"
Contact: Organisation des Jeunes pour le Monde d'Avenir (OJMA)
Implementer(s): Via www.ojma-rdc.org and other media (e-mail)
Implemented by: Government, Civil Society, Private Sector
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Compte tenu du constat fait en 2010, cfr notre rapport annuel 2010 et 2011, page 9 et des résolutions proposées à la page 11 du même rapport, c'est-à-dire:

- Elaborer des supports portants une connaissance totale sur le VIH/SIDA disponibles en français et les quatre langues nationales afin de sauver ces jeunes inconscients du virus du SIDA
- Organiser des carrefours et sensibilisations de grand public contre les IST en général et le VIH/SIDA en particulier. Nous avons organisé cette activité en vue d'informer la population au risque du SIDA afin qu'ils sachent se protéger. Cette activité s'est réalisée en trois phases dont:
  - La 1ère Phase a porté sur la sensibilisation dans le focus groupe des jeunes sur les IST et leur prévention dans la ville de Kinshasa. Activité du 02 au 20 Janvier 2012.
  - La 2ème Phase, du 07 au 14 Février 2012, distribution gratuite de la Bande dessinée intitulée «SIDA, une maladie qui tue: Savoir pour être protégé du VIH/SIDA. ». Ce document est pertinent dans la prévention du VIH/SIDA publié par les jeunes de l'OJMA en 2011. Il est traduit dans les quatre langues nationales du pays, à savoir le lingala, le tshiluba, le swahili et le kikongo. Distribution faite dans les trois quartiers périphériques à Kinshasa (un dans la commune de Masina et deux dans la commune de Kimbanseke) auprès de 600 jeunes.
  - La 3ème Phase en date du Vendredi 16 Mars 2012 à 10 Heures, une conférence-débat tenue à Popokabaka/Cité d'IPONGI dans la province de Bandundu, ayant pour thème: «Education à la sexualité: difficultés de transmission des parents aux jeunes». Elle a réuni 277 participants parents et jeunes, animée par le Préfet MANGOLO KABEYA Arthur de l'institut IBANDA NGOY de Bandundu.

Outcomes of the initiative
Résultats atteints:

- Mobilisation de toutes les couches des sites ciblés
- Manifestation de 10 jeunes volontaires ambassadeurs locaux de lutte contre les IST et le VIH/SIDA.

Difficultés rencontrées:

- Participation accrue par rapport aux jeunes sélectionnés pour cette campagne, ce qui a produit un déficit de T-shirt, mégaphone, bande dessinée, etc.
- Analphabétisme total de certains jeunes des villages et quartiers visités
- Désintéressement de certains jeunes suite au manque d'un rafraîchissement ou motivation
- Moindre prise en charge sur la mobilité de la délégation.

What Strategies have been used to expand the scope and coverage of the initiative?
Résolutions proposées et recommandations:

- Une projection vidéo et attaque sonore sur le VIH/SIDA en publique dans les quatre langues nationales précitées avec distribution de la bande dessinée et jeu-concours
- Continuer à organiser les carrefours et sensibilisations le porte à porte et focus groupe

dans les quartiers, villages non atteints en tenant compte d'une prise en charge en mobilité et motivation
- Affectation d'un budget suffisant y relatif.

18. DEMOCRATIC REPUBLIC OF THE CONGO

Title of Programme: Disability Awareness against HIV/AIDS
Contact: Congo Handicap
Implementer(s): South Kivu
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: January to December 2014
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Congo Handicap is an organization of people with disabilities in the Democratic Republic of Congo to improve the lives of people with disabilities with the aim to educate and warn against the scourge of HIV / AIDS. This project will target at youth, girls and women with disabilities because they use the last equality without being informed about the way of prevention. The following activities may be carried out: information on HIV prevention and the use of male condom or feminine ... compasantes the Initiative are members of Congo Handicap, authorities, and other social strata.

Outcomes of the initiative
From here, 1000s people with disabilities will be educated about HIV. Also, at the end of the project, 90% of young girls with disabilities will be able and capable to use condoms as a means of prevention. By the end of the project authorities will be informed about the implementation of education programs for disabled people against HIV.

What Strategies have been used to expand the scope and coverage of the initiative?
To achieve these objectives, Congo Handicap will work with the Health Center, the hospital for voluntary testing of this target. It will seek the support and technical assistance from the National Programme for the fight against HIV / AIDS in Congo, PNMLS and HIV/AIDS Section of MONUSCO.

19. DEMOCRATIC REPUBLIC OF THE CONGO

Title of Programme: An Innovative Approach Using Both Cellphone and Radio to Identify Young People's Sexual Concerns in the Democratic Republic of the Congo
Contact: Carnet de Santé ASBL, Developpment and Promoting Health
Implementer(s): Gabriel Vodiena Nsakala
Implemented by: PhD candidate on Publical Health
Type of Initiative: Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011-2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
This research aims at identifying – through an innovative method, combining the use of mobiles and radio – concerns, questions, needs, expectations, and practices of the youth in DRC urban scene concerning sex and emotional life in order to tackle them in health programs of the youth. Methodology It is a participative and explorative survey with a descriptive view, carried out within six months (from June 12th to December 10th 2011, in Kinshasa), and we have appealed to two tools of communication as means to collect data: radio and mobile. The choice of the survey site depends on both its high number of audiovisual medias (51 TV channels and over forty radios, all local) (7) and diversity of

phone operators in such environment (8). Information collection technique The technique of collecting data is conceived in the shape of an interactive radio program wherein 14-24 year old adolescents and young people take part by means of their cell phones. The program "S'il vous plait Docteur; i.e. Please Doctor" takes 90 minutes and is broadcasted three times a week from 6.00 to 7.30 (PM) on "B-One", transmitting on FM at 87.8 megahertz picked up throughout Kinshasa. Two ways opened the door to the program: i) the listener had to send a short message (sms) before, during, or after the radio program broadcast and/or ii) by giving a call in live while the program was presented. Listeners were asked to specify beforehand their age, their residence milieu and, optionally, their name or their pseudonym. Out of respect for anonymity, this stratagem allowed to adapt answers according to these elements. Questions were centralized by a journalist, and they were put to a paediatrician doctor specialized in Public Health and Communication and trained in Adolescents' Health for personalized answers related to concerns expressed either through messaging or though live call. A technician helped putting the program on the air and recording all the programs. Aimed at schooled young people, the program was run in French. Data analysis: All the sms received during the programs were chronologically recorded in a notebook listing therein all socio-demographic data of participants. From synthesis of all the records made, we could proceed to statistical and quality analysis of contents and speeches of the participants. Descriptive and interpretative approach of the content of the listeners' message and speech allowed us to pinpoint essential issues from raw data – classified according to sex and age bracket.

Outcomes of the initiative
Results: 40 programs were broadcasted in six months and 1,250 messages and calls were recorded: 880 (70%) from girls and 370 (30%) from boys; which represents an average of 32 interventions (of which 10 calls and 22 messages) per broadcast. Most questions came from 15-19 year old girls and 20-24 year old boys. Allotment of Girls' questions: Menstrual cycle calculation as well as related concern is the majority (24%), Sex practices (16%), Love relationships (15%), Virginity (14%). Boys' concerns are Masturbation practice (and its consequences) (22%), Sex practices (19%), Love relationships (18%) and Worries on penis size (10%). Infections (genital and STI) and topics regarding HIV represent 9% and 4% of the questions asked by girls against 7% and 10% boys. Concerns were mainly connected to knowledge, attitudes, and competences to be developed.

What Strategies have been used to expand the scope and coverage of the initiative?
It is a six-month descriptive survey carried out in Kinshasa. To take part in the radio program targeting 14 to 24 year old youngsters, mobiles played essential role (messaging and calls) to express concerns related to sexuality. The radio program was jointly run by a journalist and a health professional, who had to reply immediately questions from youth – all worries were written down, recorded, and analyzed.

20. ETHIOPIA

Title of Programme: Biruh Tesfa
Contact: Population Council
Implementer(s): Population Council, Addis Ababa Youth and Sport Commission, Ethiopia Ministry of Youth and Sport
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Biruh Tesfa (meaning "Bright Future" in Amharic) is a project that assists out-of-school girls

in the urban slums of Ethiopia by creating safe spaces where they can meet friends, build support networks with other girls, and form relationships with supportive adults. Trained female mentors recruit girls by going house-to-house to find eligible out-of-school girls aged 7–24. The house-to-house visit allows mentors to contact girls who may otherwise be missed, such as child domestic workers who are largely confined to the home. In-home contact also allows mentors to negotiate girls' participation with gatekeepers such as employers of domestic servants, and to serve as advocates for girls if they encounter future problems.

Once the girls are in groups, the project provides basic literacy, life skills, financial literacy and savings, and HIV/reproductive health education through girls' clubs led by adult female mentors. Girls' clubs are held in meeting spaces donated by the kebele (local administration). Meeting times are varied to accommodate the schedules of working girls. Girls who enroll in Biruh Tesfa are from very disadvantaged backgrounds:

- Nearly half have lost at least one parent
- One in 7 have lost both parents
- One-third are engaged in child domestic work
- One-third are daily manual laborers
- Nearly 1,000 participants are girls with disabilities

Given the dire poverty of most Biruh Tesfa participants, even basic health care is out of their reach. Mentors provide the girls with vouchers for subsidized or free medical and HIV services at participating clinics. Mentors often accompany girls who are nervous about going to clinics alone. In addition, girls are provided with supplies to manage their menstruation and are given underwear, because many are so poor they lack even the basic necessities. A recent evaluation of the program found that girls in the Biruh Tesfa project sites were more than twice as likely to report having social support compared to girls in a comparison area where Biruh Tesfa was not implemented. They were also twice as likely to score well on HIV knowledge questions, to know where to obtain voluntary counseling and testing, and to want to be tested. Biruh Tesfa has been profiled as a best practice in several publications. The program has been featured on American Idol’s "Idol Gives Back" and has been visited by members of the TODAY show, US Congress, and the European Parliament, among others.

Outcomes of the initiative

Over 60,000 out-of-school girls have participated in Biruh Tesfa in the poorest areas of 17 cities in Ethiopia, including the capital, Addis Ababa. A recent evaluation of the program found that girls in the Biruh Tesfa project sites were more than twice as likely to report having social support compared to girls in a comparison area where Biruh Tesfa was not implemented. They were also twice as likely to score well on HIV knowledge questions, to know where to obtain voluntary counseling and testing, and to want to be tested. BiruhTesfa has been profiled as a best practice on integrating gender and HIV by PEPFAR, and has also received numerous accolades from the Ethiopian government, including from the Federal Ministry of Youth and Sports “for support in implementation of national youth policy and youth development package, and in realization of youth participation and benefit” (2009).

What Strategies have been used to expand the scope and coverage of the initiative?

Biruh Tesfa is evidence-based and designed to be scaled. Its baseline study, which used a population based sample, provided hard evidence of the health, social, and economic circumstances of migrant girls in the context of other poor populations. These data were a vital building block to direct significant resources to adolescent girls in the context of an HIV epidemic that was increasingly young, poor, and female. Rigorous evaluation of Biruh Tesfa’s pilot (2006-2008), which drew on this baseline as well as endline surveys across experimental and control sites, provided further basis for scale-up. The evaluation documented, for example, that girls in the project site were significantly more likely to have

undergone voluntary counseling and testing for HIV compared to girls in the control site, and to demonstrate social participation. Biruh Tesfa was also designed to draw on and maximize local human and community resources, both governmental and non-governmental. Community meeting spaces receive modest upgrades, such as benches, blackboards, or additional lighting. Mentors—often survivors of migration and abuse themselves—are drawn from host communities, and are not expected to be volunteers but are paid a livable wage, benchmarked to Ethiopia's community health worker's program. The Ethiopia Ministry of Youth and Sports, its Regional Bureaus, and local kebele administration officials oversee the running of the project, which also serves to raise visibility of these vulnerable groups in the eyes of local government. There is a strong sense of ownership by local governments, who stamp the identity cards of the girls, indicating that they are under the protection of the kebele. As a result, the project has grown dramatically, reaching more than 60,000 girls in 17 cities, with additional support from its largest funder, USAID, to extend the reach and duration of the project.

21. GAMBIA

Title of Programme: My Future, My Life
Contact: Mutapola Voices The Gambia, Network of Women and girls living with and affected by HIV/AIDS
Implementer(s): Mutapola OVC youth Association
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Over the years, little has been done by state institutions to promote support and care, develop the skills and increase awareness of orphans and vulnerable children with the capacity to train and turn out qualified and experienced experts who can depend on their skill for their survival and also, to minimize their vulnerability to HIV. This unfortunate situation has persisted over a long period while the teaming population of unemployed youths roams the streets, yearning for non-existent jobs, which are some of the many factors that expose young people to greater risks of becoming infected with HIV. ActionAid The Gambia through Mutapola Voices, on the 2nd November 2012 has entered the fray to bring hope to the youths who have been thinking of doing something beneficial to themselves and society but have extremely limited options by training fifteen (15) Orphans and Vulnerable Children on improved techniques on tie-dye/batik as part of the programmes that benefits them socially and economically. The weekly HIV/AIDS and sexual and reproductive health information sharing sessions enable OVC to speak up openly to the wider population on HIV/AIDS and other related issues especially those affecting their lives as the younger generation through drama, songs, and participation during international events.

Outcomes of the initiative
15 orphans and vulnerable children trained and certified after six months of training. Applying skills which enable them generate income who has no mother or father to turn to sustain themselves in life as well as to prevent themselves and their love one from being infected with HIV. The six months training programme has impart, consolidate and improve our skills in the production, packaging and marketing of the tie-dye and batik products that will undoubtedly lead to an increase in income and thus actualizing the poverty alleviation agenda, promoting self- sufficiency and self dependency. The information sharing sessions make OVCs understand the status of their parents, provide care and support to them when in need and are able to form an association of Orphans and Vulnerable Children as an enabling environment that provide peer counselling and awareness creation through drama,

songs at national level.

What Strategies have been used to expand the scope and coverage of the initiative?
Initially conducted a five-day training workshop for 50 orphans and vulnerable children on HIV/AIDS and Gender with support from the PEPFAR Fund through Peace Corps Volunteers country office in the Gambia in 2011. During training, both pre-test and post- test strategies were used to assess the knowledge and experience of the participants and by using people living with HIV as resource persons who disclose their individual status to the children. And with the use of the Peace Corps Volunteers to share with children on self esteem, assertiveness and the like.

At the end of the training, testimonies were made by orphans and vulnerable children who has never been aware of the facts about HIV/AIDS neither do they know the status of the parents but with the training, they are aware, enlightened and are in the best stand to provide care and support to parents and all other persons infected with HIV and to those orphaned by HIV/AIDS.

22. GHANA

Title of Programme: Operation Save our Youth
Contact: Community and Family Aid Foundation
Implemented by: Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The development of drug- based therapies to treat HIV has resulted in extended AIDS-free survival times and improved quality of life for many persons taking these medications. This has been very encouraging news. At the same time, however, there are many others in the world – most, in fact – for whom these drugs are either far too expensive or otherwise unobtainable. While an effective prophylactic vaccine remains an elusive goal, we do have within our grasp a very powerful weapon against the disease- the understanding that HIV is spread essentially through human behaviour decisions- often in the midst of very difficult culture and economic situations- will be of enormous consequence in the years to come. At this time the best available tool to prevent HIV transmission, especially in urban setting, is a community approach for adoption of positive sexual behaviour. The purpose of this project will be to develop consciousness of safer sex practices and avoid multiple sexual partners. The project will build social awareness about sexually transmitted infection (STis), HIV and AIDS campaigns amongst urban youth in Gamashie (a densely populated community in Accra) andits sister communities. There is a dangerous liaison between HIV infection and sexually transmitted infections; sexually transmitted infections significantly enhance the acquisition and transmission of HIV and AIDS. Sexually transmitted infections are common in urban areas, especially among youth who are sexually active and do not practice any form of safer sex. Majority relies on informal traditional methods of health care for treatment, which is not always effective. The HIV and AIDS epidemic is less known and concerned by the people, and youth based in Gamashie. The form of epidemic may be amazing and acute what we are thinking now. HIV positive cases has been incidentally identified (mostly belong to the economically poor groups and youth) in the District in most counseling and testing services conducted by most NGOs. But this end here where there is no concrete intervention to place those who responded positive to any form of follow up care and treatment, perhaps due to lack of logistics and fear of victims' status to be known. The much extensive spread of

the virus could be only known and assessed through some kind of initiatives and interventions to highlight the epidemic presence in Gamashie.

In response to this initiative mission of educating and making aware the people of Gamashie, COMMUNITY AND FAMILY AID FOUNDATION (CAFAF) is proposing to implement the community approach in one of the problem prone areas of ASHIEDU KETEKE District ACCRA (GAMASHIE).The mission or campaign would lead to communicating and address the messages among high risk population on the causes and effects of HIV spread. In GAMASHIE. This Project “OPERATION SAVE OUR YOUTH” to be carried for one year will ensure the adoption of safe sex behaviour, treatment of sexually transmitted infections, awareness about HIV and AIDS.Hopefully, some encouraging results will be guaranteed at the end of project. The project will target YOUTH and other people visiting and living in high risk areas and would be expanded as per expansion philosophy.It will combine innovative avenues to attract the attention and participation of our targeted audience with a range of activities that will help us spread the message and encourage behaviour change including integration of community life in inclusive manner for combating the pandemic.Details of our innovative approaches are discussed under the major detailed description of the Project design.

Outcomes of the initiative

- Increases in awareness level of the targeted beneficiaries to influence positive behaviour adoption
- Increase in beneficiaries’ positive attitude in receiving treatment for STis.
- Development of effective Cooperation of the trained youth ambassodors to facilitate the effective and sustained education of the people in the community and family members.
- Total of 10 committed youth Volunteer Ambassodors trained to deliver awareness creation service to the most at risk population
- First initiative in teaching and building awareness on causes and effects of STIs/,HIV and AIDS to masses
- Better understanding among the high risk population through IEC material distributed
- Guaranteed identification of new cases and increased number of high risk population making contact with health care facilities in the district
- Outreach activities will communicate the message of the epidemic to less aware /illiterate tribal and other population
- Revival of social values through moral education program and counselling by using the roadshows and our talk program to stimulate effective behavious adoption
- Awareness increased among the targeted audience on the use of contraceptives as a means to prevent HIV and Aids infection and other transmitted diseases

What Strategies have been used to expand the scope and coverage of the initiative?

Mile Stones for Achieving the Project Sustainability and Expansion:

The ownership of the project is one of the foremost priorities of COMMUNITY AND FAMILY AID FOUNDATION. With regards to community ownership, the activities are directly linked to the people. The activities like, training and other capacity building exercises with HIV AND AIDS AMBASSADORS will provide a strong platform in achieving the project objectives and expected outcomes. The project will also impact the non targeted people, those expecting changes. CAFAF will enable the people to raise the knowledge towards epidemic and changed behaviour towards sex practices through intensive awareness and education based activities.

Other Contributing Factors in Sustaining the Project:

- Acceptance by the community.
- Establishment of “Training for volunteer ambassodors”.
- Workshop, reheasal, cum training programme for developing a team for RAODSHOWS and roleplays in regional languages to generate awareness among the target

communityand population.

- Involvements of the youth group leaders, youth clubs and association, FBOS, CBOs.

The project from its beginning will establish an expansion and phase-out plan of strategy and develop a system of raising awareness through core groups. The core groups will be a part of project monitoring and management system to fueld its sustainability even after funding ceases.

23. GHANA

Title of Programme: Good Practices: Adolescents and Youth in the AIDS Response
Contact: UNICEF
Implementer(s): UNICEF, UNFPA and Government of Ghana
Implemented by: Government, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2006 to date
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
An independent impact evaluation of the school based HIV prevention education programme known as Alert School Model was undertaken in 2010. As a follow up to the evaluation Ghana Education Service (GES) the government body responsible for pre-tertiary education has harmonised all co-curricular school activities under the name school health education programme (e-SHEP). e-SHEP is designed to contribute to improving education quality within a safe supportive school environment. The e-SHEP programme has expanded to areas beyond the HIV Alert School Model and HIV and AIDS issues and includes disaster risk reduction, guidance and counselling, sports for development, water, sanitation and hygiene and nutrition. Since the beginning of this year i.e. 2013, e-SHEP is being implemented in 12 of the most deprived districts which incidentally have the poorest education outcomes in the country. A total of 351,684 children and adolescents in 19,453 primary and Junior High (JH) schools are being reached with the e-SHEP package.

The key philosophy underpinning the e-SHEP implementation is the recognition that behaviours emanate from the individual value system and providing the adolescent with the essential life skills will facilitate adoption of the healthy choice not only in adolescence but also into adulthood. The adolescents are the focus of the services being delivered under the e-SHEP and to facilitate this, the peer education approach has been adopted as the main strategy.

The e-SHEP subject areas are mainstreamed into the school curricular at the pre-service and in-service teacher training. The training is to build the capacity of teachers to integrate life skills based education into their teaching and learning sessions. The mainstreaming of e-SHEP into the curricular allows teaching and learning to take place without overburdening the teacher which usually happens with ‘stand-alone’ interventions.

Once in a week, a class teacher allows for the class to meet for between 30 and 35 minutes in a peer education session. The session is facilitated by trained peer educators of the particular class. Both boys and girls peer educators lead the sessions to address issues affecting both the groups in order to be gender sensitive. All activities at the peer education sessions use participatory learning methods such as role plays, games, storytelling, quizzes etc. Peer educators in the schools are noted for their leadership qualities and demonstrate positive behaviour and become “role models’ for other children.

The community level pillar is designed to reach children and young people in out of school

settings ensuring young people who are not in the formal education system (drop outs, completed one level and waiting for examination results to continue at the next stage etc.) have the same information skills and services as their peers in in-school.

The engagement is done at two levels both through informal interactions and structured approach through different settings like sports, clubs and health centres. The informal interactions are carried out by the community members who have been exposed to HIV and AIDS related information.

Outcomes of the initiative
The key outcome of the intervention seeks to provide education to develop essential life skills for the adoption of the healthy choice in adolescence and also into adulthood.

To sustain interest and motivation towards realising the programme outcome, e-SHEP implementation in schools will be assessed based at the end of every school term and deserving schools will be certified. Schools that have been certified will receive special designed flags to fly in the school as the visible representation of their performance. This assessment has proved effective on the Alert Model and the same approach is being explored for replication in the e-SHEP model.

What Strategies have been used to expand the scope and coverage of the initiative?
Children and adolescents are the focus of the services being delivered under the e-SHEP. To facilitate this, peer education approach has been adopted as the main strategy. Here, each class has two children trained as peer educators. Once in a week, the class teacher allows for the class to meet for between 30 and 35 minutes in a peer education session. Activities at the peer education sessions use participatory learning methods such as role plays, games, storytelling, quizzes etc. Peer educators in the schools are noted for their leadership qualities and demonstrate positive behaviour and become “role models’ for other children.

Other strategies include supporting the national education authorities to mainstream e-SHEP issues into the curricular at the pre-service and in-service teacher training. This has resulted in the adoption of integration and infusion approaches in teaching and learning on e-SHEP. Capacity building of teachers on e-SHEP approaches has been prioritised while appropriate teaching and learning materials have been produced.

Providing access and support to enable uptake in appropriate health services such as HIV testing, condom distribution by adolescents is also being pursued. The services are primarily targeted at adolescence in out of school settings who have a relatively higher risk for HIV and other reproductive health challenges.

Supporting the government partners to monitor, report and document e-SHEP implementation has also been integrated into sectoral routine monitoring systems. This has allowed for improvement in capacity of key staff and the system’s readiness to provide comprehensive information on all activities being implemented in the sector

24. GHANA
Title of Programme: Communicta Education on Stigma Reduction and TB/HIV Referrals
Contact: Concern Health Education Project
Implementer(s): Concern Health Education Project NGO
Implemented by: Civil Society, community based /National in character
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, community volunteering engagement/ with Young persons

Programme being implemented since: 2012 still on going
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The project seeks to ensure that young persons are aware and protect themselves from HIV and receive TB treatment to avoid its spread. It also ensures that persons affected are not discriminated from dreaming high and contributing to society. Concern Health Education Project as part of its ongoing TB/HIV community education in the La Municipality of the Greater Accra Region is leading a team of volunteers to embark on community education, stigma reduction and contact tracing exercise thereby identifying suspected new cases for the Municipal Health Directorate. The NGO in the Month of May 29th to June the 12 has recruited 30 volunteers mainly young persons and given first hand TB /HIV introductory training and understanding with it related disease burdens in the municipality. During the recruitment exercise a series of activities were undertaken in line with the project contract presented to the Stop TB partnership of Ghana, the body overseeing the NGOs activates in TB in Ghana.

Outcomes of the initiative
The recruited volunteers after selection went through a series of interviewing stages to ensure that qualified persons are recruited to embark on the exercise in the municipality. After the recruitment exercise a pre survey assessment was conducted to access the understanding level of TB before and after the training, a first-set of questions was surveyed to access the volunteers. The Volunteers were taken through a more systematic community entry approaches on TB and communication skills to prepare them for the task ahead. During the recruitment meetings refreshment (Water and food) where given including some token Transport allowance to enable them return to their respective houses. Two resources person was assigned to conduct the interview process. (See detail financial report) Pre implementation survey on TB understanding as part of the recruitment exercise In all 30 volunteers were recruited and given preimplementation TB information, this was to access their level of understanding. An introductory information where given to the selected volunteers. The volunteers were selected around the La municipality and its environs. Selected volunteers being lectured by Mr Isaac Ampomah on TB after the recruitment During the pre-implementation survey to access the knowledge of the TB disease it was realize that levels of knowledge varies with average score of about 40% indicating that very few have the in-depth understanding of the causative agent and how TB is spread. After the introductory training close to 80-90% now has a fare idea and knowledge of the TB diseases. Further additional TB education was conducted by the Municipal Health TB focal Person to adequately prepare the volunteers for their household contact tracing exercise. Training/ Inauguration of the TB community volunteers On the 19TH, 25th and 26th of June a series of activities were conducted prominent among was the official inauguration to the community of 30 volunteers trained to embark on household contact tracing exercise, in attendance was the Municipal Health directorate TB focal Person in the person of Madam Dela Kpodo of the La General Hospital, The Municipal Assemble social welfare officer and the community development officer including the Presiding member of the Municipality in the person of Hon .Augustine Nii Amoah Nie. In a speech read by the President of Concern Health Education Project Mr Isaac Ampomah, the President of the NGO welcomed the participant and cautioned the volunteers to give up their best during the outreach contact tracing activities and stigma reduction exercise, he stressed on the volunteers to report all new suspected cases by using the referral booklets given to them, Mr Ampomah also reiterated the need for the volunteers to act professionally as all have undergone training as TB supporters to educate and support person on TB by contacting them or tracing them. In another development at the inauguration the Municipal Health Directorate also assured the Volunteers to freely visit the health directorate to learn and enquire more as the Hospital is a partnering in the fight against TB La Dade kotopn Municipal TB focal Persons speaking at the inauguration of the 30 TB volunteers to help fight TB in La Municipality The Presiding

member of the La Municipality Mr Nii Amoah Nei representing the elected community stakeholders and Assembly members stressed that stigmatizing persons with TB must be considered as a thing of the past and that the volunteers must work harder to demonstrate value for money as the greater funding is from the global fund, he welcomed and applaud the contribution of the Concern Health Education Project NGO in the community as a key partner in development and again assured the volunteers of his office readiness to support the community in the area of health care and behavior change programs. The Presiding member of the La Dade-kotopon Municipal Assembly in an interactive mood advising the volunteers Health Directorate TB orientation Community outreach programs are key component for evidence base case finding on TB, the Municipal Health Directorate after the volunteer inauguration organized a one day outreach program for the 30 volunteers, the goal was to equip the volunteers to remain confidential in their quest for finding new TB cases and providing support mechanisms for treatment at all health centers and in particular within the municipality. They were also briefed that children have material needs such as food, shelter, health care and education. But children also have the right to be cared for, loved, encouraged and protected from harm. Children and youth exposed to the devastating effects of poverty, conflict, HIV and AIDS are especially in need of care for their emotional and social (psychosocial) well being, the Health Directorate advice the volunteers to remain resolute in the readiness to help prevent TB Spread in the area. Stigma Reduction/Contact tracing outreach in the community The volunteers begun a rigorous community outreach exercise to educate and help household to understand TB treatment as free in all health centers and it related cure, the volunteers were grouped in to four strategic teams namely *Red, Blue Yellow and Green* as an innovation to attract attention by households, many of the trained volunteers visited households and begun their education, currently new cases are been identified and referral sheets given to the suspected persons, the teams are visiting communities by-weekly and each team having a supervisor. The blue and yellow teams were the first to begun exercise followed by the Green and Red teams. Volunteers are currently speedily contacting more cases and households to identify case of TB/HIV through refferals See picture below of the innovated teams of volunteers. Innovative approach deployed by volunteers in teams of colors to attract attention and contact more people in the community. More Photo gallery of community trained volunteers to educate and contact people on TB Household receiving TB information from Trained volunteers in teams of colored T-shirts as an innovative approach. Taxi drivers were also not left out during the outreach.

What Strategies have been used to expand the scope and coverage of the initiative?
The use of young persons as volunteers or community supporters has indeed help. The recruited volunteers after selection went through a series of interviewing stages to ensure that qualified persons are recruited to embark on the exercise in the municipality. After the recruitment exercise a pre survey assessment was conducted to access the understanding level of TB before and after the training, a first-set of questions was surveyed to access the volunteers. The Volunteers were taken through a more systematic community entry approaches on TB and HIV communication skills to prepare them for the task ahead. During the recruitment meetings refreshment (Water and food) where given including some token Transport allowance to enable them return to their respective houses. Two ROFESSIONAL resources person was assigned to conduct the interview process.
Visit website for more www.concernhealthghana.org

25. GUINEA-BISSAU

Title of Programme: Bonnes Pratiques par Adolescents et Jeunes au Réponse du VIH
Contact: FACOLSIDA
Implementer(s): FACOLSIDA et les Associations membres
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: Septembre 2013

Has the programme been evaluated/ assessed? No

Short description of the initiatives
Sensibiliser 3.000 jeunes âges entre 15 à 35 ans sur la prévention du VIH/SIDA a travers des méthodes de changement de comportement pour ces quatre régions sanitaire. Les adolescents et jeunes de quatre régions sanitaires âges entre 15 à 35 ans connu les trois méthodes de prévention du VIH/SIDA. a) Mener quatre formations des pairs éducateurs dans ces régions. Formation des pairs éducatrices sur la santé sexuelle et reproductive des adolescents et jeunes qui sera réalise dans les quatre régions (Bissau, Oio, Bafatá et Gabu) que va durée sept jour dans chaque régions, pour crier une équipe d'activistes dans le domaine de santé sexuelle et reproductive des adolescents et jeunes pour travailler dans la prévention du VIH/SIDA.

Outcomes of the initiative
Réduire la prévenance des adolescents et jeunes âge entre 15-35 ans de 04% à 01,2% dans ce quatre régions sanitaire jusqu'au 2015.

What Strategies have been used to expand the scope and coverage of the initiative?
Formation des pairs éducatrices sur la santé sexuelle et reproductive des adolescents et jeunes qui sera réalise dans les quatre régions (Bissau, Oio, Bafatá et Gabu) que va durée sept jour dans chaque régions, pour crier une équipe d'activistes dans le domaine de santé sexuelle et reproductive des adolescents et jeunes pour travailler dans la prévention du VIH/SIDA.

26. GUINEA-BISSAU

Title of Programme: La Contribution de l'Education par les Paires à l'Augmentation de l'Adhésion au Counselling
Contact: CIDA/ALTERNAG (Centre d´information, dépistage, counselling et traitement VIH/SIDA)
Implementer(s): CIDA/ALTERNAG
Type of Initiative: Communication for behavior and social change
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Enjeux La publicité des services offerts par le CIDA/ALTAERNAG (Centre d'Informations, Dépistage, Conseils et Aide de l'ONG nationale ALTERNAG) était faite essentiellement par les usagers, qui satisfaits du service le conseillaient à d´autres personnes. A partir de la 5ª année d'activité s'est vérifiée une certaine stagnation du nombre de visiteurs. Description : Dans l'identification de stratégies pour continuer à augmenter le nombre de bénéficiaires a été adoptée à partir de 2010 l'«éducation par les paires» comme stratégie pour catalyser le couseling et le dépistage volontaires au VIH.

Dans la période de février à avril 2010, ont été formés et encadrés dans le travail 45 paires éducateurs, dont 28 du sexe masculin et 17 du sexe féminin, leurs activités étant rémunérés. Il s'est vérifié une augmentation considérable de fréquentation d'usagers dans tous les services. Seulement dans l'année 2010 ont été conseillés 5.810 visiteurs, 2.501 du sexe masculin et 3.309 du sexe féminin. Parmi ceux-ci 4.005 ont été dépistés au VIH.

En comparaison avec l'année précédente il a y eu 2.173 nouveaux bénéficiaires pour le counselling, sept fois supérieur à l'année précédente. Leçons apprises

La stratégie:

- s´est avérée extrêmement importante pour augmenter le nombre de personnes qui

participent dans les sessions de sensibilisation, de couseling et test

- a contribué à la réduction des abandons des patients suivis
- a contribuée à l´augmentation du niveau de connaissance des populations sur la problématique du VIH
- a contribué à améliorer quelques indicateurs de la réponse nationale (quantité de personnes conseillées et dépistées, taux d'adhésion et rétention par rapport au TARV).

Défis

- améliorer la programmation et les matériaux de formation
- impliquer d´avantage les PVVIH dans la participation et activités des pairs éducateurs pour le VIH
- promouvoir le volontariat au sein des réseaux de PVVIH et des pairs éducateurs
- améliorer le système de suivi et évaluation
- plus grande systématisation d'enregistrement et partage des leçons apprises et des bonnes pratiques.

Outcomes of the initiative

- Stratégie de paire éducation mise en oeuvre au CIDA/ALTERNAG en 2010
- 45 paires éducateurs, dont 28 du sexe masculin et 17 du sexe féminin formés et endadrés
- Nombre de jeunes bénéficiaires couselling augmenté à partir de 2010
- Nombre de jeunes testés augmenté - au moins 65% de jeunes conseillés ont été testés

What Strategies have been used to expand the scope and coverage of the initiative?
Education par les paires au sein des jeunes des deux sexes

27. KENYA

Title of Programme: Adolescents Count Today (ACT)
Contact: IPPF
Implementer(s): Family Health Options Kenya (FHOK)
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The Adolescents Count Today (ACT) project seeks to improve the quality of life of 8,000 adolescents (aged 10-19 years) living with and/or affected with HIV in Eldoret, Thika and Nakuru in Kenya. The project follows a family-centred and rights-based approach to address some of the key underlying drivers and consequences of the epidemic as they affect adolescents. The project provides access to integrated HIV and sexual and reproductive health information and services for adolescents, and empowers boys and girls to prevent HIV infection. Through the project, Family Health Options Kenya (FHOK) has expanded the strength and scope of its clinics to enable them to provide a wide range of integrated, youth-friendly services, such as condoms and family planning, voluntary counseling and testing, STI screening and treatment, and counseling on HIV, safer sex and sexuality.

The project actively engages and provides learning and skills development opportunities to 'Youth Mentors' from the community (with a specific emphasis on people living with HIV. The Youth Mentors act as 'access' points for information and, if required, facilitate confidential referrals to the clinic. The project also encourages young boys and girls to have access to the facilities as part of efforts at inculcating the culture of both health seeking behavior and increased awareness of social justice and rights. Furthermore, the project aims at mitigating

the impact of the epidemic on households affected by HIV, by providing them with access to microcredit and income-generating activities. People living with HIV have been supported to form their own support groups to enable them to have access to microcredit for income generating activities.

The innovation of the ACT initiative lies in some of its key components, including:

- Integrated services: adolescent boys and girls are provided with youth-friendly HIV and sexual and reproductive services to prevent HIV infection and sexual ill health
- Microcredit: families affected by HIV are able to access micro-credit and income-generating activities – especially aimed at young women and girls and those living with HIV
- Youth empowerment: young people – in particular the Youth Mentors – receive skills and mentorship training to support their empowerment beyond the health sector
- Positive Prevention: the prevention, treatment, care and support needs of young people living with HIV are addressed through a positive prevention approach

Outcomes of the initiative

The outcomes of the initiative are best summed up through the words of the project beneficiaries:

- Increased dialogue between parents and their adolescent children on HIV, sex, sexuality and gender: "Through the project, we have gained confidence to talk about HIV in public." Parent to an adolescent living with HIV
- Strengthened community capacity to provide care and support for young people living with HIV: "Life before the project was terrible. I used to visit neighbours to get food and was subjected to child labour so that I can be given food. The most important benefit to me is nutritional support. I am not starving anymore and I am able to study well and perform other duties." 14 year old female.

Other outcomes include:

- Increased access to integrated youth-friendly services
- Increased support for young people living with HIV
- Increased school enrolment
- Active youth mentors

What Strategies have been used to expand the scope and coverage of the initiative?

The Project Advisory Committees that have been set up in each of the project sites continue to be an invaluable source of support for the Adolescents Count Today programme. The Committees bring key partners and stakeholders together on a quarterly basis, to discuss the programme achievements, challenges and needs. Moreover, the meetings provide an opportunity for FHOK to bring the needs of the adolescents to the attention of these partners and stakeholders. Often this results in additional support being extended to the beneficiaries. For example:

- Six adolescents in Thika and five adolescents in Nakuru received support for school fees from the Constituency Development Fund and Metro Church respectively.
- The children in a household headed by a twelve year old girl were placed in Lewa Children's home in Eldoret, with support from the Ministry of Social Affairs.
- Five adolescent mothers living with HIV got supplement milk for their babies from the Ministry of Health.
- 10 adolescents in Nakuru who have never attended formal schooling are being taught how to read and write by a volunteer parent who is trained in Early Childhood Development. New Seed Pentecostal church is allowing the lessons to take place in their church hall free of charge and the adolescents have been offered ongoing nutritional support from St Nicholas Catholic Church and Philadelphia Women Crisis Centre.
- Kenya Red Cross has agreed to provide nutritional support to some of the families in need that cannot be covered by the project. The Ministry of Public Health and Sanitation

continues to support FHOK through the supply of contraceptives, drugs for opportunistic infections and ARVs, and through facilitating access to in-patient care at district hospitals where necessary.

28. KENYA

Title of Programme: Lea Toto Program: Adolescent mentorship program
Contact: The Children of God Relief Institute (COGRI)
Implementer(s): Lea Toto Program
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
COGRI has implemented innovative community-based programs for over 15 years that address the support and care of HIV+ orphans and their families through a community-based health care and development approach. The activities of the programs have been built on experience with a deliberate effort towards a more comprehensive and holistic approach. Adopting a holistic approach which incorporates areas that impact the health care and the poverty levels of HIV+ children and their families has gone a long way in improving their quality of life. Strengthening of referral linkages and systems with partners both governmental and non-governmental has also facilitated access to services and support much needed for quality health care. The general assessment indicates that levels of stigma have come down, and the uptake of HIV care services is higher. Given the notable success of the programs, COGRI will work towards attaining the set out program goal and mission. The overriding goal is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission by facilitating and implementation of a comprehensive home based care package. Over the years COGRI has been successful in providing quality care to HIV positive children and their families. The overriding success is that the program has nurtured perinatally infected children to maturity. As needs of children differ depending on their ages and circumstances, COGRI anticipates that age-appropriate emotional support, addressing disclosure, anticipatory grief and bereavement are challenge that need to be responded to from time to time. Poor adherence among adolescents and school age children due to stigma, disclosure, sexuality and reproductive health education need to be enhanced. The capacity to transition adolescents to adult services as this population matures; including approaches to transfer relevant clinical information from pediatric to adult treatment sites will be strengthened. COGRI continues to be innovative as the needs of this population is quite dynamic. Involving the adolescents in designing of activities that are aimed at responding to their various issues and needs continue to be emphasized.The teenagers are given the same clinic appointment dates popularly known as teens day. This helps them to share, interact and learn from their peers and from our health care providers. As a result, they encourage each other to adhere to care and treatment. Lea Toto clients are taken through sessions on how to prevent further spreading of HIV and re-infection using Government of Kenya manual on Prevention with Positives (PwP). These sessions further allows them to discuss and come up with their own ideas that are practical in their context. Those with challenges are supported by peers and staff and if need be they are referred to professional counselors. Teenage reproductive health issues are continuously discussed to reinforce issues around sexuality, hygiene, family planning options and relationships. This is done through teenage support group meetings in which experiences are shared as best practices reinforced. Adolescents are vulnerable to different abuses. These include rape, substance, emotional and verbal abuse among others. These abuses are more prone in informal urban settlements where Lea Toto draws its clients from. To address the challenge, the program

liaises with the government and other legal organizations like the CRADLE (a program that provides justice to children in Kenya), Child legal action network Kenya (CLAN), Medicines' San Frontiers Belgium (MSF-B) and ANPPCAN. These institutions empower these teenagers on legal issues and where to seek help. Further through ongoing education, the teenagers are made more aware of their rights and what to do when their rights are violated. Lea Toto program has an help desk manned by one of our senior staff who is currently sitting vice president of the Kenya Alliance of advancement of Children Rights (KAACR) in Kenya. Besides taking up matters of child right protection the desk ensures continuous sensitization on child rights to staff, family members and other stakeholders that partner with Lea Toto. Lea Toto program starts preparing its children for adulthood from the age of eight. This starts with early disclosure, psychosocial activities through life skills training, adolescent program, and later graduate to mentorship program which finally prepares for transition to adult comprehensive care clinics. To achieve meaningful results, the program has developed a comprehensive curriculum. This curriculum has four major modules namely; • General life skills (8 to 10 years) to prepare children for life in general. • Choose life model (11 & 12 years) made to equip children with sound moral decision making. • Nyumbani adolescent program (13to 15 years) A reproductive health program. • The mentorship program 16 years and above. The adolescents are an active group. During their interaction with staff and mentors, their skills and gifts are identified and nurtured. They are trained on to enhance these skills and advised on how to appropriately use these skills and talents to start generating income for their simple needs. This aims at promoting economic viability and responsible adulthood after they graduate from Lea Toto program and join the general public. Currently the program has started targeting adolescents who are about to transition from Lea Toto to adult comprehensive clinics with specific economic empowerment skills. It is anticipated that if they are well equipped they can have a secure livelihood by creating and managing their own small scale businesses. This is vital because there is a high level of unemployment in Kenya.

Outcomes of the initiative

1. One on One approach has by far been the most effective of the methods employed. Adolescents who were withdrawn have developed confidence through interacting with mentors as friends. This is more effective taking into account they that they choose the mentor by themselves other than being assigned.
2. The group forums have served to reinforce friendships among the adolescent and mentors, as adolescents stay in touch and encourage each other in positive living. They have also served to develop confidence among the adolescents, as they are encouraged to speak publicly, express themselves openly and participate in group activities that explore their intellect, knowledge and charisma.
3. The team-building excursions encourage the adolescents to support each other, trust each other and their mentors better, as well as providing recreation and fun away from home and school. The adolescents look forward to bonding with friends as well as making new ones.
4. With time, the mentors have identified outstanding individuals whom the program aims to empower to mentor the next generation of adolescents from the program. Within two years of mentorship, the adolescents are exit into Comprehensive Care Centers and become integrated into the mentorship program as mentors not necessarily under LTP but in the community.

What Strategies have been used to expand the scope and coverage of the initiative?

Strategies: A group of volunteers both PLWHs and non infected individuals interact with perinatally infected adolescents and others who are infected laterally on a peer level, guiding them on life principles.

1. Ongoing One on One interaction between adolescent and mentor of his/her choice. This is done mainly through, home visits, school visits and phone calls if need be. Matching is on same gender basis.

2. Quarterly Group forums/ Meetings. These are done mainly when the adolescents are out of school during school holidays.
3. Annual team-building and bonding retreat for mentors, adolescents and program facilitators. Evaluation sessions are carried out during the excursions where adolescents and mentors review objectives set at the beginning of the mentorship relationship and progress made thus far.

29. KENYA

Title of Programme: One2one Youth Programme
Contact: Liverpool VCT Care and Treatment
Implementer(s): one2one Youth Programme
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? No

Short description of the initiatives

One2one® is LVCT's flagship peer led (for-youth, by-youth, with-youth) innovative and evidence based programme. It provides comprehensive quality SRH/ HIV/ GBV direct services and literacy to over one million adolescents (10-14 years) & youth (15-24 years) in Kenya annually. The programme centers its work on marginalized and inadequately served young people on the premise that the sexual and reproductive rights of these youth, like those of all youth and all people, must be fully recognized and affirmed. Thus, the focus is on adolescent girls and young women, young people living with HIV, young people who use drugs, youth headed households, LGBTI youth, young men who have sex with men, young people who do sex work, out of school and lowly literate youth. The programme conducts its activities through three key components:

1. Running an award winning Integrated Digital Platform that consists of social media (Facebook, Twitter, YouTube, Sound Cloud), dynamic youth website (www.one2one.org), radio, popular youth magazines and bulk sms. This is also done through East Africa's premier adolescent and youth tele-counseling hotline that is operated courtesy of a successful private public partnership with Safaricom, the largest Telecommunication firm in Kenya.
2. Mobilizing for, creating demand, and delivering a combination of rights based, evidence informed and community owned behavioral, biological and structural interventions. The emphasis is on enhancing the quality, availability, acceptability and accessibility of direct youth friendly prevention and care services.
3. Influencing government to institute and implement favorable AYSRH policies and by investing in youth to take leadership of, advocate for, and drive the SRH/ HIV/ GBV responses at county, national and international level.

Outcomes of the initiative

Some of the outcomes of the one2one initiative include:

1. Over 5 million youth in Kenya offered quality HIV Testing and Counseling services
2. Over 1 million youth reached annually with credible/ accurate information and counseling on HIV, SRH, GBV and related concerns through the Integrated Digital Platform.
3. Over 3000 adolescent girls reached sanitary towels and reproductive health sensitization through the one2one sanitary initiative
4. Worked with Government structures and stakeholders to develop the National youth SRH strategy and review the adolescent reproductive health and development policy
5. Convened the youth pillar in the Kenya National AIDS Strategic Plan (KNASP II).

6. Supported health facilities in different counties to implement the guidelines on the provision of youth friendly services.
7. Showcased the award winning mHealth and eHealth intervention (Integrated Digital Platform) attracting various awards.

What Strategies have been used to expand the scope and coverage of the initiative?
The Integrated Digital Platform is a prime strategy for the scope and coverage of the one2one youth programme. Most youth have mobile phone and internet access, with most youth in Kenya being on social media. One2one harnesses this opportunity to schedule and broadcast weekly thematic topics based on needs assessments conducted on the information gaps. The platform is also used for mobilization, demand creation and referral to other requisite services. Technical assistance and capacity enhancement to youth serving organizations, government, and youth networks at the devolved (county) governments and at national level. One2one also runs post-test clubs, peer and online support groups that facilitate disclosure, uptake of and retention in care and treatment, adherence and positive prevention for HIV positive and high risk youth in a stigma free environment.

30. KENYA

Title of Programme: Closing the Gap among the Youths by 2015
Contact: NAYA Kenya
Implementer(s): Community leaders, NAYA staffs, youth advocates and like minded partners e.g. CHOICE from Nertherlands.Media Houses
Implemented by: Government, Civil Society, Faith-based, UN or other inter-governmental organization, media groups like GBS,KTN.ECN RADIO,RADIO MAYIENGA
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, meaningfull youth participation in budget making process,policy reviewon sexual reproductive health and rights
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The programme of closing up the gap among the youths was initiated by NAYA in order to bring youths together on issues of sexual reproductive health and rights. This was due to high incidence of unplanned pregnancy, early marriages, school dropout, drug abuse among the youths of tender age. The audience targeted were the youths of age between 18-35 years old within school and out of school. The activities aimed were comprehensive safe abortion, advocating for the use of contraceptions among the youths, stopping the use of drugs by the youths, meaningfull youth participation in all levels of decision making setting up the youth friendly centres.

Outcomes of the initiative
Since this year most of the youths have managed to participate in budget making process within their countries through the help of NAYA, the organization has managed to return some students to the schools and do carry follow up on their progress, there is an increase in uptake of outh friendly services within the youth friendly centres available like K-MET.

What Strategies have been used to expand the scope and coverage of the initiative?
The organization is a youth led and engages youths from the grass-root level to national (bottom-top approach) so that the young people air their real issues and this makes them own the project as they provide the best and appropriate ways that can be used to solve their problems at all levels. NAYA also use media as a strategy to reach the young people by collecting and recording community voices on sexual reproductive health rights issues,

conducting programs with TV stations, radio stations both vernacular and national language and also engaging the youths through social media like Facebook, Twitter to address the issues and get referrals and advices where necessary.

31. KENYA

Title of Programme: Advocacy for Youths and HIV Awareness
Contact: Kenya Red Cross Society
Implementer(s): Youths
Implemented by: Civil Society, Faith-based, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, HIV awareness in the work place
Programme being implemented since: 1996
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The Kenya red cross society is humanitarian organization established by the act of parliament in 1965 under cap 256 by the law of Kenya. To alleviate human suffering it major on disaster management where HIV was declared Disaster in 1999,health and social services which include water and sanitation soft and hardware component,blood donation, HIV and AIDS awareness where youths and volunteers play a big role tracing and unification of family link.youth program under four part:

1. Health advocacy, peer education
2. Environmental concern
3. Promotion friendship international youth exchange programme /twinning
4. Dissemination of RED CROSS Messages it targets youths children women men the less privileges old and the sick

Outcomes of the initiative

Youths joining the society community willingness to work together because of the trust volunteer database increase change for the youth who have received information in time.parent dialogue to children which was a taboo initials.working hand in hand with the government as partner and other organization.

What Strategies have been used to expand the scope and coverage of the initiative?

Forming youths club in school condom distribution for those who cannot abstain youth group form for advocacy where HINIVUU youth Group is one of them to eradicate the epidemic peer education in school for youth in school and out of school youth involved in decision making social and governmental youth friendly empowerment cent re

32. KENYA

Title of Programme: Friends of Youth: Scaling up a proven youth-adult HIV/AIDS behavior change program
Contact: Population Council
Implementer(s): Population Council, Family Health Options Kenya
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The Friends of the Youth (FOY) project was collaboration between the Population Council (PC) and Family Health Options Kenya (FHOK), which had the overall goal to promote

positive HIV behavior among youth in urban areas of Kenya and provide “youth-friendly” HIV testing and counseling (HTC) and support services. The FOY model draws on traditional practices among the Kikuyu community, as well as other ethnic groups in Kenya, where uncles and aunts traditionally provided youth with reproductive health information and guidance. Using a youth mentoring model, FOYs are trusted and respected adults who are nominated by local communities and trained to give young people education on HIV/AIDS, HTC, abstinence, reproductive health (RH), gender-based violence, and life skills. They worked through existing community structures including churches, schools, clubs, and religious youth groups to promote positive behavior, using a curriculum developed for the project, “Life Planning Skills for Adolescents in Kenya.” In addition, FOYs worked with adults who come into contact with young people, especially teachers, parents, and church leaders, giving them the knowledge and skills to talk to young people about HIV/AIDS and positive and healthy lifestyles. Evidence-based findings showed that young people preferred private providers, hence a network of local service providers, mostly from the private sector, was established and trained to provide youth-friendly services including voluntary counseling and testing (VCT), and Provider Initiated Counseling and Testing (PICT). FOYs referred youth in need of services to specially trained service providers using a coupon which entitles the youth to services at a subsidized cost, effectively removing cost as a barrier to young people seeking services. At inception of the project, the FOY program was initially operated in two districts (Nyeri and Nyahururu) but was later scaled up to include Thika, Nairobi, and Embu, Kenya. By the end of the project, 250 FOYs were active in five districts. The project included 37 youth-friendly service providers and 60 VCT counselors and supervisors trained through the project, along with five Project Advisory Committees (PACs) in all the sites, ensuring community ownership and locally appropriate decision-making. he Friends of Youth project had the following objectives:

- To increase the number of young people receiving HIV behavior change education and services
- To increase the number of persons trained to provide HIV behavior change education and service for youth
- To involve community and religious leaders and parents in HIV prevention and care activities for youth
- To increase the number of young people receiving VCT services
- To increase condom distribution services
- To increase the number of young people receiving information and services on gender based violence

Outcomes of the initiative

250 FOYs trained, making 342,175 youth contacts (181,519 females and 160,656 males) and 19,935 parents and leaders (10,459 females and 9,476 males). 37 service delivery facilities provided subsidized services to youth. 60 VCT counselors supported clinics and mobile VCT services. FOYs reached 328,448 with abstinence/be faithful information to prevent HIV (175,282 females and 153,166 males). 29,526 youth were referred to service providers (16,440 females and 13,086 males). 6,930 youth received STI treatment (3,916 females and 3,014 males). 10,015 youth received family planning services (7,336 females and 2,679 males). 1,243 youth received HIV counseling services (667 females and 576 males). 342,175 youth were reached with prevention education, including correct and consistent condom use (181,519 females and 160,656 males). 60 VCT counselors provided services through 37 stand-alone sites and outreach services, reaching 48,463 clients (21,648 females and 26,815 males). Of these, 1,100 females and 616 males were HIV+.

What Strategies have been used to expand the scope and coverage of the initiative?

FOYs worked through existing community structures, including churches, schools, clubs, and youth groups to promote positive behavior, using a curriculum developed for the project, “Life Planning Skills for Adolescents in Kenya.” FOYs were assigned a geographical area of coverage in their own communities, did a listing of households, collected demographic

information and identified eligible adolescents. FOYs engaged all young people who fall within the 10-24 age brackets within their areas of assignment, referring those in need of services to participating service providers. Within project sites, clinical facilities, mostly private, were identified for participation based on providers' interest in supporting young people. Four to six clinics were identified in each urban area to serve as referral points. Providers were given training on youth-friendly service provision that included non-judgmental attitudes towards the youth, confidentiality, flexible hours of operation, skills updates related to HIV, STIs, FP and MCH. A subset of 60 FOYs trained by Liverpool VCT using the certified National AIDS Control Program (NASCOP) curricula, as VCT counselors, to support clinics and mobile VCT services. Mobile VCT services serving low-income areas were provided approximately twice per month per site.

33. KENYA

Title of Programme: Training of Peer Student Counsellors
Contact: Rift Valley Vountary Counsellors
Implementer(s): Rift Valley Vountary Counsellors
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Our mission was drawn from a bibilical quotation that describes the best way to fast is to untie and set free the oppressed from psychological and physical torture.Therefore, our mission is to untie and set free the oppressed psychologically. After 7 years (2002-2009) experience in HIV advocacy for prevention,we realised the most effective method to change the behaviors and attitudes of youth is not merely through awareness raising,but more tangible through guidance and counseling with greater involvement of People living with HIV.We also realised that 70% youth in East African Community,Kenyan included,are school youth and adolescents.Therefore,we set our major goal to train student peer counsellors in Teachers colleges.The strategic result we anticipate was to involve several peer counsellors to provide induction training and, or guidance and counselling to fellow students in primaries,secondaries,colleges and community level. Despite lack of financial assistance, we have through our in-kind and cash contributions and volunteerism already achieved the following outputs: - 873 student peer counsellors were trained in Nakuru Teachers College 2009-2013 (ref: Mr Bii +254728516951, guidance and counseling club master) and perticipatory Certificates issued. This is an extra-curricular program targeting behavior and attitude change among youth that is not provided in the teaching or training curriculum. The evaluation we carried out recently with feedback from old trainees beneficiaries indicated that the innovativeness has great impact over the life of youth in both prevention of new HIV infection and creation of jobs.The following are some of the comments made: 1. I have reunited with my husband after 2 years of separation.We are now faithfull to each other, 2. I have changed I cannot do sex without condom, 3. I am TOUCHED, I will reduce sexual friends from 6 to only one that I have undergone VCT with and trust, 4. peer counsellors training has changed my life style from HIV risk factors and related attitudes.Thanks to trainer. Iam too equiped with skills to help others prevent HIV. Have helped 26 youth change lifestyles too. Measurability of success is indicated by number of young couples that have reunited after counseling and accepted use of condoms and faithfulness for prevention of HIV, number of youth accessed counseling for behavior and attitudinal change and number of trainees employed in public private institutions for having the participatory certificates. In conclusion, I believe if assisted with grant, Rift Valley Voluntary counsellors shall train 3000 peer counsellors students from about 15 teacher colleges in rift valley province of Kenya.

Outcomes of the initiative
The outcomes arrived at are 30 young couples including discordant have reunited with their separated partners and taken greater precaution in preventing HIV. The trained peer counsellors have provided counselling to YR 2009: 710, YR 2010: 1800, YR 2011: 1500, YR2012: 2010, YR 2013: 545, In total 6565 have accessed counseling for behavior and attitudinal change. 1020 trainees employed in teaching and health institutions as a result of obtaining guidance and counseling peer certificate. 873 student peer counsellors
Trained in Nakuru Teachers College 2009-2013 (ref: Mr Bii +254728516951, guidance and counseling club master) and perticipatory Certificates issued.

What Strategies have been used to expand the scope and coverage of the initiative?
Rift Valley Voluntary Counsellors wrote to the principal through Guidance and counseling club master to allow the counsellors provide extra-curricular training to peer counsellors so that in turn the trainnees may help fellow students change HIV risk behaviors and attitudes and also for psychological healing that is better provided by fellow student counsellors than teacher counsellors. Students here in Kenya Fear teachers like the adult fearing police because they provide punishments.Thus teachers are never good student counsellors. Counseling process must create rapport, is genuine, client centred and dynamic. Therefore This letter convinced the principle and thereafter positive impact has been realised althrough 2009-2013. Student enrolment has steadly increased due to the counseling training and certificate award. Indeed it is innovative for non other organization is doing it in Rift Valley Province.The following are topics covered in 48 hours timeframe: HIV prevention and knowledge, family education, guidance and counselling, community mobilization. The trained teachers are in turn anticipated to carryout guidance and counseling at college level and thereafter at schools or health facilities they are employed at country wide and replicated in East African Community.

34. KENYA
Title of Programme: The MARPs Engage Program
Contact: The Coexist Initiative
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Most at risk populations (MARPs)

The third Kenya National AIDS Strategic Plan (KNASP III) defines MARPs as consisting of men who have sex with men (MSM), sex workers and injecting drug users as Most At Risk Populations (MARPs), estimated to contribute up to 33% of the annual new HIV infections in Kenya. Furthermore, these are also groups that are in conflict with the Kenyan law, which makes it difficult to reach them with programs tailored for the general population. Complicating this situation is the fact that HIV related services tend to be inadequately resourced among these populations. Intervention services tend to reach only a few of the target group thus reducing capacity to curb new HIV infections and impact of AIDS. To this end, there are an estimated 132, 000 new infections every year in Kenya (KAIS, 2009) and a third of these infections are attributed to MARPs

The overall age bracket for this project is 35 years of age

Target group	*No.*
Men who have sex with men (MSM	300
Lesbians	150
Commercial sex workers	200
injecting drug users	75

Health workers	130

Justification
The data around this community remain incomplete. The National Incidence Model indicated that MSM and prison populations accounted for 15.2% of new infections, while the model for Nairobi placed this group's contribution at 16.4% and in the Coast it was greater than 20%, representing one-fifth of new infections

Objectives
- To achieve an overall 40% knowledge increase and understanding around MARPs and HIV by strengthening and consolidating the implementation of strategies for HIV testing, reduction in risky sexual behavior within the cluster
- Promote a non-discriminating/stigmatizing atmosphere for MARPs by directly engaging Key health service providers, government line ministries, civil society and communities hence fast tracking the acquiring and accessing of health (HIV and AIDS) services for the target cluster. A total target of 3,000 MARPs s is projected.

Activities
- *Ten (10) Training sessions* each consisting of thirty participants to be hosted. The target groups to include, community/religious leaders, MARPs, civil society, health practitioners, education stakeholders, donor agencies and human rights activists.
- *Advocacy for Sustained VCT services* targeting MARPs separately and the general public generally. 2,000 MARPs to be targeted for testing during the first phase of the project

- *Referral services* to be up scaled targeting health institutions and service providers. 3000 LGBTs to benefit from the activity.
- *Community forums/outreach activities:* Ten (10) community outreach activities to be held so as to generate a disseminate knowledge regarding MARPs.
- Material development: Production and distribution of HIV-MARPs IEC materials
- Media Some of the activities to be specifically undertaken to include talk shows, call in sessions and online blogging.

Outcomes of the initiative
- A 10% reduction of HIV infection among MARPs.
- A 20% increase in knowledge and information about HIV and AIDS among MARPs in selected sites.
- A 10% reduction in the levels of stigma, discrimination and homophobia against MARPs.
- A 20% behavior change among MARPs to be determined by a reduction in engagement in risky sexual behavior and the number of condoms and lubricants distributed and there reported use.
- The community – social networks, health sector, institutions e.g. schools, colleges, and work places and legal entities to demonstrate understanding and appreciation of issues around LGBTs. A 15% improvement projected.

What Strategies have been used to expand the scope and coverage of the initiative?
- Develop cross-agency strategies for addressing gaps in coverage and scale of necessary HIV prevention, care, and treatment services for MARPs.
- Foster better coordination and implementation of and develop the capacity to deliver strategies and interventions addressing HIV prevention, care and treatment for MARPs.
- Develop common measures and evaluation strategies to assess processes and outcomes as they relate to the goals of the project.
- Actively promote opportunities to blend services and, where appropriate, funding

priorities across HIV and AIDS programs.

- Develop and apply lessons learned in the first phase to other upcoming HIV-MARPs activities in other sites.

35. KENYA

Title of Programme: Ericsson Kenya Mentorship Programme
Contact: SWHAP (The Swedish Workplace HIV and AIDS Programme)
Implemented by: Private Secotor
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Ericsson Kenya is mentoring 20 young women, encouraging them to enter the traditionally male dominated Information Communication and Technology (ICT) sector. This is an initiative supported by the Swedish HIV/AIDS Workplace Programme (SWHAP) as the training also includes sexual and reproductive health and rights (SRHR), wellness and HIV/AIDS information. SWHAP has supported over 200 workplaces in twelve countries in sub-Saharan Africa to establish or enhance sustainable HIV and AIDS workplace programmes.

This initiative is run by Ericsson in Kenya and addresses the link between women's economic empowerment, voice and HIV prevalence. It seeks to build women's leadership and promote economic empowerment and independence through education, voice and skills.

The programme encourages girls and young women to stay in school longer to attain higher levels of education to increase their opportunities to earning higher wages. For this reason, keeping girls in school is one of the key aims of the mentorship programme.
Training on SRHR and wellness is also a key component of the mentorship programme. It provides the young women with comprehensive and age appropriate information on SRH including HIV issues. This kind of skills building and empowerment aims at increasing their bargaining power to negotiate safer sex, and contribute to a delay in sexual debut to improve their resilience towards HIV and AIDS.

As part of the mentoring, the programme supports women's inclusion and wants to push for young women in decision-making, including in work-related groups and organizations such as trade unions. This approach can contribute to greater access and control over productive resources.

Outcomes of the initiative

While it is still too early to see whether the young women will benefit in terms of employment from the initiative, they have been given the opportunity to see the value in continuing their studies and also gain better understanding on SRHR, HIV and AIDS and wellness.

What Strategies have been used to expand the scope and coverage of the initiative?

As Ericsson globally has a policy to encourage more women into the ICT sector, this initiative will be replicated by other Ericsson branches in other countries within sub-Sahara Africa.

36. KENYA, RWANDA, BURUNDI, TANZANIA, UGANDA, ETHIOPIA

Title of Programme: Giving Hope - Youth Empowerment Methodology
Contact: Church World Service Africa
Implementer(s): YWCA Kisumu, YWCA Siaya, Bugumbe Development Forum, Life Skills Promoters, Map International Kenya and other youth-led organizations in Kenya ; YWCA Rwanda, YWCA Burundi, YWCA Tanzani, Church of Uganda Planning, Development and Rehabilitation, and YWCA Ethiopia
Implemented by: Civil Society, Faith-based, Youth-led organizations
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Entrepreneurship for economic empowerment, food security and nutrition
Programme being implemented since: 2004
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The Giving Hope Program (GHP) began as a response to the large number of youth left responsible for their younger siblings as a result of HIV&AIDS in Rwanda and other East African countries in 2004. The program purpose to facilitate restoration of family relationships and social structures, a recognition and development of skills of youth-caregiver households affected by HIV&AIDS and other vulnerability that they may be empowered to adopt and utilize sustainable skills to manage their own wellbeing and the stability of their families, to participate in the social and economic development of their communities. Youth between 12 - 25 years and majority of whom are household heads are the main program participants. The youth are supported through knowledge and skills developed to undertake food production, income generation, vocational training and life skills interventions including HIV prevention and management, care and support for those infected. The program intervention is anchored in youth mobilization and formation of working groups as safe spaces for psychosocial support, dream development and nurturing, leadership and talent development, and serve as structures for lobbying and advocacy on the protection issues affecting youth and children infected and affected by HIV&AIDS. CWS is currently implementing the Giving Hope Youth Empowerment program in 6 African countries reaching over 40,000 youth directly and indirectly. More information about CWS East Africa can be found at www.cwsea.org.

Outcomes of the initiative

- CWS supported institutions implement sustainable youth empowerment interventions.
- Youth Caregiver households meet their own needs using skills, knowledge, and confidence acquired in the program process.
- In targeted locations hardly hit by HIV, communities acknowledge that youth and children are positive assets for the community and integrate them into the life and development of the community.
- Families affected by crisis will process trauma effectively and will interact with the community in a healthy manner.

What Strategies have been used to expand the scope and coverage of the initiative?

This program has embraced a number of strategies to expand its scope and coverage in east and horn of africa. The program mobilizes youth caregivers (12-25 years) and established working groups as social structures that provide safe space to discuss their issues and support each morally. HIV prevention and management, care and support from within the group, institutions available form part of issues discussed:

- Members of the groups select their leaders and a mentor drawn from the community to accompany their social and economic ventures. Through training on leadership and dream process, the structures become more strengthened to manage group dynamics and support each other develop and grow their dreams.

- CWS has been keen to provide youth with opportunities to access their dream items at individual and group level. Key interventions are provided at this stage including vocational skills, training on business development/entrepreneurship and partial support for business start up capital. By so doing, we jump start youth desire to pursue their dreams; most of which are presented in drawings/picture format.
- Mainstreaming of protection is another important strategies used by the program. Youth affected and infected by HIV&AIDS needs protection of their right to access treatment, be free from stigma and access basic services and opportunities like any other persons. Various seminars and local trainings are offered to the youth to enable them advocate for their rights and those of children affected by HIV&AIDS. Some of these youth groups have accessed devolved funding to address youth related issues including creating HIV awareness and influence positive behavior change among the youth.
- The program also mainstream food security and nutrition; and disaster risks reduction to ensure youth caregivers and households with children infected with HIV&AIDS not only have adequate food but also nutritionally balanced to complement their treatment, care and support. Establishment of kitchen gardens, poultry keeping and training on the use of local foods is underscored. Use of organic fertilizer and pesticides are promoted to ensure safety of the food items.
- Creation of platforms for learning and peer exchange- this has continued to happen through various platform including regional youth peer exchanges, use of national and international platforms for advocacy issue on HIV, climate change and peace, as well as during the international youth days celebrated annually. This approach continues to promote cross-learning and adoption of best practices among the youth across the region. Details on some of these activities are documented and available online.
- CWS works with grassroots and faith based organizations that enjoy moral voice, direct interaction and act of witness of vulnerable youth in the communities they live and serve. Through needs based analysis and baseline surveys conducted by partner organizations in collaboration CWS, the program has been able to expand in country and across other countries in africa.

37. LESOTHO

Title of Programme: Cash Transfer Initiative
Contact: World Bank
Implementer(s): World Bank
Implemented by: Government, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2011

Short description of the initiatives

The World Bank conducted a randomized trial in Lesotho to evaluate the impact of short term financial incentives on HIV and STI incidence among youth. Conditional cash transfers and other financial incentives are tested as an HIV/STI prevention strategy to incentivize safe sex. This study tests the hypothesis that a system of rapid feedback and positive reinforcement using a lottery scheme as a primary incentive to reduce risky sexual behavior can be used to promote safer sexual activity and reduce HIV incidence among young people in Lesotho, one country with very high HIV prevalence. An unblinded, individually randomized and controlled trial with 3426 participants, males and females 18-32 years old drawn from 29 rural and peri-urban villages in 5 districts in Lesotho. The intervention linked the receipt of lottery tickets to negative results for rapid tests for curable STIs: syphilis and Trichomonas vaginalis. The study objective was to test the efficacy of the lottery incentive scheme in reducing HIV incidence. Participants were randomly assigned to either a control arm (n=1347) or one of two intervention arms eligible to receive lottery tickets: high (n=1116) or low (n=963) value lottery (1,000 or 500 Malotis or South African Rands). All arms received STI testing, counseling, and STI treatment every four months during two years. All

participants were tested for HIV at baseline and after 16, 20 and 24 months. Village level lotteries were organized every 4 months in which STI negative individuals from the intervention arms were eligible to participate and during which 4 lottery winners (2 males, 2 females) per village were drawn. The primary study outcome is HIV incidence.

Outcomes of the initiative
After 2 years of intervention, HIV incidence was significantly lower among study participants eligible for the lotteries (OR 0.75, 95% CI 0.58 - 0.97), especially among women (OR 0.67, 95% CI 0.52 - 0.86), and in the group eligible for the high prize lotteries (1000 Rands)(OR 0.69, 95% CI 0.50 - 0.98). No harm was reported. The results of this randomized trial indicate that short-term financial incentives to engage in safe sex can lead to a measurable decline in HIV incidence.

What Strategies have been used to expand the scope and coverage of the initiative?
The World Bank is engaged in a going process to provide more evidence on the impact of social protection and in particular financial incentives and cash transfers on HIV prevention. This study, which is being largely disseminated and presented, will inform and benefit countries as they define their HIV response.

38. MALAWI

Title of Programme: Building Capaicity for Adolescents Living with HIV/AIDS to Access and Demand for their Rights
Contact: Centre for Girls and Interaction
Implementer(s): Centre for Girls and Interaction
Implemented by: Civil Society , Youth Lead local NGO
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013 - 2016
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The project aims to address issues that adolescents living with HIV/AIDS face in their day to day lives. The project would like to address the HIV and AIDS related stigma and discrimination against the adolescents living with HIV/AIDS in Rumphi, Mzimba and Nkhatabay face to improve their quality of life and lead the life as that of a normal child and have full access to their basic rights (i.e. education, proper healthcare services and not to be discriminated, etc)

These inadequacies have resulted into HIV/AIDS related stigma and discrimination against adolescents living with HIV/AIDS or their parents/guardians (for dependent children) are reluctant to be tested, todisclose HIV status or to take antiretroviral drugs and reduce their chance of survival further. Adolescents living with HIV/AIDS have encountered hostility from theirextended families and community, or have been rejected, denied access to schoolingand health care, and left to fend for themselves. These have undermined efforts in as far as the fight against HIV and AIDS are concerned.

Overall Objective and Purpose:
The overall objective of the project is to improve the quality of life of adolescents living with HIV/AIDS in Rumphi, Mzimba and Nkhata bay.

The purpose of the project is to help adolescents living with HIV/AIDS in Rumphi, Mzimba and Nkhata bay to live a normal childhood by lifting the stigma of the disease amongst their family, friends and the community and increasing access to Treatment, care and

Psychosocial Support Care.

Specific Objective:

- To strengthen the capacity of adolescent youths living with HIV in Mzimba, Rumphi and Nkhata bay to demand access to support, care and Treatment
- To increase awareness of target groups (family, peers and community) about the rights of adolescents living with HIV/AIDS
- To enhance the role of adolescents living with HIV/AIDS's in the community and their involvement in HIV/AIDs prevention
- To facilitate the identification of adolescent living with HIV/AIDS needs in relation to self development and health well being and engage duty bearers and advocate for the provision of relevant health services by December 2015.

Project Target:
Primary:
The major stakeholders of the project are adolescents living with HIV, their families, peers, and the general population of target districts. The project also aims to empower them so they can take the lead in communicating about the disease and propose interventions that can lessen the stigma against them.

Activities:

- Capacity Building
- Training of Health workers in Integrated Management of Adolescent Illnesses (IMAI)
- Life Skills Training for Adolescents living with HIV
- Psychosocial Support and Peer Education Training
- Teen Clubs
- Awareness Raising
- Production and Dissemination of IEC Materials
- Baseline survey
- Strategic Planning Process for the CEGI 2013 – 2016

Outcomes of the initiative

- Quality life of adolescents improved
- Demand for access to treatment and care improved
- One baseline survey and strategic plan developed
- 12 teen clubs established

What Strategies have been used to expand the scope and coverage of the initiative?
Through use of teen clubs and partnership between various health centres, the initiative will grow big and the capacity which adolescents and youth has will help the initiative to be effective and reach and expand its coverage

39. MALAWI

Title of Programme: Test 4 Life Youth Project
Contact: Positive Steps
Implementer(s): Positive Steps
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

1. *Youth Friendly HTC Services:* We has two centres which provide youth friendly free HIV Testing and Counselling services. Most HTC centres that were introduced in Malawi, Balaka district we not usually friendly to the needs of the youth. Therefore youths were shunning away from accessing the HIV testing services. Positive Steps did needs assessment for one of its programmes is to promote youth participation in HIV and AIDS management, prevention care and support activities. Today we have two (2) Youth friendly HTC service centres, one is in the local grassroots communities and the other is at our peri-urban Positive Steps Headquarters in Balaka which is located in a peri-urban locality.
2. *Life Skills Education for Adolescents:* Positive Steps reaches out to the grassroots adolescents with life skills training and education of which HIV and AIDS is one major component. Balaka is a locality/district located within the crossroads of Malawi where inter-cultural activities accelerate the HIV prevalence rate for instance as of 2012 Balaka district clocked 13.2 % whereas the prevalence rate for Malawi is at 10.6%. Our approach is to allow the youth to identify their issues and we mentor them on finding the best means to deal with them. For instance we do not predict and decide the solutions for them on how to prevent HIV rather we impart into them skills that help them making decisions on best prevention measures.
3. *Vocational Skills Training:* out of school and in school youths needs some vocational skills that may help them to be useful and productive citizens especially when we look into opportunity for them to get employment. Positive Steps supports the out of school youths with some basic vocational education and career guidance. The main objective is to drive an esteem of productivity both at household and at community level. This is cemented with some recreational activities which increases occupation and reduce idleness and Positive Steps feels that the more the youth are productive and creative the less they are involved in things that shun/doom their future. The major driver for sexual activity is to get income because one family in Malawi usually survives on less than $1.25/day. Poverty margins are very extreme and drive most girl children into promiscuous activities to get income. Providing them with income generating sources will help to reduce sexual abuse.
4. *Occupational Therapy programmes:* Positive Steps organizes a variety of sporting activities for all young persons: to improve their health, intellectual and reduce idleness; additional curricula activities which increase learning and education for them to realize full potential in life. Most localities in Balaka favour football for girls and boys, netball, volleyball, local games, drama, poems, quiz, and debate clubs. The programmes are implemented by the youth themselves in order to increase ownership and participation.
5. *Monitoring and Evaluation:* Positive Steps provides participatory monitoring and evaluation which sees most youth leaders being trained and skilled in mentorship, leadership and decision making. E.g involving the youth in local and traditional leadership forums.

Outcomes of the initiative

Youth Friendly HTC Services Outcome:

- Increased youth accessing youth friendly HTC services
- Number of youth accessing ART services
- Number of young persons living with HIV and AIDS (YPLWHA) accessing care, support and prevention measures
- Promoting an HIV free generation

Life Skills Education Outcomes:

- Increased knowledge on sexual reproductive health and hygiene
- Increased self-esteem and productivity among young persons
- Reduction to HIV and AIDS related infections

Vocational Skills Training Outcomes:

- Increased access to IGA
- Increased entrepreneurship knowledge

Occupational Therapy programmes Outcomes:

- Discovering of talents and skills which are disguised because of tradition and also lack of exposure
- Improved health and intellectual growth
- Reduce idleness

What Strategies have been used to expand the scope and coverage of the initiative?
Strategy 1: Reaching out and increasing access to youth friendly Based HTC services in grassroots localities
At first the Positive Steps introduced a youth friendly HTC service at its headquarters at Balaka peri-urban centre. It was proven by the numbers of youth which flocked to the centre for HTC services that if the same would be established within the grassroots localities it would improve the same. For instance in Balaka there are more than 25 CSOs which provide HIV awareness campaigns to local people. But availability of HTC service centres remains a challenge. Therefore the Positive Steps came up with a strategy to reduce the distance which young persons walk to access HTC services and other HIV and AIDS interventions

Strategy 2: Outreach activities
Positive Steps considered to provide youth with HIV and AIDs management interventions right in their localities by increasing outreach programmes even to some places which cannot be reached by car, motorcycle etc.

40. MALAWI

Title of Programme: HIV/SRH Youth Musical Workshops
Contact: Positivo
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2006

Short description of the initiatives
The project gives voice to the youth using music as a medium. We gather health information from the youth at community level to be distributed to their communities. We go to a specific community with no ready made information. We ask the youth the problems they are encountering in related to HIV/AIDS and sexual Reproductive health in their community. After they annonymously present their problems/challenges we ask the same youth to help provide solutions to those challenges/problems. Then we invite the nearest youth friendly health service provider and the life skills department teacher to interact with the youth to help them get correct information. Positivo then help the youth to put together their questions and positive answers. The positive messages are made into lyrics by the youth themselves and recorded into a song using Positivo's mobile music recording studio. Then comes what we call presentation day, this day, the whole community is invited to come and witness the presetation of the song by the youth from their communit. These are parents, friends, village elders, teachers, religious leaders and many more. The targeted youth perfoms their song live to the people of their community. This is the song containing powerful and positive HIV messages written by the youth for their community. Music CDs are distributed for free to the audience and we also use bluetooth technology to transfer the song to as many audiences as possible. We achieve the following short term goals:

1. Young people are given chance to express their problems and suggested solutions

2. Young people are connected to the community youth friendly health service provider
3. The positive messages have been created in response to local health problems
4. Songs are recorded in local language thereby breaking language barriers
5. Community members are able to listen to the youth, a critical point in youth engangement on HIV and AIDS fight

It has a long time effect as it creates a strong bond between the nearest hospitals and youth in the community. Also, information is power and using music we are sure the information will reach as many people as possible.

Outcomes of the initiative

Our recent project in Malawi has the following outcomes:

1. 1 song with powerful HIV and SRH messages produced and distributed to community members, libraries and hospitals
2. 1 video song produced and distributed widely
3. More demand for condoms
4. Baseline survey done
5. Connection between young people and their nearest youth friendly health service provider
6. Youg people were asked to sk questions they dont normally ask for fear or beig embarrassed
7. Positive messages produced

What Strategies have been used to expand the scope and coverage of the initiative?

We have made partnership with Ministry of Health, they help selecting a school at District level. When the school is chosen, through Ministry of Health, we allocate the nearest health centre or clinic or hospital to work with. This is the way we can reach as many youth as possible.Our Pilot has been funded by UNAIDS Malawi and we are looking for more funding to reach as many youth as possible. We are also exploring ways to reach many out of school youth as well as young sex workers so we can improve access to information among young people in Malawi

41. MALAWI

Title of Programme: Reducing the Risk of HIV Transmission amongst Adolescents and Youth Involved in Transactional Sex
Contact: Badilika Foundation
Implementer(s): Badilika Foundation
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV,
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Our overall mission of this initiative is to strengthen community networks and build capacities amongst adolescents and youth involved in sex work in Blantyre city in order to contribute to the reduction of HIV prevalence and to increase their access to HIV services. Sex workers (SWs) are one of the key populations with the highest HIV prevalence rate (71%) and yet they are the most marginalized groups in the country and their access to information and health care services is limited. The probability of a sex worker becoming infected with HIV is higher than among other people in the general population, due to multiple risk factors, including multiple sexual partners, unsafe working conditions, barriers to negotiating consistent condom use, lack of access to appropriate lubricants, high prevalence of STIs and sharing of injecting equipment. In addition, young people engeged in sex work are often not in a position to control these risk factors, because of the environment and context in

which they live and work. Because of these reasons, sex workers have been considered by Badilika as a key population with whom it is essential to work if the epidemic is to be stopped. In order to reduce HIV infections among sex workers and their clients as well as promote their access to HIV and other health services, Badilika is working towards a minimum and sustainable package which enables it to implement activities that will make significant impact with limited financial resources. The package is made up of prevention activities which include distribution or promotion of condoms; provision of health services, especially to treat STIs; discussion forums or classroom-based HIV and sexual health education; networking with key stakeholders to promote better laws, working conditions and friendly referral systems to health services for sex workers; dissemination of information through electronic media, printed materials and music/drama/dance; and economic development programs for sex workers seeking other types of employment.

Outcomes of the initiative

1. Six community discussion forums have been formed for effective provision of health and other social support.
2. 20 peer educators have been trained in communication and leadership skills.
3. SWs have participated at city level to advocate for key services that support them in terms of challenges they face in health service provision and social services.
4. Several youths have been referred to health facilities to benefit from routine HIV and STIs testing, family planning and accessing condoms.
5. 354 sex workers have increased their knowledge and skills in order to contribute to HIV prevention, care and support.
6. Six SWs have been trained in vocational skills as a way of empowering them economically thereby reducing their vulnerability to HIV infection.
7. We have increased demand of health services through the creation enabling environments through our advocacy interactions and meetings with health service providers, law enforcers and policy makers.

What Strategies have been used to expand the scope and coverage of the initiative?

Our strategies are as follows:

1. The promotion of health friendly services for adolescents and youth who are involved in sex work by establishing referral systems with health facilities.
2. Improving knowledge on HIV and making available HIV services at points convenient to sex workers through partnerships with existing health providers in communities.
3. Reducing stigma and discrimination related to HIV and sex work among the public by conducting advocacy initiatives including media campaigns, interactions and meetings with key stakeholders on the rights of sex workers to access health services as human beings.
4. Improving the attitude of health workers by conducting sensitization sessions among health workers on the rights of sex workers to access health services.
5. Establishing community based structures to support sex workers.
6. Building capacity of sex workers on HIV prevention (including safe sex negotiating skills).
7. Training of peer educators.
8. Improving the economic status for vulnerable adolescents and youth.

42. MALAWI

Title of Programme: Enabling Youth SRHR: Strengthening SRHR in Malawi's National Youth Policy
Contact: Southern African AIDS Trust
Implementer(s): Malawi National Youth Council & the Southern African AIDS Trust Malawi
Implemented by: Government, Civil society
Type of Initiative: Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Integration of HIV & SRHR programming

for youth
Programme being implemented since: Begun in 2013 & on-going
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Purpose:
Since 2007 youth policy in Malawi had been in draft form, with significant gaps on issues, especially with regard to youth sexual and reproductive health and rights (SRHR).

In early 2013 policy space opened up with Government revitalizing a push to complete a policy and then to move to put this into legislation. The National Youth Council of Malawi (NYCOM) and the Southern African AIDS Trust (SAT) Malawi identified a mutual concern that youth should have input on the revitalized policy.

Together NYCOM and SAT identified a number of SRHR issues where progress and thinking globally were not reflected in the, now, outdated, draft policy.
Given these deficiencies, NYCOM requested SAT to support them to improve the policy focus on SRHR.

The purpose was to review the extent to which SRHR issues are covered in the new draft youth policy for Malawi and to make inputs based on the issues of youth and on best available continental and global policy and practice.

Target audience:
The collaborating agency was the Malawi National Youth Council (NYCOM) but the real target audience was, and continues to be, youth and adolescents in Malawi.

Activities:
The purpose led to a collaborative partnership between SAT and NYCOM. NYCOM coordinated consultation activities amongst their constituency to give voice to youth and their issues and aspirations, and SAT provided funds for a series of consultation activities as well as access to SRHR expertise.

Components:
In order to have credible consultations, NYCOM engaged the services of an SRHR expert to be the team leader in the consultation activities. A literature review was conducted to lay a basis for evidence-based consultation and policy formulation, and then three major youth consultations began.

The first consultation was a public debate that was broadcast live on a popular local radio station, Zodiak, which has a nation-wide coverage. It was a participatory debate and youth and adults listening to the programme sent in their input through mobile phone texts and Facebook. Biggest issue for youth: 'What exactly are youth friendly services?'

The second consultation was a Youth Leaders' Policy Review Workshop that was aimed at having youth workers and leaders in the field of SRHR and HIV & AIDS discussing the policy content and making recommendations. Many issues were raised but three are worth highlighting: the explicit inclusion of positive living youth and their issues, needs and contributions, and the controversial issues of LGBTI youth and the issue of access to safe abortion.

The third consultation was an Experts Review Workshop, bringing together youth SRHR and HIV experts from UNICEF, UNFPA, UNAIDS, USAID, NGOs and Government Departments.

After these consultations, suggested incorporations and amendments were presented to the

Ministry of Youth and Sports. SRHR experts unanimously counselled presentation and wording such as “non discriminatory” to ensure that the rights of all youth are covered without raising objections or controversies at this point in the policy process.

Outcomes of the initiative

- A 10% reduction of HIV infection among MARPs.
- A 20% increase in knowledge and information about HIV and AIDS among MARPs in selected sites.
- A 10% reduction in the levels of stigma, discrimination and homophobia against MARPs.
- A 20% behavior change among MARPs to be determined by a reduction in engagement in risky sexual behavior and the number of condoms and lubricants distributed and there reported use.
- The community: social networks, health sector, institutions e.g. schools, colleges, and work places and legal entities to demonstrate understanding and appreciation of issues around LGBTs. A 15% improvement projected.

What Strategies have been used to expand the scope and coverage of the initiative?

- Develop cross-agency strategies for addressing gaps in coverage and scale of necessary HIV prevention, care, and treatment services for MARPs
- Foster better coordination and implementation of and develop the capacity to deliver strategies and interventions addressing HIV prevention, care and treatment for MARPs
- Develop common measures and evaluation strategies to assess processes and outcomes as they relate to the goals of the project
- Actively promote opportunities to blend services and, where appropriate, funding priorities across HIV and AIDS programs
- Develop and apply lessons learned in the first phase to other upcoming HIV-MARPs activities in other sites

43. MOROCCO

Title of Programme: Une Journée de Sensibilisation sur l'Education Sexuelle: les IST-Sida
Contact: OPALS
Implementer(s): Marrakech
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Sport against disease
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Le but de la journée est la sensibilisation des jeunes sur l'Education Sexuelle: les IST-Sida en faveur des lycéens des établissements publics de Marrakech. La journée est organisée au Grand Stade de Marrakech que j'avais visité à l'initiative d'une responsable du stade. La journée de sensibilisation est destinée aux élèves du Tronc Commun (première année du lycée).

Pourquoi le tronc commun? parce que, c'est leur première année du lycée avec tous ce que cela signifie de période d'adolescence et d'autre part, parce que nous voulions organiser à moyen terme une autre formation dans l'éducation par les pairs puisque ses élèves du tronc commun resterons deux ans encore dans leurs lycées. Ce qui va nous a permis de garder un contact avec eux pendant en moins deux ans.

Pourquoi le Grand Stade de Marrakech? Parce que ce sont justement les responsables du Stade que j'ai visité qui nous ont invité à organiser des formations, des séminaires ou tout

autre activités; mais pas tout simplement pour cette raison aussi et surtout pour le cadre sportif du stade avec tous ses locaux et pour faire jouir les élèves d'un espace hors établissement scolaire.

Mais quels sont les activités de cette journée? Les activités de cette journée sont tripartites: 1. activités de sensibilisation pendant la matinée (présentation Power Point et ateliers de formation), 2. activités sportives pendant l'après-midi (match de foot), 3. activités artistiques (pièce de théâtre 'L'héritier' + musique avec didji en fin de journée).

Côté alimentation? Deux pauses cafés (une le matin, la deuxième l'après-midi) et un déjeuner pour 60 personnes (50 élèves et 10 adultes).

Et c'etait pour quelle date? C'était le dimanche 26 mai 2013 de 9h à 20h.

Les établissements scolaires? Nous avons pensé faire bénéficier 5 établissements scolaires (10 élèves accompagnés d'un professeur pour chaque établissement).

Outcomes of the initiative

1. Satisfaction des lycéens et grande volonté de s'adhérer pour la lutte contre les IST/Sida.
2. Motivation constatées lors de la journée pour une prochaine formation sur l'éducation par les pairs.
3. Création d'un réseau pour garder un contact permanent entre les bénéficiaires...

What Strategies have been used to expand the scope and coverage of the initiative?
Après évaluation de la journée nous avons pensé refaire l'expérience sur d'autre ville du Maroc, en commençant par les grandes villes comme Tanger, Casablanca, Agadir ... La création d'un réseau national entre les jeunes des différentes villes marocaines afin de garder un contact permanent; Suivre la journée par une formation de trois jours sur l'éducation par les pairs; Préparer un programme national à long terme qui concernera plusieurs lycée marocains en partenariat avec les ministères de l'éducation national, sport et jeunesses et ministère de la Santé publique.

44. MOROCCO

Title of Programme: "Ensemble" Appui aux Associations de Jeunes de Quartiers et Culturelles pour l'Intégration du VIH/sida par une Approche Communautaire Basé sur la Création de Compétence
Contact: Association Marocaine des Jeunes Contre le Sida
Implementer(s): Association Marocaine des Jeunes Contre le Sida
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2004
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Le projet à pour objectif l'intégration du VIH/sida dans la pratique à impliqué le développement d'une approche communautaire basée sur l'encouragement de la communauté jeunes à provoquer elle-même la création de compétences face au sida. L'évolution vers la création de compétences face au sida passe nécessairement par l'apprentissage, dans le projet nous encadrons que des jeunes scolarisées ou non scolarisées, selon L'association en question, et nous essayons de les impliquer dans les stratégies de lutte contre le SIDA, par les faire participer durant toutes les étapes du projet à la conception d'une activité phare dont la communauté jeunes encadrés présentent le plus d'intérêt ou le besoin. Ce processus leur permettra de mettre en place une activité: tournoi de sport, concours de chant, théâtre forum, et la conception et l'élaboration des messages

adaptée le plus aux attentes de leur cible; L'appui à la mise en place d'une activité après un cursus de formation permettra l'atteinte des objectifs de la formation, ça sera l'équivalent d'un stage après un cursus de formation pour confronter les acquis théoriques sur le plan pratique sur le terrain. L'intégration du VIH/sida dans la pratique à impliqué le développement d'une approche communautaire basée sur l'encouragement de la communauté jeunes à provoquer elle-même la création de compétences face au sida. l'action et la réflexion, en faisant face aux problèmes et en profitant au mieux des opportunités; Le projet ENSEMBLE, en partenariat avec des associations locales de quartiers qui sont créées par des jeunes pour encadrer des jeunes, et vu l'expérience qu'on a vécue avec certaines associations de quartiers lors de la première phase de la mise en ouvre de ce programme, nous avons constaté que la communauté jeunes ne doivent pas être considérées simplement comme des bénéficiaires passifs des plans d'action. Elles sont naturellement capables de s'adapter et d'évoluer face aux défis et aux opportunités de lutte contre le sida, parce que chacun a le droit d'être impliqué dans les décisions et les actions ayant un impact sur ca vie, et la vie de leurs semblables

Outcomes of the initiative
Dans la mission de renforcement des capacités des organisations communautaires engagées dans la lutte contre le Sida dans le cadre du programme ensemble, l'AMJCS a développé 4 modules de formation sur la prévention avec des outils classiques: 1. montage de projet communautaire contre le sida, 2. IEC/CCC, 3. conception élaboration du message, 4. la prévention participative, permettant d'organiser des activités de prévention et d'accompagnement-soutien. Cependant, dans le contexte d'une épidémie dynamique qui évolue, l'environnement de la réponse tant du côté des cibles que du côté des stratégies et des thématiques doivent être en perpétuel changement et doit se concrétiser sur le plan d'organisation des activités. Nous somme aujourd'hui à 25 Association bénéficiaire de ce programme et 125 Interlocuteurs jeunes formées et engagée dans la lutte par la gestion d'un programme de lutte contre le sida au sein de leurs structures.

What Strategies have been used to expand the scope and coverage of the initiative?
Le projet et impliquer dans la stratégie national contre le sida dans l'objectif de Réduction de la vulnérabilité des groupes les plus exposés à l'infection à VIH-SIDA dans les régions d'intervention prioritaires et Promouvoir la prévention du VIH/SIDA auprès des jeunes national et local

45. MOROCCO

Title of Programme: Site Web: Chababe.ma
Contact: La Rabita Mohammedia des Oulémas
Implementer(s): La Rabita MOhammedia des Oulémas
Implemented by: Civil Society, Private Sector, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Chababe.ma est un Site Web interactif a pour objectif de communiquer avec les jeunes marocains et les sensibiliser et les accompagner dans plusieurs thématiques qui concernent les jeunes.

Parmi ces thématiques, il y a une rubrique spécifique à l'éducation sexuelle est reproductive, ce site web fait l'exception au Maroc car c'est le premier site web officiel qui donne la possibilité aux jeunes pour débattre et poser des questions sur la thématique.

Un groupe de jeunes formés et qualifiés répond aux questions des jeunes qui participent aux

discussions sur le site web...ce groupe des jeunes qualifiés sont aussi présent dans les réseaux sociaux (Facebook, Twitter, G+...) ou ils partagent les informations les plus récentes sur la santé sexuelle et reproductive et surtout les VIH/ SIDA et les IST (Rapports, Images informatives, statistiques, messages de sensibilisation...)

Des vidéos enregistrés par l'équipe: des interviews avec les jeunes, des spécialistes (Médecins, juristes, acteurs associatifs, journalistes...) ainsi que des vidéos de sensibilisation sont disponible sur le site.

Des documents certifiés sont aussi disponible avec la possibilité de téléchargement (Rapports, guide de formation...)

Outcomes of the initiative
Après le Lancement officiel du Site Web: Dans 3 mois le site a connu plus que 154 milles visiteurs et plus que 500 jeunes abonnés de tous le Maroc ainsi qu'une dizaines de personnes du Monde arabe.

Des Newsletter sont envoyées chaque mois à tous les abonnées. les vidéos du site web sont partagées sur YOUTUBE et dans les réseaux sociaux, le nombre de vue dépasse les milliers de fois.

What Strategies have been used to expand the scope and coverage of the initiative?
Maintenant on travail sur des formations sur l'utilisation de ce site Web unique, dans les collèges et lycées au Maroc pour aider les jeunes Marocains a maîtrisé l'utilisation de ce site web et en même temps faire connaitre nos services au sein de ce espace virtuel.

Des Affiches publicitaires et des conférences seront bientôt organisées pour une large diffusion de ce Site.

46. MOZAMBIQUE, SOUTH AFRICA, TANZANIA, ZIMBABWE
Title of Programme: Youth2Youth Focusing on Solutions Programme
Contact: Terre des hommes schweiz
Implementer(s): 10 partner organizations of terre des hommes schweiz
Type of Initiative: Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Capacity Building and Empowerment of youth and organizations and projects
Programme being implemented since: 2007 (curriculum workshop), 2008 (training course)
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
As a consequence of the HIV/AIDS pandemic in sub-Saharan Africa the relationship and ratio between generations are changing in a substantial way. Millions of children and youth in the region have to cope with tasks and responsibilities of adults and have limited perspectives. Children and youth are the target group of terre des hommes schweiz (tdhs) partner organizations. It is a remaining challenge, how to involve them in an authentic and participatory way in social development. Since tdhs has an institutional history of working with youth and was amongst the first organisations to promote psychosocial support for children affected by HIV/AIDS in sub-Saharan Africa, the organization wanted to develop a coherent regional programme focusing on youth capacity building and PSS with a meaningful impact on youth development and participation.

Youth more efficiently and effectively and how community organizations improve their institutional capacities through empowerment of youth in their organizations. The participatory process gave direction and content to the programme. A total of 41 youths from

10 partner organisations in the region were certified Practitioner of the Solution Focused Approach following intensive trainings (2008-2010: Pilot course) and (2009-2011: Replication course) comprised of 3 modules, 5 day long with 6months reflection, implementation and exchange of good practices. More recently 2011-2012, a Trainer of Trainers' course for 14 excelling participants from the two initial courses were trained and certified. tdhs in line with adapting the project to suit the local context has engaged a Regional Youth Coordinator to support, monitor, evaluate and strengthen the capacity of certified practitioners and trainers and their respective youth serving organisations.
The Youth2Youth initiative introduced the Solution Focused Approach which facilitated an active and meaningful participatory approach in working with youth as a key population group as well as creating an enabling environment for partner organisations to support youths better and proactively. This methodology rests on the firm belief of the innate abilities of each person as an expert of their own life to bring about the desired change they envision through highlighting the competencies, strengths and resources that help to amplify what already works and creatively developing more hopeful futures by harnessing overlooked possibilities and under-utilized resources without being dismissive of the problems that arise from the complexities that people and organizations experience.

Convincingly, partner organizations have been able to adopt and adapt the methodology to improve and strengthen existing programmes from basic counselling to various settings including trainings, schools, private practices, community, traditional or government institutions and has been used successfully with a variety of presenting problems, including clients with alcohol/substance abuse, survivors of sexual abuse and trauma, family conflict, interpersonal problems and psychiatric issues, people living with HIV and AIDS and has become a major influence in diverse fields.

Outcomes of the initiative
In 2012 over 500 youth in the region have been trained for at least 3 days in the Solution Focused Approach by youth who have completed the Youth2Youth programme.
Integrating the approach into existing interventions has resulted in improved quality of service delivery by partner organisations. As a result of mainstreaming the methodology young people are forming support groups to strengthen, increase and improve their exchange to provide self help and capacity to further develop, and sustain their skills, competencies, abilities and knowledge in dealing with presenting problems. This has created an enabling environment for open communication about disclosure of one's HIV status without fear of stigma and discrimination.

Youth leaders are increasingly becoming role models; an increased number of young people are also being integrated into key leadership positions within the communities and within partner organisations as a sustainable way to invest in young people as a pathway to development.

What Strategies have been used to expand the scope and coverage of the initiative?
1. Use of the Solution Focused Approach
Positive change is possible if youth learns to focus on personal strength and resources and work on clear ideas on what and how they want to achieve their goals in the future.
In this programme youth has been exposed to the principles of the solution focused approach:
- If something is working, do more of it. If it is not working, do something else.
- Change is inevitable. No problem happens all the time. There are always exceptions that can be utilised to find resources (for change)
- Small steps can lead to big change
- The future is created and negotiable

They learn to apply these assumptions in their own life as well as to give support to others.

2. Participatory methods
Youth participants were invited as experts of their needs to be able to support other youth to a curriculum workshop right at the beginning of the programme. The training is a co-construction of the actual needs of youth supporting other youth and the facilitators of the solution focused approach.

3. Mentoring and monitoring
In-between the modules youth put into practice what they have learned and report their experiences and reflections to the facilitators. They also have the opportunity to exchange experiences on a moderated facebook-plattform and get feedback from the mentors via e-mail. After youth are fully trained they report quarterly about their work solution focused approach to the regional youth coordinator who provides them also with support in training if needed.

4. Include different levels from organisation in the programme
It's crucial to integrate different levels from organisations to a new project/approach. Neither a top-down nor a bottom-up approach will enhance changes. Therefore, two youths and one project-coordinator from each organisation attend the training-course and the directors of the organisations are regularly updated and involved too. Thus, the youth are supported within their home organisations in implementing the approach into existing programmes and cascade it into their peer-groups.

47. NIGERIA

Title of Programme: Mitigating the Burden of HIV/AIDS among Youths in Nigeria
Contact: Concern Women International Development Initative
Implementer(s): Concern Women International Development Initative
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Project Goal:
The general goal of the project is to reduce sexual transmission of HIV infections by scaling up prevention intervention among Vulnerable population using comprehensive prevention interventions in line with the MPPI these includes, peer education intervention, peer education plus modules, workplace programs, community awareness campaigns, school based approaches, condom promotion, HCT and other intervention programs to address issues of vulnerability and link people to other HIV prevention and care services

Overall Objective: To reach70% other key vulnerable groups with HIV/AIDS prevention services by the end of 2015

Target auidence: In and Out of school Youths, Transport workers, Hair dresses Activities Technical Strategies

Peer Education Models:
The project shall train and utilize peer educators in reaching their peers. Depending on the target appropriate peer education models shall be use through comprehensive prevention intervention messages to decrease or prevent HIV transmission. The activities shall also strengthen youths on life skills and adolescent reproductive health particularly for In and Out of school youths

Community Outreaches:

The “Mobile Clinic” will serve as an entry into each of the rural communities and will help avoid the stigma and fear associated with HIV/AIDS. The clinic will visit sites such as the markets, motor parks, churches and mosques, and other sites where people gather

Community Awareness Campaigns:
Activities will target our various target population with comprehensive HIV prevention intervention education that will include condom message and distribution, HCT, interpersonal communication, abstinence, delayed sexual initiation, secondary abstinence, fidelity, and mutual fidelity, consistently leading to behavior change.

School Based Approach:
Non cultural based approach will be employed to reach In school youths between the ages of 15- 24 on HIV/ STI prevention. Provision of STI management: We will provide STI screening to 2500 for our various target groups and manage STI cases, distribute condoms and lubricants, and provision of STI management services using the National Prevention Plan as a guide.

Work Place Programme: There will be establishment of 20 condom outlet in our various project sites, this will help to reduce the transmission of HIV/AIDs in the community.

Project Activities:
Age peers: A total of 60 in–school youths between the ages of 15-24 will be trained on abstinence to reach 5000 of their peers. Also 60 out-of-school youths between the ages of 15-49 will be trained on comprehensive HIV prevention education in Obehie and Olokoro community of Abia State to reached 3000 of their peers. In addition to this, 60 both men and women of reproductive age between 15-65 yrs of age will be train as peer educators on comprehensive HIV prevention intervention education including correct and consistent use of condom to reach 1000 of their peers in Bende and Obingwu community of Abia State. The training will last for 3 days at the first instance and the peer education messages will be reinforced at monthly meetings. Inter personnel communication, will also be used to provide comprehensive HIV/AIDS prevention message. Anti-HIV/AIDS Clubs would be formed at the Schools and around trades for out-of-school youths. The Clubs would include both the peer educators and their peers and would be a forum to reinforce and strengthen the abstinence messages for in-school youths and comprehensive prevention intervention messages for out-of-school youths.

Job Peers:
A total of 60 police officers will be trained as peer educators on comprehensive HIV/AIDS intervention education use of condom including correct and consistent use of condom to reach 1800 of their peers in Bende community. Also 60 short distances transport workers including taxi drivers and keki drivers will be trained as peer educators to reach 2000 of their peers at Isialangwa North Local govt of Abia State. The peer educators will be trained for 3 days. The peer educators will meet monthly to share experiences, review activities and strategize for more effective programming. YEO prevention officers and program officers would attend all peer education meetings. At these meetings the prevention Officers will take the peer educators through one module from the peer education training manual for emphasis and address their different concerns. It is at this meeting that all activity reports for the month will be collected and analysed

Counseling and Testing:
The activities will promote the importance of HIV counseling and testing and provide HCT for those willing to know their status. HCT will be carried out in a mobile clinic. Clients who test positive will be referred to PEPFAR ART sites. The target is to test 10540 persons cutting across our entire target group for HCT and refer positive among them to services such as ART, PMTCT and TB treatment and other services beyond our capacity.

STI counseling /STI treatment services:
Individuals who enlist on the project will be offered STI screening and positive ones will be managed for STI. Also, most at risk young persons, particularly sexually active taxi Drivers will be screened and positive ones managed for STIs. Condom service outlet: 20 non-traditional resource outlets for information on HIV/AIDS, distribution of condoms and lubricants will be established in hotspots of the project catchment areas.

Community Outreaches:
The "mobile clinic" will serve as an entry into each of the rural communities and will help avoid the stigma and fear associated with HIV/AIDS. The clinic will visit sites such as the markets, motor parks, churches and mosques, and other sites where people gather. We shall partner with Youth fellowships and HIV/AIDS Projects where they exist; trade Associations. The Outreaches shall serve as great avenues for wider reach, referrals and enlightenment. We will also use rally, condom message and distribution to reach our target groups.

Outcomes of the initiative

1. Increase in number of schools with trained peer educators who have HIV/AIDS clubs
2. 30%of high-risk in-school youths are knowledgeable about HIV prevention intervention
3. Increase in the number of high risk In school youths who are aware of their HIV status
4. Increase in the access the knowledge of HIV/AIDS and STI among In school youths aged 15-24
5. Increase the uptake of HCT/STI services among high risk In school Youths in Abia State
6. a. Decrease in the rate of HIV/STI transmission among high risk in-school youths in Abia State, b. Increase the accessibility and use of commodities among youths

What Strategies have been used to expand the scope and coverage of the initiative?
Peer Education Models:
The project shall train and utilize peer educators in reaching their peers. Depending on the target appropriate peer education models shall be use through comprehensive prevention intervention messages to decrease or prevent HIV transmission. The activities shall also strengthen youths on life skills and adolescent reproductive health particularly for In and Out of school youths

Community Outreaches:
The "Mobile Clinic" will serve as an entry into each of the rural communities and will help avoid the stigma and fear associated with HIV/AIDS. The clinic will visit sites such as the markets, motor parks, churches and mosques, and other sites where people gather

Community Awareness Campaigns:
Activities will target our various target population with comprehensive HIV prevention intervention education that will include condom message and distribution, HCT, interpersonal communication, abstinence, delayed sexual initiation, secondary abstinence, fidelity, and mutual fidelity, consistently leading to behavior change. School Based approach: Non cultural based approach will be employed to reach In school youths between the ages of 15-24 on HIV/ STI prevention

Provision of STI management:
We will provide STI screening to 2500 for our various target groups and manage STI cases, distribute condoms and lubricants, and provision of STI management services using the National Prevention Plan as a guide.

Work Place Programme:
There will be establishment of 20 condom outlet in our various project sites, this will help to

reduce the transmission of HIV/AIDs in the community

48. NIGERIA

Title of Programme: ZIP-UP Street Walk Against HIV/AIDS
Contact: International Association of World Peace Advocates
Implementer(s): International Association of World Peace Advocates
Implemented by: Government, Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections , Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The ZIP-UP Street Walk Against HIV/AIDS scourge is designed to engage all students, church workers, different youth organizations and members of the Muslim faithfuls to stay away from unprotected sex. Our association will be partnering with Nigeria Medical Association that will give health talks on infectious diseases and other harmful ailment. Hand bills and flies will be distributed on streets, hotel places, markets, mosque and schools. Hence we are determined to reduce the spread of HIV/AIDS in our society.

Outcomes of the initiative
Approval for partnership with our association is beginning to achieve good reply.

What Strategies have been used to expand the scope and coverage of the initiative?
Our strategies have always been centered on Social Media, News Paper Publications, Radio Jingles and issuance of handbills. Our association also visits schools during a special event to advance the message of staying away groom unprotected sex. The use of text messages is another method by which we had always been achieving our goals.

49. NIGERIA

Title of Programme: Exploring the Sexual and Reproductive Health Needs of Adolescents Living with HIV in Nigeria Sexual and Reproductive Health Needs of Adolescents Living with HIV in Nigeria
Contact: Positive Action for Treatment Access (PATA)
Implementer(s): 1. Adolescent girls age 15-19 living with HIV, 2. Adolescent boys age 15-19 living with HIV, 3. Adolescents age 10-14 living with HIV, 4. HIV uninfected and/or untested adolescents age 10-14, 5. HIV uninfected and/or untested adolescents age 15-19, 6. Parents/Guardians of adolescents living with HIV, 7. Health Care Providers, 8. Civil Society Organizations working with young people on HIV/AIDS, 9. Teachers
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2011-2013
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
This was designed as a national cross-sectional comparative study. The study recruited 749 adolescents living with HIV and 825 adolescents who were assumed to be HIV negative/ untested. The sample size for the study was derived from the best estimate of the number of adolescents living with HIV based on the 2010 HIV serosentinel survey projection figures for 2012. Recruitment was done in 12 States and the FCT. The 12 states were randomly selected from the 18 states that hosted the first 25 treatment sites in Nigeria. These 18 states were stratified into the six geopolitical zones and 2 states per geopolitical zones shall

be selected for the study. The selected states for the study are Lagos, Oyo, Imo, Enugu, Edo, Rivers, Kaduna, Kano, Borno, Adamawa, Plateau and Benue. Recruitment of adolescents living with HIV was primarily from treatment sites in the identified states. Physicians in charge of adolescents living with HIV were informed of the study and asked to share information with their clients. Those who were willing to participate were to contact members of the study team. Also, the study was discussed with the Association of Positive Youths in Nigeria and networks of people living with HIV, support groups, youth serving NGOs, OVC care providers who could also help share information about the study. Recruitment of adolescents who were assumed to be negative/ untested was from public places (youth centres, youth meeting places, game spots) around the vicinity of the treatment sites. No recruitment was to be done from schools. All adolescents who were age 10-19 years, could give informed consent, and for those who give assent, have their parents give consent for study participation, were enrolled into the study. Adolescents living with AIDS or managing other debilitating diseases were excluded from the study. Also, any adolescents who have chronic debilitating diseases like cancer, physical and mental challenges were excluded from participating in this study. Data was collected using a face to face administered structured questionnaire. The questions collected details on the socio-demographic profile of the study participants, and assessed their sexual and reproductive health needs (met and unmet) using questions adopted from the NARHS 2007 study questionnaire. The questionnaire was not translated, giving the multiplicity of languages in Nigeria. However, key words/phrases (including sensitive ones) for each selected community were translated during training of study assistants. The study assistants used the semi-translated ones as master copies when working in the field. It served as a reference document and was used to make clarifications when taking participants through the questionnaire. A similar approach was successfully used for the 2003, 2005 and 2007 National AIDS and Reproductive Health Surveys, as well as the 2005, 2007 and 2010 Integrated Biological and Behavioural Surveillance Surveys conducted in Nigeria. Experienced field workers were engaged to conduct the study. The field workers were trained centrally on the study protocol, the use of the data collection tools, sample selection and all other aspects of fieldwork.

Outcomes of the initiative

A total of 1,601 adolescents were recruited for the study. Only 1,574 (98.3%) questionnaires were considered complete enough for data entry. Of these, 825 (52.4%) were recruited as HIV negative/non respondents and 749 (47.6%) as HIV positive. Of the 749 HIV positive study participants recruited, 434 (57.9%) reported a HIV positive test result, 9 (1.2%) reported a HIV negative test result, 43 (5.8%) stated they did not know their HIV status, and 263 (35.1%) gave no response on HIV status. See Table 1. Of the 825 adolescents recruited as HIV negative/untested, 142 (17.2%) reported HIV negative HIV test result, 19 (2.3%) reported a positive HIV status and 664 (80.5%) either did not know their status or gave no response. See Table 1. Only 1,555 (97.1%) data included information on age and could be appropriately process for detailed report for this study. Of these 964 (62.0%) respondents did not know their HIV status. This includes 477 (30.7%) adolescents who are 10-14 years, and 487 (31.3%) adolescents who are 15-19 years.

What Strategies have been used to expand the scope and coverage of the initiative?

This study has been able to highlight some sexual and reproductive health needs of ALHIV. It clearly shows that the incidence of rape is higher in female ALHIV while the report of STIs symptoms is higher in male ALHIV. Structural inequalities were also identified to be associated with HIV status; with less ALHIV reporting being in tertiary institutions. Adolescents living with HIV also have poorer knowledge of modern contraceptives, HIV transmission and HIV prevention. These structural problems impact on the probability of use of condom by sexually active adolescents with HIV negative adolescents being more predisposed to the use of condom than HIV positive adolescents.The data from studies suggests that ALHIV would need effective support and guidance to enable them some of the

more complex structural issues that predisposes them to increased sexual and reproductive health risks. In view of this, service providers delivering HIV, SRH and psychosocial interventions for ALHIV can play an active role. Sexual and reproductive health should be fully integrated with HIV services accessed by ALHIV. This includes the need for greater integration between support provided by service providers and the possible support that parents/guardians can also provide. Strengthening of the capacity of health service providers and parents/guardians of adolescents living with HIV is important as these group of care provider have vital roles to play at different stages in the life of the adolescent - younger ALHIV are more likely to need/want family oriented programmes while older ALHIV (15-19) are more likely to want community and health based programmes. These capacity building efforts must be such that promotes an integrated seamless support system. Services need providers however need to be trained in the issues of young people's health and have the right attitudes and an administrative set up that takes the nature, characteristics and circumstances into account. The sexual and reproductive health needs of ALHIV must not be from the viewpoint of young people as problems to be solved and health problems to be addressed; rather, adolescents must be recognised as whole persons with great potentials whose needs must be recognised as a matter of rights and supported to achieve their maximum potential as they transit through adolescence to become healthy, productive adulthood.

50. NIGERIA

Title of Programme: Men Alive
Contact: Institute of Human Virology Nigeria
Implementer(s): Community
Implemented by: Non Governmental
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, prevention with HIV positive men that have sex with men (MSM)
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Men Alive (MA) is an initiative that seeks to reduce HIV infection, internal and external stigma and discrimination and its related death in the MSM/GAY (men that have sex with men) community in Nigeria.This initiative stated with 3 HIV positive gay men with a purpose of bring together gay men that are living with the virus and are living in fear of the unknown in other to learn how to live positively, share personal experience, learn new mothers of coping with the virus and prevention with positives.

Outcomes of the initiative

This initiative (MA) has grown from 3 Positive GAY/MSM to 40 self-accepted Positive Gay/MSMs which has now greatly reduced the prevalence rate of HIV amongst the GAY/MSM community which impact has also lead to reduction of newer HIV infection and its related death in the MSM community and their female partners nationwide.

What Strategies have been used to expand the scope and coverage of the initiative?

RDA (Respondent Driven Advocacy) this is one strategy that we have used and as worked very well through inter personal experience sharing by the motivational HIV positive voices.

51. NIGERIA

Title of Programme: Menace of Street Children
Contact: Asabe Shehu Yar'Adua Foundation

Implementer(s): Asabe Shehu Yar'Adua Foundation Youth
Implemented by: Civil Society, UN or other inter-governmental organization
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 1998
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Menace of Street Children: The initiative is a program of Asabe Shehu Yar'Adua Foundation which was powered to educate and aid street Children in Sub-Africa. As part of the aim and objectives of Asabe Shehu Yar'Adua Foundation which has a focal point on Women, Children and Youth. This initiative is borne out of safeguarding or protecting our future for a sustainability growth. The only tool for this are the youths which are being faced with different kinds of menace and impoverishment, the organisation perceived that most talent for this change are wasting on the street and being expose on different kinds of social vices (rape, molestation/sexual harassment, prostitution, stealing).

Outcomes of the initiative
- Empowerment of the youths
- Scholarship for the street children
- Workshop and Training
- Creation of awareness on HIV/AIDS and how to prevent it (e.g. Condoms, Abstinence)

What Strategies have been used to expand the scope and coverage of the initiative?
- The usage of media to reach the youths.
- Seminars and workshop are organised in rural areas.
- Internet and social networks are used to get to youths even at the comfort of their homes.
- Distribution of Fliers.
- Word of mouth.

52. RWANDA

Title of Programme: Sexual, Health and Reproductive Education (SHARE)
Contact: Health Development Initiative (HDI) Rwanda
Implementer(s): Health Development Initiative (HDI) Rwanda
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
SHARE is a program which aims to educate young Rwandans about sexual and reproductive health. Through this, we aim to ensure that Rwanda's youth engage in safe sexual health practices, which will prevent STIs including HIV. We also recognize that young people are the best placed individuals to influence the behavior of their peers- therefore a major component of the programme focuses on training young people to educate other young people about sexual and reproductive health. The programme targets young Rwandans aged 15-24. This is because these are the group most likely to be engaging in, or about to engage in, their first sexual experiences. Therefore we are aiming to target them before they can begin engaging in unsafe sexual practices. We also target members of anti-AIDS clubs, who have an ideal venue to spread sexual health education. SHARE works by creating awareness and understanding of sex and reproduction prior to first sexual activity,

enabling youth to make more informed, educated decisions regarding their bodies.

The SHARE program takes place in three stages: 1. HDI staff and volunteers enthusiastic about public health are given extensive training in sexual health education and basic teaching methods. 2. All of them visit Rwandan high schools and teach students about issues including HIV and AIDS, STIs, pregnancy and condom usage. 3. These students are then encouraged to discuss their new knowledge with their peers, to further spread these important messages. 4. HDI provides further information to the secondary school students through newsletters, visits and websites including www.sharetank.org. We know that SHARE works- in addition to our internal HDI evaluations, numerous studies show that comprehensive sexual and reproductive sexual education significantly reduces teenagers' risk of catching Sexual Transmitted Infections (STIs) including HIV. In addition to the trainings we run, HDI has, from 2007 onwards, run an annual sexual health newsletter.This newsletter is compiled from anonymous questions written down by students participating in the SHARE trainings.The newsletter then answers these questions, and provides other sexual health information. The newsletter is distributed to schools in Rwanda, and posted on the sharetank.org website.The sharetank.org website is a HDI initiative that provides information on safe sex, HIV prevention and good relationships. We are currently in the process of getting the website translating into Kinyrwanda, to improve its accessibility to Rwandan youth. The summer SHARE programme is based around our partnership with the Lawrence University branch of US-student led organisation GlobeMed, which promotes global public health. Throughout the year GlobeMed members learn about public health issues, and raise funds for the SHARE project. A handful of members are then chosen to join HDI for 2 months in the summer to produce the OpenTalk newsletter, and, more significantly. To train Rwandan high school students (all of whom are members of anti-AIDS clubs) about healthy sexual practices.These high school students then educate their peers about what they have learned. HDI and GlobeMed believe that people learn better when they are having fun- therefore much of the education takes place through skits, theater and musical performances written and produced by the students themselves. Running since 2012, this partnership has been a fantastic learning and intercultural experience for all involved.

Outcomes of the initiative
The primary target group and beneficiaries of the programme are young people, male and female, aged 15-24 in Rwanda. The programme engages also key stakeholders at a national level, and target young people in five districts: Bugesera; Gasabo; Gicumbi; Kicukiro; and Nyarugenge. Young people aged 15-24 are targeted because they are disadvantaged when accessing SRH information, services, and commodities in Rwanda. They are also exhibiting low comprehensive knowledge of HIV and condom use, and are vulnerable to and at risk of HIV infection. Several additional target groups have been engaged in the programme to address barriers to young people's access to and utilization of SRH services, including condoms and contraceptives. These groups include those who have either direct influence on young people's knowledge, behaviours and practices or exert indirect influence as policy and decision-makers. Since 2007, HDI has trained 315 peer educators in reproductive and sexual health education. These educators are members of anti-AIDS clubs which have 20-40 each. Under the SHARE programme, these peer educators are taught to educate their anti-AIDS club members. Therefore, approximately 19,450 people have been reached with the SHARE messages.

What Strategies have been used to expand the scope and coverage of the initiative?
The programme aims to engage individuals and organizations well placed to promote policy-reform at the national level in dialogue and debate about the ongoing barriers to the fulfillment of young people's sexual and reproductive rights, which help to expand the program and engage policy makers to sustain the program. The evidence provided by the programme research, as well as the testimonies of young people themselves, established

the impetus for reform among key stakeholders, policy makers and influencers. In addition, the program educates members of civil society on young people's SRH rights and engages them in advocating for reform. By engaging civil society organizations and empowering them with information, these activities support sustainable, grass-roots activism and advocacy on this issue; it helps to expand our program to different actors. The establishment of the sharetank.org website, which provides interactive sexual and reproductive health information to Rwandans youth, is our major intiative to expand the scope of the programme. The website is freely accessible to anyone with an internet connection, and will shortly be translated into Kinyrwanda, expending its scope even further. The website provides very detailed, non-biased information about HIV prevention practices, safe sex, and good relationship practices. It also includes a forum for young Rwandans to anonymously discuss issues about sexual and reproductive health. To further expand the programme, we have engaged in regular collaborations with international health organisations including GlobeMed, which sends over 3-4 volunteers each summer to work on the programme, and Sexspression, a UK NGO, which sent over 10 volunteers in 2011. Additionally, in 2011, we partnered with international NGO IREX to train 75 Rwandan peer educators in sexual and reproductive health. We also organized consultative meetings in all districts of Rwanda to look on the best way of making reproductive health accessible and available to everyone as well as advocating the availability of friendly health centers in all the sectors.

53. **RWANDA**

Title of Programme: Youth Initiative on Messages Promotion for Behaviour Change
Contact: ANGELS/ Rwanda
Implementer(s): ANGELS/ Rwanda
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Founded in 2006 by young boys and girls in kicukiro district, ANGELS/Rwanda is youth initiative on aiming to promote positive messages for the youth behavior change for a young generation without AIDS. Its objectives: Using scenic activities such as: music, dance, drama, sketch, theatre, to promote messages against HIV/AIDS among youth, to promote the youth reproductive health and to promote the rwandan culture.

Outcomes of the initiative

Since the initiative started, several projects have been carried out by the ANGELS youth: several debates on sexual reproductive health, youth behavior change communication, HIV/AIDS and Circumcision Campaigns, etc. Since 2009 ANGELS is implementing the SSF/HIV program in Kicukiro District in partnership with IMBUTO Foundation. ANGELS is a close partner of Kicukiro District in the youth program on Health education through the Health Department with CDLS. Since 2012, ANGELS initiated a program of founding and reinforcing existing Youth CLUBS in the 10 Sectors of Kicukiro District to facilitate its coordination. Since then Seven CLUBS became more active up to now: NIBOYE, GATENGA, GAHANGA, NYARUGUNGA, KANOMBE, KICIKIRO et KAGARAMA. Some of these clubs have been selected by the District to benefit the MYICT HIV/AIDS program for implementing the SSF/HIV project in their respective sectors. ANGELS produces also a radio program on HIV/AIDS prevention "Rubyiruko tugezehe Mukurwanya icyorezo cya SIDA" at RADIO 10 every wednesday since 2009-March 2013.

What Strategies have been used to expand the scope and coverage of the initiative?

To attract a good number of youth to benefit the program of our initiative, ANGELS of the light generation uses Scenic Activities, sports, interpersonal communication and trainings, campaigns and radio programs to expand the its scope and coverage in the intervention area.

54. RWANDA

Title of Programme: Kigali Youth Cluster HIV/AIDS Program
Contact: ADSPCR/HUGUKA
Implementer(s): ADSPCR/HUGUKA
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

ADSPCR association was born on 24/08/2005 and his aim is to fight against AIDS through theater, poetry, songs among the youth in particularly and the general population. It is a partner's regional initiative" Safe T Stop "in the fight against HIV/AIDS among mobile populations at high risk and the surrounding community frequented by these populations' sites. Since July 2007, with funding from USAID through the FHI 360/ROADS, ADSPCR oversees a network of these associations/ cooperatives and received funding to build the capacity of these associations/cooperatives members of the network to perform a comprehensive program` communication for behavior change including, HIV / AIDS and reference. The youth network Kigali is composed of 19 associations/cooperatives whose 4 associations from Gikondo sector, 2 from Kigalama, 3 from Gatenga, 3 from Kicukiro, 4 from Gatsata and 3 from Jabana. Since August 2011 ADSPCR had signed a contract with IMBUTO Foundation in its SSF/HIV Global Fund funded project targeting young people aged 15-24 years attending. The Association ADSPCR-HUGUKA's mission is to fight against HIV/AIDS through, Peer education, theater, songs and poems; promoting Rwandan culture and development among youth. Main activities:

- Peer education among out of and in school young
- Sensitize youth and other members of the community about the HIV prevention through magnet theatre
- Establish condoms outlets and Distribute condoms
- Organize campaign about GBV
- Alcohol and other drugs abuse
- To sensitize youth through games
- To refer youth to appropriate health services
- Participate in world AIDS day activities
- Organize community events for youth mobilization
- Initiate targeted HIV prevention for young girls
- Participate in National youth day activities
- Initiate and monitor the groups of saving loans associations
- Supporting economic strengthening as HIV prevention strategy

Outcomes of the initiative

Short list of Achievements (October 2011- Sept 2012):

- Linkage with health facilities for HTC
- 4,731 Youth were reached by 93 trained PE
- 45 in-street children in Kicukiro and 76 in street children in Gasabo was identified and supported
- 11 Group Savings & Loans Associations in Kicukiro with 198 members and 9 Group Saving & Loans Associations In Gasabo with 193 members was created

- 2 677 000 Frs in Kicukiro and 4 462 020 in Gasabo was collected and 1503100 FR loans in Kicukiro and 1371020 FR Loans in Gasabo was provided and 100 Jobs created in Kicukiro and 73 Jobs Created in Gasabo with the maximum country wide value of savings record (4 millions)
- 4 girls support groups established in Kicukiro with 264 people
- 2 girls support groups in Gasabo established with 159 people
- Recognition by local authorities

What Strategies have been used to expand the scope and coverage of the initiative?
Our strategy is to work in a network (cluster) that is uniting young associations or cooperatives which have in their objective to fight against HIV/AIDS and help them contribute to the HIV/AIDS prevention. Another strategy is to use techniques that permit young people to participate and have a good role in the behavior changing. As for example the pair education, magnet theaters, youth mobilization through sport and culture competitions, etc. We do not forget also to give the opportunities to provide a dialogue space between parents and their children.

55. RWANDA

Title of Programme: Football AMAHORO
Contact: Association des Jeunes Sportifs de Kigali "ESPERANCE"
Implementer(s): ESPERANCE's volunteers and focal points
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Programme being implemented since: 2002
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Within this initiative, ESPERANCE works with the government and other institutions specialized in HIV/AIDS issues and the purpose is to sensitize and collect information within the community, our target audience is the youth as a vulnerable group and the community in general as the methodology uses different methods to circulate the message and those consist of the following in summary.

Used Methodologies:
Football AMAHORO: The team consist of six players, composed by three girls and three boys (gender balance).
Message: It is a method of informing young players and spectators attending the activity on the theme. A facilitator or a moderator is responsible for these messages during the tournament.
Genies en herbe or know more: Every team has to pass in the sequence of questions and responses. This method allows measuring the knowledge of youth and eventually filling the gaps and become the open minded. Indeed, the responses given by the players show their intellectual capacity. The questions are made based on the common knowledge theories and in the subject and certain realities of everyday life to provide the necessary information about it.
Sketch/ Theatre: Each team has to prepare a sketch about a given topic before the tournament, namely on conflict resolution, unity and reconciliation and the fight against HIV/AIDS as well as on other topics depending on place and course of the activity. The sketches prepared by each team are judged by a group of technical assistant with look upon to the message, timing, the theme, the voice and the scene. The sketch is a method to call the spectator's attention to the fundamental problems of the daily life in Rwanda or its neighbouring countries, to prevent the danger of those problems and – at the same time – to show common ways for the solution. Thus the message will be transmitted to everyone, both participants and spectators.

"*Fair-Play-Rules*": Before the start of the match, the two teams have to think about two fair-play-rules which they want to include in their match. Afterwards, during the match, the technical assistants have to verify whether the teams abide by the rules and correspondingly distribute the points. Altogether, the points of the four different methods are added together and the team with the most points wins.

Outcomes of the initiative
This Methodology has built self confidence within the youth as it has more than a thousand of participants every year and a part from making the community aware of the dangers that present this pandemic to their lives and to the country in general, the initiative inspire trust between children and their parents.There are some issues considered as taboo, but today everyone can engage discussion on them. Moreover it facilitates social inclusion and integration of infected and effected people whereby young people can come together for a play with no discrimination. There have been a situation of behavior change in that in school and out of school young people are informed and are willing to use condoms and adopt one partner.

What Strategies have been used to expand the scope and coverage of the initiative?
In the beginning, ESPERANCE uses its focal points in different districts of our country and let alone we opted at working with different partners from other countries like the Democratic Republic of Congo, Burundi and Uganda by training their volunteers to make our methodology usable and help other to sensitize and doing campaign in the fight against HIV/AIDS.

56. RWANDA

Title of Programme: To Fight Against HIV/AIDS and Assist HIV/AIDS Sick People
Contact: Nain Hope Gospel Ministries (N.H.G.M.)
Implementer(s): Visionner Pastor Jean Felix UWUMUREMYI and his team
Implemented by: Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
AIDS (Acquired Immunodeficiency syndrome) is a disease of the human immune system caused by infection with human Immunodeficiency virus (HIV). In our organization, we plan to:

- allow the group of musicians to well compose songs in relation with the fight against HIV/AIDS and poverty;
- increase the family income among the population in general and particularly the HIV/AIDS infected and affected people;
- improve assistance to people living with HIV/AIDS and the HIV/AIDS sick people through the application of the integrated approach;
- set a structure of assistance of HIV/AIDS orphans in order to mend and consolidate the Rwandan social;
- carry out Training Of Trainers (TOT) to 500 youth in matters related to reproductive health and sexual education from 12 to 25 of age;
- train 300 team adult leaders in matters related to HIV/AIDS;
- train 500 volunteers on basic health care;
- support to entrepreneurship of people living with HIV/AIDS; and
- decrease the HIV/AIDS propagation.

Outcomes of the initiative

The outcome of the initiative will be evidence:

- Diminish up to 80% the rate of sero-prevalence among youth
- Decrease the rate of the HIV/AIDS prevalence among adults
- 80% of HIV/AIDS sick people will be visited and cared for
- 80% of HIV/AIDS orphans assisted by the Church will be reintegrated in the active life and school life
- 75% of people living with HIV/AIDS will receive a loan to allow them to run income generating activities
- 80% of the mobilized prostitutes will give up that profession which is the main channel of transmission of HIV/AIDS.

What Strategies have been used to expand the scope and coverage of the initiative?

These are our strategies:

- Ensure sensitization against HIV/AIDS and poverty
- Collect funds that may allow the realization of activities related to fight against HIV/AIDS and poverty
- Decrease the rate of sero-prevalence of HIV/AIDS among the Rwandan community
- Train animators in matters related to psycho-social assistance
- Mobilize women to actively take part to activities of fight and prevention against HIV/AIDS: Gender and HIV/AIDS.
- Job creation, creation of income generating projects

57. RWANDA

Title of Programme: Secondary Schools Campaigns Against HIV and AIDS
Contact: Barakabaho Foundation
Implementer(s): Barakabaho Foundation,Health Centers, Anti HIV and AIDS Clubs in secondary schools, Religious leaders
Implemented by: Government, Civil Society, Faith-based, Global Fund
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Schools campaigns against HIV and AIDS in secondary schools aims at raising youth awareness about HIV and AIDS, behavior change and how to deal with sexual advances from either teachers, businessmen or any other adults called Sugar Dads who mislead young girls by promising or offering to them material things such as good telephones gadgets, money, jewelry, to attract them for unprotected sex. Most of the secondary schools in Rwanda, especially in rural areas, have about 600 students, among them 54% girls. The campaigns will target not only the students, but also the teachers and businessmen in the communities. The activities of the campaigns include:

- sensitization activities through speeches from opinion and religious leaders;
- plays, drama, songs, films and poesy from students and Anti HIV and AIDS clubs;
- testimonies from people living with HIV and AIDS;
- teachings from health centers staff; and
- voluntary testing and counseling.

Outcomes of the initiative

1. Raised youth awareness to prevent HIV and AIDS
2. Engaged youth in counseling fellow students

3. Engaged Anti HIV and AIDS Clubs, youth leaders and other good faith people in monitoring adult bad behaviors which may lead to HIV spread among the youth
4. Engaged youth in Voluntary Testing and Counseling.

What Strategies have been used to expand the scope and coverage of the initiative?
To expand the scope and coverage of the initiative, the following strategies were used to expand the scope of the coverage:

- Mentoring secondary schools leaders by showing to them ways and means for conducting own schools campaigns against HIV and AIDS and monitoring risky behaviors
- Linking health centers, local authorities and schools authorities to join actions against HIV and AIDS in secondary schools and prevent unplanned pregnancies among young girls in Rutsiro District of Western Province
- Empowering Anti HIV and AIDS Clubs members in six secondary schools of Rutsiro District
- Fundraising to reach more schools and more youth across the country
- Training and organizing vulnerable people infected and affected with HIV and AIDS into savings and credits groups and linking them with Micro Finance Institutions
- Door to door campaigns for male circumcision
- Training of community health workers in family planning, male circumcision and effective campaigns
- Testimonies of people living with HIV and AIDS to other non infected people
- Schools competitions on HIV and AIDS matters.

58. RWANDA

Title of Programme: To Establish a Positive Change in the World through Patriotism and Peacebuilding
Contact: Patriotism International Peacebuilding (PIPB)
Implementer(s): Members of the organisation
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The mission of the organization is to establish a positive change in the world through patriotism and peace building through encouraging people to love their country especially the youths, to build peace among them, to re-establish love in people striving for the justice, unit reconciliation as the path to peace, striving for the long development of the youth in rural areas and mobilizing them to fight against HIV/AIDS.

Outcomes of the initiative
After six month working the organization has promoted peace and unity among the youth through different activities in which they are involved in, this has enabled them to come together and share theirs views and opinions, talk about the challenges they are facing and suggest what could be the solutions.

What Strategies have been used to expand the scope and coverage of the initiative?
The strategy used is team work, we are members are a signed to work together in small groups.

59. RWANDA

Title of Programme: Coodiprib: Bugarama Youth HIV/AIDS Program

Contact: Coodiprib in partnership with FHI360/ROADS
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes, Youth Economic Strengthening
Programme being implemented since: 01/07/2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The purpose is to conduct HIV prevention activities among adolescents and youth of Bugarama Youth Clusters for 19 youth associations anchored by Coodiprib in Bugarama and Muganza sectors. The main objectives are:

- to promote HIV/AIDS and others STIs prevention among youth;
- to improve referrals and access of youth, and other community members to appropriate health services;
- to strengthen institutional capacities of the youth cluster;
- to set group saving & loans associations (GSLA) for economic resilience; and
- to increase house hold food and livestock production.

Key activities:
The activities proposed for this technical area are summarized below:

1. To distribute IEC/CCC materials for sensitization
2. To train the peer educators
3. To train the magnet theatre actors
4. To establish condom outlets, and distribute condoms
5. To sensitize youth cluster members on HIV/AIDS prevention
6. To sensitize regularly other youth living or passing in Bugarama site
7. To participate in World AIDS day activities
8. To mobilize youth on HIV/STI Prevention through game and Magnet theatre presentation
9. To organize campaigns against Alcool abuse and drug use
10. To sensitize in school youth on HIV/AIDS prevention
11. To refer youth to the appropriate health services

Outcomes of the initiative
During the life of this project:

- 18713 adolescents and youth reached in HIV/AIDS prevention and reproductive health sensitization trough peer education, magnet theatre and games
- 6501 IEC/CCC materials for sensitization distributed among youth by peer educators
- 52 youth peer educators trained on peer education, HIV/AIDS, reproductive health, family planning, and GBV
- 47620 condoms distributed among adolescents and Youth
- 43 Youth supported to learn the vehicles driving and assisted in getting driving licenses
- 4900 adolescents and Youth referred in reproductive health services (HTC , VCT,family planning, and STI, ARV)
- 12 group saving & loans associations (GSLA) initiated for economic resilience among the adolescents and Youth with 12,450,500 frws of saving and 13,714,000 frws of loans
- 21 youth trained in organic farming.

What Strategies have been used to expand the scope and coverage of the initiative?

1. Peer education by interpersonal communication (one by one) and in group of 25 persons maximum
2. Community events (magnet theaters, football competitions, discussion on reproductive health and HIV/AIDS in secondary schools)
3. Group saving & loans associations (GSLA) methodology for adolescents and youth economic strengthening
4. Monitoring and evaluation of adolescents and youth program

5. Establish condom outlet for adolescents and youth accessibility
6. Partnership with local authorities,and health centers and USAID trough FHI360/ROADS

60. RWANDA

Title of Programme: Behavior Change Social Marketing (BCSM) and Rwanda Social Marketing Program (RSMP)
Contact: Society for Family Health (SFH Rwanda)
Implementer(s): PSI, SFH, CHF, JHU-CCP and other partner organizations
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Behavioral Change Social Marketing (BCSM) Project and Rwanda Social Marketing Program (RSMP) are two complementary initiatives launched by Society for Family Health (SFH) in 2008 and 2012 respectively. BCSM purpose was to improve the health of all Rwandans targeting especially the youth by preventing HIV/AIDS, STIs, malaria, diarrheal disease, and unplanned pregnancies while RSMP aimed at improving the lives of the poor and vulnerable populations through behavior change and social marketing of health products and services. Both initiatives targeted the general population but with special focus on youth and other key populations who include Female Sex Workers (FSW), Men who have Sex with Men (MSM) and People Living with HIV (PLHIV).

The components and activities of the initiatives included: Increasing demand for social marketing products among Key Populations (KPs): Under this component, packaging of “prudence” condoms was done and new condom outlets were created in strategic places. Interpersonal Communication (IPC) sessions were organized and conducted to increase knowledge of HIV prevention strategies, risk awareness and VCT services among KPs. Also, special events were conducted at hotspots targeting KPs where the population is sensitized to use condoms and have the opportunity to access them on spot. Other community wide events targeting KPs have been organized through mobile video shows. In addition, IEC materials containing messages about HIV prevention strategies are produced and distributed within each of the targeted KPs’ associations and in the mass campaigns venues. Strengthening partnerships with Community-Based Organizations (CBOs) reaching KPs: Under this component, CBOs to partner in the implementation of the different components of the initiative were first identified. The KPs grouped in CBOs include the FSWs, MSM and PLHIV. These groups were trained in behavior change communication skills, life skills, HIV and STI prevention. The IPC approach is used that equips participants with skills to enable members of the CBOs to transfer the skills to the peers.

Outcomes of the initiative
The outcome of the BCSM and RSMP initiatives has started to be visible. Apparently, the initiative has increased discussion of AIDS and STIs among the target groups and this is a good path towards the behavioral change process. Besides, there is evidence of youth adopting the use of condoms in prevention of HIV and STIs and prevention of unwanted pregnancies. Again, another positive outcome is that the population is able to locate a nearby condom source and have knowledge of where to find HIV testing and counseling services. This was not the case before the initiative.The initiatives also promoted public private partnership in addressing the challenges of the population. For example, a number of hotels signed agreements to supply condoms to their clients. This inspired the creation of a network of non-traditional distribution outlets which include hotels, lodges and night clubs to availing condoms to customers in high risk zones.

What Strategies have been used to expand the scope and coverage of the initiative?
A number of strategies were used to expand the scope and coverage of the initiatives. In relation to distribution of health products like condoms, approaches were sought to reach a wider community who would have been not reached by the traditional methods. The idea to group KPs in CBOs enabled target groups to reach out to their peers with HIV prevention messages and access to condoms. The Community Based Distribution (CBD) of condoms encouraged collaboration between the public sector and existing organizations in order to increase availability and ensure the community awareness of health products and services. CBD approach provided a method for people who do not feel comfortable purchasing products in public to buy from their peers. This approach achieves the double objective of increasing access to health products and building the capacity of CHWs and CBOs to promote healthy behaviors within their communities. An integrated approach to addressing specific objectives is the key to reap big benefits. Youth friendly centers were started to promote behavior change communication among the youth. These centers proved to be very useful but had a challenge of accessing female youth. The idea to combine health programs with opportunities for personal development attracted females to youth centers. These personal development programs included opportunity to learn a vocational skill. The use of IPC methodology also ensures broader coverage of the target groups. With IPC, the initiative reached population that are not exposed to other form of media and highly stigmatized populations like MSM and FSWs. Also, use of IPC ensures the initiatives are richer in scope of their coverage. The personal barriers for behavioral change are easily broken when using the IPC methodology and besides, the targeted group benefit from networks of social support of the peers. The use of Mobile Video Units (MVUs) and organizing special events where top celebrities in the country were invited and entertained the youth have had immense outcome in reaching to a broader youth community. Most of the youth are attracted by entertainment events and are always dreaming of getting in contact with their preferred celebrities. Creating avenues for this and using the opportunity to transmit key messages has enabled access to target population which would have otherwise been difficult to access. The introduction of innovative youth radio programs have attracted large number of youth to participate in the initiatives and also learn.

61. SENEGAL

Title of Programme: Programme d'Education a la Vie Familiale (PEVF): Protecting Adolescent Health and Rights
Contact: World Renew
Implementer(s): SLDS (Services Lutheriens pour le Developpement au Senegal)
Implemented by: Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 1995
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The adolescent health program (PEVF, Programme d'Education a la Vie Familiale) is a program executed by the EELS and supported by its partner World Renew. PEVF is a community development program that works with uneducated adolescent girls, their parents, friends and community leaders to empower vulnerable groups, reduce stigmatization and discrimination of People Living With HIV/AIDS (PLWHA) and improve community cohesion in the Yeumbeul, Malika and Keur Massar suburbs (banlieus) of Dakar. PEVF is supported by a core staff of 6 young people from these same neighborhoods. PEVF is closely integrated in the communities in which it works and makes a point of inducing cooperation between the various groups that make up the program. The core of PEVF is the adolescent health

groups. These consist of 20 uneducated adolescent girls (13-18 years old) from one neighborhood and a trained peer educator. Much time and effort is invested in finding participants who do not participate in other programs or school and who spend their days doing domestic work, expecting to get married young (14-18). These uneducated girls are especially vulnerable to HIV infection due to the taboo on talking about reproductive health and practices of early marriage, transactional sex and sexual harassment. For eight months, each group convenes twice weekly discussing issues of reproductive health, HIV/AIDS, other STI's and girls' rights and position in the community. Each session uses interactive teaching tools and teaches pre-literacy skills on which the peer-educators are trained weekly. Each group terminates the program with a 'community event' during which participants share their newfound knowledge and skills with their community and peers. Many participants continue their involvement in the program in one of 10 Youth Action Groups (YAG). YAG's organize events in their communities where community members are informed about and discuss HIV/AIDS and reproductive health and rights of adolescents. These events range from 'tea debates' with about 10 participants to 'community events' with over 200 participants. Under the EmbraceAIDS program that ran from 2010-2013, the program developed its own discussion guides, introduced local community and religious leaders to the program and HIV/AIDS prevention and trained them to organize their own debates and events. A main focus of the YAG and community leaders program is the reduction of stigmatization and discrimination of PLWHA, many of the debates and events concern this issue. In addition, the program helps YAG's and Neighborhood Councils to organize HIV/AIDS testing events which attract many community members and especially those who would normally not get tested like adult women. Adult women participate in the program in so-called Neighborhood Councils. Neighborhood Councils support the girls in the program by searching new participants and by talking to parents when necessary (in cases of forced marriage, program abandonment, sexual harassment, etc.). Over time, PEVF has built up a community based program that prevents HIV infection and stigmatization through community organizing. Currently the program aims to expand its activities to Linguere in North-East Senegal and to develop more activities against sexual harassment.

Outcomes of the initiative

PEVF started in 1995 as a community center based adolescent women training program on HIV/AIDS. Over time it has come to encompass a variety of community groups and individual leaders. Also, PEVF has become more and more community based and has broadened its concept of HIV/AIDS prevention to include reduction of stigmatization and discrimination of PLWHA, training on other STI's, women's rights and reproductive health (ie. contraception, healthy relationships, early marriage and pregnancy, etc.). Currently, the program provides intensive training to 240 uneducated adolescent girls each year and works with 14 Neighborhood Councils and 9 Youth Action Groups. The program is regularly invited to work in other neighborhoods by parents and community leaders. Studies and evaluations (not available in English) show that participants have a significantly lower incidence of early marriage and pregnancy and that they often find employment where their peers rarely do.

What Strategies have been used to expand the scope and coverage of the initiative?

PEVF has expanded both the number of participants, the type of participants and its scope. It started as a community based adolescent women training program on HIV/AIDS. Over time it expanded the number of adolescent health groups from 5 to 12 (ie. currently 240 participants) and expects to expand further in the future. Also it developed different community support groups that involve different demographics into the program. Examples are the Youth Action Groups consisting of former participants and their friends (male and female, often educated) and Neighborhood Councils which primarily consist of adult women but also include male community leaders. During the last three years, the program has made a point of involving community and religious (Muslim and Christian) leaders in the program. These leaders have developed discussion materials and were trained and supported to lead their own community events. With them, the program was able to reach new groups in the

community, discussing HIV/AIDS, stigmatization of PLWHA, women's rights and community development. Currently, PEVF is planning to increase the number of adolescent health groups in the banlieus of Dakar and in a new location, Linguere, which will be followed by an increase in Neighborhood Councils and Youth Action Groups (these groups are started in each neighborhood where there is an adolescent health group so more adolescent health groups automatically lead to more Neighborhood Councils and Youth Action Groups). With new funding from CIDA (Canadian International Development Agency), PEVF is planning to slowly change the focus of community leaders and community events from stigmatization of PLWHA to sexual harassment, a taboo subject that affects many of the vulnerable participants of the adolescent health groups and their peers.

62. SOMALIA

Title of Programme: Executive Director
Contact: Solidarity Youth Voluntary Organization (SOYVO)
Implementer(s): SOYVO
Implemented by: Government, Civil Society, Private Sector, Faith-based, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2003
Has the programme been evaluated/ assessed? No

Short description of the initiatives
This program will be created a space to discuss freely and openly and to share points of views, information, knowledge and experiences on HIV and to raise community mobilization. Also to take part the fight against HIV/AIDS and alleviate stigma and discrimination. We have indicator plan which aim to reach 1200 youth and adolescents. The target groups for this project are most-at risk populations (MARPs). Most-at-risk groups to be targeted in this programme are youth and adolescents who have inadequate support. It is based on findings of two studies done in Somaliland that showed youth and adolescents have high engagement of sexual risk behaviour including multiple concurrent partnerships and low condom usage. Major gaps related to HIV/AIDS and other STIs in Somaliland. Inadequate information and qualitative or quantitative study focusing on the issue of children vis-à-vis HIV/AIDS and other STIs. Inadequate knowledge and awareness of the danger of HIV/AIDS and other STIs among youth.

Outcomes of the initiative
This project will result increased access quality VCCT service along prevention to care continuum for youth and adolescents and gained knowledge how to spread HIV and other STIs. As well as reduction of stigma and discrimination against the people living with HIV. 1. Reduced cases of STI/ OI among the youth and adolescents, women and MARP 6 regions in Somaliland; 2. Lessons learned inform ongoing programme activities and the broader National Strategic Response.

What Strategies have been used to expand the scope and coverage of the initiative?
Provider-Initiative HIV Counseling and Testing ... HIV/AIDS Strategic Plan (NSP), - ... To expand coverage and uptake of HIV prevention services to attain critical coverage levels, ... evolving epidemic patterns ("know your epidemic"), as well as the focus and scope of HIV prevention created a space to discuss freely and openly and to share points of views, information, knowledge and experiences on HIV and to raise community mobilization. also to take part the fight against HIV/AIDS and alleviate stigma and discrimination

63. SOUTH AFRICA

Title of Programme: ACTS: Advise, Consent, Test, Support
Contact: Adolescent AIDS Program, Children's Hospital at Montefiore Medical Center
Implemented by: Government, Civil Society, Private Sector, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth-friendly Provider Initiated Testing and Counseling
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV/AIDS in South Africa. The HIV & AIDS and STI Strategic Plan for South Africa, the President's Emergency Plan for AIDS Relief, the World Health Organization and the United Nations General Assembly Special Session have prioritized strategies and programs to increase the number of South African youth ages 15-24 who receive HIV counseling and testing (CT), and linking those tested to quality medical treatment/support and targeted prevention services. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services at clinics and community-based organizations but are not engaged in HCT. This is partly because the current Voluntary Counseling and Testing (VCT) process requires clients to self–initiate testing, the procedures are unnecessarily lengthy and staff resources are not optimally organized. The ACTS initiative aims to eliminate missed opportunities to test underserved youth by building the capacity of existing youth-serving clinics to more routinely provide HCT to the large numbers of untested young people seeking their services. ACTS is a highly adaptable, evidence-based protocol for rapid, simplified HCT that effectively scales up provider-initiated testing and counseling (PITC) and improves the productivity of HCT being delivered by lay counselors.The ACTS system distills the conventional HCT process to four quick steps: Advise. Youth are informed that HIV testing is now recommended for everyone in the clinic and that the provider would like to test them for HIV today. Consent. Providers encourage patients to consent for HIV testing based on South African HIV testing laws and guidelines for youth consent. Test. If a youth consents to the test, the provider performs a rapid HIV test. Reactive tests are confirmed with a second rapid test, per the current South African protocol. Support. Results are given and providers immediately stabilize newly diagnosed HIV+ patients and link them to HIV treatment, support and prevention services. HIV-negative patients are given prevention messages. By reducing the conventional 25 minute pre-test counseling session to five minutes or less, ACTS allows doctors and nurses to incorporate PITC into the other clinical services they provide and also increases the average productivity of lay counselors from eight clients served per day to more than double that amount. ACTS trains and empowers providers to give the test result as part of their clinical consultation and promote immediate follow-up care, a service innovation that allows for clinically integrated and efficient care. This in turn frees up lay counselors via task shifting to provide more intensive counseling and support services to HIV+ youth when they are not engaged in HCT.

Outcomes of the initiative
In 2006, ACTS was piloted at the Site B and Site C youth clinics in Khayelitsha, Cape Town. Within a quarter, testing numbers increased 41% from an average of 442 to 624 a month. Additionally, the percentage of STI clients tested increased from 13% at baseline to 47% and the number of new HIV+ youth identified increased 49% from 45 monthly to 67. A folder review of 214 newly diagnosed clients was conducted to compare experiences by those tested via ACTS/nurse with those tested by a lay counselor. ACTS encounters were more likely to have had their CD4 count taken (86% vs. 63%) compared to traditional VCT, but poor rates of patient return to learn their CD4 count was noted in both groups (38% from ACTS vs. 29%). This identified the need to couple any improvements in case finding with improvements in linkage to care.

What Strategies have been used to expand the scope and coverage of the initiative?
The success of the Khayelitsha pilot led to a five-year PEPFAR funded project initiated in 2007 to scale up ACTS throughout the Western Cape province. Between 2007-12, ACTS South Africa (ACTS SA) worked in partnership with the Western Cape Department of Health (WCDoH) to: amend their HCT policy by endorsing ACTS as the official method of HCT to facilitate PICT and increased productivity among lay counselors; infuse the ACTS monitoring and management processes into the province's various training and HIV/AIDS/STI/TB (HAST) management structures; and train more than 90% of the doctors, nurses and counselors working in the province's 400+ public health facilities to use the ACTS method of streamlined counseling in their clinical and counseling encounters. To ensure sustainability, over a five year period ACTS was progressively integrated into the training programs provided by the provincial training departments and monitored via routinely reported data and onsite PICT quality assurance visits as part of the HAST coordinators' scope of work. Using the ACTS methodology, PICT implementation demonstrated a statistically significant increase in all six districts of the Western Cape, though opportunities remain for continued improvement. Based on demonstrated success with PICT in the US and in the Western Cape, in 2009 ACTS SA was invited by the National Department of Health (NDoH) to provide input on a national PICT policy. In 2010, revised HCT policy guidelines from NDoH called for the implementation of PICT by all health care providers in both the public and private sectors, so that HCT becomes the standard of care in all consultations with health providers. To facilitate implementation of this new policy, a PICT training program was designed and delivered by the NDoH in all provinces except the Western Cape, as ACTS was already providing support for the province's PICT implementation ahead of the national policy. The NDoH's PICT training model involved a three day training that did not include PICT-specific practice change guidance or follow up mentoring. NDoH has identified the need to supplement the training foundation it laid with the type of comprehensive technical assistance and monitoring provided by ACTS to the Western Cape. In 2013, ACTS SA is providing strategic PICT technical assistance to the Northern Cape DoH in Frances Baard and John Taolo Gaetsewe districts as well as to PEPFAR-funded Health Systems Strengthening (HSS) partners including TB/HIV Care Association (CDC), Foundation for Professional Development (USAID) and Anova Health Institute (USAID).

64. SOUTH AFRICA

Title of Programme: Shout-It-Now: Innovative Technology+Team Approach to Mobile HCT
Contact: Shout-it-Now
Implementer(s): Shout-it-Now, a South African NGO
Implemented by: Implemented in schools, prisons, workplaces, other community venues where youth congregate
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Shout-it-Now is a South African non-profit organization that has been supported by PEPFAR since 2007 to scale up its unique technology + team approach to community-based HIV counseling and testing (HCT) and related prevention services. Our approach is different from conventional community-based mobile HCT. Ours is a highly scalable, process-driven HCT service delivered by 20-person teams, featuring a mix of technology and human support that together create a highly engaging and efficient program. The model has been designed to utilize biometrics (fingerprints) and other process software technologies to ensure a high client throughput while preserving quality at every step including registration, education, counseling, testing, linkage to care, program monitoring and evaluation (M&E) and reporting.

By approaching HCT as a modular, finely tuned process, each S-N team is able to provide high quality HCT and related health services to 250+ clients per day. S-N teams are deployed to areas with high HIV prevalence and/or to venues that engage youth and high-risk populations. Onsite, we set up mobile computer labs, register and track each client using their fingerprint, educate people about HIV/STIs/TB/MMC and other priority health issues via on-line, interactive MTV style videos, provide high quality HIV counseling and testing and finally provide ongoing telephonic support to clients who need linkage to care services for HIV (pre-Art and Art) or other prevention and health services such as medical male circumcision (MMC) and family planning (FP). Each of these steps (and any other new service we introduce) is efficiently tracked by our integrated software systems, which have proven feasible and cost-efficient to operate in rural and urban areas of South Africa.

Outcomes of the initiative
In the last two years we have provided education, testing and linkage to care services to more than 300,000 people (most of whom were youth under the age of 25 years) in schools and a range of other community settings in Gauteng, Limpopo, Northwest and Western Cape. In qualitative evaluations, youth and older clients rate our HCT experience very highly. In fact, 98.25% of clients who go through the SN registration and pre-test video experience elect to go for HIV testing with our counselors. The program is so effective at reaching youth and men that in 2012 the CDC tapped SN to assist in mobilization efforts for voluntary medical male circumcision, which it now does in Gauteng and Limpopo.

What Strategies have been used to expand the scope and coverage of the initiative?
Several innovations to our service in recent years have improved uptake of HCT and linkage to care for those testing HIV positive. In 2013 we launched the offer of a more comprehensive set of health screenings to include not only HCT but also height & weight, Body Mass Index (BMI), blood pressure, blood cholesterol rapid screening and blood glucose rapid screening as well as STI and pregnancy screening. Embedding HIV and other sexual and reproductive health screenings into a basket of other screening services has contributed to increased interest in our services. In 2012 we also began to mobilize our male clients for voluntary medical male circumcision. We developed a unique VMCC video using a popular South African comedian as a popular opinion leader to endorse VMCC and answer basic questions about the benefits and details of the procedure. This has allowed us to expand our prevention benefits to men in Limpopo and Gauteng, where the program operates.To improve linkage to care for our HIV positive clients, in 2013 we began offering point of care CD4 testing to HIV positive clients and free ongoing telephonic support via a centralized call center. The CD4 results have allowed us to triage support to those most in need of linkage to care and our centralized call center has allowed us to offer clients the supportive human touch at scale. Our call center representatives collectively speak all 11 South African languages and are able to keep track of clients needing support via software that chronicles each support conversation and reminds representatives when to reach out to clients to reinforce the importance of keeping upcoming clinic appointments.

65. SOUTH AFRICA
Title of Programme: Boys 2 Men Program
Contact: Waterberg Welfare Society
Implementer(s): Waterberg Welfare Society Boys 2 Men Programme
Implemented by: Civil Society , NPO 019865
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Purpose:

The programme was introduced to the Limpopo Province of South Africa by the Development Facilitation and Training Institute, University of Limpopo. Waterberg Welfare Society (WWS) attended the first meeting in 2007 and have taken the programme further than any other organisation in the province. The programme is based on global research confirming that boys and young men need and want to explore and understand their sexualities. In Southern Africa, boys and men stand accused of being the principle drivers of HIV epidemics through their selfish desire to fit an image of a 'big man'.

The psychology of this is tricky: boys are put in a position where they are expected to become 'bad' and men are assumed to be actually or potentially 'bad'. Underpinning this is the assumption that girls and women are only ever victims, and boys and men are only ever abusers of sexual power. The purpose of the programme is to give men and boys opportunities to challenge these stereotypes and to develop home grown skill sets to counter the stereotypes.

The B2M programme enables community and rural youth at risk to feel valued and part of a communication network for sustained behavioural change. It is designed to provide a "safe place" where youth can access life skills to mitigate risky behaviour and improve their knowledge on issues within the context of their lives and futures.

It is for this reason that the B2M programme was initiated by Waterberg Welfare Society's youth programme, in Vaalwater where there are a number of youth who are orphans, vulnerable and living in "child headed" household situation with no adult support at home. The programme was established by engaging young men at WWS youth centre, Timothy House "Drop in Centre", through intensive sex, sexuality, relationship and gender relation discussions, these difficult topics were broached by using board games and sport activities. Aims of the programme are to engage boys in HIV and AIDS related issues such as gender relations, treatment and care; encourage new positive behaviours; nurture behaviour change ; encourage discussions on sex, sexuality, masculinity, values and beliefs, rights, responsibilities and gender related issues through games and sport; encourage positive support among young men.

Target Audience:

Initially teenage boys and young men, but now the programme includes women and the broader community. (80 boys registered)

Activities:

Weekly dialogues on Gender Issues, (Social, Economic and Cultural issues) Sex & Relationships, Role Models/Leadership, Unemployment, Drug & Alcohol Abuse, Cultural Myths, Male Medical Circumcision, what does it mean to be a man? Sports Practice, Film Nights, Support Groups, Music, Poetry and Drama. Developing Youth Programmes for Waterberg Waves Community Radio, Choirs. Documenting Stories of Change

Components:

HIV/AIDS prevention & awareness workshops, Peer Education, Not Just Soccer Campaign, Community Mobilisation, Camps, Boys 2 Men Soccer Team, Satellite Groups, Youth Advocacy Group, Mentorship Programmes, Monitoring and Evaluation, Reporting and learning documentation, Boys 2 Men Branding/Profile

Outcomes of the initiative

There has been an increase in number of young men and boys volunteering for HIV counselling and testing. Boys report bonding through the B2M programme (which is still

evident today) they have become more self-confident, responsible and respectful. Measurable positive changes in behaviour reported in schools, sports teams and by caregivers/parents. Increase in healthcare seeking behaviour. 70% of the original boys have either now: completed their studie; are now employed; or in further education. Evaluation of Programme conducted by DEV/FTI, Rural Development & Innovation Hub (sent), Not Just Soccer Board Game developed and Prototype; Journey Map & future vision workshop and map produced (sent); Soccer Team formed in local SAFA league; Recognition by District Governmental bodies and forums, including NAPWA; Youth Advocacy Group formed Satellite group formed Boys supported establishment of Ladies with a Mission; Boys 2 Men DVD; Trained Peer Educators & Community Mobilsors; Boys 2 Men House

What Strategies have been used to expand the scope and coverage of the initiative? From the beginning of the programme the Boys 2 Men have implemented a strategy to ensure that workshops are held to document their progress using Journey Maps in which they participate as well as independent evaluations. A further strategy has been to develop their own profile through branding (Boys 2 Men logo) ensuring accountability as they are invited to participate in local, national and international events. A short DVD was filmed on the programme and two TV Programmes in South Africa profiled the work of the Boys 2 Men. A key strategy has been to document learning and change stories; these have been written by the boys themselves, their coaches, teachers and families. Feedback from the community on how the group is perceived has been an important factor. In order to expand the scope and coverage of the program a model is being developed to form satellite groups in rural areas, church and youth groups and identify individuals within high schools to champion the programme in their areas. Pilot programmes for talk shows led by Boys 2 Men on local community radio have been conducted during an initial 'Special Event License' for Waterberg Waves Community Radio with further development in the pipeline once a full license has been granted. These shows will then reach a 100km radius and develop an identity and listenership amongst the boys. The boys have also had a strategy where possible to participate in local youth parliament, municipal meetings and community meetings in order to advocate, recently supporting the 'Not in My Name' initiative at Johannesburg Stadium by Sonke Gender Justice and Brothers for Life. Sports Strategy – particularly in soccer and how it is played and the relationship between coaches, team owners, referees etc. The boys and coach have developed a strategy to try and change the face of football in the local community and leagues by not engaging in any form of match fixing, corruption or drinking of alcohol and fighting. Whilst it is challenging they are beginning to see change in particular with other players from other teams wanting to know more about Boys 2 Men as a program in general but also about playing on their team. Some comments made by the community are 'we want to see a decent soccer match' not full of fighting and people getting drunk watching the games.'

66. SOUTH AFRICA

Title of Programme: Prevention of New HIV Infections, Intervention and Advocacy
Contact: Mother Soul Youth Development Indaba
Implementer(s): Mother Soul Youth Development indaba
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: The organisation was established in May 2011, the programme started from 21 January 2012. We equipped 157 young people with life skills called fit for life. It cover HIV/AIDS awareness, care and support, encourage one partner one lover, obstinacy, conflict management and money sense.
Has the programme been evaluated/ assessed? No

Short description of the initiatives
HIV/AIDS and teenage pregnancy have reached pandemic status in Ilinge Township particularly among the youth, escalating social problems leads to absenteeism from school, Academic failure, bad household environment, family violence, teenage pregnancy, financial problems, and lack of respect.

To equip 30 different young people for 30 days with life skills, HIV/AIDS and substance abuse education, presentation skills, prevention and intervention skills including problem solving. These young people are going to do prevention back to their peer groups. HIV/AIDS affects every walk of life, and has a profound influence on everything we do, in our closest relationships, at home, at school, and colleges not a single day goes by without a reference to the pandemic in media and communities Just as the virus infects the body and every cell in the body, so it affects every single person living on this earth. The virus has destroyed the innocent hope, desires and plans of countless numbers of young people whose lives has been cut short by an unseen enemy.

Outcomes of the initiative
- Once the organisation receive grant we will be able to reach many young people.
- Youth is already informed about these services on face book and through networking or word of mouth.
- Senior citizens and community leaders had been informed and a centre had been identified.

Kind of influence the organization will bring to the community:
Mother Soul has a stated intent to get involved with schools, sports clubs and communities that have a problem with HIV/AIDS. We are committed to educating and giving counselling to young people infected and affected by HIV/AIDS and encourage those who are not infected to live healthily.

1. Mother Soul has a stated intent to get involved with schools, sports clubs and communities that have a problem with HIV/AIDS. We are committed to educating and giving counselling to young people infected and affected by HIV/AIDS and encourage those who are not infected to live healthily.
2. HIV/AIDS and teenage pregnancy will be prevented.
3. Recreational activities will be strengthened.
4. Quality of life will be improved.
5. Community development will be strengthened.
6. Healthy living is promoted.
7. We encourage increased understanding of and open dialogue about HIV/AIDS
8. To diminish stigma around HIV/AIDS.
9. To educate and empower youth to make informed decisions related to HIV/AIDS
10. To educate participants about HIV/AIDS prevention techniques, including abstinence, fidelity and condoms.
11. To inform youth about services available in Government health centres.
12. To address issues of gender and the roles people play in relationships.
13. To provide youth with feeling of hope and a reason to stay alive and healthy.
14. To empower youth to deliver their own HIV prevention messages to their community
15. Will put an end to stigmatisation.

What Strategies have been used to expand the scope and coverage of the initiative?
- Develop and implement training programmes on the detection of HIV/AIDS.
- Reduce the level of HIV/AIDS within our communities.
- Give counselling to infected individuals.
- Promote condom use, abstinence and one partner one lover.
- Encourage healthy living.

- Give workshops on HIV/AIDS awareness.
- Ensure that our facilitators offer effective programme on HIV/AIDS education giving youth the facts, warning them of risks, and helping them to develop the skills and attitudes to reduce unsafe sex.
- Develop effective provincial and local public education strategies focusing particularly on young people

And ensure that young people infected with HIV/AIDS and victims of rape get access to a range of advice, counselling, and aftercare services.

- Discourage youth from doing unsafe sex and to enable those who so to stop.
- Develop and implement training programmes on the detection of HIV/AIDS.

Research and Information:
- Establish and maintain HIV/AIDS information system which will support the implementation, evaluation and on-going development of Mother Soul Youth Development indaba action plan.
- Coordinate the collection and dissemination provincially nationally derived information of relevance to substance abuse and HIV/AIDS intervention.
- Evaluate national and international developed intervention approaches and determine which modifications are required for success in the local context.

School:	Presentations Dates:	Month:	Community:	Subject: Awareness
Nyanisweni J.S.S.	6, 7	September	Ilinge	HIV/AIDS and Drug abuse Awareness
Masithembe S.P.	9, 10, 11	September	Ilinge	HIV/AIDS and Drug Abuse
Lingelihle S.S.S	12, 13, 16	September	Ilinge	HIV/AIDS and Drug Abuse
Welcome Valley S.P	17, 18, 19	September	Ilinge	HIV/AIDS and Drug Abuse

Awareness Days – On Going Activity

Date: Every week end	Time:	Organisation:	Venue:	Campaign:
22/November/13	15H00	Mother Soul	Sports Field	HIV/AIDS with Sports
07/December/14	15H00	Mother Soul	Sports Field	HIV/AIDS with Sports

Fit for Life Skills programme – Duration for Six weeks

Date:	Time:	Organisation:	Area:	Campaign:
15/11/13 – 16/12/13	8H00-16H00	Mother Soul	Ilinge	Fit for Life Skills

Duration of the Course – One Month
Home Caregiver's Training

Date:	Time:	Accredited Organisation:	Training:	Duration:
23/11/13 – 23 /12/13	08H00-16H00	Africare Organisation	Caregiver	Six Months

67. SOUTH AFRICA

Title of Programme: Stepping Stones and Creating Futures
Contact: Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal
Implementer(s): Collaboration between: Gender and Health Unit at the Medical Research Council, South Africa and Project Empower
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

In women, HIV risk is inexorably linked to women's experience of gender subordination including social and economic dependency on men. Studies suggest this increases risk of intimate partner violence, transactional sex and inability to negotiate condom use. For men, the evidence is less clear, but a significant body of work suggests that prevailing constructions of masculinity that link dominance over and control of women to the glorification of sexual risk-taking behaviours, particularly having many partners and not using condoms, are a response for many men to weak economic contexts. In southern Africa, urban informal settlements are spaces at the confluence of high levels of migration, poverty and gender inequalities, with a significant burden of new HIV acquisitions in these spaces. One study in South Africa suggested that 29.1% of the total estimated HIV incidence was found in urban informal settlements, even though only 8.7% of South Africans older than two years live here.Tackling the intersections of gender inequalities and poverty has been a priority for HIV programmes recently, with some success. The Intervention for Microfinance and Gender Equality (IMAGE) project in rural South Africa combined a microfinance and gender equality intervention and saw a 45% reduction in women's experience of IPV after two years. Yet, similar interventions in urban informal settlements and with younger populations have not shown similar positive outcomes. The Stepping Stones/Creating Futures intervention was a pilot study that sought to tackle simultaneously gender inequalities and economic disempowerment of women and men in urban informal settlements in South Africa. The intervention drew on Stepping Stones – South African Edition (adapted from Stepping Stones (Welbourn,1995)) which is a behavioural intervention that combines HIV prevention with the pursuit of greater gender equity through participatory activities and reflection. It was evaluated in rural South Africa and showed it could reduce men's perpetration of violence. Creating Futures is a structural intervention that was jointly created by the three partner organisations - HEARD, Gender and Health Unit, MRC and Project Empower. It seeks to encourage reflection and action among young people on their livelihoods through participatory activities, which aimed to strengthen young people's livelihoods and economic power. The combined intervention is 21 sessions of three hours, delivered by trained peer facilitators. As it was a pilot intervention we recruited 233 young people (average age 21.7 years, 110 men,123 women) into the study. The intervention lasted approximately 12 weeks and we followed the young people up at 6 months and 12 months.

Outcomes of the initiative

We did a small evaluation with 233 participants. Livelihoods improved for women and men after the intervention. Mean earnings in the past month increased over the 12 months. For women this increased from R140 (US$14) at baseline to R484 (US$49) (a 345% increase ($p<0.0001$)) at 12 months and for men from R359 (US$36) at baseline to R1015 (US$104) (a 283% increase ($p<0.0001$)) at 12 months. Importantly, women reported a statistically significant reduction in their experience of sexual or physical IPV in the past three months from 29.9% at baseline to 18.9% at 12 months (a 37% reduction ($p<0.046$). Furthermore, women's experience of sexual IPV also declined significantly from 11.1% at baseline to 3.6%

at 12 months (p<0.018). Men's perpetration of physical or sexual IPV in the past three months, while declining from 25% to 21.9% (a 23% reduction) but was not statistically significant.

What Strategies have been used to expand the scope and coverage of the initiative?
We have disseminated the results widely at conferences and shared them through our networks. Our next step is to seek funding to replicate the study on a much larger scale to fully evaluate the impact of the intervention on young people's lives. At the same time, we are in discussions to take the Stepping Stones/Creating Futures intervention to other countries in Africa where we would seek to modify it to local contexts and replicate the study.

68. SUDAN

Title of Programme: Protecting Communities from the Spread of AIDS (PCFSA)
Contact: Zarga
Implementer(s): Zarga organization
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2014
Has the programme been evaluated/ assessed? No

Short description of the initiatives
All national organizations have an essential role to play in fighting AIDS in cooperation with the international community and UN agencies. The third generation of civil society organizations has made this call in light of their commitment to development and service to grassroots. Yet their efforts will come to naught under the scourge of AIDS, which will lay waste to these efforts (the AIDS Veto). The campaign against AIDS requires planned interventions engaging all, one of the key interventions being awareness programmes.

These programmes must receive serious commitment and the AIDS issue mainstreamed in organizations regular work and projects. ZARGA organization has made this commitment and set AIDS as a strategic priority of its efforts. Grassroots need to be organized and engaged on the issue of AIDS in aid of a government strategy on AIDS and to implement international AIDS programmes, as a key component of mobilizing society as a whole. Ideally an effective active grassroots and NGO network on AIDS is needed as a medium to channel efforts and programmes on the ground, this would be a beginning to check the spread of AIDS.

General Objective:
Protecting society from the transmission and spread of HIV/AIDS.

Specific Objectives:
1. Raising awareness on the dangers of AIDS.
2. Disseminating basic information on AIDS
3. Moral support to AIDS victims and engaging them in awareness and guidance programmes
4. Correction of social misinformed notions about AIDS, in particular Stigma
5. How to avoid high-risk behaviour and use safe sex practices (Condoms)
6. Availing qualified trainers on AIDS prevention in the States

Activities:
1. TOT Workshops (36 Workshops)

2. Teachers Workshops
3. University Students Workshops
4. Youth Workshops
5. Class Forums
6. Media

Target groups:
Youth in High Secondary school, universities and youth in civil society organizations

7. Monitoring and Evaluation
M&E team, has the responsibility of ensuring and monitoring the schedule of the project. An additional task of the Team is to assist and advise the Project Coordinator where necessary. M&E team will meet monthly to take stock of project activities. The Team will review reports from facilitators and coordinator of all activities.

Partners:
1. Civil society organizations
2. Universities
3. High Secondary school

Duration of the project:
Three years

Outcomes of the initiative
Direct beneficiaries
Total target groups will be estimated *1875* participants in details as fallowing
- Workshops – *59,000* participants
- TOT workshop – *900* participants

Indirect beneficiaries
- All communities

Results expected from this project;
- Avoid high-risk behaviour among youth and use safe sex practices (Condoms).
- Engage youth in decision-making on programmes and policies that affect their lives
- Expects creating cooperation with partners national and international, to hold activities care with HIV/ AIDS, and establishing HIV/ AIDS youth network.
- Eradication of spreading HIV/ AIDS among youth.

What Strategies have been used to expand the scope and coverage of the initiative?
Methodology:
Given the many dimensions of the project, several tools and means of implementation are to be used to undertake the project activities. These include: TOT workshops, Forums, Media, Festivals and shared experience.

Sites: Ten states in Sudan

Activities:
1. TOT Workshops (36 Workshops)
TOT workshops are an ideal means to communicate ideas and facts about AIDS and an effective way of creating participation. Thus, they are particularly suited to the AIDS issue and participants will go on to act as a source of accurate information and pool of qualified trainers for others in the community. These TOTs will include Teachers, University Students and Youth.

2. Teachers Workshops

100 Workshops for teachers will be held. These are preparatory for the Class Forums to be facilitated by these participants. 500 teachers (1500 male & 1500 female).

3. University Students Workshops
100 Workshops for students will be held. These are preparatory for the Class Forums to be facilitated by these participants. 500 students (1500 male & 1500 female).

4. Youth Workshops
100 Workshops for youth will be held. These are preparatory for the Class Forums to be facilitated by these participants. 500 youth (1500 male & 1500 female).

Contents of the Training Package:
1) Basic facts of AIDS & the relationship between STDs and AIDS.
2) The social, economic and psychological impact of AIDS.
3) Methods of discussing sensitive issues in societies that are adverse to public discussion of these given various cultural taboos.
4) Support to AIDS affected persons' basic rights in receiving care and right not to be discriminated against. Correction of socially misinformed notions particular to stigma.
5) Knowledge of safe sex practice and avoiding high-risk sexual behaviour.
6) High-risk AIDS groups.
7) Women and AIDS.
8) Facilitation skills

5. Class Forums
10.000 forums will be conducted in schools, target 50.000 students
The Class forums are essentially participatory lectures for High Secondary school students in. TheTeachers attending the TOT workshops above will implement these in their respective schools. Each teacher is expected to hold 12 Forums.

Contest of the Class Forums:
At the end of the Forums 10 applied questions will be given on the contents of the forums to be answered at home with the stipulation that the head of household must sign the answer sheet (The questions will be printed on a sheet, facts about AIDS will be printed on the back of the sheet and space for signature by the household participants and neighbourhood participants). The answers will be handed in to the teacher. Grading will be based on the following (The grading system is designed to encourage students to do outreach in their neighbourhoods)

6. Media
Local Broadcasting (Radio & TV)
Design of a media message for the local broadcast in collaboration with the local broadcasting corporation as a partner in the project on AIDS awareness. These broadcasts are to be made in local languages for those tribes found in the state so as to include them in the awareness effort. The programmes will be broadcast daily for 10 minutes.

Local Television:
Discussion programmes shall be presented on AIDS, participants shall include: State AIDS Programme, Unions, Doctors, Government Officials, Media persons, teachers, Religious figured, Activists, INGO staff, Community leaders, Students, and Youth and.

The Hotline:
The hotline service shall provide advice related to AIDS to support families and affected persons on how to live with AIDS and how to extend care to affected persons. This hotline will be on air from 8:00 am to 4:00 pm daily. The hotline will also receive answers from the

public to the contest.

The Pamphlet:
A monthly pamphlet will be published concerned with the activities on AIDS: articles, interviews, public opinion, topics of the monthly competition, activities of INGOs and NGOs on AIDS prevention, individual cases of AIDS patients and stories.

69. SUDAN

Title of Programme: HIV/AIDS Awareness Outreaches
Contact: Together for Sudan
Implementer(s): Together for Sudan (TFS)
Implemented by: Civil Society, TFS work with CBOs at Community level & People Living with AIDS Association
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2002
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The main objective of the initiative: To combat the HIV and AIDS in the country and contribute to the efforts of preventing the infection among youth, teenagers and communities to lower levels, through launching a wider campaign in the targeted areas.

Specific objectives:
1. To raise the awareness of people living around Greater Khartoum focusing on youth
2. To arrange for training youth in order to increase the number of youth trainers in their settlements so as to conduct more awareness in their communities
3. To participate in more networks concerned with the HIV awareness

The target group are the youth, teenagers and residents of the IDPs around Khartoum state and other poor population in the slums around the city, which embody a considerable number of populations in need of awareness about the HIV/AIDS. Together for Sudan HIV/AIDS awareness project started in 2002 by a Sudanese National AIDS Programme (SNAP) representative. The project began with one team of two paid trainers and six volunteers including 1-2 person(s) from People Living with AIDS Association for testimonies of whom TFS is paying transportation fees through CAFOD funding up to 2010. It expanded to three teams for six years, then reduced again to one team in 2012 with TFS own funding. The project team are carrying out 2 outreaches per month in the displaced settlements surrounding Khartoum focusing on youth. The project through the outreach activities is building strong relation with community leaders and Community Based Organization CBOs especially in IDPs areas, which lead to successful results in the programmes.Undertake advocacy for implementation of awareness promotion in the HIV/AIDS as well as other sectors, and reinforcement of partnerships, networks and alliances with the relevant as required.

Outcomes of the initiative
Through building the capacities of the youth and teenagers in the community to assist in awareness session, TFS was able to train more than 200 youth who are participating effectively in dissemination of information on AIDS prevention to their communities. The TFS outreaches in the past five years have reached above 50,000 inhabitants including more than 32,000 youth and teenagers. The progress of the activities as well as the impact of the project among the beneficiaries are shown in the following assessment results among selected number of 100 persons in different targeted areas:
1. Are there any NGOs working in HIV/AIDS awareness in your area?

Yes 27% - No %73%
2. Do you know the basic facts about HIV/AIDS?
   Yes 67% - No 33%
3. Do you know what to do to prevent yourselves from HIV/AIDS infection?
   Yes 50% - No 50%
4. Where do people go for testing?
   77% know where to go
5. Are you prepared to help a family member infected with HIV/AIDS?
   Yes, 63% - No 37%
6. Do you know any person infected with HIV/AIDS and the symptoms of the disease?
   Yes 29%- No 71%
7. Sources of information about HIV/AIDS:
   Persons who got the first information about HIV/AIDS from TfS. 43%
   Persons who got the first information about HIV/AIDS from other INGOs. 25%
   Persons who got the first information about HIV/AIDS from schools. 24%
   Persons who got the first information about HIV/AIDS from universities. 3%
   Persons who got the first information about HIV/AIDS from media. 5%

What Strategies have been used to expand the scope and coverage of the initiative?
In order to measure the performance, identify learning process and expand the project. The project has formed some tools such as monitoring and financial checklists, monthly reports, field visits and collect the primary data for assessment. The activities of the project are generalized for all groups with focus on youth and teenagers to get different experiences which includes the opinion of the community leaders and other key individuals and groups.
1. Updating HIV/AIDS project guidelines and forming monitoring system with checklist forms that creates accurate information
2. Conduct different ways for outreaches including music, drama, video show and gifts for individuals answering questions of trainers (team leaders) correctly
3. Distribution of IEC materials (Information Education Communication Materials) such as posters, brochures, pamphlets and media during outreaches in collaboration with National programme for AIDS Prevention

Also Together for Sudan was upgrading the skills of HIV/AIDS team leaders in regular basis to increase the number of the teams and youth volunteers, including Peer educators training, refresher Course for trainers who have already received basic training and TOT Skills of Direct Interpersonal Communication. Participation of People living with HIV/AIDS in all awareness sessions to assists in reducing stigma, but sometimes it is not easy to convince them do that TFS is working to integrate the real response of the community on the HIV prevention by the outreach awareness and with some technical support from governmental institutions working in this field

70. SUDAN

Title of Programme: Prevention of New HIV Infections
Contact: Together for Sudan
Implementer(s): Together for Sudan implement the project by own staff in cooperation with its national partner
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Awareness on when to go for testing, living positively with the disease and counselling in addition to how to care for infected people at home
Programme being implemented since: Informal assessment by the staff of the project is done in June 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Together for Sudan is working to combat HIV/AIDS through education by doing outreach awareness campaigns in the displaced settlements and peripheries of Khartoum where the poor displaced people live, and where there is lack of health facilities and high number of population and the majority are illiterate and vulnerability of getting infection is high.

TFS started HIV/AIDS awareness and HBC project in 2002 and 2005 respectively in collaboration with volunteers from PLWHA care association as trainers to conduct activities of the programme. The three teams of the volunteers are performing the activities on monthly basis according to their monthly plan of action, which consists of two public awareness raising lectures and three home visits to people living with AIDS per month per each of the three teams.

TFS through its approach of HBC programme and the direct link with PLWHA care association was evaluated and selected by SNAP consultant to participate in HBC strategy guidelines' meetings. The home based programme ended in 2009 due to lack of funding and the awareness outreaches is continuing with one team by TFS own funding

The HBC strategy comes up to a powerful and effective system that leads to better care for infected persons through the linkages and networks of the different partners and it has pointed out instructions for strengthening HBC efficiency by the direct link with Voluntary Counseling & Testing centres (VCTs) through the referral system tools and the updated reporting formats.
The objectives to be reached are:

1. Enlightenment for the community on HIV/ADIS through outreaches to change behaviour and support prevention.
2. Home visits for the seriously infected & affected people at home & those admitted with provision of support.
3. Identification of AIDS orphans and recommending them for TFS elementary Scholarship project which is supporting up to 133 AIDS Orphans in 10 schools for the current academic year 2013/14.
4. Provision of emotional support through counseling to reduce the high rate of stigma.
5. Referral of patients of bad health condition to hospital for medical care.
6. Mobilization of the community for their roles and efforts towards HIV/AIDS prevention.

Outcomes of the initiative
The outcome of TFS work in the field of HIV/AIDS 843 persons have been reached by the field team throughout Khartoum state in the first six months of 2013. After awareness sessions many successful stories were collected and both men and women show their interest to change their behaviour with infected persons which lead to reduction of stigma.

What Strategies have been used to expand the scope and coverage of the initiative?
The HIV/AIDS awareness project is need to be restructured to include more/different ways and procedures in transmission & dissemination of information in order to be more effective. This could be achieved through regular updates to the information & upgrading the volunteers' skills. The awareness raising activities within the community and schools should consist of some amusing approaches to attract the people to attend awareness lectures through music or drama and some motivating gifts

The aim of HBC project is to help PLWHA through provision of care service; therefore referral system to VCTs would be created to achieve a proper HBC services. Care of care givers stress control as importance element of the emotional role in performing better HBC.

TFS is therefore willing to build the capacity of the volunteers in both components of the

project (the awareness raising activities & Home Based Care)

Effectiveness of HBC through preparedness and adherence of treatment with its impact as strong element that prolongs positive living for PLWHA is one of the areas that TFS has to focus on and to expand number of volunteers. Mobilization of the community for the VCT to receive better service, e.g. counseling, testing and treatment will remain the top challenge that HBC programme would have to push forward and at the same time it should respect the dignity of those who wish to be treated/die at home

71. TOGO

Title of Programme: Accès Integré aux Services de SR/VIH chez les Jeunes en Milieu Rural
Contact: PASCI/ Plateteforme des OSC
Implementer(s): Programme d'appui aux OSC et plateforme des OSC VIH
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

L'épidémie du VIH au Togo a deux caractéristiques: (i) les nouvelles infections sont 2 fois plus importantes chez les jeunes filles de 15-24 ans que chez les garçons du même âge (ii) la prévalence a tendance à baisser en milieu urbain alors qu'elle stagne voir augmente en milieu rural. Pour contribuer à résoudre ce problème, le programme PASCI et la plateforme des OSC de lutte contre le sida ont initié en 2011, un projet avec le soutien financier de l'UNFPA dont le but de faciliter l'accès des jeunes du milieu rural à des services intégrés de santé de la reproduction et de prévention du VIH. Les jeunes de 19-24 ans sont particulièrement ciblés par le projet qui veut contribuer à réduire le taux de nouvelles infections au sein de ce groupe. Deux régions rurales du Togo ont été ciblées par le projet dont une ayant une forte prévalence et l'autre où l'accès aux services de santé est plus difficile. La mise en œuvre des activités sur le terrain est assurée par 11 associations en partenariat étroite avec les structures sanitaires périphériques (Unités de soins Périphérique). Le projet couvre 81 villages repartis dans 10 districts sanitaires et innove grâce à une offre de services en stratégie avancée permettant de rapprocher les services des bénéficiaires. Les actions proposées par chaque association sont contenues dans un microprojet et doivent prendre en compte 3 aspects importants:

- L'offre de service de prévention du VIH incluant la promotion et distribution de préservatifs et gels lubrifiants, le dépistage et le traitement des IST, le conseil et dépistage du VIH ainsi qu'un dispositif de référence pour les personnes dépistées séropositives vers les structures de soins appropriés
- L'offre de services de santé de la reproduction incluant un conseil approprié sur les méthodes contraceptives, la disponibilité des principaux produits contraceptifs et un dispositif de référence pour les méthodes contraceptives nécessitant un acte qualifié
- L'implication effective des jeunes en tant qu'agent de santé communautaires pour faciliter l'accès de ces services aux jeunes.

Outcomes of the initiative

Le projet a permis après deux années de mise en oeuvre de distribuer 150 000 préservatifs masculins et féminin, de d'offrir le conseil et le dépistage du VIH à 20 700 jeunes issus du milieu rural, de diagnostiquer et de traiter 3249 cas d'IST et d'offrir la contraception à 1 895 jeunes filles issues du milieu rural et d'éviter ainsi les grossesses précoces. Le projet a également de former 95 jeunes en tant qu'agent de santé communautaires sur les questions de santé de la reproduction et de prévention du VIH. Ces jeunes qui sont issus des villages

couverts par le projet pourront continuer d'appuyer les structures sanitaires locales à la fin du projet.

What Strategies have been used to expand the scope and coverage of the initiative?
Le projet est conçu pour valoriser un partenariat efficace entre les structures de santé et les organisations de la société civile afin de faciliter l'accès aux services des jeunes. Il a combiné une zone à forte prévalence du VIH (région maritime) et une zone ou la couverture contraceptive compte parmis les plus faibles du pays (région de a savane). Chaque association développe sur l'aire sanitaire du district une approche qui permet de couvrir plusieurs USP (Unités de soins périphérique). L'association choisi les villages sur avis technique de l'USP qui connait très bien sa localité, puis les deux planifient ensemble l'intervention sous forme de stratégie avancée. L'USP apporte l'expertise médicale nécessaire pour faire le test de dépistage, assurer le diagnostic et le traitement des IST et prendre en charge les besoins contraceptives des bénéficiaires. L'association quand à elle, mobilise des agents de santé communautaires jeunes qu'il a recruté dans les villages pour assurer la mobilisation des jeunes, leur délivrer les préservatifs, réferer pour les services spécifiques et disponibiliser le conseil et l'information dont les jeunes ont besoins. La prise en charge des personnes dépistées séropositives se fait dans les hôpitaux de districts qui peuvent fournir un bilan préthérapeutique et assurer le suivi des personnes sous ARV. L'approche proné par le projet implique toutes les parties prenantes: les districts sanitaires, les directions régionales de la santé ainsi que les autorités nationales en charge du VIH et de la santé de la reproduction.

72. UGANDA

Title of Programme: HIV/AIDS Control and Eradication Campaign Strategy Among the Youth and Community
Contact: Youth Empowerment Initiatives Uganda
Implemented by: Private Sector, Faith-based, UN or other inter-governmental organization
Implemented by: 1. Youth Empowerment Initiatives Uganda, 2. Glory Ministries Kaliro Uganda, 3. Mikwano EV4 Uganda, 4. Glomic Orphanage Foundation, 5. WACIDIKALIRO-Uganda
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes, Youth engagement in the reproductive health sensitization to prevent HIV infection in the new born children
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
HIV/AIDS control and eradication campaign strategy among the youth and community
Youth Empowerment Initiatives Uganda was established in 2009 long time down the road under a three qualitative pillars that complement its stand and resignation in the society. This organization has various initiatives that are being implemented on the grass root for the transformation of the community for the betterment of the people in the society.
Among the initiatives; HIV/AIDS control and eradication campaign strategy among the youth and community is being implemented and began in the year 2010 within Eastern Region of Uganda, and as per now, it has extended to the Northern part of Uganda where the war had extensively affected the settlement of people, who had been staying in the camps which were highly populated.

The major purpose for this initiative comprises of three aspects and that is; sensitizing the un affected population from getting affected, to offer counselling and guidance to the already affected population from psychological touchier and learn to leave a positive life freely, to fight stigma in the communities through creation Village Health Teams to pursue the work of

daily visitations to the families with victims.

The target audiences are particularly the youth from the age of 15 years, orphans and vulnerable group respectively.

The incumbent activities that are transacted in this initiative include:
1. sensitization of the mass;
2. direct donation of necessities like clothes, food, shelter in form of tents and water;
3. construction of health centre points for easy access of treatment;
4. training of VHTs (village health teams) ; and
5. organizing games for the targeted group/audience to empower their lives with comfort.

The major components of this initiative are:
1. increase access to HIV treatment, care and support for youth living in areas affected by HIV;
2. youth participation and involvement in HIV/AIDS-meetings for decision-making processes; and
3. youth participation in the reproductive health sensitization to prevent HIV infection in the new born children.

Outcomes of the initiative
There are various targeted outcomes of this initiative as can be seen below:
- Call for the communities to support and get involved in the initiative.
- Decreased rapid spread of HIV among the youth, orphans, vulnerable and the internally displaced people in the society.
- Reduce child birth HIV infection among the pregnant mothers.
- Controlled early pregnancies among the youth.
- Secure a conducive environment for the fit of the already infected group in the communities.
- Involvement of the affected group in communal and productive work/activities that earn a living.
- Reduce on the death rates as a result of HIV infection among the target groups in the society.
- Clear data collection primarily got from the grass root for statistic purposes and also equal distribution of resources toward the eradication, control and prevention of HIV/Aid spread.

What Strategies have been used to expand the scope and coverage of the initiative?
It's been quit challenging to push on the initiative on the expansion band, but we have tried all ways and have managed to use the following strategies for the expansion of the initiative in the Northern Uganda.

Capacity building strategy.
This has been engaged through use of the professional experts in the sensitization process in different communities, to different categories of people. Trainings have been organized for the implementation of the intended objectives of the initiative.

Direct donation.
Deliveries of services and goods through donation to the intended targets have been proved to be a standing strategy in the expansion of the project in the country of Uganda. The donations include food facility, clothing's, water and house hold materials.

Partnership strategy.
This is where we have involved numerous community base organizations with similar objectives and goals to influence a positive change in the HIV/Aids transmission among the

target groups.

Mass media communication strategy.
This has absolutely helped a lot in the expansion of this project in the country of Uganda. Television channels, radio stations, news papers have produced out information to the communities, especially to the target area and this attracts the attention of the public to respond positively.

73. UGANDA

Title of Programme: Strengthening Civil Society for Improved HIV/AIDS and OVC Service Delivery in Uganda (SCIPHA) Project
Contact: Joint Clinical Research Centre
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Strengthening Civil Society for Improved HIV/AIDS and OVC Service Delivery in Uganda (SCIPHA) project. The project operates in 19 Ugandan districts and is supported by the Civil Society Fund (CSF). SCIPHA project is jointly implemented by a consortium of two organizations: Joint Clinical Research Centre and Uganda Health Marketing Group. The project employs a lead agency model where it implements HIV/AIDS activities through existing district and community structures such as Civil Society Organizations (CSOs), community based structures like Village Health Teams (VHTs) and Networks of People Living With HIV/AIDS. The project provides HIV prevention, care and treatment services to couples, pregnant women and their partners, youths out of school, fisher folk, truckers, Commercial Sex Workers (CSWs) incarcerated populations and uniformed personnel Geographically, the project is implemented in 19 Ugandan districts of Kabalore, Hoima, Masindi, Kasese, Bundibugyo, Mpigi, Kiboga, Kalangala, Mityana, Lira, Amolatar, Agago, Soroti, Katakwi, Tororo, Arua, Nebbi, Koboko and Moyo.

Outcomes of the initiative
By the end of the the project, the following should be achieved:
1. Increased access and utilization of HIV prevention services in the 19 focus districts.
2. Increased access and utilization of HIV/AIDS care, treatment and support services to adults, adolescents and children living with HIV/AIDS
3. Effective referrals, linkages and partnerships for comprehensive HIV services within the 19 selected districts established.
4. The capacity of 6 CSF funded CSOs and 19 SCIPHA sub grantee CSOs built to deliver Quality HIV services.
5. The underlying socio-cultural, gender based and other structural drivers of the HIV epidemic in the 19 districts addressed.

What Strategies have been used to expand the scope and coverage of the initiative?
- SCIPHA's four tent innovation provides a comprehensive package of HIV/AIDS prevention, care and support products and services to individuals within their localities. Clients receive HIV Prevention services like HIV related messages and materials, HIV Counseling and Testing (HCT), screening for Sexually Transmitted Infections and Condoms.
- Establishment of condom banks in towns, parishes and villages in the different districts to increase accessibility and uptake of condoms among the youths. The banks are located

in areas that are frequented by youths such as shops, bars, dance halls and public motorcycle “boda-boda” stages.
- Provision of HIV services to the work places of youths has increased utilization.
- Over 5000 youths reached through provision of HIV prevention, care and treatment services at recreation centers such as bars, dance halls and video halls.
- The 42 mamas’ clubs established by the project have mobilized and referred over 10,000 pregnant women and their partners for HIV services including HCT, family planning (FP) and antenatal care (ANC).
- Edutainment through working with established music, dance and drama clubs such as the Stigmaless band; that consists of young people who are living with HIV has created awareness on the aspects of HIV prevention and care among over 7,000 youths.
- Using the four tent model innovation, HIV treatment, care and support services are provided to youths who test HIV Sero-positive. The services include: Behavioural Change Communication messages and materials on adherence and positive living, condoms, family planning commodities as well as risk reduction counseling, drawing of blood for CD4 testing, Co-trimoxazole prophylaxis, screening for opportunistic Infections and referrals. Youths who are eligible for Anti Retroviral Treatment are referred to the nearest accredited health centers within the 19 districts. The four tent model outreaches are conducted by health workers from both the SCIPHA supported Civil Society Organizations and Sub County health facilities.
- 475 Village Health Team members (VHTs) have been trained to mobilize people for HIV treatment and care services. They also provide psychological support to clients living with HIV and also promote drug adherence through the messages they pass on during visits they make to clients’ homes.
- Establishment of designated Youth Corners during outreaches at community level to provide youth friendly services.

74. UGANDA

Title of Programme: Sexual Health Improvement Project (SHIP)
Contact: Population Secretariat; Ministry of Finance, Planning and Economic Development
Implementer(s): Sexual Health Educators
Implemented by: Government, Personal voluntary initiative within government premises
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes, Comprehensive sexuality education and Life Skills
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The Sexual Health Improvement Project (SHIP) is an initiative that was conceived by a group of passionate Ugandans to respond to the reproductive health needs of young people in Uganda by empowering them with life skills and information on sexuality and reproductive health. Young people in Uganda especially girls are disproportionately vulnerable to reproductive health challenges like HIV/AIDS and STDs, defilement, gender stereotypes, teenage pregnancies and lack of control over their sexuality due to cultural, economic and social inequalities. The Government of Uganda has incorporated sexual health education in the school curriculum at primary and secondary but evidence suggests that this has not translated into behavior change among young people. The information given through the formal classroom approach is limited in scope, and students’ ability to internalize what they are learning is inhibited by their inability to express themselves freely with their teachers. SHIP is working to bridge this gap using a non formal, fun and interactive approach in which volunteer Sexual Health Educators are drawn from within the community, equipped with skills and tools on how to effectively communicate to young people and then attached to secondary schools where they hold interactive sessions on issues such as HIV/AIDS

prevention, gender stereotypes, self esteem and decision making, among others once every two weeks during the school term.

SHIP has also pioneered 'Boys for Girls' Rights' Clubs in schools whose aim is to place boys in school at the forefront of speaking up to defend girls' rights at school and in the communities.

The project aims at equipping young people with information and skills to make responsible decisions regarding their sexuality; developing a team of committed Sexual Health Educators and promoting the involvement of boys in advancing the rights of girls and women in their societies. It is coordinated by a team of four committed employees of Population Secretariat Uganda who find time in addition to their jobs to promote the initiative by mobilizing resources for training and facilitating sexual health educators to conduct sessions in schools.

Since inception, SHIP has:

- developed 'Sexual Health' a course unit that was accepted as an optional course for 3rd year students at Makerere University;
- through its Sexual Health Educators in Nyakishenyi subcounty Rukungiri District, followed up girl school dropouts and convinced them to return to school;
- mobilized resources from the Government of Uganda to facilitate trainings in the three districts of Rukungiri, Masindi and Ngora, in which a total of 110 Sexual Health Educators have been trained, reaching an average of 2000 students per year in the 20 project schools. The Government of Israel in the initial trainings in Rukungiri District. High-level volunteer professionals associated with NALA Foundation (an Israeli NGO based at Ben Gurion University) – have partnered with SHIP in Masindi and Ngora Districts;
- albeit inconsistently, secured resources to ensure that the trained SHEs were deployed;
- conducted motivational and sexual health talks in six secondary schools and one nursing training school in Rukungiri district as well as one school in Wakiso District, reaching over 3000 students and 100 teachers; and
- developed a strong partnership with implementing districts' political and technical leaders, head teachers and the media.

Project objectives:

1. To provide young people with sexual health information.
2. To equip young people with skills to make responsible decisions regarding their sexuality.
3. To develop a team of committed Sexual Health Educators.

Project Status:
So far the project has been implemented in Rukungiri and Masindi districts but has plans of rolling out to Ngora district in eastern Uganda and Amuru in Northern Uganda. In 2011, twenty five (25) Sexual Health Educators were trained from the sub counties of Bwambara, Buyanja, Nyakagyeme, Bungangari, Buhunga, Kebisoni, Nyakishenyi, Nyarushanje, Ruhinda and Rukungir subcounty.

Implementation Plan: The project is carried out by four woman team that has undergone intensive and extensive training in Sexual Health and HIV/AIDS prevention for young people. The project employs a gender and cultural sensitive approach of sexual health education inspired by a sexual health education model, developed by Dr. Anita Nudelman and Ms. Yonat Liss that has been successfully used in boarding schools in Israel. SHIP has conducted three trainings for Sexual Health Educators (SHEs) (two in Rukungiri and one in Masindi) from 2010, 2011 and 2012. SHIP is now mobilizing resources to roll out the project to other regions in the country in response to community needs. Sexual Health Education

will be done as a continuous process.The trained SHEs will hold a series of meetings (at least 15) with groups of young people in selected schools where the SHEs will be attached, and handle different topics related to Sexual Health and HIV prevention .

Achievements since inception:

1. Basing on the content of the training in Israel, SHIP developed a course unit entitled 'Sexual Health' that was accepted as an optional course for 3rd year students at Makerere University College of Population and Applied Statistics.
2. SHIP developed a training manual that aims to at equipping SHEs with knowledge and skills on how to effectively communicate to young people in school in order to address sexual and reproductive health issues including HIV/AIDS.
3. June 28 to July 9, 2010, SHIP trained 24 Sexual Health Educators (SHEs) from five Sub counties in Rukungiri District. These included; Bwambara, Bugangari, Buyanja, Nyakagyeme and Rukungiri Town Council. The trained SHEs were attached to selected Secondary Schools in the afore-mentioned sub counties, where they held sessions with students in selected secondary schools. Through the SHEs, SHIP reached 480 students in six secondary schools in Rukungiri District with information on sexual health.
4. August 22-28, 2011, the SHIP team secured support and trained 32 more SHEs from the remaining sub counties of Buhunga, Kebisoni, Nyakishenyi, Nyarushanje, Ruhinda and Rukungiri Municipality. In 2012, SHIP mobilized resources to ensure that the trained SHEs were deployed to community schools
5. Motivational and sexual health talks for over 1,500 students and 50 teachers in six secondary schools and one nursing training school in Rukungiri district.
6. SHIP has developed a strong partnership with Rukungiri District political and technical leaders as well as head teachers
7. September 2012. SHIP trained 24 Sexual Health Educators (SHEs) from Nyangahya sub county, Budongo sub county and Masindi Municipality

Outcomes of the initiative

The SHIP initiative has:

- provided an environment for open discussion about HIV/AIDS and other sexual health issues among young people;
- increased understanding of HIV/AIDS prevention and management among students;
- led to demand for HIV testing and counseling services in targeted schools;
- increased discipline levels among students in the cohorts that the SHEs interact with.
- reduced school dropouts and teenage pregnancies among students in the targeted schools;
- increased self esteem and willingness of girls to take up leadership positions in schools; and
- enhanced community dialogue on ASRH issues that affect young people in the community.

What Strategies have been used to expand the scope and coverage of the initiative?

As a medium of message transmission, the project is using the following strategies:

Strategies for in-school SHEs:

- Theatre- skits, music, dance and drama: these are based on the different topics that are tackled. Some skits on self-esteem, peer pressure and the myths and misconceptions that the young people have regarding Sexual health and HIV/AIDS have already been developed. A tool kit has been developed to guide the process.
- Video shows: the project uses local and international videos that cover sexual health issues that affect young people. These videos are shown during the different sessions that Sexual Health Educators have with the young people. These video clips help the young people to draw lessons and avoid situations that may affect their lives negatively. The SHEs serve as role models and help these youth to develop the skills to making informed decisions through interaction and counseling.

- Games: different games are used as a medium of message exchange among the young people. The SHIP team has already developed some captivating games for the different topics. Such games include; the memory card game, the traffic lights game, the reproductive system game, the gender stereotypes game, and several others.

Strategies for out of school SHEs:

- Radio Programmes; talk shows, radio spots, drama and question-answer sessions. Radio Rukungiri has been very supportive by giving free airtime for our radio talk shows, and BBS in Masindi has also pledged to give free airtime to reach out to more communities.
- Meetings with the secondary target group (parents, teachers and community leaders).
- Use of Role models
- Production and distribution of Information, Education and Communication (IEC) materials: SHIP also plans to produce IEC materials that promote good sexual health among young people. These will also be based on the various topicson sexual health Some IEC material developed by POPSEC has been shared in Rukungiri district.

75. UGANDA

Title of Programme: Youth and Advocacy for HIV Prevalence in Young People
Contact: Seeds of Hope-Uganda
Implementer(s): Humrej Services LTD
Implemented by: Civil Society, Private Sector, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, finding shelter for young needy youths who are already with HIV Aids by constructing housing units for them and the vulnerable elderly people
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The initiative involves a case study that is aimed at identifying the most vulnerable groups in various societies of Busia and finding ways of helping them. After identifying these groups, a proposal is made basing on the finding s of our community liaison officers to the projects director who then writes to the civil society organizations and the private sector foundations and the government of Uganda who the send drugs through the Ministry of Health.

Outcomes of the initiative

The initiative has helped quite a number of these vulnerable groups.

What Strategies have been used to expand the scope and coverage of the initiative?

The initiative has a lot of staff that involves the Program Director, social; workers and community liaison officer who who do alot of research on the impact of vulnerability of both young people living with HIV AIDS and the elderly poor After identifying the above, proposals are sent to different departments within the government, private sector, and the civil society organizations for implementation.

76. UGANDA

Title of Programme: Suubi+Adherence: Evaluating a Youth-Focused Economic Empowerment Approach to HIV Treatment Adherence
Contact: Columbia University
Implementer(s): Fred Ssewamala, Principal Investigator
Implemented by: Private not-for-profit institution of higher education
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and

youth living with HIV,
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Background: The proliferation of first-line antiretroviral therapy (ART) in developing countries is a positive direction in slowing the spread of HIV. However, even with the provision of free ARVs available to those meeting eligibility criteria to receive treatment, economically disadvantaged populations in developing countries face compounding issues related to living in poverty and living with HIV. Adhering to prescribed drug regimens involves due costs associated with taking ARVs – costs that become challenging for low-income people to meet. The extra resources required in order to adhere to ART, pose an additional financial burden on already economically constrained households, such as managing side effects, increased appetite, and transport to the clinic/hospital for follow-up care and ARV refills. These costs inhibit optimal adherence rates. The key question, therefore, is: would an economic empowerment program impact adherence to ART among populations living in poverty in developing countries?
Description: In an effort to answer this question and positively impact adherence rates among low-income adolescents in Uganda, our study, "Suubi+Adherence: Evaluating a youth-focused economic empowerment approach to HIV treatment adherence," (NICHD 1R01HD074949-01) is aimed at promoting monetary savings, financial inclusion and capability, and income generating activities for poor HIV-infected adolescents in order for them and their families to generate sufficient income to meet the needs associated with managing HIV as a chronic illness, in addition to providing support for adherence to ART. The study will use Wisepill technology to measure ART adherence among youth ages 11-16 years in southern Uganda. Two groups of participants will be compared in this 5-year longitudinal cluster randomized controlled trial. One group will receive an economic empowerment intervention with proven success among a comparable demographic in the same region (Ssewamala et al., 2008-2012) as well as a package of bolstered standard of care for youth living with HIV, which includes counseling sessions on the importance of adhering to ART. The other group will receive only the bolstered standard of care program. Participants' (N = 736) adherence in both groups will be monitored with cellular satellite technology, Wisepill, which captures ARV pill-bottle device openings in real-time and transmits the openings to a centralized database via cellular satellite.

Outcomes of the initiative
The study is currently ongoing. However, we hypothesize that the group receiving the evidence-based economic empowerment intervention will show higher rates of adherence over a sustained period of time, as well as improved levels of psychosocial functioning, decreased levels of sexual risk-taking intentions and behavior, and better overall health outcomes – as demonstrated in the Suubi studies (Ssewamala et al., 2008-2012) that use a similar economic empowerment intervention package in the same study region with AIDS-orphaned children and adolescents and their caregiving families. Economic empowerment interventions may have policy and practice implications for programs designed to increase HIV treatment adherence among low-income youth and their families in sub-Saharan Africa.

What Strategies have been used to expand the scope and coverage of the initiative?
The Suubi+Adherence study covers three political districts in southern Uganda: Rakai, Masaka, and Lwengo Districts. This region of Uganda has the highest HIV prevalence and incidence in the country. The sample size for the study is 736 adolescents ages 10 to 16 years, who have been prescribed antiretroviral therapy (ART). The adolescents are enrolled in care at one of 32 health clinics spread throughout the study region. The five-year Suubi+Adherence study is currently in year two, however, based on the evaluative results from the study to be disseminated near the study's completion, the intervention has the potential to influence policy and programming with regard to ART adherence programs for

HIV-positive youth in Uganda and other countries in sub-Saharan Africa.

77. UGANDA

Title of Programme: Investing in the Youth Mind Have a HIV and AIDS-Free Generation
Contact: Disaster Risk Reduction Platform for Teso (DRRP4T)
Implementer(s): Red Cross-Teso, Action Aid-Teso, Trans-cultural Psychosocial organization (TPO), Teso Dioceses Planning Development Office (CoU-TEDDO), Soroti Catholic Diocese Integrated Development Organization (SOCADIDO),Pentecostal Assemblies of God/Katakwi Integrated Development Organization (PAG/KIDO), Lutheran World Federation (LWF) and 8 Local Government of Teso Sub Region
Implemented by: Platform
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

More than half of all youth in Teso Sub region survive on less than USD$1 a day and more than 145,000 adolescents do not attend school. 86,750 adolescent girls become mothers every year of which mothers under age 20, infant mortality rates average 100 deaths per 1,000. Live births; among mothers aged 20 to 39, the rate is 42 to 54 deaths per 1,000 live births hundreds of young people are infected with and the ratios of new female-to-male HIV infections among young people between ages 15 to 24 run as high. The intercession will show positive results because it will help to contribute substantially in the areas of engagement of young people in programme design, implementation, monitoring, evaluation and learning. This is a milestone to HIV/AIDS stigma reduction, behavioral change and skills development for prevention, support to youth and capacity building. Of the direct beneficiaries, 60% will be female, while 40% are male because HIV prevalence rate is known to be high amongst female youth of age bracket 18 - 37 years. We will define as the basics of a good intervention for young people implying that they are a target group and are adequately informed while explicitly focuses on youth issues through documentation to prepare the ground for working with youth as partners.Training will cover sexual and reproductive health and rights, governance, voice and accountability on young people involves informal means of supporting their autonomy as individuals, post-conflict transitions and livelihoods. An attitudinal, structural, and cultural process whereby young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of other people, including youth and adults. Also social exclusion in which certain groups are systematically disadvantaged because they are discriminated against (in public institutions or socially, e.g., in the household) on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability, HIV status, migrant status or where they live.

Outcomes of the initiative

More youth targeted would have learned on how to engage the government and other development partners to be more involved in programme design, implementation and monitoring and evaluation. Additionally more than 145,000 adolescents do not attend school have alternative means of making living. Cases of adolescent girls become mothers every year of which mothers under age 20 would have reduced to 6,750. Infant mortality rates average 100 deaths per 1,000, live births; among mothers aged 20 to 39, the rate is 42 to 54 deaths per 1,000 live births hundreds of young people are infected with and the ratios of new female-to-male HIV infections among young people between ages 15 to 24 run as high is what we would work to round to see into that it has drastically reduced. Improved documentation and dissemination of project progress in collaboration with other stakeholders

What Strategies have been used to expand the scope and coverage of the initiative?
Access to VCT services where there are selective and orient couple counselors on HIV prevention to spearhead prevention activities in the higher institution of learning, schools area and surrounding communities; this approach was not comprehensive enough in youth engagement for sexual reproductive health. The other approach was that of the three-lens approach to youth participation which involves target groups working for youth as beneficiaries, collaborators by engaging with youth as partners and youth initiators who supporting youth as leaders all focus on working with and for youth towards effective development. The challenge with approach is institutions and practitioners do not consider all three lenses because they are mutually exclusive. Therefore, youth participation in development is often hampered thus failure of the project targets. The other aspect is the approach is not dynamic because depending on the local context and the development intervention of one particular lens may not be more appropriate or having more prominence due to the risk and uncertainty. It might appear that youth participation is just about young partners or leaders, and not young beneficiaries and this the ultimate aim of this project to develop youth as partners and leaders in development based on their capacity to act, their skills and capabilities and their ability to change their step that doing more and reaching further is can help lower the rate of HIV prevalence.

78. UGANDA

Title of Programme: Positive Prevention among the Young People Living with HIV&AIDS
Contact: St Francis Health Care Services
Implementer(s): St Francis Health Care services
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 1998
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
In this project we seek to address the need to put up interventions that will provide positive prevention and HIV/AIDS care and treatment support services to the young persons living with HIV&AIDS with the main focus on Palliative care and capacity building for both the young people and their caretakers. We intend to conduct community stakeholders meetings to integrate the community youth management committees, religious and community leaders in the management and prevention of HIV/AIDS. During the implementation of the project we intend to support community youth management committee structures, village health team Members (VHTs) and religious leaders to mobilise monthly mass VCTs in the schools and the community targeting in school and out of school young people, conduct weekly home-to home counselling and testing as well as daily facility based HIV/AIDS counselling and Testing. We will work to provide more specific care package to the youth who were living with HIV and AIDS, the Source of the Nile Young positives support club. This will specifically aim to empower young people to be able to overcome the challenges that come with of living with HIV as young people, through sharing experiences. We will also work to reinforce efforts to provide an opportunity to work with Orphans and Vulnerable Children forming a support group intended to provide health education, HIV and STI prevention information, and to bring successful professionals to help mentor the youth so these young people can be able to envision the future. Both these support groups will meet on weekends at the St. Francis youth friendly space and get involved in a number of activities such as, Mentoring in Life Skills and Adolescent Reproductive Health, Straight Talk /Young Talk Reading; as well as hold discussions on adolescent reproductive health talks, life skills, Games and sports, and Music, dance and Drama focusing on HIV&AIDS prevention. We

shall provide diagnosis and treatment of opportunistic infections to young people living with HIV/AIDS including early detection, diagnosis and management of TB and sexually transmitted infections among young persons living with HIV&AIDS. Provision of quality antinetal and PMTCT services shall be done routinely at the facility including screening of STIs to all young persons living with HIV and AIDS. Mass screening shall be done to young male participants with mobilization by religious leaders and youth Community Counseling Aides This shall be done in institutions such as mosques, churches, religious gatherings, schools, markets, companies and industries.

We will conduct awareness campaigns about the importance of Safe Male Circumcision (SMC) in HIV prevention strategies. 600 young male persons will be circumcised by the end of the twelve months. We shall conduct music, dance and drama awareness in the community to educate the community on the importance of SMC in HIV prevention. This exercise will be conducted by youth drama group that will be educated on the importance of SMC.

Home-based care treatment is going to be one of our major focus with the targets being the remote areas where acess to medical and transport services is a challenge for these youth. During these visits, we shall have community satellite clinics for young people where the medical team will have weekly mass treatment centres distributed across the sub-counties mainly targeting the young people living with HIV and AIDS. Through the linkages with others services providers we shall have referral systems to enable the young people have extra services that will compliment on the ones offered by St.Francis.

Outcomes of the initiative

The initiative is intended to to achieve a number of outcomes including; Improved quality of life of young persons living with HIV&AIDS through reduced morbidity and incidence of opportunistic infections. There will be a decrease in the level of immune-suppression of of the young people living with HIV and AIDS. Improved quality of life of young people living with HIV&AIDS.
Decrease in MTCT among children of these young persons living with HIV &AIDS.
Decrease in rate of unintended pregnancies by young mothers living with HIV&AIDS.
Increased uptake of PMTCT services by the young mothers living with HIV&AIDS. Improved hygiene among young male persons of because of their involvement in Safe Male Circumcision, There will be reduced occurrence of STIs among young male persons because of involvement in SMC. By addressing the SRHR of the , problem relates to the Millennium Development Goals (MDGs) 4, 5 and 6 – unwanted pregnancy, early marriage, school –drop out, reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases.
The initiative will also contribute to 'empowering young poor people, strengthening their ability or opportunity to speak for themselves and make demands of those in power".

What Strategies have been used to expand the scope and coverage of the initiative?

Strategy 1: Emphasize service delivery to the youth living HIV&AIDS in the community care and support services will focus at the youth in school and out of school living with HIV both at household and community level as the first line of response. As a major priority, we shall ensure that the families and communities be strengthened and enabled to provide care and support for youth living with HIV&AIDS. The project will be focused directly on a home based family centered approach to delivering healthcare, preventive care, education, and nutrition. We will complement this with community workshops, feasible income generating activities and training to the target group.

Strategy 2: Focus on Improving Service Quality
There will be a focus on improving the quality of Health services by incorporating a process for quality assessment and continuous quality improvement in all the planned project

activities. In order to promote quality in HIV/AIDS service delivery to the youth, we shall roll out national guidelines and standards to all the staff and community based service providers who network with SFHCS.

Strategy 3: Strengthen Partnerships and Linkages
Partnership is a key feature of our approach to HIV/AIDS programming and we are very familiar with partnership principles and promote partnership in the development and realization of project goals, objectives and service delivery strategies focusing on young persons. Fully implementing the proposed project activities will require the formation and/or strengthening of partnerships with civil society organizations, local government institutions, and private sector organizations schools and the community. Both within civil society, and across civil society, local government and the private sector, organizations and institutions have a range of mandates, characteristics, coverage areas, and specialties that place them in unique and strategic positions to meet the needs of Uganda's AIDS Care programmes. We shall strengthen the referral network of HIV prevention, care and treatment services for youth linked to SFHCS program. We shall also maintain strong linkages with other national and local stakeholders in OVC care and support such as micro-lending organizations.

Strategy 4: Facilitate Community Participation and Empowerment
Communities will be involved in the mapping, planning, and provision of youth living with HIV&AIDS services to help ensure that the youth are physically, emotionally, and culturally integrated in the communities. The partnership with SFHCS will help insure culturally appropriate responses. SFHCS is committed to fostering community participation throughout the project, and they also have strong relationships and experience with other institutions involved in treating and preventing HIV/AIDS and in working with young persons living with HIV&AIDS.

Strategy 5: Emphasize Monitoring and Evaluation
For Objectives listed above, SFHCS will collaborate to establish benchmark indicators. SFHCS will provide monthly reports on those indicators and weekly activity reports. We will monitor progress to ensure the project stays on track. We shall carry out and document sustainable monitoring and evaluation structures, best practices and lessons.

Strategy 6: Make the Growth of Sustainability: an Integral Project Component
We shall use the institutional building approach that is based on the recognition that sustainable HIV/AIDS responses depend among others on the existence of strong and effective organizations. Therefore, beyond a limited focus on Palliative care programming, SFHCS in partnership with stakeholders will endeavour to promote overall competence in organizational management, development and youth involvement in programing so as to engender a sustainable and productive environment for directing individual actions towards realization of organizational goals as well as coordinating individual organization's efforts towards the realization of collective HIV/AIDS policy aspirations.

79. UGANDA

Title of Programme: Uganda Youth Responses to HIV
Contact: Uganda Youth And Sports Initiative (UYASI)
Implementer(s): Akiding Stella and James Magala
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Uganda Youth and Sports Initiative (UYASI) is a non-governmental organization which was formed in 2010 and registered in 2013 with the Uganda National NGO Board. UYASI was founded with the mandate to improve the welfare of disadvantaged youth (10 - 25 years) old living in urban slums and poor rural districts of Uganda. UYASI is working to holistically eradicate human suffering among the youth by responding to their physical, psychosocial, economic and emotional needs.

UYASI main program focus areas are as follows: Sports UYASI values the unique methodology of using sports/games as a tool to mobilise, inspire and motivate youth from poor households to freely participate in development program activities in their communities. Health Training of youth on HIV and AIDS prevention, management, reproductive health, general hygiene etc. Psychosocial support to the youth infected and affected by HIV and AIDS Youth perform drama activities sending out messages on HIV and AIDS prevention Youth hold radio talk shows about HIV and AIDS prevention
Education UYASI values education for the youth. In-school youth are assisted through income generating activities to be able procure school materials like uniforms, books sand bags. Out-of-school youth are facilitated to attend apprenticeship/vocational training courses.

Livelihoods/Agriculture: Youth are encouraged to participate in small business ventures. Those from rural districts who can access land are trained in modern farming techniques to enable them improve on their household incomes through crop selling.

Outcomes of the initiative
- Increased knowledge on the HIV prevention
- Reduced youth vulnerability to HIV
- Reduced stigma and discrimination in communities

What Strategies have been used to expand the scope and coverage of the initiative?
The strategies that have already been used to expand the scope and coverage of the initiative are as below:
- After training some youth as peer educators, they are expected to go back to their families and communities and pass on the same information to others. This is the same with the use of trained Youth Advocates who are like watch dogs on youth issues.
- Local to Local dialogue sessions: This is a tool used to bring the youth together with their local leaders and communities to discuss and find solutions to problems that affect the youth. Here issues on HIV are freely discussed until solutions are peacefully got.
- Community dialogue sessions: communities themselves arrange for this gathering and discuss issues that affect them whether on health or any other issues. Here, the youth are able to bring in their burning issues on HIV prevention and the use of condoms.
- Fundraising: As resources are being leveraged for project expansion, more communities and districts are added on to benefit thus expanding the scope and coverage of the initiative.

80. UGANDA
Title of Programme: School's Choose
Contact: Kadama Widows Association (KWA)
Implementer(s): Youth, community leaders,organizational staff
Implemented by: Civil Society , community based organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes, Enrollment and retention of young people in school especially those affected and infectde by HIV

Programme being implemented since: 2009-2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Purpose: To ensure enrollment and retention of young people especially HIV+ in school

Tardget audience: The young people in and out of school, vulnerable groups like disabled, girls

Activities:
- School education events to educate peers on facts about HIV
- Community education events to let the general community know facts about HIV
- Using sports to challenge myths surrounding HIV both in school and during holidays
- Plant a mango for education and challenge HIV by staying in school
- Peer support groups to just let off steam and offer bereavement support to the children who have lost parents to HIV
- Drop in center for counseling sessions of the young people.

Outcomes of the initiative
Increased enrolment and retention of HIV+ children in school due to the supportive peers and teachers due to the continuous training and mentorship, counselling and adherence support. Reduce stigmatization in schools and community due to the outreach to sensitize peers of facts about HIV using peer educators, role plays and sports. Many young people can now stand and speak about their status freely and confidently. Confidence has improved greatly among the young people as a result of the participative peer support groups.More community engagement in matters that affect the youth and support.The local leaders now support the youth to stay in school. The birth of school commitment completion forms. This form is filled in the child, head teacher, local leader, care taker all committing that the child will compete primary education and failure will lead to punishments

What Strategies have been used to expand the scope and coverage of the initiative?
Using sports to challenge HIV is a great strategy as many young people venture into sports and will at all cost participate. This increased awareness of HIV facts and choices they have in life. Using peers to reach peers works as young people tend to listen to similar others and since they understand their language of youthfulness better. Partnership with other service providers is great as this increases coverage and avoids duplication of services. The involvement of the community and the local leaders in mobilizing communities works and gives them a sense of ownership.

81. UGANDA

Title of Programme: Promoting Behavioural Change and Abstinence Against HIV/AIDS among Youth
Contact: Children of Uganda
Implementer(s): Children of Uganda (CoU)
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Out of 26 million peole in Uganda at the time the initiative was developed, 47.3% were less than 15 years and 23.3% were between 10-24 years. At that time, it was estimated that 1.5million Ugandans were infected with HIV and the youths formed nearly 50% of the total number infected, with a male to female ratio of HIV infection being 1:6 for teenagers

compared to 1:1 for adults (MOH, 2003). This initiative targeted young people in Uganda, particularly in the central region (Kalangala, Wakiso, Mityana and Rakai districts). The purpose of the initiative was to contribute to the reduction of HIV incidences among out of school youth through abstinence and behavioural change interventions.
Initiative's target audience: 1. Adolescents below 10 - 19 years in primary and secondary schools, 2. Youth out of school 15 - 24 in 8 sub counties within each of the four districts mentioned above, 3. Young married/engaged people, 4. Community leaders and parents who were rained as support role models. Activities and components of the initiative:The initiative conducted a Knowledge Attitude and Practices (KAPs) baseline survey in all 4 districts to benchmark bet behavoural practices and gaps amongest youth 10 -19 years. Other activities included trainings/workshops for the youth on abstinence and behaviour change. Community dialogue meetings, drama and video shows, awareness campaigns advocating for the rights of young people against sexual exploitation and abuse. Youth friendly Voluntary Counseling and Testing services for HIV were also availed through referrals and networking with other service providers. Religious leaders were also trained in preparing newly married youth to be faithful and to communicate effectively.

Outcomes of the initiative
The initiative had the following outcomes 1,256 volunteer educators attended and participated in Training of Trainers on life skills, to empower their peers. 2. At least 3200 youth were reached with messages on life skills and majority later testified having been helped by the same. 3. 4000 youth were reached with Abistenence and be-faithful messages, which saw a lot of them get transformed and change behavior. 4.2000 youth accessed Voluntary Counseling and Testing services and this made a difference in their lives after knowing their status and being guided on how to deal with whatever results they got. 5. 400 community leaders were empowered with advocacy skills and this ensured effective guidance and protection of the rights of the youth, in addition to increased awareness to communities through the trained leaders. 6. 200 youth were empowered to advocate for their rights such as access to health care and some of these have grown up and are still referred to as role models. 7. 1500 engaged and newly married youth accessed Voluntary Counseling and Testing services, which influenced behaviour change and seeking treatment early enough for those who were HIV positive.

What Strategies have been used to expand the scope and coverage of the initiative?
The initiative used an approach of service integration, where the HIV related services have been linked to the educational support, advocacy against child labour and family empowerment. This has been done to ensure that the targeted populations receive a comprehensive package of services and it is working through a multi strategy approach where by beneficiaries, line departments in the local government, civil society organisations operating in the same areas, religious ledears, teachers and community leaders have been brought on board to ensure effective service delivery, ownership and sustainability. However, the initiative reduced the number of districts and is now focusing on Rakai and Mukono districts of Uganda. This was due to limited resources and the need to create more impact on ground.

82. UGANDA
Title of Programme: Rhythmic Voices
Contact: Rhythm of Life
Implementer(s): Youths
Implemented by: Civil Society, Faith-based, Students unions and clubs
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes, Distribution of HIV/AIDs health care kits
Programme being implemented since: 2013

Has the programme been evaluated/ assessed? No

Short description of the initiatives
The target audience are students in different schools and youths in different faith related denominations that encompass teenagers and youths.The essence of Rhythmic voices is to spread an anti- HIV/AIDS word to the young generation and to also offer basic treatment and counselling to the HIV positive while offering referrals where possible.Our activities range from school seminars and workshops, essay writing competitions. Debates, movies, community missions, music and drama, short film clips in big audiences like cinemas, churches, football watching avenues, providing health kits, poetry, training peer counselors and youth camps which involve all our beneficiaries from the different audiences of our operation.The major components of Rhythmic voices are to raise awareness about this scourge among the young generation by directly involving them in critical understanding of this magnitude and to also be able to stand as ambassadors against the stigmatisation and fear attached to it.

Outcomes of the initiative
Basic and crucial knowledge is acquired concerning HIV/AIDS prevention and treatment. Talent development through music, dance and drama which result into short film making to be posted in bigger auditoriums, school and church assemblies.The voices of the young generation especially in News paper columns of the best essay writer in exhibiting their role in preventing and treating HIV/AIDS. We are able to fight against stigmatisation by standing in for all the different groups that are affected by HIV stigmatisation.The trainings sharpen the young adults in peer counseling and educators as ambassadors for this cause.Tackling and challenging the status quo in dealing with the most at risk populations for instance group field visits to street sex workers in Kabalagala and fisher men in Ggaba distributing "info-packs" and health kits like condoms. This increasing the exposure of the young generation in dealing with the risk of acquiring and treating the virus

What Strategies have been used to expand the scope and coverage of the initiative?
Basically the penetration in the educational field that s to say; schools, colleges and universities with a strategy of film making and presentation.The distribution of health kits and "info-packs" which does not consume time yet it creates reference for connection and contact in case of any need by the potential beneficiaries.The camp strategy, it brings all the beneficiaries together in union for both fun and learning the basic new strategies of tackling this dynamic problem by having their opinions represented.

83. UGANDA

Title of Programme: Improving Health of Youth Affected and Infected with HIV
Contact: Sustain Approaches To Empower Community Health
Implementer(s): Sustain Approaches to Empower Community Health
Implemented by: Civil Society, Faith-based
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Youth on many accounts continue to strongly face economic and social challenges more especially in areas that have been affected by political instabilities.The situation turns worse for youth when issues of negative cultural attitudes, traditional belief systems and harmful practices such as early marriages come in. During our community out reaches in Kyondo Sub County in particular, we came to realize through focused group interactions that the post ADF war effects contributes much to the low economic status of youth and this has

increased the rate at which youth get infected and affected with HIV and AIDS especially the girl child who were involved in early married and their spounces were killed during the ADF war and the have gone a head to look for food and others necessities for their children and thus prostitution has increased in the area.The increased spread of HIV and AIDS in Kasese dates back to the period of ADF rebel war where very many people were killed within communities and other abducted by the ADF rebels hence having a high number of orphaned children, and in addition to this armed conflict the population vulnerability to HIV and AIDS and other sexual reproductive issues increased.The situational analysis (CRD2003) indicate that the cross boarder interactions (Uganda and Dr Congo) rapid urbanization and Industrialization like Hima Cement Factory Mubuku 1,2 and 3 Trounder Power Plants have attracted many commercial sex workers has left many and young people engaged in early and un guided sexual relationship, increased immorality/ prostitution, social stigma to HIV and AIDS, peer influence in negative behavioral change combined with western influence on code of dressing and sugar mummy/daddy luring young people into sex moral decay, lack of access to Friendly Reproductive health services by the youth silence of parents and guides on the youth reproductive issues, have negative attitude towards condom use by the youth have had a negative impact in the neighbouring Sub counties of Kisinga and Kyondo and the entire District. Some still have the fear that the condoms will remain in their private parts.Sustain Approaches to Empower Community Health recognizes that HIV and AIDs coupled with adolescents sexual reproductive health challenges spreads fastest where poverty, social disfranchisements and instability prevail. The impact of war on Kasese has therefore been degenerative to the already poverty stricken community. As a result of conflicts, there has been increase in the HIV infection leading to loss of lives the account to increased orphaned children that have no means of survival and livelihood. These children have ended up child headed families, forced into early sex thus early marriage; some are victims of forced labour hence escalating the reproductive health issue in the district. However Government has done all it could and has contained the security of this area. These insurgencies have left negative effects to the community surrounding Mt. Rwenzori. The effects have been: (i) Displacement (ii) Orphanage (iii) Landless (iv) Disease (HIV and AIDS) (v) Less crop production among others. All these effects have contributed to poverty escalation among the people living on the slopes of Mt. Rwenzori. The communities surrounding this mountain are engaged in Agricultural activities as the major source of income. This has now changed as people still re-organize themselves to go back to their lands. The cause to involve these people in other economic actives is paramount as the area is suitable to accommodate other economic activities like trade, intensive farming, brick making out of clay and animal Husbandry etc.

Outcomes of the initiative

In the course of implementation of this project, the organization expects to see these results:
1. Enhancement of savings by the affected and infected youth
2. Increased awareness on HIV and AIDS prevention, care and treatment
3. Community will understand the loan process
4. Improvement of income generating projects at household level
5. A bright and happy society with settled homes
6. Retention and complete University especially for the youth who are affected with HIV and are still in school
7. Reduction in the number of Children abused cases in the Communities (rape)
8. Improving on youth Socio- Economic Status for Self Reliance at Household level

What Strategies have been used to expand the scope and coverage of the initiative?

This project will be steered towards streamlining HIV and AIDS prevention, care and treatment, poverty eradication through Socio- Economic Empowerment of Caregivers and their Children within the Household and systematic methods of work shall be designed as:

1. Every member shall be required to save on a weekly basis. This savings shall be registered as a loan insurance fund (LIF). In case of defaulting, the LIF shall assist in the

recovery of the loan.

2. Capacity Building of which will involve the Training of Staffs, Children/adolescent Rights Club Members, Caregivers in Kasese District.
3. Loans shall be disbursed in phases whereby at the time the last person receives a loan then the one who began should have reached a half way in repayments.
4. The use of Information, Education and Communication (IEC/ BCC) Materials will be to increase awareness through Dialogues and Material Dissemination concerning Safer Sex Practices among the adolscents out and in School and their Caregivers as the use of the ABCC Strategy. STIs care, treatment, Prevention and the available Sexual Reproductive Health Services including Voluntary Counseling and Testing(VCT) to Promote the adoption of Safer Sex behaviors to create Support for the Project in the Communities for which it is Targeted.
5. Interest rates shall be consolidated to within the principal loan and every installment shall reflect payment of a portion of an interest to that loan.
6. Service Delivery will be of an integrated nature that will include Health, Children Protection, Livelihood Empowerment and Education through dialogue Sessions, Training, Coaching and Mentoring Sessions to adolescents, Children Rights Club Members, Caregivers and Pss volunteers, Political and Religious Leaders, and School Club Patrons.
7. We shall mobilize and sensitize the members on the importance of savings and instill them with creativity skills. This shall then think of how to sustain their living without external support.
8. There shall be monthly meetings by member groups to evaluate the progress of the project.
9. Beneficiary Involvement into the Project. Sustain Approaches to Empower Community Health(SATECH) will continue to engage the grassroots CBOs/ FBOs, Adolscents, Youth groups, Parents and Teachers to Participate in Project Design , Programming, Decision-Making and Implementation to ensure that Beneficiaries Voices are heard. Private- Public Partnership (PPP Strategy), Collaboration and Networking with other Development Partners (Donors) will be at the Heart of SATECH achieve breadth and depth of Beneficiaries Intervention and Impact at Household and Individual level.
10. At the end of every year, there shall be an Annual General meeting which shall be convinced at a place designation for that purpose by the executive director so as to look at the financial statements and give out dividends accruing from interest charged on loan to every member if any.
11. The organization shall from time to time adjust on the methodology if the Beneficiaries so wish and or if there is a snack during implementation.
12. There shall be Beneficiaries appraisal by the Chair Persons of the Clusters/ Formed Famer Groups and filling of application forms before any loan/ IGAs are given out.
13. Monitoring and Evaluation (M&E) will be through Follow-ups, Support Supervision, analysis of Project Data, Mid and End Term Evaluation will be Accomplished. It will also include Routine Project Performance Tracking and Quality assessment visits and Procedures to ensure that Quantity and Quality Service Delivery is continually availed for improvement Of the Households.

84. UGANDA

Title of Programme: My Body My Life My Choice (Get Ur Mix Out)
Contact: Reach A Hand Uganda
Implementer(s): Young people (Peer Educators, Celebrities, Teachers and Media partners)
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011

Has the programme been evaluated/ assessed? No

Short description of the initiatives
Get your mix out! (GYMO) Get your mix out! (GYMO) Campaign is a Behaviour Change campaign targeting Ugandan young people between the ages of 15 to 24.The aim of the campaign is to empower young people with knowledge and skills to understand their sexuality so that they can make informed choices in life and understand the aspects of HIV/AIDS. This concept will help young people to better understand and to better deal with their daily life challenges when they grow and are faced with HIV/AIDS and rising issues of sexuality in general. The campaign is aimed at creating a supportive environment for young people's SRH issues and those living with HIV and checking the harmful social, cultural and religious norms that affect the health and personality of today's young people.The "Get ur Mix Out" program is designed for use within existing school structures. The program is mainly implemented by well trained peer educators and intends to change basic attitudes about sexuality and to encourage safer sexual behaviours.Through peer education, school outreaches and sexuality clubs, participating youth themselves will develop materials like skits, poetry, songs, animations, games, booklets among others with comprehensive health and sexuality messages to 1) assist young people to make healthy decisions about sex and 2) reductions in sexual risk-taking behaviours among the young people in Uganda.

Outcomes of the initiative
The outcomes of the initiative it provided opportunity for YP to get to know their HIV STATUS for the first times since services and information had been extended proximal to where they spend most of their time at school where by first time testers where Male 279 and females 663 as it indicates in the report i sent to Sunn. Personal testimonies from HIV activists helped young persons to test for HIV/AIDS which helped in creating an enabling environment in school communities for young people to freely discuss about sexuality and express themselves thus reducing stigma.

What Strategies have been used to expand the scope and coverage of the initiative?
We have worked with Private sectors especially those that do products for young people who have come on board to support the initiatives to this also the media sector has come on board which has increased on the awareness of young people on issues related to HIV and sexual reproductive health. Working with Local celebrities who have been grate ambassadors of in this initiative has attracted the young people to embrace the project because the language they speak make the young people understand them and identify themselves with messages created as witnessed in this video (http://www.youtube.com/watch?v=Jr3u305Wwdw) The peer-to-peer approach helps us unify our efforts as young people and facilitate our progress towards a common vision and the participation of young people allows active and meaningful youth involvement in meeting the needs and interest of today's young people. Media platforms have been used to widely distribute comprehensive Sexuality Education messages to not only among in-school young people but also by reaching to the out of school young people. In order to target as many young people as possible, RAHU has designed advocacy message that have been disseminated on not only social media platforms but on mobile devices, digital billboards, radio and television and print media (http://www.youtube.com/watch?v=5eBi9VWZo00)

85. UGANDA

Title of Programme: Sexual Health and Reproductive Education (SHARE)
Contact: Centre For Youth Driven Development Initiatives (CFYDDI)
Implementer(s): Trained Peer Educators
Implemented by: Community Based Organisation
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal

environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
CFYDDI is leading The Sexual Health and Reproductive Education (SHARE) project between 11- 24 years of age in Partnership with grassroot community based organizations which are part of a comprehensive strategy aimed at combating the spread of HIV/AIDS and other sexually transmitted infections (STIs) among youth. SHARE works by creating awareness of and understanding about sex and reproduction prior to first sexual activity, enabling youth to make more informed decisions regarding their bodies. SHARE introduces a sexual education curriculum in secondary schools that incorporates innovative strategies such as role-playing, debate, creative writing, and the sharing of personal experiences. The curriculum allows for open discussion and dissemination of information by trained educators in a supportive environment. Participants receive knowledge of the physiological and anatomical development of the human body and sensitization on the devastating impact of HIV/AIDS and STIs that can lead to behavior change. The information presented in these exchanges is intended to encourage young people to start a SHARE Club at their school to ensure continuous discussion of these important topics. These innovative strategies build a sense of communal ownership among the youth that gather to discuss HIV, reproductive health, family planning, and STI prevention.

Outcomes of the initiative
When it comes to economic mobility and dis-encouragement of entering into sex work and obtaining a ‘sugar daddy ‘or ‘sugar mummy’, we discuss these themes across all 4 modules of our curriculum. We know that this is a real problem with communities and some of our methods directly address how one can negotiate with potential partners. We know that ultimately, a great deal of information doesn’t always result in behavior change, so we encourage the young people we teach to ‘act’ like they are in these situations and give them the skills of negotiation to avoid them. Where they may be unavoidable at times, we at least practice harm reduction and encourage discussions about using contraception. We have been working for a long time in the field of HIV/AIDS, have conducted a great deal of research and also have spent lots of time studying the (predominantly social) determinants of this infection. In our opinions, gender inequality and poverty are two of the largest contributors to the epidemic and continuous addressing of these issues is essential to curb the plight of the virus. Given that we are a small CSO, we know it is not within our capacity to financially impact a large number of young people with a relatively small-budgeted. However, we do know that, from our experience, many young people who do engage in consensual sexual relationships (leaving transactional sex and commercial sex work aside for the moment) do not use contraception as they have been extremely misinformed about it. This is a huge knowledge gap that we have worked on with in our efforts. Last year we trained 20 peer educators reaching out to 10 schools and 40 community villages to target out of school youth.

What Strategies have been used to expand the scope and coverage of the initiative?
Our recruiting approach for peer educators revolves around member organizations with excellent young people who are able to mobilize out-of-school and in school youth who carry forward the program. While also in schools we have established SHARE clubs. And as a National Focal Person for GYCA – UGANDA, part of my responsibility is to share best practices in harmonizing a working relation with various national, regional and local youth HIV/AIDS Self Coordinating Entity to meaningfully contribute and adopt proved workable practices to the National HIV/AIDS Response.

86. UGANDA

Title of Programme: POZ Transition
Contact: Uganda Network of Young People Living with HIV & AIDS
Implementer(s): Uganda Network of Young People Living with HIV & AIDS
Implemented by: NGO
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Has the programme been evaluated/ assessed? No

Short description of the initiatives

About UNYPA Uganda: Network of Young People Living with HIV/AIDS (UNYPA) is a network for and by young people living with HIV started in 2003 to provide leadership and coordinate the greater and meaningful involvement and participation of young positives in Uganda in the national, regional and global HIV and AIDS response. UNYPA advocates to improve the quality of life of young people living with HIV in Uganda and as a network, UNYPA is driven by the needs of young people living with HIV and implements an evidence informed national programme and advocacy for YPLHIV to lead healthy and productive lives. UNYPA's advocacy agenda and national programmes are shaped from concerns, needs and the lens of a young positive as outlined below: "I face stigma and discrimination on a daily basis. 30 years into the response, people still fear my HIV status and I don't feel safe to disclose. I endure a triple jeopardy – I am young, I am positive and often, I am part of a stigmatized group that sits on the margins of society. The ever-present prevention campaigns help to stigmatize me further. Ill-considered laws and poorly planned policies that breach confidentiality or require disclosure dis empower me. It is time to change the messages and normalize my status. I am asking for the same rights and opportunities as any other young person. Nothing more…."
About the Initiative: UNYPA working with Pediatric, ART sites and general health facilities has a new service for 15-24 year olds living with HIV. The service is led by young people also living with HIV. Together with young positive clubs across the country we aim to support girls and boys during their move from child to adult health services and care. We are currently recruiting volunteers to be youth peer mentors. As a youth peer mentor you'll befriend another young person, providing a listening ear, support with managing their HIV, relationships and coordinating small befriending groups. Full training and support is provided.

Outcomes of the initiative

POZ Transition or Positive Transition is a peer-led services support programme that helps individuals especially young men and women come to terms with an HIV diagnosis; manage complex treatment regimens and promote adhere; and build critical relationships and social connections. Our groups allow young people living with HIV to meet, talk openly about HIV in a safe and supportive environment, and build lifelong support networks.

What Strategies have been used to expand the scope and coverage of the initiative?

We are currently recruiting volunteers to be youth peer mentors. As a youth peer mentor you'll befriend another young person, providing a listening ear, support with managing their HIV, relationships and coordinating small befriending groups. Full training and support is provided.

87. UGANDA, KENYA

Title of Programme: Brighter Future: Improving Sexual and Reproductive Health of Adolescents Living with HIV
Contact: Institute of Tropical Medicine
Implementer(s): Baylor College of Medicine, Children's Foundation Uganda, Makerere University Department of Pediatrics (Dr Sabrina Bakeera-Kitaka)

Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Positive prevention
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
There is an urgent need to develop positive prevention interventions for adolescents living with HIV in high endemic regions. This initiative adapted an evidence-based primary prevention intervention to improve sexual and reproductive health (SRH) of adolescents to a positive prevention program for adolescents living with HIV in Kenya and Uganda. The adapted intervention (‘*Brighter Future*’) has the aim to support HIV-positive adolescents in their SRH and to support them in coping with HIV ('positive living'). The systematic adaptation was guided by the Centers for Diseases Control’s map for the adaptation process, by conducting extensive formative and participatory research with adolescents, their caregivers and service providers. These data were used through several feedback loops for the adaptation process. The procedure included: assessing the target group’s needs (i.e. adolescents aged 10-18 living with HIV in Kenya/Nyanza Province and Uganda/Greater Kampala Area); identifying the potential intervention to be adapted through a systematic literature review, conducting qualitative adaptation research to identify areas for adaptation and ensure cultural relevance, pilot-testing the revised program, and conducting a process evaluation of its first implementation among adolescents and caregivers. The intervention is theoretically based, i.e. social cognitive theory, theory of reasoned action and theory of planned behaviour. Areas added onto the original intervention’s logic framework identified through formative research were: information and skills building on sexual relationships and protection behaviour, prevention of vertical HIV transmission, contraception, HIV-disclosure, HIV-related stigma, HIV-treatment and adherence. *Brighter Future* is a group-level intervention and uses a mix of strategies to build knowledge and skills, based on the empirically validated behaviour change methods consistent with the underlying theories (e.g. goal setting, role modeling, planning and coping responses). Such strategies include a.o.: ice-breakers and energizers to build group cohesion; colourful posters conveying key messages through culturally-relevant examples; comics and reading material featuring the intervention’s three main characters (i.e. role-models with their own experiences, dreams and challenges) to build risk-awareness and outcome expectancy; group discussions to explore key messages, generate ideas, and promote self-reflection; role-plays with peers to build effective communication and negotiation skills; homework assignments to provide opportunities to use new information and skills; exercises with buddies and caregivers to enhance social support. *Brighter Future* has been developed in two age-specific versions (10-12 yr. old adolescents and 13-17 yr. old adolescents) and is delivered by two trained facilitators to mixed-gender groups of up to 12 participants.

Outcomes of the initiative
This project showed that adapting an existing evidence-based intervention for resource-constrained settings can be effective when the intervention’s theoretical core elements are kept. Through conducting extensive qualitative research we ensured achieving cultural relevance, which is shown by the high rates of satisfaction with the program at its first implementation. The process evaluation combing quantitative and qualitative approaches showed high level of satisfaction with the interventions' content and interactive delivery methods. The process evaluation showed that 91% of the participating adolescents felt that participating in BF II was very helpful in setting clear goals for their future; in supporting them in current or future sexual relationships (94%); in avoiding unwanted sexual activity (92.5%); in negotiating safer sex (88%); and in disclosing HIV if they wanted to (95%).The qualitative part of the process evaluation showed that *Brighter Future* had a positive impact on adherence, sexual abstinence, condom use, social support, psychological well-being and overall quality of life. Caregivers mentioned in first place the positive impact on health

behaviour, which they attributed to the intervention. They reported improvements in seeking medical care when necessary, but also in adherence. Caregivers recognised that adolescents took more responsibility for their own health after having completed the intervention.

What Strategies have been used to expand the scope and coverage of the initiative?
Detailed facilitator manuals for *Brighter Future* I (age 10 -12) and *Brighter Future* II (13-18) including participant handbooks are available and have been disseminated at a first training workshop held in Kampala in October 2012 with about 120 stakeholders from Kenya and Uganda present. Great need was expressed for training of the trainer (ToT) materials developed. Baylor Uganda responded to this by developing a ToT manual. The first series of trainings are to be conducted soon. Currently, we are negotiating with partners/implementers in Uganda, Kenya and South-Africa to conduct an outcome evaluation to asses the effectiveness of this programme. For further information, we will send by-email a paper on the systematic intervention development (submitted for publication) including the process evaluation, and a published paper on the formative research outcomes.

88. TANZANIA

Title of Programme: Initiatives, Programmes or Processes for Adolescents and Youth that Effectively
Contact: Hope children foundation
Implementer(s): Hope children foundation
Implemented by: Civil Society, Non Governmental Organization, Non profit
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
QN 1.Too many youth are at risk for new HIV infection. Educate youth about HIV at the early age about sexual initiation; unprotected sex; older sex partner and multiple partners; Many adolescents and youth begin having sexual intercourse at early ages of high school and normally they did not use a condom. And nowadays young people are having a sexual affair with older partners. These behaviors increase the risk of getting new HIV infection, also adolescents and youth are at risk of contracting HIV through sexual transmission, because large majorities engage in sexual intercourse have multiple partners over a period of time. Therefore education needs to take place before young people engage in sexual behavarior that put them at risk. In addition, parent communication and monitoring may play an important role in reaching youth early with prevention messages. Introducing programs which address effects of drug use and needle sharing to the youth; Many youth and adolescents do engage in drug uses which make them most of the time to be unsound and hence to engage in unsafe sex while also sometimes they do share needles while using drugs things which put them in high risk of getting new infection of HIV this because sometimes the needle might be used by someone infected with HIV. Therefore there is a need to have the program which teaches youth to avoid the uses of drugs and sharing needles. Furthermore there is a need to introduce programs which will teach youth the ways to resist peer pressure to have sex. During the teenager age youth and adolescence are easily to be attracted of what their fellow teenagers doing (mob psychology) this peer pressure contribute a lot of youth to engage into unsafe sex at their early stage or to have a multiple partners so programs should take place to teach youth and adolescence ways of avoiding peer pressure. Abstaining program in this point youth and adolescence need to be

educated to avoid engaging into sex at their early stage, this will help them to have sex at the maturity age when they are fully understand the safe sex. Therefore it's the task of parents, community and teachers to teach youth on abstaining program. Use of Condoms; In connection to the above the other program which will avoid youth and adolescents to be in high risk of getting HIV is use of Condoms, this program can be used if the above program fails. Therefore, youth should be educated how to wear proper condoms and the advantage of it.

Outcomes of the initiative

In era many youth and adolescents who are affected by HIV faced with many challenges in terms of treatment care and support hence there is a need to have many programmes which will alleviate those challenges as discussed below: - Introduce the programs which Promote reduction of stigma and discrimination; - Education must be given to the whole society starting with family level how to live with youth who are affected by HIV without stigmatize them, also youth who are affected by HIV should not be discriminated by the societies example in getting education or any service like health. Also youth and adolescents who are affected they need support from their employers and their fellows employees; - Support HIV positive young persons to cope and manage stress. it is important to introduce programs which will support youth and ad who are HIV positive to cope wih their stutus and help them to reduce stress by supporting them interms of spritur, finnacialy nutrition, matrial suppot and most impotort is to cousel them To address needs of young people living with HIV, it is important to talk about coping skills within your respect, youth want to be treated with respect. HIV-infected young people may fail to seek needed services or may refuse services if they perceive a lack of respect. Therefore this aspect need to be observed in the society so as to make HIV youth to feel like they are belonged to the society; - Confidentiality, care givers should assure youth that the information they share is confidential. Many youth shows that fearing their confidentiality will be breached is a major deterrent to many young people's seeking health services. The issue is particularly important for HIV-positive youth, who may experience rejection, discrimination, and/or violence if their confidentiality is breached; - Implement policies that are friendly for youth and adolesnces people living with HIV, there is needs of introducing of various policies which will be friendly to the youth who are living with HIV for example in schools or working place there should be the policies which will avoid discrimination, promote confidentiality and should be given the light job

What Strategies have been used to expand the scope and coverage of the initiative?

There are legal and social environment which act as obstacles in HIV response in order to eliminate those obstacles we need to enforce various measures as discussed below. In the context of HIV, there some laws which are not fully implemented like law of discrimination at work places or at social services while also there are some laws which need to be changed so as to copy with current situation and lastly there is a need of introducing some new laws which will strictly avoid discrimination to youth with HIV. Secondly under social environment there are need of change some practices which are conducted by society in response to the HIV example harmful tradition like local curcumsition especially to women in heritage in marriage and poligalism. Stigma and discrimination reduction programmes which seek to reduce stigma and discrimination based on HIV and related social status and create a social environment that encourages and enables people to come forward for HIV testing, to disclose their status safely and to take up and adhere to HIV prevention and treatment. Involve youth in confronting more serious social problems. This will allow them to see themselves as community development agents capable of transforming their environments. By taking passive citizens waiting for adulthood before they become involved in systemic change and allowing them to be active citizens engaged in the process, youth will have a voice in decisions that transform policies, make institutions more accountable, and affect their lives. This may be reinforced by adult partnerships that value youth and let them know of the importance of their contributions while providing opportunities that build community attachment in order to create a better community in which to live. Increase involvement of

youth. Present opportunities for personal self-growth, skill enhancement, and leadership development. Allow youth to work with adults in active collaboration toward local community development. Integrating youth into committees with adults as mentors and guides will enable them to build the leadership skills and personal characteristics necessary for their future adult involvement. Link youth to planning and policy efforts. This can be accomplished by involving youth in the examination of existing policies as well as determining and evaluating potential policy alternatives. By considering youth input into exploration of policy impact, policy alternative criteria for evaluation, and analysis of policy alternative feasibility, youth will move from their role of inactive citizens to fully engaged stakeholders. This powerful connection to real community issues will involve youth not only in present decisions, but in future outcomes, leading them to investments that will provide potential ties toward future commitments as adults. Allow youth to identify theirown interests. Within the greater social framework of community development and policy making, youth may have expertise or interests in a specific topic. As youth are brought into and connected with organizations and civic roles that they have traditionally been excluded from, they can participate in active and equal decision making at multiple levels. An increased exposure to shared norms and values through discussion on community issues and concerns will engage youth to consider where their interests lie, and encourage them to seek activities where they can create positive change for greater good.

89. TANZANIA

Title of Programme: Situation Analysis for Adolescents Living with HIV
Contact: UNICEF
Implementer(s): Tanzania Commision for AIDS and UNICEF
Implemented by: Government, UN or other inter-governmental organization
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The Tanzania HIV Malaria Indicator Survey (THMIS 2011/2012) shows that HIV prevalence increases dramatically by age, particularly among girls (1.5% in girls aged 18-19 years to 6.6% in girls aged 23-24 years). The Tanzania Commission for AIDS (TACAIDS) and UNICEF have together assessed the situation of adolescents living with HIV (ALHIV) in Tanzania, to provide baseline data and evidence for age-appropriate, comprehensive services and programs.

A study was conducted in 7 out of 21 regions of Tanzania, selected purposely based on HIV prevalence, zonal representation, and urban/rural representation. Data were collected through focus group discussions, key informant interviews, in-depth interviews and semi-structured interviews with 456 (205 male and 251 females) ALHIV between 15 and 19 years. Findings indicate that like their peers, ALHIV need protection and access to reproductive health information and services. They require additional sexual health skills. Depending on the infection progression and knowledge of their status, they may also require care and treatment for HIV and other related illnesses. Findings reveal that 40% of ALHIV were sexually active, (36% male, 44% female), with 88% reporting that the last sexual intercourse was consensual. 67% reported that the last sexual intercourse was with a steady boy/girlfriend and for 14% intercourse was with a husband or wife. Looking at sexual behavior, only 52% of ALHIV used condoms during their last sexual intercourse. Reasons for not using condoms are: long standing partner; know each other's status; don't like condoms; or use other means of family planning. Findings also reveal that 32% of ALHIV experienced sexual abuse. The abuser is usually familiar to the victim and includes neighbors, relatives or a steady boyfriend. Among those respondents who experienced abuse, few discussed it with

relatives or reported incidences to responsible authorities. Results further indicate a gap between the needs of ALHIV and utilization of existing services.

Conclusion and Recommendations: Despite the growing number of ALHIV and the supportive global and national policy environment, there are few services sensitive to the complex needs of adolescents. Working with ALHIV presents a challenge as there is need to deal with sensitive issues pertaining to disclosure, adherence, safer sex, stigma and discrimination, while at the same time dealing with the transitional adolescent issues of body image, first sexual encounter and peer pressure. The Government of Tanzania must ensure pre-service and on-the-job training for all health workers and social welfare officers to ensure that health and child protection services are adolescent-sensitive, confidential and non-judgmental and are tailored to meet the holistic needs of ALHIV. To measure uptake of services by adolescents, routine monitoring systems should report age-disaggregated data. Given the above findings on sexual risk behaviors among ALHIV, the prevention for positives approach should be adapted to the adolescent context and delivered through teen clubs for ALHIV.

Outcomes of the initiative
The findings of the study have been used to inform the development of national HIV and health sector strategic documents. The findings are also being utilized by a variety of development partners, the UN Family and Implementing Partners to inform programming for adolescents. For UNICEF, the findings have informed our programming for adolescents living with HIV, with partnerships developed with Baylor to strengthen pediatric and adolescent HIV care and treatment through increased case finding, enrolment into CTC care, and supportive services available at targeted sites within UNICEF focus districts in high HIV prevalence regions. UNICEF is also exploring partnership with PASADA (a faith based organization) located in Dar es Salaam Region, to strengthen early identification of and resilience building for children and adolescents living with HIV (ALHIV) to strengthen early identification of and resilience building for children and adolescents living with HIV (ALHIV) in Dar es Salaam.

What Strategies have been used to expand the scope and coverage of the initiative?
Government leadership and ownership were key strategies right from the onset of the study. They were involved from the development of the TOR for the study and throughout the implementation and dissemination of the findings.The process was also consultatative and involved key stakeholders at the national level, as well as those from selected regions and districts.These included government counterparts from key ministries, as well as those from local government authorities, development partners, civil society organizations, networks of people living with HIV, adolescents living with HIV, their parents and guardians. A second strategy was the involvement of key national level technical working groups in the study, including the National Adolescent Sexual Reproductive Health TWG, Paediatric Care and Treatment Goup, the National Prevention Technical Working Group, as well as the UN Adolescent Girls Task Force. The involvement of these groups in the process greatly contributed to the utilization of the data to inform programming at national and sub-national levels.

90. ZAMBIA
Title of Programme: Join in Circiut on AIDS, Love and Sexuality
Contact: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Implementer(s): GIZ & Afya Mazuri
Implemented by: NGO
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The Join in Circuit (J-IC) on AIDS, Love, and Sexuality is a behavior change communication tool developed to raise awareness of and provide information about HIV and AIDS and sexual and reproductive health. It stimulates free discussion among participants, giving them the chance to expand their knowledge and correct misconceptions, as well as express their doubts and uncertainties about HIV and sexual and reproductive health. The Circuit targets adolescents and youth in- and out of school, as well as other groups at high risk of HIV such as soldiers in the DR Congo; sex workers and police in Mongolia; teachers and prison inmates in Mozambique; and Pupils' parents in Kyrgyzstan. For the activities participants are divided into groups of 10-15 people which then move through workshops with five or more stations. Experienced facilitators at each station engage them in games, pantomime activities, and interactive forms of dialogue about HIV transmission, sexuality and love, condom use and family planning, body language, living with HIV, stigma and discrimination, and other context-related issues. The concept is based on a positive approach to sexual and reproductive health and HIV, with the understanding that love and sexuality play an important role in the development of young people's personalities and ought to be enjoyable and safe experiences.The J-IC considers cultural, religious, and social environments of participants and how these influence their behavior. The interpersonal and experience-oriented communication techniques used at the stations enable facilitators and participants to enter into dialogue about the opportunities and challenges of a healthy sexual and reproductive life. The tool has been adapted to different cultural contexts and has been implemented in more than 20 countries worldwide, where it has become part of existing national AIDS prevention programs. To ensure sustainable, country-specific, and successful implementation of the Join in Circuit, hand-over of the initiative to national partners is a key aspect of the program. J-IC was introduced in Zambia by the GIZ in 2005. In 2011 the tool was handed over to Afya Mazuri, a local Zambian NGO. With a team of 76 facilitators supported by a network of NGOs, the Join in Circuit has reached almost 20,000 participants nationwide. In addition to the usual stations, an extra station on STI prevention was developed and added to the Circuit.

Outcomes of the initiative

Through interactive ways of communication the J-IC increases knowledge among participants and results in positive changes in attitudes and intentions to take protective measures. In Zambia the HIV adviser has supported and monitored the work of more than 50 facilitators and the Circuit has been utilized in institutions such as schools and youth clubs where more than 13 000 people have been reached. J-IC also has many beneficial secondary effects. In some countries teachers and other people in direct contact with the target group also participate in the workshops.

What Strategies have been used to expand the scope and coverage of the initiative?

The J-IC was initially developed by the German Federal Center for Health Education (BZgA) in 1992 and has been co-implemented by the GIZ and BZgA since 2002. By the end of 2007 the Join in Circuit had been adopted and used in HIV prevention activities in 18 countries including Bangladesh, Mongolia, and Nepal; the Russian Federation and Ukraine; Mozambique, Zambia and Zimbabwe; and Ecuador and El Salvador. Today the Join in Circuit is active in more than 20 countries. Because the stations in the workshops can be tailored to specific cultural contexts, the Circuit can be introduced to many different groups and environments: young people aged 12-14 and up in the Russian Federation, Ukraine, Latvia and Central Asian countries; young adults, including soldiers, prisoners, factory workers, sex workers, teachers and doctors in other countries. While the original generic version of the Join in Circuit had five stations addressing ways of transmission, contraceptives, body language, love, sexuality and protection from HIV, and living with HIV, over time additional stations have been introduced in different countries and cultural settings. The new stations address topics such as life skills, gender-based violence, mother-to-child transmission, drug and alcohol abuse, multiple concurrent partners, antiretroviral treatment

etc. Thus, although the basic structure of the Join in Circuit has been maintained in every country, the content may vary widely and the scope and coverage of the initiative continues to expand.

91. ZAMBIA

Title of Programme: Teens Club
Contact: Our Lady's Hospice for HIV/AIDS
Implementer(s): Four Catholic Religious Congregations
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Barefeet - using theatre to focus on issues relating to HIV/AIDS, Mbuyu Daisey - a programme working on disclosure of status in children. ART Clinic supporting children by monitoring their HIV status and ensuring adherence to drugs
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
This initiative arose out of the children's clinic, with the aim of supporting children suffering from HIV and related opportunistic infections such as cancer and TB with treatment options in both the outpatient and inpatient settng. In the outpatiet ART Clinic, we have tested and counelled children, and, if positive, registered them on the ART Programme. Their status is regularly monitored. Psychosocial support is also provided through 2 full time Counsellors at the Hospce. The Teenage Support Programme has been running successfully since 2012. The group meets once per month with regular attendees numbering 15 and they have covered areas of successful living with HIV, such as peer pressure, adherence etc. BAREFEET: we initiated and commenced a partnership with the theatre group Barefeet, to run a programme called 'Eagles, Snakes and Stars' focusing on issues related to HIV/AIDS for children in the group 8 - 15 years, using theatre as medium. There have been 6 performances by Barefeet and this will be followed by Workshops where the teenagers will be supported by drama. The performers included the children, parents, caregivers in order to educate them in the need for disclosure and the importance of such in the management of the illness. Mbuyu Daisey: a programme oriented towards working on disclosure of status in children. The Hospice Counsellors have been through an intensive 4 day training, conducted by one of our donors to work towards this goal. This programme starts in August, 2013

Outcomes of the initiative
This initiative has been very successful in the areas of the ART Clinic. In 2013 alone, we have had 52 young people undergo VCT at the Hospice. 7 of these are new patients. 72 are on 'Pre-Art' and 6 are already on ART which is an indication of children continuing to be healthy without the need of ARVs. In total, 250 boys and 225 girls have been provided with the minimum one care service in the first 6 months of this year. 'Disclosure' (as, in many cases there is secrecy and the young people feel very confused) has freed the youth.Peer Pressure is another area where the young person feels ashamed and often put under pressure to disclose their status.Above all, education on HIV/AIDS and issues related to this, has enabled the young people to live ther lives with dignity.

What Strategies have been used to expand the scope and coverage of the initiative?
The BAREFEET Theatre: we initiated and started a partnership with this theatre group, to run a programme called 'Eagles, Snakes & Stars' which focuses on issues related to HIV/AIDS, using theatre as a medium. This has greatly expanded the scope and coverage of the initiative - not only are the Teens involved, but also parents/guardians/ care-givers. During this month (Aug. 2013) Mbuyu Daisey will be implemented - a programme also working on disclosure.

92. ZAMBIA

Title of Programme: Zambia-Ureport: m-Health interventions to Accelerate National HIV Response Targeting Adolescents and Youths in Zambia
Contact: UNICEF
Implementer(s): UNICEF, CHAMP
Implemented by: Civil Society, Private Sector, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Leveraging ICT innovation for Prevention, care and treatment
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Justification and purpose: Despite the increasing adoption of mobile phone by young people in sub-Saharan Africa, there is paucity of large scale mobile health (m-Health) programme aiming at increasing HIV comprehensive knowledge and generate tailored demand for high impact HIV interventions.

Target audience: 150,000 young people in 2 provinces (Copperbelt and Lusaka).
Strategy and activities: A comprehensive programme strategy was developed during a 2-day design workshop involving young people; HIV and young people program experts from National AIDS Council, ministries of health, education, youth and sport, and local NGOS; representative from mobile companies; IT and software developers.

The following strategic results were defined:

1. An effective SMS-based mechanism to increase young people participation in the national HIV prevention response is available
2. Young people have increased comprehensive knowledge of high impact HIV prevention measures and services
3. Young people demand for and are referred to HIV high impact prevention services (HTC, Condoms, MC, ART). We negotiated reduced bulk SMS cost with all 3 mobile companies in Zambia. We entered into a strategic partnership with a local NGO (CHAMP) for the implementation of the programme.

We then built the software environment using open-source software (RapidSMS); negotiated reduced SMS cost with all 3 mobile companies in Zambia; established a reverse billing system to ensure free SMS to users and established a hub for SMS counselors through partnership with one local NGO. The programmatic modules (Knowledge Bank; and Poll/Campaign) were translated into a computer based SMS-platform, and SMS counselors were trained for its implementation. The platform provides confidential, free of charge, individualized and interactive counseling services on HIV, STI to adolescents and youths. The counselor web-interface allows for quality control of the SMS counseling. In addition, the platform enables tailored SMS demand creation for available services, and referral to closer location. The programme tacks and report periodically on young people key knowledge gaps and emerging issues related to HIV and STI to inform a radio programme. We used various promotional activities (radio jingle, one TV show, flyers, wristband) to market the initiative in two pilot provinces (Lusaka and Copperbelt).

Outcomes of the initiative

From December 2012 to June 18th 2013, 9,395 Ureporters joined the programme, 44 % female, 35% aged 15-19 and 39% aged 20-24. The highest daily registration rate occurred following the promotion of the programme in a TV-show by a male celebrity. About 6,000

(64%) Ureporters engaged counselors through SMS, generating 23,600 SMS. Most Ureporters reside in Lusaka (51%) and Copperbelt (30%) provinces. On average, each of the two SMS counselors attended to 80 SMS requests per day. We identified the following thematic knowledge needs from an analysis of 13,000 SMS: Symptoms of HIV and STI (28%), Mode of transmission (18%), Male circumcision (12%), Mother to child HIV transmission (9%), Masturbation (8%), Condoms (8%), HIV treatment and cure (8%), other STIs (9%). One uncommon misconception was the association between condoms use and cervical cancer among female. We are analyzing the data from the HIV testing SMS campaign among Ureporters and will report the results soon. An evaluation of the impact of Zambia U-report on demand for Voluntary Medicalized Male Circumcision is planned for 2013-2014.

What Strategies have been used to expand the scope and coverage of the initiative?
We used various promotional activities (radio jingle, one TV show, flyers, wristband) to market the initiative in two pilot provinces (Lusaka and Copperbelt).

93. ZAMBIA

Title of Programme: Adolescent Girls Empowerment Program
Contact: Population Council
Implementer(s): Population Council, YWCA Zambia, National Savings and Credit Bank, Ministry of Health, Ministry of Community Development, Mother Child Health
Implemented by: Government, Civil Society, Private Sector
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
In November 2011, the UK Department for International Development funded the Adolescent Girls Empowerment Program (AGEP), through which the Population Council and partners are piloting, implementing, and researching a social, health, and economic asset-building program for vulnerable adolescent girls in Zambia. The intervention has three main components:

1. Weekly girls group meetings, facilitated by a female mentor, in which girls are trained on health, life skills and financial education
2. A girl-friendly savings account
3. A health voucher that will entitle girls to a finite set of services at contracted providers

In addition, a longitudinal study will be carried out to assess the impact of the intervention on girls' schooling status, sexual and reproductive health, and social and economic asset acquisition.

Outcomes of the initiative
The initiative is currently ongoing. It has been pilot tested in two sites and is currently being rolled out into 10 additional sites. Baseline data has just been collected so the evaluation results are not yet available.

What Strategies have been used to expand the scope and coverage of the initiative?
The initiative was piloted in two sites - one urban and one rural. All components were found to be feasible, so the rollout into 10 additional sites (five urban and five rural) has begun. The program has developed products that will be able to continue after the program period itself - namely the savings account and the health voucher. Through working with the private sector and government, that platform has been set in place.

94. ZAMBIA

Title of Programme: TIKAMBE: A youth-led accountability model
Contact: Restless Development
Implementer(s): Restless Development Zambia
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 01/03/2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
With financial support from the Zambian Governance Foundation (ZGF), Restless Development is building civic engagement capacity amongst community members with a particular focus on young people in 10 communities in the following Districts of Central Province; Chibombo, Kabwe, Kapiri Mposhi, Mkushi, Serenje and Chitambo. The project is a 3-year scale up of a pilot project that focused on 4 communities ended in February 2012 and now implemented in 10 communities namely Keembe, Matuka, Chitambo, Mututu, Mukonchi, Kafulamase, Changilo, Mulilima, Chalata, Nkumbi. The purpose of the Tikambe youth-led accountability model is to:

a) ensure that target communities engage young people in the policy making process to create an agenda for change in sexual health service delivery for young people;
b) engage the youths in advocacy and lobbying aimed at influencing government commitment to improved sexual health service delivery for young people; and
c) provide capacity building for young Advocates for Action (A4A) and staff to increase understanding of current policies and deliver a multimedia campaign.

Predominantly, Tikambe has focused on sensitising communities, particularly young people, about specific national policies (National Youth Policy, Ministry of Health's (MoH) Adolescent Health Strategic Plan (ADHS) and the Ministry of Education, Science Technical Vocational Training, and Early Education (MESTVEE) HIV and AIDS Policy) and encouraging young people (both in school and out of school) to advocate and lobby civic leaders on improved health service provision around Sexual Reproductive Health (SRH) and HIV and AIDS. Initially the Youth-led Accountability Model was implemented in the target communities by Restless Development Alumni volunteers (trained in policy awareness and engagement, and in training youth community members to conduct community self-assessments [scorecards]). Building on the learnings from the pilot programme and to enhance sustainability, Restless Development shifted to training and building the capacity of young volunteers based within the communities as Advocates for Action to drive the implementation of the programme within their own communities. Restless Development trained decision makers at community level (including Ward Councilors and Traditional leaders) in youth engagement in policy processes and decision making in their communities.Broader community members are trained in policy engagement (particularly around the ADHS), power mapping and the community self-assessment process and the formation of self-assessment committees.The self-assessment tool allows community members to highlight challenges and gaps currently existing and emerging in their communities.The findings of the community self-assessments are presented to Traditional authorities such as Chiefs and Headmen at Indabas (community round table discussions) and afterwards to local civic leaders (Ward Councilors, MPs etc.) at a community dialogue platform dubbed 'Tikambe' ('Let's Talk!'). The trained community members are expected to follow up on these discussions and promises and agreements made during such discussions using the skills they have learned from Restless Development to lobby or advocate for improvements in service provision to their communities. To help drive these issues forward Restless Development creates platforms at the district and national level where these issues are presented by the young people to the civic leaders at that cadre such as the Mayor, District Commissioner, key district and provincial government ministries. At National level key government ministries which includes Ministry of Community Development Mother and Child Health, National Youth Development Council, Ministry of Youth and Sports, Ministry of Gender in Development and finally presented to Cabinet

Committee member, and two MP champions who will drive these issues in the National Assembly.To increase reach weekly live Radio shows are broadcast in the nations' capital reaching the environs and target communities. Radio listener groups are established in all the target communities to encourage active participation and learning of community members.

Outcomes of the initiative

- Enabling dialogue between communities and their civic leaders has been a significant achievement. Ward Councilors are actively engaged and collaborating with communities, inviting young people to their meetings and attending meetings and other fora organised by the communities. Communication barriers between elders and young people have been broken down and development-focused discussions now take place between them in a mature environment.
- In some communities, Restless Development's work has been seen to reduce risky behaviours amongst young people, leading to fewer cases of early pregnancies and a reduced consumption of alcohol.
- In Kafulamase community, dialogue meetings between community leaders (traditional and political) and young community members have resulted in the renewed momentum to complete the construction of a Health Centre.
- In Matuka, a meeting with the British High Commissioner resulted in the donation of 2 VCT kits for the local clinic as well the commencement of a maternity ward at the health facility.

What Strategies have been used to expand the scope and coverage of the initiative?
As evidence is generated on the ground through the Youth-led accountability activities to inform policies at the National Level, Restless Development was invited by the Ministry of Youth and Sport to be on the Technical Working Group currently reviewing the National Youth Policy. We have also been nominated as member of the National Youth Development Council Board. Further on Restless Development has supported government through this process to adopt its community assessment tool to be used for provincial youth consultation processes. With support from UNFPA, a Youth Consultative Forum on their vision for the Post-2015 Development Goals was organised. Furthermore, participated at the Youth consultations with ILO and GIZ on the development of an Action Plan for youth employment and empowerment.

Restless Development aims to build capacity of CSOs, with financial support from Cecily's Fund through the Hands on Learning Project. Restless Development is building the capacity of another organisation in Zambia based in Kitwe, Copperbelt Province called CHEP (Copperbelt Health Education Programme).This is done through CHEP staff and Peer Educators called Advocates for Change (A4C) in the self- assessment process and use of the Self- Assessment Tool. An advocacy strategy was formed by CHEP to facilitate advocacy work within the organisation through technical support of Restless Development. The training conducted by Restless Development Advocates for Action was aimed at building the capacity of CHEP Staff and Peer Educators for them to in turn build the capacity of community members to participate in policy making, monitor provision of government services and advocate for improved service delivery in their communities prioritising on issues relating to Orphans and Vulnerable Children's (OVC) education. Self-Assessment tool that directly addresses educational issues relating to OVCs within the target wards was developed and the self -assessment process was rolled out with Ward Committee members in Buntungwa Ward, Lubuto Ward and Chimwemwe Ward. The process was aimed at raising awareness on access to education, health and welfare opportunities and procedures for OVCs within the target communities and also advocate for decision maker to implement policies relating to the welfare of OVCs within these communities.

As Restless Development extends its Tikambe model that looks at youth participation in

decision making process a new relationship was created with Adolescent Reproductive Health Advocates in western province. We are currently driving on implementation of a pilot UNFPA grant, which looks at reducing the vulnerability of young Zambians to HIV and AIDS, teenage pregnancy and early marriage through knowledge empowerment and civic engagement.

95. ZAMBIA

Title of Programme: Wize up! Love life? Ziba [1] HIV! Campaign
Contact: UNFPA
Implementer(s): Government: Ministry of Education, Science, Vocational Training and Early Education (MESTVEE); Ministry of Community Development Mother and Child Health (MCMDCH); National AIDS Council (NAC)
Civil Society: Planned Parenthood Association of Zambia (PPAZ - lead), ZCCP, Marie Stoppes, AIDS Healthcare Foundation, etc
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013
Has the programme been evaluated/ assessed?
No

Short description of the initiatives
Purpose: The Zambian government with financial and technical support from the United Nations, led by UNFPA, in collaboration with PPAZ and other CSOs, conducted an HIV and testing campaign in 20 of 35 government-run high schools in Lusaka District between June 10 - 28, 2013. This campaign was a sub-component of a national campaign in 5 districts across Zambia, whose main objective was to identify efficient approaches that can best improve uptake of HTC.

The campaign, aimed to target 30,000 young people in Lusaka, with information and services (in and out of school). Lusaka has a high HIV prevalence rate; at 20.8%. Every hour, 3 young people, aged 15 – 24 years are infected with HIV, 2 of whom are girls. Zambia has the 5th highest adolescent birth rate in Sub-Saharan Africa. At 17.1 % Lusaka province, has the second highest proportion of young people in high school. 10% of people with no education in Zambia are HIV-positive, compared with 15% with high-school education.

Activities:

- Held focus group discussions with student leaders from the high schools to define campaign interventions, including pre-testing of the campaign song and brand.
- Campaign was launched with a 2 day health festival, which brought over 400 participants from the 20 high schools, who competed in various categories i.e. drama, visual art, spoken word/ poetry; choral). The campaign was officially launched by the Permanent Secretary, from the Ministry of Education. There were live performances from the HTC Campaign Ambassadors, and youth field reporters captured the event. The Ministry of Education and partners, also gave an award to Paul Banda, a young person living with HIV with the 1st ever, “Bravery, Courage and Commitment Award” in recognition of work he has done on increasing knowledge and awareness about HIV among young people. There was also intensive media coverage of the events, before, during and after the event.
- During the 2 week outreach in the schools; students were provided with group counselling and mass sexual health education, followed by one-on-one counselling after the test. Students that tested were given their diagnosis on the same day, to enable them understand the result. All clients who were found to be HIV positive were being given referral forms to the ART centers so that they could be enrolled in the pre ART registers

as well as to access other required services. Before the HTC campaign started, specific referral, consent and other data collection forms were developed to ensure that linkages and referral points were well defined.

- Follow-up activities for young people out of school (approx. 15 – 24 years), were undertaken by UNFPA and PPAZ during World Population day "Street Bash" that attracted approximately 3500 young people, at the community grounds for a high density township called Chawama. Activities included information dissemination through peer educators, drama performances, performances by the HTC Ambassadors, reproductive health services provision, condom and IEC material distribution. Key messages focused on the prevention of pregnancies, ending sexual violence and child marriage, importance of education.

Outcomes of the initiative

- Campaign reached an estimated 23,000 students (approx. 16 – 19 years) from the 20 high schools with information and services.
- 100% coverage of targeted schools (20 out of the 20 schools); 35% of the target student population from the 20 schools (8,200 out of the 23,000), underwent HIV tests, of which 3% (253) were found to be HIV positive during the campaign period. Clients found positive were referred to ART centres to be enrolled in pre- ART and access other services.
- Intensive media campaign (radio, TV, campaign song developed with HTC ambassadors).
- Love life? Ziba HIV being turned into a national SRH brand.
- 400 young people subscribed to U-report (SMS based system, with information about HIV, service points locations etc) during the launch.
- Out-of School intervention "Street Bash" reached 3,500 young people, with information and services, access to condoms, contraceptives; IEC/messages on child marriage, sexual violence and the importance of education.

What Strategies have been used to expand the scope and coverage of the initiative?

- Development of a national health brand and communication strategy; which incorporates the dual approach to demand creation and service delivery. Key target groups for the communication strategy include, adolescents and young people (10 – 24 years); as well as parents and guardians; and other key spheres of influence.
- Strengthening service delivery component by increasing number of youth friendly service delivery points in selected districts (health and non-health facilities i.e. targeting 100 additional facilities in 3 provinces, with worst indicators on teenage pregnancy, HIV status etc).
- The Ministry has trained additional peer educators, in health facilities located close to the 20 high schools in Lusaka
- Planned activities, include the training of trainers in youth friendly health care provision nationally and in selected districts.
- Follow-up activities have included: demand generation campaigns targeting young people out of school also on World Population Day – 11th July 2013. An additional 3,500 people were reached with information and services; over 1,700 pieces of condoms were distributed; over 90 Counselling sessions on contraceptives were held; 47 people tested for HIV; 45 accessed contraceptives; and over 2,500 posters and flyers were distributed. In addition, referrals were made to the local clinic for contraceptives and other sexual and reproductive health services to supplement the onsite services.
- Additional demand generation and service provision interventions are planned during national football matches; during the upcoming Prevention Convention (linkages with a broader UNFPA –led Condomize Campaign); as well as during World AIDS Day.
- In the process of developing an operational research component aimed at supporting the scale-up of the interventions

96. ZAMBIA

Title of Programme: Needs, Challenges and opportunities: Adolescents living with HIV in Zambia
Contact: International HIV/AIDS Alliance
Implementer(s): International HIV/AIDS Alliance, Alliance Zambia, Southern African AIDS Trust, Network of African People Living with HIV/AIDS
Implemented by: Civil Society
Type of Initiative: Research HIV/SRHR
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The need for this study arose out of concerns that growing numbers of adolescents living with HIV are not receiving consistent, age-appropriate support from HIV services especially in relation to sexuality, relationships and tailoring lifestyles around their HIV status. It is vital to gather evidence about the experience of young people living with HIV, the nature and quality of services, and the extent to which adolescents and young people access and benefit from these services in Zambia, and elsewhere in southern Africa.

The aims of this qualitative study, carried out in 2010, were twofold. The first was to explore and document psychosocial, sexual and reproductive health (SRH) needs of adolescents (10-19) living with HIV in Zambia. The second aim was to identify gaps between these needs and existing SRH and HIV-related initiatives and services currently available to young people. Funding for the study was through the Alliance Africa Regional Programme (ARP) with financial support from the Swedish development agency (SIDA).

Qualitative data were generated through semi-structured interviews and focus groups with: young people living with HIV (116); Key Informants, including medical and nursing staff and counsellors (38); and parents/guardians (21). Three Zambian regions were selected – Lusaka (urban), Kitwe (urban) and Kalomo (rural). Interviews conducted in health centres and NGO offices. Adolescents living with HIV were selected on the basis of their age (10-19), and current enrolment in HIV services for treatment and monitoring in the three regions. An advisory research group supervised data collection, analysis and report writing and dissemination of results, and the local ethics committee at the University of Zambia granted ethical approval.

Outcomes of the initiative
A number of themes emerged in the data, including:

Immediate social networks: for on-going support, close social networks have significant impact on the ability of young people to adhere to treatment, and come to terms with their HIV diagnosis.

Diagnosis: being diagnosed with HIV is traumatic, and where parents are also infected there are additional difficulties if disclosure of parents' and the young person's status is poorly managed.

Impact: HIV – either directly or by proxy - affects significantly the agency of young people. Choices are affected, and the need to acquiesce more strictly with safe sex and ART adherence potentially creates a more difficult experience of adolescence.

Information: Young people are often seeking information – they are expectant – and HIV service (and other) providers in some instances are clearly unable to meet the informational requirements of young people. Tailored and participatory events are appreciated greatly for information and social needs are appreciated greatly.

Services: HIV support services vary in their capacity to meet the needs of this group. Medical support (i.e. around treatment) is generic, but addressing the social and psychological needs more fragmented. Respondents in the lower age groups have relatively limited insights into some aspects of SRH, and also what support is available. Services that are welcoming, empowering and willing to share specific information about individual needs are highly valued.

What Strategies have been used to expand the scope and coverage of the initiative?
Respondents identify key interventions they perceive could improve the effectiveness of HIV service providers, and there are three levels to address when considering implications:

On the personal level, young people living with HIV must be encouraged and motivated to access local support groups and providers of psychosocial support in their community. Whilst this of course cannot be compulsory, evidence suggests meeting with experts and other affected people can help offset some of the problems around adherence, and lack of people (outside of the family) to discuss some of the more complex aspects of HIV infection.

On the organizational level, service providers delivering HIV, SRH and psychosocial interventions can play an active role in facilitating earlier testing of children at risk of HIV, and also supporting the process of disclosure – of the child's own status and of the parents'. There is also potential for greater integration between service providers and parents/guardians, promoting integrated and seamless support. Finally, information cohesion (organisation, family, media, and faith-based) can go a long way in ensuring an end-user (the young person) is not presented with conflicting messages.

On the level of policy, funding youth friendly HIV and SRH services in both urban and rural settings should be a key priority. There should be adequate support for clinic-based health care workers and NGOs as they support young people. In many ways this client group is the most complex, subject to rapid social and physical transition, and on-going assessments must be in place to ensure services meet the need of an adolescent at each point in their development.

Ways Forward
For practice:
HIV and other health and support services need to be re-designed to address the needs of adolescents. This requires making them youth-friendly in line with international standards, ensuring that those most marginalised are reached, and strengthening or building sound inter-linkages between sectors and systems and integrating services.

For research:
While anecdotal evidence of targeted interventions for adolescents in low- and middle-income countries exists, few good practice examples are documented. Future research should document these and explore service delivery models of comprehensive adolescent care for different contexts – leading to more guidance for programmers and good practice standards.

For policy:
Adolescent issues are largely absent from national HIV responses, and concerted advocacy efforts from community, national and global levels are needed to press states to remedy this gap.

97. ZAMBIA, ZIMBABWE, MALAWI, KENYA, MOZAMBIQUE, SOUTH AFRICA
Title of Programme: SAVE Toolkit

Contact: International Network of Religious Leaders Living with or Affected by HIV and AIDS (INERELA+)
Implemented by: Government, Civil Society, Faith-based, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Reduction of Stigma and Discrimination
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The Save toolkit: The SAVE (Safer practices, Access to information and medication; Voluntary testing and counselling, Empowerment) approach was developed by INERELA+ in response to the universal acknowledgement of the fact that the ABC (Abstinence, Be faithful, Condomise) approach was not cutting any cloth in HIV and AIDS prevention. The SAVE methodology began to evolve in an African pastoral context where leaders of faith communities realised the need to respond to people living with and affected by HIV in a way that reflected a loving, compassionate God. They realised that HIV was a call for faith communities to engage with HIV and AIDS in positive ways. This, necessarily, involved looking at the impact of HIV and AIDS holistically and not simply confining discussions to individual sexual practice.

INERELA+, through its work in Africa and increasingly across the globe, began to realise that HIV transmission was not isolated to the knowledge, behaviour and attitudes of individuals but also to the livelihood vulnerabilities each individual and each community faced. Along with good information, there also needed to be an understanding of how factors such as poverty, war, poor governance, gender inequalities and homophobia are also drivers of HIV transmission. Thus, SAVE covers information on HIV prevention and treatment but also focuses on livelihood vulnerabilities throughout its methodology. This ensures that all individuals and communities who encounter SAVE are always confronted with the reality that HIV prevention is a collective responsibility, and that there are small and great things that each person can do to reduce vulnerability.

Thus, INERELA+, along with its partner agencies, notably the NCA and Christian Aid, developed the SAVE toolkit. INERELA+ has taken the experience of religious leaders and communities over a number of years and over a number of countries to put into a workable format the SAVE methodology. The toolkit deliberately takes a livelihood vulnerability approach to eradicating the transmission of HIV. We are human, thus we are all vulnerable to HIV transmission, however due to various factors, particularly around stigma, shame, denial, discrimination, inaction and misaction, some people will have greater vulnerability and thus greater risk of exposure to HIV. Within each country of operation, INERELA+ is working towards UNAIDS Zero goals – zero new infections, zero discrimination, and Zero AIDS related deaths. INERELA+ believes that the SAVE toolkit is a powerful tool in realising this goal. It provides the space to explore difficult and often painful issues (such as sex, gender, sexual orientation) as well as embedded cultural practices that increase vulnerability. It assists individuals and communities to challenge systemic factors that lead to spirals of poverty, in all its forms, so that vulnerability is reduced.

Thus the SAVE toolkit is a vital tool in giving leaders, both within the religious community and beyond it, the information and the skills to reach the UN Zero Goals. While the SAVE approach is tried and tested for effectiveness in transforming mindsets, it is a live product

which is constantly evolving to include latest developments in the area of HIV and AIDS prevention and control as well as in the SRHR issues related to women and sexual minorities.

Outcomes of the initiative

1. Country and regional networks have tools to use in implementing and monitoring pro-SAVE and anti-discrimination activities at community, country and regional levels.
2. Country networks implement activities that overcome stigma and discrimination and promote SAVE at community and country and levels.
3. Increase in the number of religious leaders that are openly and positively living with HIV in dignity

What Strategies have been used to expand the scope and coverage of the initiative?
The birth of the SAVE (Safer practices, Access to treatment, Voluntary testing and counselling, and Empowerment) toolkit in 2010 has been an exciting and momentous event in the history of INERELA+. Not only has it triggered some of the major successes the organization has recorded; programs design, management and execution continue to be conceptualized, entrenched, deepened and anchored, strengthened on this foundation. Since its roll out, the various modules contained in the toolkit are reflected in all project circles of the organization, sustaining activities carried out and guiding strategic directions of programs on the whole.

Partners such as Norwegian Church Aid (NCA), Save the Children and Christian Aid have supported and committed huge amounts of resources for the realization of this indispensable kit for trainers and individuals. Other donors who have endorsed the SAVE toolkit include African Network for Higher Education and Research in Theology and HIV and AIDS (ANHERTHA), Bread for the World, Christian Aids Bureau of Southern Africa (CABSA), Churches United against HIV and Aids (CUAHA), Church of Sweden, ICCO, Islamic Relief, Ojus, Southern African Aids Trust (SAT), Sida, Tearfund and World Council of Churches (WCC).

To date, the SAVE toolkit has been adopted by the National Aids Councils in the Democratic Republic of Congo as well in Malawi and its modules have been integrated into the curriculum of the Saint Paul Theological Seminary in Kenya. The toolkit has been translated into French, Malagasy and the Spanish translation is almost complete.

98. ZIMBABWE

Title of Programme: Young for Real
Contact: NAC
Implementer(s): saywhat
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Project Title: Investing in young people is investing in the future: Scaling up access to Sexual and Reproductive Health and Rights (SRHR) for adolescents and young people

Goal: The goal of the project is to advocate for SRHR policy development and implementation and awareness raising of SRHR.

Objectives: 1. Create a supportive environment for addressing SRHR issues for young people and adolescents; 2. Sensitise young people, their parents, carers, guardians and other key stakeholders on SRHR issues related to young people.

Project Cycle:
The project is a three year project which started on 21st December 2010, and will end on 20th December 2013.

Target Population:
This project is targeted at policy makers, leaders, service providers, media practitioners, leaders of youth coalitions/networks in tertiary institutions/schools and communities, opinion leaders, parents, caregivers and guardians. The final beneficiaries of the project are adolescents and young people between the ages of 10-24 years.

Project Activities: The project activities are as follows;

- National and community policy dialogues with policy makers, civil society and young people on SRHR policies, guidelines and commitments
- Development and distribution of high quality IEC and advocacy materials on SRHR for policy makers, civil society and young people
- Capacity development on integration of SRHR into programmes for policy makers, leaders of youth networks/coalitions, and service providers
- Creation of platforms for knowledge sharing (family-fun days, e-forum/community of practices/ and 'Learning, Linking and Lobbying' meetings)
- Development and dissemination of media (print, radio, and television) and edutainment targeting young people to inform and advocate on SRHR
- Training of media practitioners, opinion leaders and role models in SRHR issues.

Outcomes of the initiative
Increased adoption of safer sexual behavior among college students reduced unwanted pregnancies among college students improved Knowledge, attitudes, and practices towards sexual health reduced HIV transmission among youth 10 to 24 years

99. ZIMBABWE
Title of Programme: The Zvandiri Programme
Contact: Africaid
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Adolescent and youth led training of health workers and other service providers
Programme being implemented since: 2004
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Africaid is committed to helping HIV positive children and young people to develop the knowledge, skills and confidence to cope with their HIV status and to live happy, healthy, fulfilled lives. Its mission is to increase access to quality care and support for HIV positive children and young people through the development and dissemination of innovative models of community based care and support. Africaid's Zvandiri model provides holistic care for HIV positive children and young people through combined health services, psychosocial support and care, training and advocacy. Prevention, treatment, care and support services are provided through community-based services which are integrated within the clinical care provided by government and private clinics. This integration creates a robust continuum of care for children and young people with HIV and their families and aims to promote their

health and psychosocial outcomes. HIV positive children and young people are at the heart of the Zvandiri programme, taking the lead in planning and implementing services for their HIV positive peers as counsellors, trainers and advocates.

ZVANDIRI SERVICES:
HIV Testing and Counselling:

- Community HIV testing and counselling (HTC) for infants, children and adolescents
- Couples counselling and HIV testing for adolescents with HIV and their partners
- Adolescent-led community mobilisation of children, adolescents and families for HTC
- Training of health workers in HTC for children and adolescents Post-test counselling, support and linkage to care
- Follow up of children/adolescents testing HIV positive and linkage to care
- Disclosure support and sustained counselling for children/adolescents with HIV and their families
- Clinic and community-based peer-led counselling for children and adolescents with HIV
- Community support groups for children and adolescents with HIV
- Referral for OI management and ART
- Adolescent-led tracing of children lost to care and follow up
- Support for children and adolescents decentralising to community clinics

ART and Adherence:

- Identification, assessment and referral of children/adolescents requiring ART
- Community-based monitoring and counselling for children and adolescents on ART
- Community adolescent treatment support (CATS)
- ART training, counselling and support for families, communities and service providers Clinical Monitoring and Support
- Community-based pre-ART monitoring and support
- Identification, assessment and referral of sick children/adolescents requiring care and management of ART-related complications

Training and Support for Personal Growth and Development

- Life Skills training for children and adolescents with HIV
- Recreational activities (e.g. sports, creative arts)
- Training and mentoring of adolescents with HIV as peer counsellors, trainers and advocates

Adolescent Sexual and Reproductive Health:

- SRH information, skills training and counselling for adolescents with HIV and their partners
- Adolescent-led SRH information, peer counselling and linkage to SRH services
- Adolescent-led “Zvandiri Centres’ in clinics and communities
- Community-based PMTCT care and support for adolescents and young people with HIV
- Parents support group for adolescents and young people with HIV, their partners and infants
- Training and mentoring of service providers in SRH services for adolescents with HIV Transition in to Adult Care
- Counselling and follow up for adolescents transitioning to adult HIV care
- Vocational skills and entrepreneurial training
- Linkage to support groups and services for adults with HIV

Outcomes of the initiative

Zvandiri provides a sustainable, effective approach to both the psychosocial and clinical needs of ALHIV, integrating community interventions within government services over 9 years. Zvandiri adolescents are setting the standard of excellence in child participation and innovative approaches that address the prevention, treatment, care and support needs of children and young people with HIV. They are designing, implementing, monitoring and evaluating their own responses through direct service provision, training and local / regional

advocacy initiatives. Zvandiri was established from the "ground up", through partnerships with children/adolescents and young people with HIV, their families, the Ministry of Health and Child Welfare, the City Health Department, the National AIDS Council and Africaid's donors. Zvandiri was documented as a best practice model by the Government of Zimbabwe, UNICEF and SADC and was recommended for scale up in USAID's Technical Brief on ALHIV. It has also been cited in WHO's new guidelines on ALHIV.

What Strategies have been used to expand the scope and coverage of the initiative?

1. Integration: Zvandiri is integrated within government clinics services and structures with the aim of complementing and strengthening government service provision. This has ensured local ownership and sustainability.
2. From the "ground up" to national scale up: Zvandiri was established from the "ground up", through partnerships with children and young people with HIV, their families, the Ministry of Health and Child Welfare, the Ministry of Labour and Social Services, the National AIDS Council and Africaid's funding partners. It is now being successfully scaled up in a variety of settings including urban and rural settings, through provincial, district and community clinics across Zimbabwe.
3. Participation: The engagement of ALHIV has been critical in ensuring that services continue to evolve and respond effectively to the emerging needs of ALHIV. The Zvandiri model is highly relevant to the targeted beneficiaries because it is owned, designed and implemented by them. Innovations include the CATS model (Community Adolescent Treatment Support), production of their own books and counselling tools ("Our Story" book, "Red Ribbons and Roses"), DigiART (digital story telling project) and training of government health workers, schools and communities. As the Zvandiri model scales up in new provinces, ALHIV have remained at the heart of the programme, being trained and mentored in these new provinces
4. Standardisation: Africaid has set the standard in the provision of psychosocial support for adolescents with HIV, through the development of evidence-based, adolescent-focused counselling, training and life skills tools. These are developed in response to the expressed needs of children and adolescents with HIV in the programme and then cascaded in communities across four provinces through training and mentorship of CBOs and health service providers.
5. Networking and Collaboration: Africaid is a member of various paediatric and adolescent HIV fora including WHO's technical working group on ALHIV, the Government of Zimbabwe's Prevention and Treatment Partners Forum, HTC Subcommittee, the ASRH Forum, NAC's Technical Working Group on Young People and involved in the development of the Ministry of Education's HIV/AIDS Strategic plan.
6. Multisectoral approach: Africaid works with the health, education and child protection sectors to strengthen knowledge, understanding and skills in responding to the needs of children and young people with HIV across each sector. This creates a safety net and continuum of care for ALHIV which promotes linkage and retention in care, psychosocial well-being and mental health, adherence to ART and access to services such as STI, family planning and PMTCT, education and protection services.

100. ZIMBABWE

Title of Programme: Strengthening HIV Prevention among Youth in Manicaland
Contact: Family Aids Caring Trust (FACT)
Implementer(s): FACT
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Young people aged 15-24 years in Zimbabwe have limited access to information and services on Sexual and Reproductive Health (SRH) and HIV/AIDS. Various socio-cultural risk factors including peer pressure, HIV related stigma, and limited willingness to discuss sexuality create vulnerability of youth to unsafe sexual behaviour. Increasing numbers of teen pregnancies, early marriages and sexually transmitted infections (STIs) among youth are reported. Join-In-Circuit has been adapted to reach to young people with SRH information and mobilising them for access to health related services. (JIC) is a mobile behaviour change communication tool on HIV, love and sexuality that targets young people aged 15 to 24. It has seven stations that emphasises on core topics of reproductive health, HIV and AIDS. These include Ways of HIV transmission, Contraception, Condom Use, STI, Positive Living, Body language and Protection. JIC uses different participatory methodologies at each station that allows for interaction and encourages openness for discussion of sensitive reproductive health issues among young people. The process of disseminating information through JIC is called a JIC run. This is when participants are taken through all the seven stations in smaller groups and allowing discussion for 15 minutes per station rotating either clock or anticlockwise until they complete the circuit. Facilitation at stations is done as per set standards (JIC manual) by trained young people (male and females) who are also within the target group and these are called JIC facilitators. During the run there are monitoring systems in place to ensure effective dissemination of correct and accurate information as well as assessing the knowledge of participants before and after the run.

Outcomes of the initiative
Data collected in the period from June 2011 to March 2013 indicate to have reached approx. 11.5% of youth in 6 districts. 14709 in and out-of-school youth (44% female, 55% male) were reached with JIC, whereof 24.2% were tested for HIV after a JIC run. Sexual Reproductive Health services accessed by youth include STI treatment, family planning, ANC, HTC and condom use. 14467 youth (63.3% female, 36.6% male) accessed 6 health facilities, an increase of 24% since June 2011. Because service providers have changed their attitudes and have improved to be more youth-friendly, 97.9% of targeted and interviewed youth (Knowledge Assessment Baseline survey 2012) would visit the facility again.

What Strategies have been used to expand the scope and coverage of the initiative?
FACT has institutionalised the Join in circuit within all the FACT programmes in Manicaland, Masvingo and Mashonaland West Provinces of Zimbabwe, ensuring all young people in the project regions access sexual reproductive health information and health related services. JIC has been linked to Youth Friendly Corners for referral for access to health service and any additional information youths may found wanting.

FACT is also strengthening the capacity of churches for an integrated responds to young people's sexual reproductive health needs, through training and mentoring church leaders in HIV prevention, care and support through the SAVE approach. These church leaders would then cascade the training to their congregational youth in different foras. This ensures

sustainability as churches are readily present in communities and have an opportunity of proximity to young people. Majority of church members have a tremendous potential to mobilise communities and influence each other including young people and adults. In and out of school peer educators are being trained as resource persons who become champions of change within their communities and are being actively involved in mobilising their peers for JIC and also creating access to, demand for, and uptake of HIV prevention, treatment, care and support among youths and adolescent.

Establishment of support groups for young people and adolscence living with HIV: This is being done to empower adolescents and young people to be active recepients of SRH and HIV information and services. Most interventions in the past focused mainly on support groups for adults living with HIV with little or no attention paid to young people living with HIV.

101. ZIMBABWE

Title of Programme: Young People's Network on SRH, HIV and AIDS
Contact: National AIDS Council, Zimbabwe
Implementer(s): National AIDS Council and implementing partners on Sexual Reproductive Health, HIV and AIDS
Implemented by: Government , Civil Society , Private Sector , Faith-based , Government Parastatal
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Introduction:

The Young People’s Network on SRH, HIV and AIDS was incepted on the 27th of November 2007 with support from UNFPA and is a membership based network that is convened by National AIDS Council. It has representation at national level, in the country’s 10 provinces and 85 Districts. The network has representation from youth in and out of school, business, tertiary institutions, arts, faith based organisations, media, sport, living with HIV, with disabilities, child governance, resettlement areas, orphans and vulnerable children, fishing camps and other sectors that have been deemed necessary by the network members and relevant stakeholders.

Rationale:

- It is the right for young people to participate meaningfully in their own development.
- Involvement and participation of beneficiaries leads to more effective and sustainable programs
- As key beneficiaries in HIV related programming, youth know what is best and can work for them
- Youth know best the language and approaches to reach their peers.

Goal:

To establish a mechanism for open dialogue and exchange between youth groups and youth-serving groups and to advise the National coordination forum on the strategic opportunities and actions to address HIV related issues.

Objectives:

- Facilitate the exchange of information and knowledge-sharing about best practices and

lessons learned from youth policies and programmes as well as on major opportunities and challenges for moving the agenda of young people's rights, gender equality and sexual and reproductive health forward

- Enable greater understanding among youth groups and youth-serving partners on National policies and programmes, and how adolescent and youth concerns can be advocated for in various political and socio-cultural contexts
- Advise the NAC AIDS Action Committees at the various levels on how best to enhance youth participation in the development of its policies, programmes and activities across the areas of its mandate
- Identify emerging issues in young people's sexual and reproductive health and rights.
- Advocate for youth involvement and participation in collaboration with existing youth networks at various levels in the country in order to strengthen collaboration in HIV and AIDS related issues of common interest and or major initiatives, with linkages to regional-level activities.
- To establish a mechanism for open dialogue and exchange of information between youth groups and youth-serving groups and to advise the National coordination forum on the strategic opportunities and actions to address HIV related issues.
- Promote youth leadership in the national response to SRH, HIV and AIDS for young people in Zimbabwe, meaningfully engaging them in research, policy advocacy and programming (at all levels of the project cycle), at all levels of the national coordinating structure. (national, provincial, district and ward)

Overall Expected Result:
Overall improvement in the youth-friendliness and responsiveness of the coordinated interventions to young people's rights and needs, through dialogue, identification of opportunities, mechanisms and concrete follow up actions to strengthen work with young people in the areas of population and development, gender equality and equity, and reproductive health and rights, including HIV/AIDS.

Outcomes of the initiative

- Participation of young people in coordination meetings at all levels in the national response to HIV and AIDS
- Production of a documentary film-Tariro/Hope (which won a National Arts Merit Award!)
- Participated in the review and formulation of youth related policies such as the development of the National Adolescence Sexual and Reproductive Health Policy, Zimbabwe National Strategic Plan 1&2, Ministry of Education Sport Art and Culture Sexuality, HIV and AIDS Strategic Plan, Medical male circumcision strategy, Comprehensive Condom Strategy
- Mentoring of 2 Youth interns on an annual basis since 2008 with support from UNFPA
- Mainstreaming the use of participatory methodologies like film, sport and ART in programming for young people
- Representation of young people at regional and international fora
- Participation of young people in programme planning and management of young people's programmes in the national response to HIV and AIDS

What Strategies have been used to expand the scope and coverage of the initiative?
Decentralisation of the initiative to all districts in the country:

- Meaningful involvement and participation of young people at all levels of the programme planning cycle
- Advocacy for young people's issues and engagement of leaders at various platforms
- Participation of young people in the formulation and review of national strategies and policies
- Structured coordinated participation of young people at coordination meetings at all levels

- Capacity development of young people and their leadership
- Commemoration of key national and international events
- Participating at key exhibitions, fairs, sporting competitions
- Representation of young people from different sectors
- Networking
- Teambuilding of teams at different levels
- Establishment of HIV and AIDS Focal persons in all institutions of higher learning like Universities and colleges
- Mentoring of two interns per year from 2008 who are now occupying senior positions of influnce in orgainsations programming on HIV and AIDS
- Resource mobilisation and creating smart partnerships
- Outreach activities including film screening of educational films by network members at grassroot level
- Enhanced Visibility of networks at all levels in the country
- Multisectoral approach to programming

102. ZIMBABWE

Title of Programme: Adolescents and Youth Leadership and Participation in Sexual and Reproductive Health and Rights (SRHR) Including HIV and AIDS programmes
Contact: United Nations Population Fund
Implementer(s): Zimbabwe National AIDS Council
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Purpose:

- To increase young people's involvement and participation in national development programmes addressing their SRHR including HIV and AIDS needs.
- To provide young people with an opportunity to build their leadership skills, knowledge base and acquire hands on experience in SRHR including HIV and AIDS advocacy and programming.

Background:

Zimbabwe's population is relatively young with over 62% below the age of 24. The HIV prevalence among young people aged 15-24 stands at 6%, with young women being disproportionately affected (7% young women compared to 4% young men are HIV positive). Approximately 1 in 4 young women between the age of 15 and 19 have begun child-bearing. The unmet need of family planning by women aged 15-19 years is higher (16.9%) than the average (13%) while their contraceptive prevalence rate of 36.2% is far below the national average (59%). Recognizing the extent of challenges young people face and the limited opportunities and space for young people to actively participate in the formulation and implementation of policies and programmes addressing their SRH, UNFPA in partnership with the Zimbabwe National AIDS Council (NAC) initiated a two pronged intervention aimed at equipping young people with the skills and knowledge that enable them to actively participate in young people's SRHR issues including policy making, strategy development and programming. The first prong of the intervention was the Youth Internship Programme, while the other was the Young People's Network on Sexual and Reproductive Health and HIV and AIDS (YPNSRHHA).

Strategy:

Placing two interns within NAC on a yearly basis to advocate for and coordinate all activities focusing on young people's SRHR including HIV and AIDS and acting as the secretariat for

the YPNSRHHA. NAC is the national authority that coordinates the multi-sectoral response to HIV and AIDS and it has structures at all levels, from village to the national level.

Implementation:

- NAC places an advert in all local newspapers annually as well as at youth centres calling for young people to apply for the internship. The criterion for application includes possession of at least two "Advanced" level passes. Candidates must be between 15 and 24 years, smart, focused, energetic and able to relate well with people.
- Successful young persons are placed in a 12 month internship and are based at NAC Head Office, with travel to provincial and district offices. Training is on the job and interns are exposed to a variety of skills development and learning opportunities at local, national, regional and international levels enabling them to grow professionally in the areas of SRHR and HIV and AIDS.
- To achieve maximum capacity building of the interns, they also coordinate activities of the YPNSRHHA, which is a membership based network of young people from different sectors (education, health, sport, arts, mining, in-school and out of school youths, children's rights, disability, etc.). It has the mandate of nationally coordinating all activities addressing young people's SRHR and HIV issues.
- Key duties of the interns are:
  - Providing leadership and oversight of the YPNSRHHA
  - Coordinate sector responses to youth issues related to SRHR and HIV
- Participate in youth focused project / research work during the period of their internship.
- Support NAC Programme staff on implementing young people related interventions.
- Interfacing with NAC partners and stakeholders, which include UN Agencies, private sector, non-governmental organisations, civil society organisations and government departments and Ministries.
- The interns receive a minimum stipend from UNFPA on a monthly basis.

Outcomes of the initiative

Since inception in 2008, 11 young people have gone through the programme. The internship increased their participation in the national response to SRH and HIV/AIDS including:

- Established YPNSRHHA as a driving force for the national youth agenda. It is now decentralised countrywide with 85 Chapters.
- Representing young people at international, regional and national platforms
- AfriYAN, IAC 2010, UNGASS High Level Meeting 2011, 57th CSW, Women Deliver 2013 and AIDS Action Committees.
- Produced documentary called "Tariro" which focuses on child marriages and HIV/AIDS. It won a National Arts Merit Award (2009). It's used for advocacy as part of STEPS for the future project.
- Advocated for inclusion of youth issues in the Zimbabwe National AIDS Strategic Plan, ASRH Strategy (2010-2015) and Ministry of Education HIV/AIDS Life Skills and Sexuality Strategy (2011-2015).
- Hold leadership positions
- NAC Board Member, YPNSRHHA National Facilitator, SAYWHAT Programme Manager, AfriYan Executive Committee members, UNFPA Youth FP Ambassador, SAFAIDS Young Women's Leadership Programme members.
- Interns receiving recognition internationally. See below about Yemurai. http://blog.usaid.gov/2013/06/women-deliver-bold-visions-for-womens-and-girls-health-and-rights/ http://www.huffingtonpost.com/purnima-mane/women-deliver-catalyzes-c_b_3346563.html

What Strategies have been used to expand the scope and coverage of the initiative?

- Identifying young people with potential within different areas of advocacy under the YPNSRHHA and developing their skills including social media

- Building capacity of the YPNSRHHA to be advocates for HIV and AIDS and SRH issues

103. ZIMBABWE

Title of Programme: Young People We Care
Contact: UNICEF
Implementer(s): UNICEF Zimbabwe, National AIDS Council, NGOs
Implemented by: Government, Civil Society, UN or other inter-governmental organisation
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Supporting orphans and vulnerable children; assisting elderly-headed households
Programme being implemented since: 2003
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Purpose:
Young people in Zimbabwe have grown up with HIV. Twenty-five per cent of children (0-18 years) are AIDS-related orphans; the largest proportion of whom are adolescents. Programs that address only HIV prevention ignore the realities of young Zimbabweans who have experienced the impact of HIV in their lives. Young People We Care addresses all aspects of HIV, including its social determinants, while recognizing that young people want to be important members of their communities. They have the willingness and enthusiasm to design and implement community-based activities related to HIV prevention, care, support and treatment. Having a sense of purpose and connectedness with communities may also strengthen young peoples resolve to adopt healthy behaviors. Young People We Care (YPWC) therefore aims to:

- encourage young people to become active members of their community in addressing HIV;
- increase young people's safer sexual behavior and utilization of HIV-related services;
- promote values and practices that reduce HIV-related stigma and discrimination; and
- improve the lives of children and families affected by HIV.

Target Audience: Young people aged 15 - 24 years

Components: The program is implemented according to the following steps:

- UNICEF conducts an orientation for government and NGO partners
- NGOs establish linkages with the community
- NGOs train program managers and young people on such issues as: developing communication skills, increasing knowledge about HIV & AIDS, peer support, healthy relationships, ending HIV-related stigma, HIV testing and counseling, medical male circumcision, prevention of mother-to-child HIV transmission, anti-retroviral treatment, sexual abuse, and grief and bereavement
- YPWC groups implement and report on activities
- NGOs and YPWC groups experience on-going learning, monitoring and assessment through supportive supervision, exchange visits, and annual review meetings

Activities: YPWC encourages young people to work and connect with the community holistically. Each YPWC club develops its' own activities, therefore activities vary widely. However, some examples include:

- peer support;
- YPWC members living with HIV support other adolescents living with HIV with adherence to treatment;
- advocacy on specific issues (such as access to condoms) as well as for support for

orphans and vulnerable children (such as payment of school fees);
- participation in national campaigns (e.g. HIV Testing and Counseling, medical male circumcision);
- sport/drama/music/dance/games involving orphans and vulnerable children;
- Community outreach on specific HIV and child protection issues;
- helping in the home (household chores, gardening, assisting with schoolwork);
- assisting children living with disabilities;
- community improvement (such as clean up campaigns, planting trees); and
- income-generating projects

Outcomes of the initiative
- A cluster randomized controlled trial included YPWC and found that young people in the intervention arm were more likely to have self-efficacy in negotiating safer sexual relationships
- Successful advocacy for access to condoms for young people
- Increased involvement of young people living with HIV
- For the first time young people and children are involved in the grief and bereavement process
- Elderly-headed households note relief due to assistance with household chores
- Orphans and vulnerable children note reduced stigma and improved school attendance and achievement
- Increased community awareness of child abuse
- Stronger linkages with local government authorities resulted in material support for orphans and vulnerable children
- Gender equity as young men and women assume non-traditional roles
- YPWC volunteers gain communication and relational skills, and have greater confidence and self-esteem, better well-being, stronger resilience, and a wider range of effective coping strategies
- Community respect has given YPWC volunteers a deeper sense of purpose

What Strategies have been used to expand the scope and coverage of the initiative?
Scope:
YPWC was designed in 2002 when most programs for young people focused only on HIV prevention, despite the fact that most (if not all) young Zimbabweans had been personally affected by the HIV epidemic. YPWC took a different approach by integrating HIV prevention with care and support. YPWC's emphasis was on training young people to provide support to orphans, vulnerable children, chronically ill people, and the elderly. Over the past 10 years the program has evolved to include additional interventions such as: HIV testing and counselling, prevention of mother-to-child transmission of HIV, medical male circumcision, accessing anti-retroviral treatment and adherence support.

In addition to supporting increased access to and utilization of HIV-related services, young people also contributed to community service. Viewed as a valuable resource, YPWC members have increasingly participated in community decision-making processes through both formal and in-formal structures. Of special note, YPWC has served as a conduit for emergency assistance. For example, during the 2008-9 cholera crisis, YPWC members were mobilized to support hygiene promotion efforts, including distribution of water purification tablets.

Coverage:
The YPWC program is simple to implement and requires few material resources. Initially, the YPWC manual, 'Young People We Care – Making a Difference in our Communites,' was distributed to over 200 NGOs in Zimbabwe and shared by CD-Rom regionally. An on-line version was also made available. The CD-Rom was further distributed globally by TALC

(Teaching-aids at Low Cost.) As a result, organizations throughout the world have experience in implementing YPWC.

Since 2005, UNICEF has provided direct support to over 30 NGOs to implement YPWC. Currently, UNICEF supports the National AIDS Council to provide sub-grants to local NGOs. NGOs receive financial and technical support from the Provincial and District AIDS Action Committees. In addition, YPWC is integrated into the National Youth Network for HIV/AIDS and Sexual and Reproductive Health, with several NGOs implementing YPWC independently from UNICEF. As a result, YPWC is in all 10 provinces of Zimbabwe, involving thousands of young people each year. Membership fluctuates, but as of December 2012, there were approximately 2000 active members, reaching over 20,000 people in communities. (Note: these are YPWC groups reporting to UNICEF and NAC. As the program is also implemented independently by NGOs, the total coverage is higher.)

104. ZIMBABWE, ETHIOPIA, NIGERIA, KENYA, UGANDA, GHANA, MALI, SENEGAL

Title of Programme: Evidence and Rights Based SRH Education and HIV Prevention Interventions for Youth
Contact: Stop AIDS Now!
Implementer(s): Stop AIDS Now!, Rutgers WPF and all trainers who support the Civil Society Organisations: 2011/2012: Safaids (Zimbabwe), FACT Mutare (Zimbabwe), Development Education Centre (Ethiopia), AYPIN, (Nigeria),Centre for the Study of Adolescents (Kenya) 2013: Wale (Mali), Enda3D (Senegal), AADeC (Mali), IBIS (Ghana), Dance4Life (intern), UNASO (Uganda) ICW (Eastern Africa- Uganda), ACET (Uganda), Health Need Uganda (Uganda). Reach a Hand Uganda (Uganda), Straight Talk (Uganda), Reproductive Health Uganda (Uganda), Restless Development (Uganda), CAEVA (Uganda)
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Purpose:
The project exists to ensure that young people have access to good quality SRHR and HIV prevention interventions. And therefore be enabled to make healthy and informed choices. The project aims to support 150 Civil Society Organisation by 2015 to increase the quality of their SRHR and HIV prevention programme activities. First by creating a sustainable pool of quality trainers and secondly by ensuring involvement and interest of other key stakeholders.

Target audience:
1. Selected trainers of capacity building organisations in 12 countries.
2. Civil Society organisations who implement SRHR and HIV prevention for youth and youth who visit their services.
3. Donor organisation, UN agencies and governmental bodies.

Activities and components:
In 2011/2012, the pilot project took place, capacity building organisations from 4 different countries were trained and supported through e-coaching. Trainers of these organisations supported other staff of CSO's within their countries. Now, in 2013 an improved programme is implemented for trainers of 4 new countries. In 2014, 4 more countries will be involved. Focus of the training is: Behaviour Change, Characteristics of effective interventions, Measure effects of Programme activities on outcome level, Stigma and discrimination and gender inequality, essential components in relation to SRHR. The current approach and scale up is based on the results of the pilot project and builds on evidence-informed tools that have been developed in earlier projects. The 2011-2012 pilot project focused on strengthening the capacities five organisations to become experts on effective SRHR

education and HIV prevention interventions for youth and share this knowledge with a wide range of CSOs. This knowledge about quality is captured in two evidence-informed workbooks, developed by STOP AIDS NOW!, Rutgers WPF and Civil Society Organisations. The Planning and Support Tool (2009) describes characteristics of effective SRHR education and HIV prevention interventions, derived from a study done by Douglas Kirby and colleagues in 2006. The workbook Are You On The Right Track? (2011) provides practical guidance on how to measure programme activities on outcome level. UNESCO is our technical advisor to ensure alignment and complementarity with international standards and other relevant undertakings.

Outcomes of the initiative
The evaluation study of the pilot project shows how trainers increase their knowledge and skills and are able to support organisations to work towards evidence based SRHR interventions. Results show how supported organisations have increased knowledge and skills. Supported CSO already made changes to their programmes based on the training sessions, such as: increased involvement of young people, development of outcome indicators, involvement of community health workers, development of clear health goals, activities now addressing sub-behaviours, conducting a situation analysis and adapting a monitoring and evaluation design in order to measure on outcome level. An important challenge for supported organisations is the inconsistency in participation of staff. For trainers, an important challenge is the development of a marketing plan. Trainers needed more clarity on their roles as trainers and extra support on some topics. Practical recommendations are provided for the scale up of the Training of Trainers programme to other countries.

What Strategies have been used to expand the scope and coverage of the initiative?
The T pilot project in Ethiopia, Kenya, Nigeria, and Zimbabwe, which was implemented in the period 2011-2012, is scaled up to 8 African countries (4 in 2013 and 4 in 2014). We first focus on supporting organisations in Ghana, Mali, Senegal, and Uganda, followed in 2014 by Malawi, South Africa, Tanzania, and Zambia. The trainers that were trained in the pilot project continue to be involved. The project supports the selected trainers and their organisations in such a way that they will become independent and continue to support other organisations, beyond the scope of this project. The project will increase usages and visibility of the quality criteria among Dutch donor organisations and aims to interest other donor organisations, governmental bodies and United Nations (UN) agencies to work with the methodology provided.

II. Asia

1. ASIA-PACIFIC

Title of Programme: Young People and the Law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services
Contact: UNESCO
Implementer(s): UNESCO, UNFPA, UNDP, UNAIDS and Youth LEAD, the Asia-Pacific Network of Young Key Populations
Implemented by: Civil Society, UN or other inter-governmental organization
Type of Initiative: Enabling social and legal environments
Programme being implemented since: 2012 (November)
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Most countries in the Asia-Pacific region have signed or ratified conventions recognizing the rights of young people to the highest attainable standard of health. Moreover, over the last

twenty years, there has been increasing recognition of the importance of ensuring sexual and reproductive health (SRH) and HIV services give priority to the needs and rights of young people. Governments, having agreed to these international and regional commitments have an obligation to protect and safeguard these rights.

At the same time, many countries in the Asia-Pacific region have a historical legacy of laws, policies and practices that obstruct young people's access to SRH and HIV services or that fail to recognize young people's specific needs. Some countries have taken steps to align domestic policies with international commitments, yet in many cases laws and policies remain that create barriers to information and services. For young people, this can have devastating consequences including unplanned pregnancy, spread of sexually transmitted infections (STIs) including HIV, health-related harms from unsafe abortion, and exposure to stigma and discrimination, to name a few.

To bring these issues to the attention of policy-makers, UNESCO, UNFPA, UNDP and UNAIDS Asia-Pacific regional offices and Youth LEAD, the Asia-Pacific regional network of young key affected populations, have partnered to issue a joint review "Young People and the Law in Asia and the: Pacific: A review of laws and policies affecting access to sexual and reproductive and HIV services."

This review documents the range of legal and policy issues that shape young people's access to HIV and SRH services in the Asia-Pacific region. The report considers:

- how legal and policy frameworks impact on SRH/HIV service provision for young people;
- what legal measures protect the rights to health of young people, and how do these measures address the needs and special circumstances of young key populations; and
- what approaches need to be taken (including policy, legal and intermediate operational measures) to address any gaps in the protection and promotion of the right to health of young people and to ensure access to SRH/HIV services;

A particular focus was given to the:

- impact on access to services of laws and policies that require people to be of a certain age for various purposes, e.g. age of consent to sex, age of legal capacity to consent to medical treatment, age of legal marriage, age of criminal responsibility, and age of majority;
- impact of laws that criminalize key populations of young people who are at higher risk of HIV and other STI exposure and the impact of law enforcement practices on these young people's access to services; and
- availability of laws and policies that are supportive of the rights of young people to access SRH/HIV services.

The review was primarily a desk review of legislation, regulations, national policies, peer-reviewed articles and other published reports, along with focus group discussions (FGDs) with young people in three countries: Indonesia, Myanmar and the Philippines and interviews with key informants involved in service delivery to young key populations in Myanmar and the Philippines.

Outcomes of the initiative

The review will be launched on 18 September 2013 at the 6th Asian Pacific Population Conference (APPC) in Thailand. The APPC, attended by ministers, senior policy-makers, parliamentarians, civil society, and development partners, will set the regional population and development agenda for the next decade and inform the General Assembly Special Session on the International Conference on Population and Development (ICPD) beyond 2014.

Asia-Pacific Member States are called on by the UN Economic and Social Commission for

Asia and the Pacific (ESCAP) to report in 2014 on progress to ground universal access to HIV services in human rights and to address legal barriers to HIV responses. The review will also be used in national consultations in 2013-14 to inform these reports.

The initiative will monitor how Governments are taking action on youth leadership and participation, law reform, improvements to law enforcement practices, legal services, and SRH/HIV policies and programmes.

What Strategies have been used to expand the scope and coverage of the initiative?
This review, the first of its kind, focuses on the Asia-Pacific region as it is home to the largest number of young people globally, and the largest cohort of young people in the history of the world. SRH and HIV are often-overlooked aspects of young people's health and many youth face significant legal and policy barriers that prevent them from accessing SRH/HIV services. Poor access to SRH/HIV information, commodities including condoms and contraceptives, and other SRH/HIV services contribute to high levels of unplanned pregnancy and the spread of HIV and other STIs.

Moreover, most countries of Asia and the Pacific have conservative legal traditions relating to sexuality and reproduction. Laws often reflect or reinforce conservative religious morality and cultural views that deny young people's needs for contraception and STI prevention because provision of services or commodities such as condoms is viewed as encouraging immoral behaviours. In many countries, laws often reflect the moral values of the colonial era rather than contemporary understandings of SRH rights, and many laws in relation to same-sex conduct, sex work and abortion have not been updated since colonial times. Scaling up SRH/HIV services for young people requires an understanding of the laws and policies that govern the issues of informed consent, competency, identity, confidentiality and privacy, and how this framework regulates the ability of service providers to ensure services are available and accessible to young people.

This review offers a useful framework for other countries and regions to assess progress on agreed obligations under international human rights law and to implement recommendations and commitments relating to young people. This includes, in particular, compliance with the Convention on the Rights of the Child, commitments made in the Programme of Action of the International Conference on Population and Development (ICPD) and implementation of the recommendations of the Global Commission on HIV and the Law.

Human rights recognized by these and other instruments, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), include the rights to the highest attainable standard of health, non-discrimination, privacy, autonomy and the rights of young people to participate in decisions that affect them.

This review aims, in this first instance, to document and review progress in the Asia-Pacific region; however support for the realisation of these rights in all regions will have considerable benefits for the future of the HIV epidemic and the broader health and development agenda.

2. ASIA-PACIFIC

Title of Programme: Making the Case with Strategic Information: Young key populations at higher risk of HIV in Asia and the Pacific
Contact: UNICEF East Asia and Pacific Regional Office
Implemented by: Governments, Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Making the Case with Strategic Information- Young Key Populations at Higher Risk of HIV in Asia and the Pacific

An analysis carried out by the Commission of AIDS in Asia in 2008 showed that over 95% of all new HIV infections among young people occur among most-at risk adolescents. Although HIV risk among young people is well-documented, there is still a need for better strategic information on young people at higher risk of HIV exposure.

A recent 17 country review of strategic information in Asia and a six-country review in the Pacific showed large gaps in the information available on young key populations at higher risk in the region. Other qualitative and quantitative studies conducted recently have provided more information on determinants of risks and vulnerabilities among young key populations at higher risk; however, the varying research methodologies make comparative analysis difficult due to the non-homogeneity of the data. Moreover, many of these studies have insufficient sample sizes to enable generalizations about the total population of young key populations at higher risk within the country.

Available information on size estimates of young key populations is extremely limited, especially the inclusion of adolescents in the surveys. Many adolescents/young people with risk behaviours are not easily identified for inclusion in such surveys and surveillance, and legal restrictions (e.g. age of informed consent) in many countries further limit their participation. A review by the Asia-Pacific HIV and AIDS Data Hub showed that only 20 out of 31 country HIV surveillance systems include young key populations at higher risk and very few have a reasonable proportion represented. Furthermore, only 9 out of 47 studies reviewed described ethical procedures specific to the involvement of children in research.

Following an experts meeting in September 2012, for the first time, an operational strategic information guidance report focusing on adolescents/young people at higher risk of HIV exposure was developed for the Asia-Pacific by UNICEF (EAPRO and ROSA) jointly with regional partners, UNESCO, UNFPA and UNAIDS through the Asia-Pacific IATT on Young Key Affected Populations. In the context of low and concentrated HIV epidemics in Asia-Pacific, the document provides useful recommendations to assist planning, collection and dissemination of data on adolescents/young key populations who are difficult to reach. Taking into account, the best interests of the child, the guidance specifically addresses key ethical considerations on inclusion of children and adolescents in research that ask questions relating to their sexual behaviour, use of drugs and other HIV risk behaviours.

The guidance will assist countries to strengthen the availability and use of strategic information to guide HIV programmes and responses targeting young key populations. It will assist national HIV and AIDS programme planners and managers and those working in local, national/international governmental and non-governmental organizations that commission, collect, and use data on adolescents/young people at higher risk to build the case and advocate for policies or for strengthening programme service delivery in the Asia-Pacific.

Outcomes of the initiative

Following the Experts meeting and concurrent to development of the guidance report, UNICEF with partners in the Asia-Pacific IATT on YKAP launched several regional initiatives to inform programme/policy development and support advocacy. A comprehensive data search and analysis of adolescent key populations, their HIV risks and vulnerabilities to shape regional advocacy agenda will be launched at ICAAP in November.

A comprehensive review of a) available epidemiological data on HIV infection and risk factors among young MSM and b) Adolescents living with HIV in Asia-Pacific is under

finalization; A review of children under 18 who are exploited by the sex industry will provide guidance on reaching and reducing potential harms for children (under 18) who sell sex in Asia-Pacific.

The guidance also assisted in the planning of the situational analysis of young people at higher risk of HIV exposure in Thailand initiated by UNICEF and other partners with Thammasat University, Bangkok.

What Strategies have been used to expand the scope and coverage of the initiative?
The operational strategic information guidance published in June 2013 will be widely publicised and distributed among National AIDS Programmes at the country level, national and international NGOs, academic and research institutions and civil society organizations working on Young Key Populations at higher risk of HIV exposure in the region.

The Asia-Pacific IATT on YKAP will monitor the implementation of the operational guidance on strategic information and will continue to support countries in their efforts to collect data on adolescents and young people at higher risk of HIV exposure.

Although this guidance is focused on the Asia and Pacific region, it also has the potential for wider global application. The guidance will be made available to other regions with similar epidemiological trends for adaptation and/or replication.

The operational guidance report is available at:
http://www.unicef.org/eapro/resources_3607.html

3. **AUSTRALIA**
Title of Programme: Agents of YEAH: HIV and sexual health peer education and leadership program
Contact: Youth Empowerment Against HIV/AIDS (YEAH)
Implementer(s): The Agents of YEAH Peer Education Program is delivered by young people aged 17-29 who work for and volunteer with YEAH. The program is coordinated by Alex Tanglao, a young person who is the manager of the program.
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Peer Education (including a focus on HIV & sexual health)
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Agents of YEAH Program Overview:
Agents of YEAH is YEAH's signature program, providing sexual health peer education training and support to young people, to deliver workshops and promote sexual health through youth events in their local communities.

History and Funding:
Agents of YEAH started in October 2009 as a pilot program funded by the Australian Commonwealth Department of Health and Ageing. The success of the pilot has resulted in continued investment from the Commonwealth Government to expand the program to reach a broader national audience.

National Program:
Currently YEAH has established peer education groups in five cities across Australia.
Each group is made up of 15–50 trained volunteer peer educators (Agents). The groups are coordinated through the direction of volunteer Local Leaders who liaise with the program

manager based at YEAH's headquarters in Melbourne.

YEAH ensures all Agents of YEAH groups are connected and aware of their part in a unique and growing national network of peer educators.

The Agents of YEAH Program brings together:
1. empowerment through Knowledge – by training young people to develop the skills to be effective peer educators;
2. participation through the skills of peer education - to run interactive sexual health workshops and events; and
3. leadership through representation – developing skills to represent YEAH and youth led action.

Target Audience:
Peer educators: Any young person* aged 17–29 can sign up to take part in the training to become an Agent of YEAH. Peer Education audience: Any young person aged 15–29
*YEAH takes its definition of a young person being someone aged 15–29 from the Australian Department of Health and Ageing.

The Training Program:
The Agents of YEAH training provides comprehensive information through six (6) specific sessions delivered over a two (2) day intensive training program:
1. Becoming an Agent of YEAH
2. STIs: signs, symptoms, testing treatment and prevention
3. HIV/AIDS: a global and local perspective
4. Stigma, discrimination & sexual health
5. Peer Education Skills
6. Putting it into practice

The inclusive and youth led style of the program attracts a diverse group of youth participants, uniting them with a common goal to lead a positive response to youth sexual health, including a focus on HIV and addressing stigma and discrimination.

Monitoring and Evaluation:
All participants in the Agents of YEAH Training must complete the following:
- Hurdle requirements relating to participation in training sessions and activities.
- Online post training knowledge test administered through a series of questions designed to test participants' knowledge of the content delivered in training.
- Anonymous post training evaluation to measure feedback on the effectiveness of the training format, content and delivery including recommendations for future improvement.
- Online post evaluation forms are completed after every workshop and event by the organising teacher or youth worker and the lead peer educator to record qualitative and quantitative information measuring the impact of the workshop on participants, activities conducted, resources used, demographic information of workshop participants, quality of the peer educator's delivery of the workshop and recommendations for future improvement.

Outcomes of the initiative
Interactive workshops:
- Work with schools, teachers and youth workers to develop tailored workshop content delivered by peer educators.
- Compliment and add value to the role of teachers and existing approaches to sexual health education within schools or youth services.
- Deliver a positive and vibrant approach to learning about sexual health through interactive activities.

- Provide young people with a safe environment to discuss sexual health education with their peers.

Information stalls:

- Provide relevant and accurate sexual health information in a vibrant and interactive way
- Respond to HIV and sexual health questions and address misconceptions or myths in real time
- Provide practical information on how to safely use condoms and other barrier methods.
- Provide local referral information to improve young people's ability to access youth sexual health testing and support services
- Meet the needs of young people who want a safe and trusted peer based environment to discuss HIV and sexual health

What Strategies have been used to expand the scope and coverage of the initiative?
Increasing participation through peer education & youth leadership:
Peer education is the primary platform that YEAH uses to encourage young people, (both those trained in the program and the audiences they reach), to participate in leading their own response to community education and awareness of sexual health, STI and HIV prevention amongst their peers.

To expand the scope and coverage of the program and in turn improve young people's access to sexual health information, YEAH has started to focus on setting up highly interactive information stalls at large scale events where large groups of young people gather (e.g. music festivals).

In 2013 we estimated that YEAH reached more than 80,000 young Australians though peer education workshops and youth led health promotion activities at public events.

Improved data collection methods found that at one large-scale music event in 2013, 70% of those who said they chatted with one of YEAH's peer educators, said they learnt something new about sexual health, which is equivalent to approximately 12,600 young people who learnt something new about sexual health because of YEAH's presence at this one event. This proves just how effective and important it is to have trained sexual health peer educators delivering engaging and interactive peer education activities at large scale public events.

Despite only having a small paid staff of 4 people, YEAH has trained more than 50 new peer educators in 2013 and is now led by a team of more than 120 volunteer youth peer educators around Australia.

However, we now face the challenge of long waiting lists of young people waiting to be trained as peer educators and join the program. This should be a good problem to have in a time when STI rates are at epidemic levels amongst young Australians and HIV rates are continuing to rise, but regrettably the Government has not committed any additional resources to enable increased training and replication of this highly successful program.

In July 2013, YEAH launched a new initiative to reinforce the importance of putting young people in positions of leadership at every level of decision making by forming the National Youth Sexual Health Council (NYSC). The NYSC will provide a national platform for a diverse representation of young people's voices including representation of Agents of YEAH to provide feedback and direction regarding policies and programs that affect young people's sexual health rights, education and access to services in Australia.

4. BANGLADESH

Title of Programme: Rolling Continuation Chanel
Contact: Bandhu Social Welfare Society
Implementer(s): Bandhu Social Welfare Society
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

In Bangladesh, the Hijra (transgenders) and the MSM (who have sex with male) are amongst the socially excluded and stigmatized communities. The MSM are invisible in most of the cases. We can identify only them who have no other way to do that. Generally, they are poorest of the poor. These communities are considered 'most-at-risk' population in the incidence of HIV infection because a major portion of them practices unsafe sex with partners and clients. Though the prevalence of HIV/AIDS in Bangladesh is still considered to be low (less than 1%), the country is extremely vulnerable to an HIV epidemic generally because of its poverty, close proximity with countries with high prevalence rate, commercial sexual business, people's ignorance and misconceptions etc. Research shows that unsafe sexual practice is the second highest responsible channel of HIV infection in Bangladesh and the country has the highest turnover of clients in Asia in commercial sex (UNDP, 2011). So, there is no way to adopt a complacent attitude nullifying the susceptibility of an explosive outbreak of HIV/AIDS among or through these communities. On this ground, Bandhu Social Welfare Society (BSWS) with technical support from ICDDRB and financial support from GFTAM has been implementing Rolling Continuation Chanel (RCC) programme since January 2011. The aim of the programme is ensure safer sex practice among these 'most-at-risk' population by providing effective HIV prevention services and thereby reduce the incidence of HIV infection among or though them. The intervention consists of four major components: i) promoting safer sex practices through DIC (drop-in-centres) based outreach activities , ii) providing sexual health support through STI clinic and referral linkage, iii) conducting social and legal mobilizing through advocacy; and iv) providing capacity building training. The beauty of the programme depends greatly on its operational modality-outstanding synchronization with other projects and specific local concentration in dealing with these sexual minorities. Under this programme BSWS has established 33 DICs (small and large) in each of which there are sections like clinical and behavioral counseling, community space, outreach and administration. A team of 9-15 people worked in each DIC in which 7-11 people are recruited from the target community itself. Currently, the programme has been providing support to 19000 MSM, MSW and Hijras in 19 districts under three divisions of Bangladesh including Dhaka and Chittagong.

Outcomes of the initiative

As mentioned, based on the four components the programme aimed at achieving the following outcomes:

1. Knowledge Transfer to the target Communities: Increased comprehensive knowledge of HIV/AIDS among MSM and hijra is one of the most important outcomes. It is directly attributed to have causal relationship for preventing many other associated challenges for HIV and other STI transmission.
2. The most visible outcome of the programme is increased utilization of DIC based health services by MSM and hijra communities, which promote safer sexual practices.
3. Another outcome of the programme is increased condom use among MSM and hijra through behavioural and psycho-social counselling
4. Enabling social environment for the MSM and hijra communities through creative publishing, policy advocacy, networking and engaging mainstream communities.

What Strategies have been used to expand the scope and coverage of the initiative?
The operational modality of the programme is participatory in nature as it essentially engages the target groups in the implementation of the programme. Since MSMs and hijras are respectively invisible and socially excluded communities, to reach them, peer groups play important roles using snowball approach. They reach them from their cruising spots through participatory observation. They invite them to the DICs and make them understand the benefits through counseling. They provide essential health services to them and enhance them through capacity building trainings which ranges from safer sexual practices to small income generation activities. Nowadays, they have been reaching by using Information and communication technology (ICT) in order to reach the unreached. They can chat and phone to the respective experts and counselors. Another key strategy has been delicately considering is collaboration with other programmes so that duplication of tasks can be avoided. This programme has continually been evaluated through process evaluation with a view to enhancing service delivery. The ethical points the organization follow strictly is the confidentiality of the beneficiary. And in each of the cases informed consent either oral or written is taken from them.

5. BRUNEI DARUSSALAM

Title of Programme: HIV Awareness Programme for Peers & Youth (HAPPY)
Contact: Brunei Darussalam AIDS Council
Implementer(s): NGO-led with multi-stakeholders support
Implemented by: Government, Civil Society, Private Sector, NGO
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
HIV Awareness Programme for Peers & Youth (HAPPY) is a youth-led project that spreads HIV awareness including knowledge on teenage pregnancy & sexually transmitted infections throughout the 4 districts in Brunei Darussalam.

HAPPY is a 2 ½ hour programme that combines audio&visuals and interactive activities to pass the message to young people. It includes messages that has adapted to the local background of Brunei Darussalam.

It started back in 2005, where a group of volunteers in the Brunei Darussalam AIDS Council came up with the idea to give HIV Awareness talk to schools by young people themselves. It was called “HIV/AIDS Basic” back then and it was organized by the youth club of the Council, Penyinar Club

It was not until 2008, where 5 members of the club pushed the programme to compete in the B-@ktif 2008 Competition (a project proposal and implementation competition). Under the name Sentient, it has won the Silver Medal together with another team.

The members of Sentient have their own commitments now and the team is disbanded but the programme is still run by Penyinar Club. Up until April 2011, HAPPY has been conducted 55 times & has almost reached 3,000 young people.

Objectives:
1. To raise awareness on HIV & AIDS
2. To encourage behavioural changes
3. To assist participants to make the right choices
4. To promote the knowledge gained by participants to peers

5. To inculcate aspects of Islamic & family values

Methodology:
Workshop style with emphasis on interactivity that has a mix of presentation, debates, discussions, videos, quizzes etc

Target Participants:
Due to the nature of the programme that requires active participation, the minimum age of participant is 14 years and is suitable up to higher institutions. It is also advisable that the maximum number of participants to be 100 at one time.

Facilitator/s:
Facilitators are from Brunei Darussalam AIDS Council and its youth division, Penyinar Club. Depending on the number of participants, the team conducting can range from 3 to 10 people, to assist in facilitating the programme.

As the programme is run by volunteers who have other commitments to work & study, hence the programme can only be done in the afternoons and night time on working days, Fridays & Sundays or on holidays.

The copy of the slides are downloadable (in 2 parts) from:
http://www.slideshare.net/cruelio/happy-part-1 & http://www.slideshare.net/cruelio/happy-part-2

Outcomes of the initiative
To ensure the sustainability of the programme, potential facilitators are being exposed and trained to organise the programme. Despite the challenges of the volunteers have other commitments with work and academic, HAPPY being a low-budget programme and based on volunteerism & teamwork spirit, will continue to run. There are plans to organise training of trainers for HAPPY in the education sector.

Despite with no budget and run by volunteers, the programme itself has made a significant impact to the community e.g:
1. Exposure & awareness on local newspaper: http://www.bt.com.bn/news-national/2013/07/22/brunei-aids-council-hiv-awareness-programme-starts-september-12 & http://www.bt.com.bn/happenings/2012/03/16/bdac-brings-happy-smja
2. Triggered the Ministry of Education, with the assistance to do an analysis on HIV & AIDS education in Brunei Darussalam. Report downloadable from http://portal.unesco.org/geography/en/ev.php-URL_ID=15939&URL_DO=DO_TOPIC&URL_SECTION=201.html)
3. Involving multiple government sectors in embarking response to HIV & AIDS in Brunei Darussalam, mostly through prevention via education

What Strategies have been used to expand the scope and coverage of the initiative?
With limited to no budget to hire full time implementers, the programme is limited to being run on a part-time basis or voluntarily. This leads to low impact and cannot be implemented thoroughly, especially in monitoring and evaluating the results.

The low number of HIV & AIDS cases in Brunei Darussalam has also lead HIV & AIDS advocacy work in Brunei limited and doesn't attract enough sustainable implementers.

Nonetheless, through the NGO, HAPPY is a commitment of the AIDS Council and will continue to be the helm of HIV & AIDS education in Brunei Darussalam until a formal comprehensive sexuality education programme in education setting is conducted.

6. **INDIA**
Title of Programme: Home for HIV orphans and Adults
Contact: Matruchhaya anath ashram (Orphanage for aid chidlren, youth, adults.)
Implementer(s): fr. Lawrence Rodrigues
Implemented by: NGO, Charitable Trust
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, building home for hiv orphaned children and adults
Programme being implemented since: It is a new initiative. But we have unofficially had many hiv patients being treated
Has the programme been evaluated/ assessed? No

Short description of the initiatives
We had a small centre for hiv/aids children, youth and adults. We now want to start a full fledged centre for the same.
Purpose: Care, treatment and awareness of hiv/aids affected.
Target audience: Children, youth, adults mainly orphans affected by hiv/aids.

Activities:
1. Home for the orphans children, youth and adults (PLWHA)
2. Care centre for treatment and psychological support for people living with hiv.aids
3. School for these children.
4. Regular seminars and other activities to spread awareness and help hiv/aids victims

Outcomes of the initiative
1. The ophans and abandoned children and youth will have a home and school thus a bright future.
2. The care centre/health unit will help those infected with HIV/AIDS and other diseases to get care, diagnosis and treatment.
3. It will ensure access for orphans, abandoned, HIV/AIDS infected and the poor to essential services, such as a home, education, health care, skills development, etc.
4. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for these children of God.
5. Decrease in number of people dying of AIDS/HIV

What Strategies have been used to expand the scope and coverage of the initiative?
We have been unofficially running the hiv/aids centre. Now we have got a separate trust registered "matruchhaya anath ashram" specially for this. We are now purchasing land and getting other things necessary to begin a home and care centre.

7. **INDIA**
Title of Programme: Youth Empowerment Programme
Contact: Restless Development
Implementer(s): Young people between 18 -28 years
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Purpose: create opportunities for young people to take up a meaningful leadership role in

addressing the most urgent health, gender and social issues facing their lives and their communities. We equip and train young people in the age group of 18-28 years as Young Development Professionals to reach out to other youth in India. The target audience of the programme is school youth and out of school youth in the age group of 10-28 years in 4 states of India (Bihar, Jharkhand, Odisha and Tamil Nadu) reaching approximately 90,000 young people each year.

The programme is divided into 4 steps: 1. Inspire, 2. Educate, 3. Activate, and 4. Celebrate.

1. Inspire:
We inspire young people using multi-pronged approach to take leadership roles in addressing SRHR issues in their community and to talk about HIV&AIDS in particular openly with their peers and intermediaries. The programme is introduced through the 'Heart Connection Tour' (HCT), which comprises of innovative teaching methods in the form of music, dance, interactive media and peer education. During the HCT a dance drill-uniform across all of the countries is being taught and insight is given in the HIV prevalence globally and in India.

2. Educate (skills4life):
This is done through Life Skills Based Education using age appropriate curriculums with in- and out of school youth.The curriculum focuses on the biological and social aspects of sexuality. It deals with how your body is changing, but also on how to protect yourself from STI's, including HIV and equal and safe relationships. It provides information on adolescent health, protecting health and hygiene and focuses on important life skills such as: Communication, Leadership, Decisions Making and Planning.These life skills contribute to the young people's overall learning and wellbeing. In addition to skills4life, we identify young people who would like to make a difference in their society. The educate step leads to the following:

- Young people deny local myths regarding HIV&AIDS
- Young people participate in decision-making in their families and communities
- Young people deny gender stereotypes associated with the sexes
- Young people talk openly about SRHR issues with the intermediaries
- Young people take lead role in addressing issues related to Sexual Reproductive Health and Rights
- Young girls have better hygienic practices during menstruation

3. Activate:
Activate consists of meetings, sessions and trainings carried out with the young people who are showing interest to take leadership. The young people are formed into clubs at village level, which are brought up-to the national level. At the national level they are represented by state representatives. Based on the strategy the clubs implement different initiatives, such as rallies, street plays, health camps, participation in discussions held by local government or key decision makers such as U.N bodies, to address most urgent issues affecting society

4. Celebrate:
An event is organized to recognize the achievements of young people who have successfully taken the leadership role to address urgent issues faced by their communities, with a focus on HIV&AIDS in particular and draw media attention to this cause.

Outcomes of the initiative

More than 20,000 young people in the 4 states have taken initiatives to address issues related to HIV and AIDS. The other impact includes:

- increase from 86% to 91% of young people had heard about HIV&AIDS;
- increase from 5% to 39% of young people could identify all four routes of transmission correctly;

- increase from 65 to 87% of young people who had said that they had heard about STIs
- increase from 52% to 64% of young people were aware that a girl gets pregnant through sexual intercourse with a man; and
- increase from 23% to 43% of young people felt girls could play outside house after attaining puberty.

What Strategies have been used to expand the scope and coverage of the initiative?
Our constant endeavor is to reach out to as many young people as possible.

Each 1 reach 5 campaign:
Each member of the youth club is mandated to reach out to at least 5 young people in the community, share their knowledge around SRHR, HIV&AIDS and inspire them to become also agents4change, resulting in the creation of 10.0000 young leaders.

Advocacy: Advocacy is carried out at different levels.

1. At the local level: The clubs take initiatives to influence the decision makers in making decisions on youth friendly services. They bring to the limelight the problems faced by young people and help them to make youth inclusive decision
2. At state level: the clubs run similar campaigns at district level which creates an impact at the state level. The initiatives are covered in the newspapers. This indirectly reaches out to wider section of the society.
3. At national level: we at Restless Development (dance4life) strive to make the voices of young people heard by creating platforms for them to influence the policy. The clubs were part of the post MDGs discussions conducted by the U.N and E.C

8. **INDIA**

Title of Programme: Water Purification Kits for Families Living with HIV/AIDS
Contact: Bivha International Foundation
Implementer(s): Bivha International Foundation
Implemented by: Civil Society, Private Sector, Faith-based, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Provide water purification for families affected by HIV/Aids in India. Program Goal: To provide a better source of safe drinking water to families living with HIV/Aids through the distribution of PUR (water purification) sachets and water puriification sets. Additionally, families will be educated about the importance of proper hygiene, how to prevent diarrhea and the danger signs of diarrhea that require prompt medical attention.

Outcomes of the initiative
Approximately 1,000 households, currently living with HIV/Aids (5,000 to 6,000 people) have a reliable source for clean water. Families are educated about the importance of hygiene and sanitation, and the prevalence of diarrhea have greatly reduced among participating households.

What Strategies have been used to expand the scope and coverage of the initiative?
Training

9. **INDIA**

Title of Programme: Youth Intervention for HIV/AIDS in India
Contact: Department of AIDS Control
Implementer(s): Ministry of Health and Family Welfare& Ministry of Youth and Sports Affairs, Government of India& Non Governmental Organizations
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: NACP III, 2006
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Innovative ways of awareness generation have been carried out through the Adolescent Education Programme (AEP) – classroom and school-based life skill education, among adolescents of 14-17 age group; Red Ribbon Clubs (RRC)- encouraging a responsible, non-discriminatory approach to combating the epidemic through youth in the age group of 18-24. These programmes clarify sexual and reproductive health issues, develop health health-seeking behaviour, support safe voluntary blood donation and promote active leadership among youth.

Inventive and original ideas have been carried out by: The Adolescent Education Programme, through which the State AIDS Control Societies' set up email ids accessed by doctors providing answers confidentially and anonymously to sexuality related queries from students and teachers, leveraging the use of internet among adolescents; and adolescent demanded sensitization of parents on HIV/AIDS through schools.

The Red Ribbon Clubs which function both in colleges/ universities and as well as in communities; activities like planned interactions with PLHIV, debates, sporting events, seminars, rallies, trips to Integrated Counselling and Testing Centres to address Stigma and Discrimination, Awareness, Prevention, and increase access. Youth concerns such as substance abuse, sex and sexuality, reproductive health are also addressed responded to. Mass media radio and television programmes such as the 20/20 campaign wherein 20 days of continuous outdoor day time activities and evening mass media activities are undertaken to maximize the effectiveness of messaging.

The youth also - planned integrated health programmes inaugurated by popular youth icons who encouraged participants to engage in prevention efforts; spontaneously designed awareness and intervention strategies such as flash mobs, YuvaSammelans', state level sporting events, music festivals, use of folk media encapsulating messaging on HIV/AIDS Open quizzes, interaction and activities focused on increasing awareness on HIV/AIDS; about stigma and discrimination held with Out of School Youth anchored by students under the AEP and RRC programme. Special Multi-Media Campaigns focussing on youth which were implemented in eight states of the North East region of India to disseminate HIV/ AIDS messages through a series of music and sporting events. Special efforts were made to reach out-of-school youth through youth clubs using these mediums of music and games like soccer to mobilise communities. FBOs were also involved in the intervention. The campaigns generated significant participation of youth in all the states.

Outcomes of the initiative

As per the Census of India – 2001 the population under 34 years was around 41%. The current proportion of population under 25 years in India is 51% and the proportion under 35 is about 66%. This predominance of youth in the population is expected to last until 2050.

The population of persons below the age of 35 years in India is about 70 percent of the total population.

Within this, the population between the age of 10-19 years is approximately 225 million, the largest ever cohort of young people to make a transition to adulthood. The mass media campaigns target this population through a multi-language, multi-dialect approach. Additionally for prevention interventions a total of 11631 Red Ribbon Clubs function in Colleges and Universities and an additional 12721 Red Ribbon Clubs functioning through the Link Worker Scheme. The NYKS programme further through its Youth Clubs having a presence in 623 districts of 35 States undertake Red Ribbon Club activities with the youth.

Evaluations of the multimedia campaigns reflect that a higher proportion of exposed respondents were aware of services like: Anti-retroviral therapy (exposed = 51 % whereas non-exposed = 9 %) HIV counseling and testing services (exposed = 64 % whereas non-exposed = 10 %) and prevention from parent to child transmission of HIV transmission Exposed respondents (86%) agreed that a normal relationship can be maintained with a friend or neighbor who is HIV Positive. Similarly 84% opined that a positive teacher could continue to teach students in schools.

Overall impact indicates that exposure to AEP had a positive and significant impact on students' knowledge of various issues like sexual health, HIV and nutrition as well as utilization of health services in all the study states and on students' understanding of susceptibility to HIV. Issues like HIV/AIDS (65%), reproductive system (63.8%), drug abuse (49.1%) and STI (47.2%) have been recalled by college students exposed to the adolescent education programme while in school. Major sources of information on most of the adolescent education issues included friends, family members and TV across all states. Teacher was the second major source of information on issues related to puberty across all the states.

What Strategies have been used to expand the scope and coverage of the initiative?
This initiative has been mainstreamed in 28 ministries of the Government of India covering areas which work through different policies and programmes. At the national level the ministries will issue guidelines to their nodal departments in all provinces; and also to various private sector institutions. The public sector, the private sector and the industries will hence work in a co-ordinated effort on adolescent sexual health and reproductive issues, youth participation and mentoring youth ownership of prevention efforts through Youth Melas, presence in training programmes and livelihood schools, communities, religious spaces; also leveraging and advocating better access to facilities.This initiative has been taken by the Department of AIDS Control through signing Memoranda of Understanding encapsulating goals, clear roadmaps and pathways, deliverables and roles.

10. INDIA

Title of Programme: Project Aarambh
Contact: The Dove Foundation
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
India is home to an estimated 2.5 million people living with HIV. Being a developing economy the country is facing uncontrolled migration corridors. Though vulnerabilities associated with migration and inter-region mobility is increasingly documented, the links to

HIV are still not well established.

‘Aarambh’: The word Aarambh is a Sanskrit word which means to begin.The Project Aarambh seeks to initiate knowledge and capacity building among young bi-cycle rickshaw pullers towards SRH & HIV/AIDS.For illiterate and unskilled male migrants in India becoming a rickshaw puller is an easy way of surviving. Very little is known about young migrant rickshaw pullers (RPs) and SRH and HIV and AIDS. Project Aarambh implemented by Dove Foundation and supported by Mtv Staying Alive Foundation, UK.

The major beneficiaries of this project will be the RPs in the state of Uttar Pradesh. 'Aarambh' is being impelemnted in following districts: Lucknow, Varanasi, Allahabad and Kanpur. These cities are big urban centers and attract huge migrant population. These cities are having biggest Urban Slums of U.P. and are also having female sex workers operating through street, brothel and dhaba based.

Outcomes of the initiative
Project Aarambh is focusing on creating and spreading awareness about HIV/AIDS & Sexual Reproductive Health through use of mid-media and other BCC material. The awareness created by the project would result into demand generation by the community for the services like condoms, contraception, HIV Testing, STDs/STIs clinical facilities etc. Till date 3100 young migrnat Rickshaw Pullers have been reached and trained directly by Aarambh in HIV/AIDS prevention and SRH.

What Strategies have been used to expand the scope and coverage of the initiative?
The project seeks to develop knowledge and capacities of community through community members in cascading manner. Till date Aarambh has identified and trains 31 community peer educators and 310 peer educators (PE) who will get to RP community. The advantage with the cascading system is that there is not one teacher with every training session the student becomes empowered to help others. Through the team of 310 PEs Aarambh has reached out to 3100 young Rickshaw Pullers. The continuous activities beginning from out reach by peer educators to street plays, magnet theaters, BCC materials and workshop will ensure that the target community is well equipped with all the knowledge and capacities to fight HIV. In addition to use of BCC and mid-media camapgins it is ensured that these campagins are led by the RPs themselve, bringing in a higher engagement and ownership of the program. As a result of the Aarambh the demand from the community for services within the community like STI Clinics, Condom Vending Machines, HIV testing facilities are rising.

11. INDONESIA
Title of Programme: PUDAN
Contact: Caritas PSE
Implementer(s): Youth
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
PUDAN is Pemuda Medan Peduli Kesehatan (Medan Youth Care for Health) is a collection of youth from various background. They came together as one trained by caritas pse for running the awareness program in communities about Drugs and HIV and related issues. The target audience of PUDAN is all communities especially the youth. The activities are doing outreach, sharing information and doing seminars.

Outcomes of the initiative

PUDAN has outreached more than 500 people in communities.

What Strategies have been used to expand the scope and coverage of the initiative?
networking with all components such as youth organisations, religious groups, campus, students, etc

12. INDONESIA

Title of Programme: Youth-Adult Intervention to Respond: Youth leadership on HIV- related decicion making prosses
Contact: National Network GWL-INA
Implementer(s): GWLmuda
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
When we were establish at 2012 in National Training On SRHR for Young Gay, TG and MSM in Organization Member of GWL-INA Indonesia, that training was GWL-INA first Training who engage for Young GWL. The background of the training was respond HIV in Young MSM and TG. Based on Source: NAC-UNICEF. 2011. Age Disaggregation Analyses of Surveys and Researches 23 only of MSM aged 15-19 have a comprehensive knowledge of HIV and AIDS. The lack of Information, skill and Opprtunity of young people also makes lack of participation in decision making Process. From the training GWL-INA was thinking important To engage to young people to decision Making Process. By support GWL-INA GWLmuda was establish by the volunteer activity, we focused on Sexual Reproductive Health and Right also the part of Advocacy. GWLmuda has some activites who increase young people as decision making Process on HIV respon. Some of activities objective is to giving capacity building for young people to increase their leadership skill to be more involve to their Organization in local area. GWLmuda also trying to working together with other youth-lead Organization to provide youth Organization Network in Jakarta. Our target intervention is Organization Member GWL-INA. GWL-INA has about 70 CBO in whole Indonesia. GWLmuda thinking its good Opportunity to intervention their CBO to engage Young People for decision making Process in their Organization. The target also is the young MSM and Transgender, we were increase their capacity of leadership and management skill. We were think The Government also part of Intervention. At 2013 any 13 Organization from 8 Provinces they had youth Program in their Organization. In 2013 we will focus on develop Youth- adult partnership Guideline for our member Organization. The porpuse of this activity is to giving understanding of adult how too engage the young people in decision making process and how important things to engage young people in the HIV respon Program.

Outcomes of the initiative
Encourage meaningful involvement of young GWL in all stages of policy processes / strategies / programs targeted Young GWL or GWL generally in district and national levels. Increasing the capacity of young GWL in advocacy, leadership and other related need to theirs community situation. Enable supportive environment in order to establish specific programs and strategies targeted young GWL

What Strategies have been used to expand the scope and coverage of the initiative?
In 2013, we also focus on giving capacity buliding ini local Organization with youth- adult training. It means in that training any youth and adult. GWLmuda trying to break some burdens between youth and Adult. Some problems still existed here are seniority isuues, it

happens in TG community, to break that issue by youth-adult we can support each other between youth and adult. Sharing communication also makes effectiveness of the Intervention. The other strategies also Form GWLmuda is we were colaborate with national AIDS commission to engage young people on their focus Programs. GWLmuda with SRHR Youth-led Organization and Youth key Affected Poppulation trying to advocate this isuues to other relevant stakeholder like Ministry Of Health UN Agencies.

13. **INDONESIA**

Title of Programme: Addressing and Educating HIV Prevention among Adolescent and Youth by Social Media
Contact: Indonesian Youth Health Ambassadors
Implementer(s): Youth lead communities
Implemented by: Civil Society, youth led community
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Indonesia is second largest social media user in the world. Social media is very well known in Indonesia especially for adolescent and youth age group. We have been published our qualitative research regarding this initiative and we are on progress to implement this initiative by asking advices from many experts, academia, and civil society (also youth led community).

Outcomes of the initiative
This initiative is very challenging and promising but need help from many sectors. From our baseline study found that our initiative got many feedback and response from adolescent and youth.

What Strategies have been used to expand the scope and coverage of the initiative?
Collaborating and making an alliance to Indonesian youth and adolescent in order to give feedback and cooperate each other initiative

14. **INDONESIA**

Title of Programme: Increasing Accsess for Drugs Users Living in Vulnerable Context and People Living with HIV and AIDS
Contact: Caritas PSE Foundation Medan
Implementer(s): Caritas PSE Foundation Medan
Implemented by: Government, Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The proposed project aims to improve access to drugs addiction treatment and health service for Drug users severely excluded: children and youth living in the streets and groups highly vulnerable to HIV, STD/STI, TB, and Hepatitis also for people living with HIV and AIDS in Medan. It was found that 57% of the addicts surveyed during the feasibility study conducted by Caritas PSE in 2008 (a project on data collection and socialization/advocacy on drugs & hiv/aids issues in the catholic community in Medan which is supported by Caritas Germany) claimed to never access health care services or health care

information/education. It is essential to reach out to these groups when considering that injecting drug use has become the primary mode of HIV transmission in Indonesia. Other severely excluded groups benefiting from our proposed project include street children and young people who also have little or no access to health services or potentially life-saving health education. A second most common mode of transmission for HIV is heterosexual sex. Considering that addicts are generally sexually active (often with more than one regular sex partner), with high rates of HIV and low rates of condom use, the importance of encouraging safer sexual practices among addicts is evident. Outreach and Drop in Centre services within our proposed project would support lower risk behavior through information, education, support, referral for VCT and CST, and also for other diseases such as TB. Recovery plays an important role in this too as an addict who is still actively using drugs is unlikely to adhere to treatment regimens such as those required for HIV or TB. Through our initial work at Caritas PSE Drop in Center (establish in Medan July 2010) and Recovery Center (established in Medan August 2011) and supported by Caritas Germany, we found many of people in Medan specially drugs user (IDU & Non-IDU), Youth, Family member, student, and other community members willing to ask quantities of questions in regards to addiction, reproductive health and HIV, mental and emotional health, also recovery program for drugs addict.. They raised questions about cycle of addiction, recovery and treatment for drugs addict, discomfort and pain during menstruation, virginity, sexually transmitted infections, HIV/AIDS [and testing], depression, anxiety, trauma. Most often, they were also very unsure and shy about going to any doctor to ask questions, but many were open to ask very personal questions to Caritas PSE staff and counselors at the Drop in Center and Recovery Center. Their fears were mostly related to lack of resources, fear of stigma, fear that confidentiality will not be maintained, and a host of other unfriendly attitudes of the caregivers they have had access to. It is clear that young people Medan especially with drugs addict and also PLWHA would need a community Friendly service in their Medan. Program Increasing Access for Drugs User Living In Vulnerable Context and People Living With HIV and AIDS~ is not designed to just provide health services for drugs user living in vulnerable context and PLWHA, this program also become “bridge” for people who live with the problem related to drugs abuse and community members to increasing the quality of life. We believe that health is not simply related to infirmity and to the absence of disease. We believe health also includes mental health, emotional health, social health and spiritual health. Hence we would also develop of a menu of potential activities for drugs users and PLWHA to increase their education, awareness, skills and capacities, and involve them in many areas of the program. Throughout this program we implementing a Drop In Center and Recovery Center services for drugs users and PLWHA, Youth and other community members engaged in a variety of activities, programs, works – all of which we develop their own capacities and skills, and provide service to other people, their family and communities. Activities include; outreach, workshop, lectures and trainings for drugs user, PLWHA, Youth, and fun activities to promote addiction issue, HIV and AIDS also youth issues. Activities also actively engage the drugs user, PLWHA and community members together. These activities also used to reach out and include parents, and teachers to improve their knowledge regarding the drugs user, PLWHA and young people’s needs. Caritas PSE and the Drop In Center also Recovery Center - help raise awareness and support with families and the community. Parents, teachers, government, and medical personal / staff also invited to participate in many of these activities. Through personal, sincere and open consultation with most high risk community we make the entire environment “Community friendly”. We continue to be responsive with drugs users and PLWHA about their needs and preferences, and for accessing quality health care and services.

Outcomes of the initiative

Since the service implementation of the project begin in January 2010 CARITAS PSE has been successfully delivering information and providing health service for community member which living in vulnerable context such as drugs addict, street children, prison inmate, high risk men, sex workers and youth. Through outreach activities, DIC service, community

meeting and recovery center service, until November 2011 in DIC and recovery center service succeeded reaching out client and providing service to different type of client such as: 483 Injecting Drugs User (We reaching out IDU in 7 hot spot in Medan such as Adam Malik Hospital, Halad Grave, Setiabudi), 32 Drugs User non IDU's (Consisting Amphetamine Addict, Marijuana addict, and Alcoholic), 3 Couple of IDU's, 5 PLWHA, 2 Sex worker, 2 Couple of sex worker, 8 Transgender, 5 Street Children, 115 Youth, 1165 Student at school, 851 Inmate at Male prison, 342 Inmate at Female prison

What Strategies have been used to expand the scope and coverage of the initiative?
From our experience we can conclude that promotion of our service through community base activity has been an effective and successful method of making our program known to the local community in Medan. We have established local network with several NGO's and GO's to support our activities such as collaboration with AIDS commission at City and Provincial Level in providing syringes and clean needle, coordination outreach activities and data reporting, collaboration with Sunggal and Teladan Community Health Center in providing general health services, TB, STI's, and providing Harm Reduction package (Needle, alcohol swab, and condom), cooperation with local NGO's such as Galatea, Medan Plus, Jarkons and SPKS. Those collaboration are helpful for Caritas PSE to implement the outreach activities and referral system for injecting drugs user and People Living with HIV/AIDS (PLWHA) who need Care and Support. The most important one is Caritas PSE collaboration which with local hospital such as Adam Malik Hospital, Bhayangkara hospital, and Pirngadi hospital that can help to establish referral system for our beneficiaries to get Voluntary, Counseling and Testing (VCT), Care, Support and Treatment (CST) services. Furthermore, the trainings, seminars and workshop, we have implemented have gained us positive and valuable support from government, parents and teachers and other community groups such as young people in Medan.

15. IRAN (Islamic Republic of Iran)
Contact: Ministry of Health & Medical Education
Implemented by: Government, Civil Society, UN or other inter-governmental organisation UNAIDS and its co-sponsors
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV,, Enabling social and legal environments

Short description of the initiatives
Iran is a young country that has undergone rapid demographic and epidemiologic transition. Forty-three per cent of the population is under 24 years of age; this is a huge demographic opportunity. However, it may also pose certain challenges. Thus, one of the main priorities of the Government has been to promote education, welfare and well-being of young people to help them fulfil their potential. The importance of present generation is magnified by the fact that it is the one which will take the country to the next level of socio-economic development, as foreseen in the country's 20-year vision.

The Islamic Republic of Iran's HIV epidemic remains concentrated among male injecting drug users, who continue to account for the greatest number of new infections each year, although there is now evidence of an important sexual component to the epidemic. The emergence of sexual transmission as a factor in the epidemic has sharpened further our focus on reducing the HIV-related vulnerabilities of young people. Although, the number of young people known to be living with HIV remains relatively low in Iran—people under age 24 account for just 11 per cent of all recorded cases—the evolving pattern of the epidemic tells us that we must pay even greater attention to this part of population.

They, however, are not a homogeneous entity.Their diverse structure and need have challenged us to provide a variety of programmes and services, addressing varying levels of

vulnerability and the different setting in which young people can be reached. It is noteworthy that the Government of Islamic Republic of Iran with collaboration of other national partners is providing an enabling environment for culturally-sensitive services addressing the youth needs in the family context. An outline of the efforts carried out by the Islamic Republic of Iran in recent years, in collaboration with UNAIDS and its co-sponsors, is presented below. Adolescent-friendly services (AFS) have been piloted jointly by the Ministry of Health and UNICEF in 7 cities.The sites were able to attract a representative cross-section of the youth in their respective areas, including young people with high-risk behaviours. An evaluation of the pilot phase reported that the project as a whole had prevented 21-22 cases of HIV. It is quite important to scale up this initiative in a culturally sensitive manner in order to maximise both its efficacy and its cost-effectiveness.

Together with UNAIDS and other multilateral organizations, we are also successfully addressing stigma and discrimination against people living with HIV through 15 positive clubs, which have a total membership of more than 5,000 people living with and affected by HIV, including registered child members. Since their establishment in 2006, positive clubs have facilitated educational grants to 512 children living with or affected by HIV. The clubs have also organized music, painting and photographyevents among their youth members, who are also actively encouraged to take up physical activity, including 5,000 free admissions to sports facilities.Indeed, in recognition of the work done in the field of harm reduction, one of the Youth NGOs involved was awarded the Red Ribbon Award in 2012. The National AIDS Control Programme has also been cooperating with the Ministry of Education in the area of HIV and Youth. Since 2005 more than 280 thousand teachers have been trained on life skills-based HIV/AIDS education, as have more than 1.3 million high-school students. Additional training is planned for more than 1 million high-school students assumed to be possibly at increased risk of HIV transmission, of whom around 300 thousand have already received training.

At university level, in addition to some relevant curriculum based education, more than 85 thousand students have so far received peer-based HIV/AIDS education. Through the joint support of UNAIDS and the International Federation of Medical Students Associations, World AIDS Day was celebrated in universities in Iran, together with peer education activities.

We have also set up VCT facilities in juvenile correction and rehabilitation centres in Tehran and Golestan, staffed by trained healthcare workers. In addition, more than 360 youth prisoners have attended HIV education classes, as have more than 60 family members. The Iranian Red Crescent Society has been collaborating with UNFPA to raise the awareness of its youth volunteers on reproductive health and women's health care issues, including HIV/AIDS, in emergencies. A number of female volunteers have been trained to work with deprived communities in these areas.

The National Olympic Committee, the Municipality of Tehran, the Ministry of Health and UNAIDS are working together to promote further the participation of young people in HIV prevention activities.

There is a long way to go before we can claim that young people benefit from "Universal Access" to prevention, treatment, care and support. However, we are here to show that culturally-appropriate and yet effective HIV prevention and care policies for young people is taken seriously in our country further. We hope that collaboration in this area will be strengthened, so that we can together protect the whole population of the country in particular its young generation from HIV/AIDS.

16. KAZAKHSTAN

Title of Programme: Second National Youth Forum "Reproductive Health of the Nation-role and Responsibility of Young People"
Contact: UNFPA
Implementer(s): Ministry of healthcare, Ministry of Science and Education, Parliament of Kazakhstan,Y-PEER network in Kazakhstan, National Center for Healthy Lifestyle Development under the Ministry of Healthcare
Implemented by: Government, Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Training of young activists on burning issues of SRH including HIV prevention, descrimination etc.
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The Forum gathered together young representatives of 20 youth NGOs, including NGO of disable youth, youth living with HIV, vulnerable groups youth (LGBT) of Kazakhstan working on peer education, HIV prevention, sexual and reproductive health and rights of young people, including vulnerable groups. The Forum was led by Y-PEER activists and government. Representatives of Ministry of Healthcare, Science and Education and parliament participated in the event. Y-PEER activists presented on the Forum statement (message) from young people of Kazakhstan to the parliament and government with request to amend the existing laws. They asked decision-makers to reduce age of consent from 18 to 16 years, to include SRH education into high school curricula and to improve access of young people to contraception including condoms. The statement was presented and discussed. Forum created a dialogue platform for young people and government representatives giving the opportunity to young people to raise their voices and strengthening the adults- young people cooperation. The document was finalized based on the recommendations of the Forum participants. It will be passed to Kazakhstan Parliament for discussion with invitation of young activist to present the statement. The second part of the Forum was dedicated to experience exchange session, as Y-PEERs from Kyrgyzstan and Russian were invited, therefore young people could share experience on a country level and among countries; and capacity-building. 3 training and mater class sessions were conducted for Forum participants: theater-based approach in peer education on SRH and HIV prevention; usage of webinars in peer education and project design and fund raising. The forum was evaluated by the participants.

Outcomes of the initiative
1. The document of youth statement (message) to Parliament of Kazakhstan with recommendations of the Second Youth Forum participants finalized and will be passed to Parliament for discussion with aim to bring youth voices to political decision-makers
2. Kazakhstan youth NGOs are informed about the activities and experiences of each other and of the colleagues from other countries and ready for further effective collaboration on improvement of access for young people to SRH information and education and high quality SRH services including contraception goods
3. The partnership between youth, government and civil society is strengthened
4. The participants are informed about Y-PEER movement in Kazakhstan, their activities on informing peers on SRH issues through peer-to-peer approach
5. The brochure containing good practices of Kazakhstan Youth NGOs is published and disseminated
6. 40 participants of the Forum are trained to conduct webinars, to apply theater approaches in peer-to-peer education, to design projects and to raise funds.

What Strategies have been used to expand the scope and coverage of the initiative?
Involvement of several implementing partners helped to increase the number of participated

NGOs.

17. KAZAKHSTAN
Title of Programme: X-Road
Contact: The UN Children's Fund (UNICEF)
Implemented by: Civil Society, Private Secotor
Type of Initiative: Promotion of responsible behaviour and healthy life style among youth and adolescents through online interactive game X-Road
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
UNICEF Kazakhstan and UNICEF Regional Office for CEE/CIS supported the Kazakhstan Union of People Living with HIV-NGO and the Kochegary Video Production Studio to develop an interactive on-line video intended for at-risk and vulnerable adolescents and young people in urban settings of Kazakhstan and beyond, focusing on HIV prevention, prevention of drug abuse and voluntary HIV testing and counselling (HTC.)

The video content was developed on the assumption that at-risk and vulnerable adolescents and young people may be influenced by the unhealthy behaviours of their peers.

X-Road is an innovative video resource that discusses the choices that relate to health and various risk behaviours of young people. This interactive product is available through the Internet. The viewer follows the action of young protagonists and "freezes" at critical points, providing viewers two options to choose from. Depending on the viewer's choice the action of the video proceeds in different ways. Leading to favourable and unfavourable consequences.

The website of the X-Road on-line game is now available at: http://xroad.tv/
The first episode of X-Road was completed and launched at the Eurasian National University. The second episode is currently being finalized. X-Road is being promoted through social media.

Outcomes of the initiative
The X-Road online game is expected to be promoted among Russian-speaking youth and adolescents themselves, in urban and rural areas of Kazakhstan and beyond. As Internet penetration in Kazakhstan grows among young people, it is expected that X-Road will reach XXXXX number? of youth and adolescents to think before they act and be responsible for their health and lives.

What Strategies have been used to expand the scope and coverage of the initiative?
The information on X-Road was first launched on social media, including Facebook, as a teaser three months before its official launch.

Gradually more and more people learned about the Project and the first episode was officially launched at the Eurasian National University in Astana, involving the media. Special flyers were developed and printed for the launch, promoting the video site to young people in Astana.

Plans are to finalize the second episode and promote them actively through social media. The X-Road online game has its own specific logo, which is designed to popularize the game and promote the association with responsible behaviour and healthy lifestyles.

18. KAZAKHSTAN

Title of Programme: Integrated Youth-Friendly Services for Adolescents and Youth
Contact: UNICEF Kazakhstan
Implementer(s): UNICEF Kazakhstan; Ministry of Health, Kazakhstan
Implemented by: Government, UN or other inter-governmental organisation
Type of Initiative: Prevention of new HIV infections, Integrated services for adolescents and youth
Has the programme been evaluated/ assessed? Yes: Documentation of the initiative has been initiated and currently in the process

Short description of the initiatives

In recent decades, it has been recognised globally that making health services available to young people is not enough. Their unexpressed health and health care needs have to be anticipated, and services need to be provided wherever and whenever needed, with tact, sensitivity and confidentiality. This involves having the right professional staff and partners, ensuring they have the right skills and using the right technologies, from hotlines to social media, as a central part of both mainstream and specialised services.

In this context, UNICEF Kazakhstan in partnership with the Ministry of Health (MOH) in 2002 began exploring if there was a need for youth-friendly services (YFS) in Kazakhstan and started three pilot services in three regions of Kazakhstan. A mapping exercise to identify the services in place was followed by the study on Youth Knowledge, Attitudes and Practice on HIV and AIDS, STIs and substance abuse (2004) and the Assessment of Needs of Young People in youth-friendly services (2005). The studies revealed an average age of start of sexual life of 15.5; that health workers and peers are the main source of information for young people on sexual health; that 65% of young people saw a high level of need for youth-friendly services and specialist support and 82% highlighted the importance of testing for STIs (including HIV), 74% pointed to a need for gynaecological consultations, and 73% stated that they required sex therapists.

Three UNICEF YFS pilots (2005-2006) to address such needs of adolescents and youth were assessed by the Government as an effective initiative and on 19 October 2006 the MOH issued an Order which officially recognised Youth-Friendly Services and contained appendices setting out the services to be offered and monitoring forms for the services. Since 2009 a special national budget line for development of youth-friendly services was allocated (along with allocations from local budgets) and Government of Kazakhstan took full ownership of YFS. Further on, the importance of YFS was recognised in the State Programme on Health Development for 2011-2015.

In accordance with the methodical recommendations developed with technical assistance of UNICEF and endorsed by MOH (in 2006 and revised in 2009), the key target group for YFS is adolescents and young people between 10 and 24 years of age. YFS in Kazakhstan are aimed at provision of psycho-social and health services and counselling aimed at specific needs of adolescents and youth which are less likely to be addressed by general health or other social services. The key functions of YFS include improving reproductive health, preventing unplanned pregnancy and providing qualified medical assistance on issues of contraception. The centers can engaged in blood testing, including HIV testing, and when necessary make referrals to specialised services, such as dermatology, venereology and others. Centre staff and volunteers are actively engaged in training activities for orphanages, schools, technical colleges and universities on reproductive health, and prevention of HIV, STIs and unplanned pregnancy. YFS also develop youth-friendly communication materials and lead intersectoral efforts for promoting youth issues.

Outcomes of the initiative

Started as a UNICEF initiative, the YFS national network has continued to expand and as of 1 July 2013, there were 70 YFSs in the records of the MOH. For the last three years 438,717 visits of young people were officially registered where 64% were girls' visits. YFS are increasingly considered as a central structure for building an intersectoral approach to multiple and interrelated needs of adolescents and youth. Thus young people with mental health problems, including suicidal ideation, are increasingly supported by YFS. And in line with very recent findings of a UNICEF study, suicidal behaviour is linked to poor health and often goes together with the adoption of unhealthy lifestyles. More than half of studied suicide cases had a problem of substance use/abuse and alcohol. More than 90% of the subjects with substance use/abuse drank alcohol (96.4% of suicides and 93.9% of control groups).

What Strategies have been used to expand the scope and coverage of the initiative?
Since 2003, UNICEF conducted a series of introductory seminars for state officials and other key partners to promote the concept of YFS and its relevance for Kazakhstan. Over several years, UNICEF provided on-going technical assistance and covered the cost of salaries, staff training and some equipment for its pilot YFS which were built under the primary health care system.

The fact that the YFS system is now thriving in Kazakhstan is the result of the commitment that the Government has made to improving primary healthcare, and youth-friendly healthcare in particular. Its approach is enshrined at policy level in the State Health Programme for 2011-2015, which sets out the Government's intention to establish a patient-oriented healthcare system at primary healthcare level, including social workers and psychologists in the healthcare system. There has been a steady increase in state funding for primary healthcare in recent years, and the trend is set to continue in 2014, with a more-than-doubling of the norm for per capita financing from 320 to 760 Kazakh tenge per person. Meanwhile, YFS have also benefited from the system of social orders, or tenders, for NGOs, which has provided moral and financial support for YHSs, and stimulated them to develop additional services.

YFS were one of the first services in the health system of Kazakhstan that introduced social workers to do outreach work in target areas, particularly in student dormitories, to draw up lists of particularly vulnerable adolescents and young people and support them to address the issues that face them. The social workers work with vulnerable families, provide important information and inform them about the existence of youth-friendly services. They organise outreach meetings in student dormitories where YHS specialists raise awareness of their activities. Some social workers have received special training to conduct case work on issues such as tuberculosis, HIV and unplanned pregnancy. This work is important for YFS, as it develops an understanding of conditions that the local community are living in, which in turn leads to greater trust. Some social workers reported that in some cases clients are more likely to open up about their problems to social workers than to medical personnel.

UNICEF Kazakhstan is currently documenting Kazakhstan's experience on YFS development. The findings and recommendations of this assessment exercise will be used to further promote and increase the effectiveness of services, especially in targeting most vulnerable and excluded adolescents and youth.

19. MYANMAR

Title of Programme: Youth Empowerment for HIV Prevention
Contact: Save the Children International
Implemented by: UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Save the Children will directly implement HIV prevention for youth through strengthening of youth volunteer organizations already set up or developing new groups with involvement of trained peer educators. Save the Children had already identified some 800 peer educators in Mandalay during its 4-year project with 3DF and 240 peer educators in Magwe through one year project with KCF. This time, potential peer educators will be identified among high risk youth and they would be provided life skills and peer education trainings. Each peer educator will conduct peer to peer education on HIV/AIDS, STI and problem based life skills scenarios through one-on-one approach or small group sessions. The project will build capacities of individual youth through development of their skills in facilitation, leadership and basic accounting. The identified peer educators will be grouped according to their nature of work such as mobile workers group, entrainment workers group, university students group, etc. In addition to empowering youth individually, youth group will improve their skills on community mobilization and organizational development through a series of trainings. During the project period, peer educators will have opportunities to practice in developing their own work plans and monitoring plans. Thus, the project will organize and facilitate 3 to 5 youth groups to become strong community based organizations for the sustainability of peer to peer activities for HIV prevention in these two townships.

Outcomes of the initiative
- To empower peer educators and peer counsellors individually or in groups
- To increase demand for voluntary counselling, HIV testing and treatment for STI among targeted 15 – 24 youth
- To improve environment and policies supporting the practice of risk reduction behaviours among targeted 15 – 24 youth
- To ensure equal access to basic minimum package of support for 200 OVC
- To enhance the capacity of CBO through collaboration in OVC intervention

What Strategies have been used to expand the scope and coverage of the initiative?
To empower peer educators and peer counsellors individually or in groups, Save the Children will:
- facilitate strengthening and development of 3-5 youth groups in two townships reaching 200 young people;
- conduct 12 capacity building trainings in Year 1, 4 trainings in Year 2 for individual skill development and 10 trainings for group skill development in Year 3;
- organize 18 peer education trainings including training of trainers on peer education to ensure youth peer educators have confident to provide peer to peer education; and
- provide 12 peer counselling training enabling youth to provide counselling services among their peers.

To increase demand for voluntary counselling, HIV testing and treatment for STI among targeted 15 - 24 youth
- 3240 targeted youth will be reached with one-on-one or small group peer education sessions on transmission and prevention of HIV/STI and VCCT, through peer educators
- 720 targeted youth will receive free voluntary counselling from peer counsellors, HIV testing and STI treatment through referral network of Save the Children and service providers

- 200 of targeted 15 - 24 youth will complete 10 HIV based life skills for replacement of dropouts
- 300,000 condoms will be distributed free among targeted youth and their sexual partners through condom outlets and peer educators

To improve environment and policies supporting the practice of risk reduction behaviours among targeted 15 - 24 youth

- 24 orientation sessions will be carried out with gatekeepers (i.e owners of hostels, guest houses, restaurants, beer pubs, brothels, karaoke bars, leaders of MSM, leaders of trishaw and motor cycle taxi and highway bus associations) in 3 years to ensure their participation in HIV activities
- 12 awareness raising events will be conducted on World AIDS Day and at other local festivals

20. NEPAL

Title of Programme: The End of Experts? ‘Community life competence’ Enables Nepal’s Young People to Identify Youth-and-HIV-Related Problems, and Build on Their Own Intrinsic Strengths to Solve Them
Contact: UNAIDS-Nepal and Bhutan
Implementer(s): Youth
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Monitoring change and community transformation
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

‘Community Life Competence’ (CLC) is an innovative way of thinking and working that, in its pivot away from deficit- and weakness-based intervention design, guarantees effective HIV responses, at the national (policy and political), sub-national (district and provincial), and the local (grass-roots) level. CLC has proven, now in over 30 countries, to be a successful way to catalyse passionate and competent community engagement to tap into the intrinsic strengths of people to solve their common problems together -- with or without continued external involvement and expert support.The UNAIDS Country Office in Nepal, in collaboration with UNFPA and the Office of the UN Resident Coordinator, selected 35 youth aged 18 to 26, and grouped them according to their organisational commitments in working towards achieving one or more of the 2011 Political Declaration High-Level Meeting (HLM) targets in Nepal. They have been enrolled in six months of blended learning exercises, comprised of face-to-face training , based on 5 global CLC modules; Skype sessions with international coaches from “The Constellation,” and supervised site visits. The critical importance of community responses to achieve good public health outcomes has never been in doubt. Yet, how to evoke and support community responses remains surprisingly unclear. Pioneered over five decades ago, dialogue-based methods, such as ‘Community Life Competence,’ have been increasingly recognised for effectiveness and used in community mobilisation and action around public health issues. However, the available models and approaches are diverse, and their costs, quality standards, and technical and political foundations are, by steering away from traditional targets and data points, often undefined. In Nepal, youth activists are working with and within their own communities to develop meaningful, realistic programmes and plans to harness and nurture competencies that are contributing to Nepal achieving its HLM targets.

Outcomes of the initiative

CLC-Nepal has trained facilitators who are equipped to engage communities in working toward achieving the HLM targets. The facilitators, through the blended learning techniques, have learned how to engage their own communities and the communities they work with, in the process of identifying their problems, as well as finding and designing solutions together. This youth-led model ensures, by being community-driven and inspired, sustained transformation.

What Strategies have been used to expand the scope and coverage of the initiative?
CLC's community-driven model means the scope, scale, intensity, and speed of the initiative are determined organically. Communities are defined geographically, socially, and professionally, and, in defining, developing, and evaluating their own work are best positioned to guide expansion. While the initial batch of CLC facilitators in Nepal, trained in English, is approximately twenty-strong, we expect the methodology to be scaled-up and intensified through increased facilitator training sessions in coming years – conducted in Nepali - and an expanded presence of trained facilitators across the country and various sectors of youth in Nepal engaged in the HIV response, thus maximizing youth potential. Due to its community-driven philosophy, the very activities developed through CLC act as social enablers and guarantee high-impact investment in Nepali citizens of the future.

21. NEPAL

Title of Programme: Youth Initiative for HIV Infections
Contact: Blue Diamond Society
Implementer(s): Student Forum of Sexual and Gender Minorities Nepal
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Introduction: After widespread ignorance about LGBTI issues at Tri-Chandra Campus, SGMSFN was formed in January 2009. First meeting held with 10 participants in March 2009

SGMSFN works for:

- support LGBTI students; and
- advocacy on LGBTI issues and human rights and awareness in HIV and AIDS.

It has been able to achieve: Two candidates gave their candidacy in recently concluded Student Union Elections (2009); More than 10 LGBTI students enrolled in University through SGMSFN efforts Organized two English language training classes (Kathmandu, Chitwan) Concluded Orientation Class at local secondary school and college on LGBTI; Working Areas/Themes; Inclusion of LGBTI issues in University curriculum, including in texts Scholarships for LGBTI students; Press releases for those students who are bothered for being LGBTI; Orientation programs for other student unions, professionals, University administrators and students in general on LGBTI; Assistance to Transgender students to get their real identification at University Stronger participation in Student Union; Support TG student in registration and test taking in Colleges and other public places.

Outcomes of the initiative
It hopes to create more awareness to LGBTI and other community on HIV and AIDS and human rights; more awareness classes; sensitization to Education Ministry; organize different activities; partnership with other student union and work together with the coordination; and create more enabling environment for the community as well as to the general people.

What Strategies have been used to expand the scope and coverage of the initiative?
As SGMSFM is working with the students, we will be networking with different students, teachers, schools and universities and directly involved with community as well as with other members.Through SGMSFM, the issues of LGBTI, human rights and HIV and AIDS have been creating enabling environment, hence with the coordination of SGMSFM with create awareness and be more effective in the process. Linkages through SGMSFM will be great initiative for the awareness program.

22. PAKISTAN

Title of Programme: Providing Safer Sex Education to the Marginalized Young People for the Prevention of HIV/AIDS Using Peer to Peer Education and Theatre
Contact: Youth Peer Education Network (Y-PEER), Pakistan
Implementer(s):Y-PEER Pakistan
Implemented by: Youth Led Organization
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes, Prevention of new HIV infections
Programme being implemented since: 2009

Short description of the initiatives
Project Rational:
Lahore is the second largest city of Pakistan and the provincial capital of Punjab. Lahore is also a major industrial city where migration from rural to urban areas is at its peak. A large number of migrated people belong to religious minorities who migrated from different parts of Pakistan to earn their livelihood and have settled in the small villages surrounding Lahore due to the over-population in the city area.

Although, Lahore is considered to be the most advanced city with all the necessary facilities available, but still the people particularly the young people living in the villages surrounding Lahore are deprived of many basic needs including education, health services, information regarding sexual and reproductive health including HIV/AIDS, recreational and entertainment activities etc.

Following factors are also involved in selecting the said villages.
- A significant number of population is MSM (men having sex with men/peers), CSW (commercial sex workers), and LRTDs (long route truck drivers)
- A large number of population consists of young people who are indulged in gambling, drug addiction (particularly injecting drugs), child sexual abuse, prostitution, unsafe sexual relationships and other high-risk behaviors
- High prevalence of unwanted pregnancies and unsafe abortions, myths, misconceptions, taboos and stigma regarding sexuality, sexual and reproductive health, STI's, HIV/AIDS etc and
- No availability of precise information regarding STI's, HIV/AIDS, safe sex practices, and healthy behaviors

Project Goal:
To mobilize marginalized young people living surrounding Lahore to adopt healthy life styles for the prevention of HIV/AIDS through peer to peer education and theatre

Project Activities:
1. To train 500 marginalized young people including 200 students living in 20 villages surrounding Lahore as "Peer Educators" to promote safe sex practices for HIV prevention by the end of the project
2. To formulate 25 "Peers Interaction Club" in 15 villages and 10 educational institutions

surrounding Lahore by the end of project
3. To train 250 marginalized young people (35 % of the young people engaged in the project interventions) including 70 students as Trainers on peer education and theatre based techniques by the end of the project
4. To organize 80 community theatre shows on HIV/AIDS prevention, safe sex education and healthy practices to aware and sensitize 5,000 young people, MSM, CSW, IDUs, LRTDs and Students during project timeframe
5. To support 20 outreach activities organized by newly trained Trainers on Peer Education and Theatre based Techniques for HIV prevention engaging 1,000 marginalized young people and students
6. To promote safe sex practices for HIV prevention by distributing 25,000 condoms (500 per show * 50 shows in communities) among the marginalized young people
7. To organize an HIV prevention festival by the end of the project engaging 300 stakeholders for ensuring enabling environment free from discrimination and taboos related to HIV and marginalized young people

Project Target Audience:
Direct Project Beneficiaries: 7,050 (2,050 female, 5,000 male) (in three years) 1- 300 marginalized young people (75 female, 225 male) aged 15-25 years living in 10 villages surrounding Lahore (to be trained as Peer Educators) 2- 200 marginalized students (125 female, 75 male) aged 15 – 25 years (to be trained as peer educators) 3- 250 marginalized young people including 70 students (100 female, 150 male) aged 15 – 25 (to be trained as trainers) 4- 1,000 marginalized young people (400 female, 600 male) aged 15 – 25 (to be trained by newly trained trainers on peer education and theatre based techniques in outreach activities) 5- 5,000 marginalized community members including young people, MSM, CSW, LRTDs and students (1,250 female, 3,750 male) aged 15- 30 6- 300 stakeholders (100 female, 200 male) to be engaged in HIV Prevention Festival

The indirect project beneficiaries include the peers, family members, teachers and other community members of the 15 villages and 10 educational institutions surrounding Lahore. All the intended project beneficiaries are living in villages surrounding Lahore and either belongs to the religious minorities or are migrated people from different parts of country to earn their livelihood.

Outcomes of the initiative
Following are the outcomes of this 4 years initiative.
1. Trained 500 marginalized young people including 200 students living in 20 villages surrounding Lahore as “Peer Educators” to promote safe sex practices for HIV prevention
2. Formulated 25 “Peers Interaction Club” in 15 villages and 10 educational institutions surrounding Lahore
3. Trained 250 marginalized young people (35 % of the young people engaged in the project interventions) including 70 students as Trainers on peer education and theatre based techniques
4. Organized 80 community theatre shows on HIV/AIDS prevention, safe sex education and healthy practices to aware and sensitize 5,000 young people, MSM, CSW, IDUs, LRTDs and Students
5. Supported 20 outreach activities organized by newly trained Trainers on Peer Education and Theatre based Techniques for HIV prevention engaging 1,000 marginalized young people and students
6. Promoted safe sex practices for HIV prevention by distributing 25,000 condoms (500 per show * 50 shows in communities) among the marginalized young people
7. Organized an HIV prevention festival by the end of the project engaging 300 stakeholders for ensuring enabling environment free from discrimination and taboos related to HIV and marginalized young people

What Strategies have been used to expand the scope and coverage of the initiative?
Youth Peer Education Network (Y-PEER) believes in building the local capacities for a sustainable change in attitude, behaviors and practices of the people particularly young people.

Therefore, the said project is also designed to build the capacity of local marginalized young people living in the villages surrounding Lahore by training them on “Peer Education” skills as well as imparting the skills like theatre and training of trainers. The project will provide information on HIV prevention and safe sex practices to the marginalized young people using peer to peer approach and theatre based techniques so that they can not only prevent themselves from HIV infection, but also can continue to spread the message of HIV prevention and safe sex practices among other marginalized peers, even after the ending of the project grant.

Similarly the formulation of “Peer Interaction Clubs” using informal settings is also a key component of the project which will ensure the sustainability of its impact, as in village settings, the marginalized young people are used to meet and interact with each other on daily basis. The trained peer educators will be encouraged to continue using this forum for sharing experiences, exchanging ideas, mobilizing other peers on safe sex practices and raising awareness on HIV transmission and prevention in their villages.

The said interventions not only involved the marginalized people but also the key community leaders which is more likely to change the community information systems and create more spaces for public discussion on HIV prevention and safe sex practices which will have the greater impact and long term sustainability. More and more marginalized young people getting involved through peer education particularly peer interaction clubs, less and less the prevalence of myths, taboos, stigma and discrimination associated to HIV, safe sex practices particularly condoms and MSM, CSW.

23. PAKISTAN
Title of Programme: HIV Prevention is First Right of Adolescent
Contact: Amitiel Welfare Society
Implementer(s): Zeeshan Ayyaz, Hina Ayyaz
Implemented by: NGO
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
We wanting to know how many adolescent girls know about the HIV prevention. How many using substance. How many have sexual experience.

Outcomes of the initiative
We recruited adolescent girls to examine their HIV risk behaviours in Bahawalpur South Punjab, Pakistan. In 2011, we recruited 30 female participants who had a mean age of 12 years ranged from 10 to 14 years. All were Muslims attending primary school. Some girls perceived the community (23.3%) and their family held (50%) negative attitudes towards them. About half of the girls said someone used illegal drugs (Alcohol, Hash, Heroin, Injecting drug users) in their family (46.7%) and half of the girls said they had used drugs (50%), usually chewing tobacco Gutka. Some girls said drugs have affected their performance at school (13.3%) (Meant when used drugs, after taking felt so drowsy, sleepy

and sometimes vomiting affected on their performance). One fifth reported stealing to buy drugs (20%) but no one reported having been arrested. All adolescent girls said they were heterosexual (100%) and (13.3%) reported they had had sexual intercourse and all said with friends. No one knew about safe sex (0%), condoms (0%), HIV (0%) or STIs (0%)

What Strategies have been used to expand the scope and coverage of the initiative?
Friendly relation atmosphere, story books, toys, flowers, chocolates, crisp, presents are necessary for them.

24. PAKISTAN

Title of Programme: Youth Engagement for Prevention of HIV
Contact: Organization for Youth and Social Development
Implementer(s): Organization for Youth and Social Development-OYSD
Implemented by: Civil Society, NGO
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Organization for Youth and Social Development conducted meetings with different health experts to gain prolific information regarding HIV prevalence, prevention, precautions and treatment. Later on we conducted organizational meetings, workshops, sessions, different community gatherings, where we provided knowledge to every participant regarding HIV.

Outcomes of the initiative
People were responsive and appreciated the steps of our organization. people avoided all the causes involving the prevalence of HIV disease.

What Strategies have been used to expand the scope and coverage of the initiative?
Organization for Youth and Social Development-OYSD contacted different strategies to expend the scope and coverage of the program including: 1. Trainings, 2. Workshops, 3. distribution of brochure to common people, 4. community gatherings, 5. banners, 6. meetings.

25. PAKISTAN

Title of Programme: Mass Awareness about HIV in Rural Areas of KPK Pakistan
Contact: MCED
Implementer(s): Mohmand Community for education and development
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 01/01/2014
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Purpose: Main purpose of the initiative is to aware the youth about HIV in the rural areas of Pakistan in their Schools, colleges and universities

Activities: Seminars, walks and lectures of the persons who are with HIV/AIDS to address the youth and tell them how to safe.

Outcomes of the initiative
The youth in the rural areas of pakistan will become aware about HIV and they will further disseminate the message to the rest of the youth, so that a lot of youth become aware about the HIV.

What Strategies have been used to expand the scope and coverage of the initiative?
There will be TOTs of the youth and they will work as trainers to aware the youth about HIV and use the advocacy tools in the initiative.

26. PAKISTAN

Title of Programme: Silence is Death
Contact: Sahkar Social Welfare Association
Implementer(s): Sahkar Social Welfare Association
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2004 to date
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Innitiateve: Larkano is 4th big city of Sindh Province of Pakistan which has very ancient roots of culture, history and civilization. Around the locale of Larkano region roughly 10 to 15 active NGOs have been working against illegal drugs, social diseases and on HIV/AIDS etc., but having different short term projects from different donor agencies. This region is also counted distressing concerning to HIV/AIDS while carriers do not have any platform where this exploited section of society knocks the door for help or look for healing themselves their families or coming generations. According to a house hold survey after every 5 days one carrier is dying due to AIDS which is very alarming situation for common people as unfortunately there is no any drop-in-center or Rehabilitation Centre for the addicts who want to get rid of this virus. SSWA want to eliminate the disease of HIV/AIDS from Larkano city and its suburbs which has upsetting condition regarding this disease. Unfortunately this city is among high ranking cities of Pakistan where all illegal drugs can be purchased and used without any fear of law and enforcement and all illegal drugs are being sold by local dealers on cheap prices as compared with other cities of the Pakistan. Heroin, hashish, cannabis, wine, opium etc. have been used regularly by drug addicts. Purpose of SSWA is to open a drop-in-center and Rehabilitation House in Larkano while the target audience of SSWA in this connection will be is heroin addicts, HIV/AIDS carriers, their family members and their stake holders while rehabilitative activities would be activated for the betterment of HIV/AIDS carriers.

Outcomes of the initiative
SSWA is an organization of like-minded social workers who has been donating their services voluntarily for the betterment of society, common masses and coming generations over all. The members of this organization have taken this object in the hands to eradicate such social diseases which harmed the human being and society over all. In this connection SSWA want to play a role beside the extermination of this greatest health emergency of the world which is notoriously famous as HIV/AIDS from Larkano. AIDS has very shocking state of affairs in this regard around here. Aftermath of our proposal is AIDS free society where our future generations will live peacefully and without any fear of such malicious diseases.

What Strategies have been used to expand the scope and coverage of the initiative?
SSWA want to launch few drop-in-centres in different hooks and corners of the city and other

adjacent cities of this District for easy approach of those who want personal, social, remedial and precautionary information concerning the stoppage of HIV/AIDS and facility of proper screening will be provided there also. SSWA will establish the teams of outreach workers who regularly visit changed sections and parts of the city in search of such carriers who do not have any approach to such drop-in-centres and they will be shown the path of right direction. SSWA will have the program of promote the counselling sessions regularly with the help of renowned psychologists, Doctors and counsellors to the carriers, their families and stakeholders. SSWA will have aim of publishing promotional material in which precautionary steps to the AIDS carriers will be given to facilitate the carriers and their stakeholders. SSWA also want to establish a rehabilitation Centre in Larkano where all facilities will be given to recovers and carriers in this connection.

27. PAKISTAN

Title of Programme: HIV/AIDS
Contact: World Welfare Association (REG)
Implementer(s): World Welfare Association NGO
Implemented by: Civil Society, Having Special Consultative Status with ECOSOC , And Also Accreditation/Affiliation with Rio+20
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2014
Has the programme been evaluated/ assessed? No

Short description of the initiatives

WWA Association have aim to provide free medical felicitates to affected community who are really Suffering in HIV AIDS Diseases. WWA will improve the quality of life through providing the training, Supporting the People who are living with AIDS, To provide them knowledge about HIV AIDS and techniques the use of Sex and Safer Needle Practices among sex works in the project. The HIV pandemic has entered our consciousness has on incomprehensible calamity. HIV and AIDS has already taken a terrible human tool, laying claim to million of lives.inflicting pain and grief, causing fear and uncertainty and threatening economic devastation. To educate youth who are now expose to the danger of war, poverty and HIV / AIDS by way of education and encouraging voluntary testing and counseling. To develop a comprehensive data base for the disadvantages groups.

Outcomes of the initiative

The result will come best after training to young generation about HIV / AIDS that is is very suitable to train them about the importance of life. In this project that will be very useful to save and cover the HIV / AIDS from this kind of Activities which is expending the HIV/ADIS that will be the best of protect from this diseases. Its really important that if we will do best for HIV/AIDS Patients and for youth that will be very valueble for the others, like children, women and old persons to save them and create new environment. The Adolescent and children are the main asset of our country , If they are doing the best for their health that then they also can best for their country with using new techniques to reduce the deadly Diseases like HIV/AIDS.

What Strategies have been used to expand the scope and coverage of the initiative?

Training youth leaders and peoples living with AIDS (PLWA) in counseling techniques in HIV/AIDS. Holding monthly debates and moderation on who to support the peoples living with AIDS (PLWA). Supporting and referring for treatment of Opportunistic infection e.g Malaria, TB, Diarrhea etc. that attack PLWA Encourage positive participation of peoples living with aids IN THE community. Regular monitoring of the people living with AIDS

(PLWA) and the youth groups.

28. PHILIPPINES

Title of Programme: The River of Life Initiative: Helping young people made vulnerable by exploitation cross the brighter side of life
Contact: Kabataang Gabay sa Positibong
Implementer(s): Peers Enabling Each other's Recovery Social (PEERS) Network, Young people engaged in clandestine behaviours (prostitution, illicit drugs, organized crime and gang violence)
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Prevention of risk behaviors
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No (There are 3 evaluation research made on our organization's HIV prevention efforts but not specifically on this initiative since it's just a tool of our larger behaviour change program.)

Short description of the initiatives

The River of Life Initiatives or ROLI is a social technology of KGPP which consist of a set of creative tools facilitated among peer groups to address specific problem areas on a peer-to-peer basis. It aims to promote behavior change among and between homogenous peer groups of youth especially those in exploitative environments (prostitution, organized crime and illicit drug trade).

The ROLI toolkit is composed of four templates: (1) dream building, (2) self assessment of risk behaviors, (3) individual river of life output, and (4) group river of life output.There are five interconnected activities implemented by enrolled at-risk groups all-year round, the (1) summit, (2) community outreach and peer education, (3) the river of life workshops, (4) dialogues, and lastly (5) knowledge fairs. The tools are powered by the blend of emergence leadership, appreciative inquiry, artistic creativity, and peer social networking in its implementation.

The *Emergence Summit* gathers at-risk youth to undertake art workshops that draws out life experiences by telling their stories of struggle, hope and change and create their dreams. These artworks are animated into digital stories and are used for peer empowerment, social awareness, and advocacy and are later sold for a price.

Enrolled youth leaders then implement their community action plan through the *Community Outreach and Peer Education Work*. This allows them to facilitate the administration of the self-assessment tools to their members and use their digital stories to empower their peers through social media and refer their peers to local service providers, provide peer education and outreach.

Every quarter, a *River of Life Workshops* is conducted to measure the behavior change progress of each youth and those of their peer groups. An individual and peer group ROLI outputs are created based on the self-assessment results. Youth groups brainstorm, interpret and share and validate results, identify which members have low risk and which have high risk and will collectively develop a behavior change plan and initiate peer helping activities to help lower the risk of those who are in the danger side of the river.

The group ROL are collected and analyzed to generate strategic information for policy development and service delivery through *River of Life Dialogues* (Learning from Unheard Voices) with duty-bearers. The Dialogues are initiated regularly where peer leaders take the

lead in presenting their outputs, the results and their commitment to stakeholders.

Finally, the *Knowledge Fairs* gathers peer leaders to showcase their ROL outputs, share their behavior change progress (stepping stones, touchstones, milestones and millstones), their lessons and the next community action plan for the subsequent year. Results are shared with larger stakeholders that are captured to share the story of grassroots actions, reporting results to the local anti-trafficking council and other local special bodies such as the AIDS council, council for the protection of children and linking results to the MDGs.

The ROLI has four components, constituency development, behavior change communications, policy advocacy and service delivery.

Outcomes of the initiative

Capacity of community groups of male sex workers, IDUs and street youth

1. Engaged 30 emergent leaders reaching 162 male sex workers, those afflicted with drug abuse and exploited youth groups with their duty-bearers to implement the Get to Zero and Be a Hero Campaign.
2. Expanded to 9 community organizations (PLHIV, female sex workers, IDUs) nationawide
3. Success stories of community-based organizations adopting the River of Life Tools from the cities of Manila, Iloilo, Cebu, Zamboanga and Davao was presented at the Global Village during the XIX International AIDS Conference, on July 22 - 27, Washington DC, USA.

Peer empowerment:

100 % of implementation was initiated at the grassroots with the collaborative efforts of existing community organizations of PLHIV and at-risk populations together with their service delivery champions. A clinic staff and an NGO staff were also trained to guide peer groups in the implementation of the project while the peer outreach workers are responsible for the recruitment and referrals as well as behavior change communications.

Enabling environment:

Established partnership with the law enforcement agencies forged through the river of life dialogues (Learning from Unheard Voices) to promote the human rights of sex workers, those afflicted with drug abuse.

What Strategies have been used to expand the scope and coverage of the initiative?

The initiative is a youth-led undertaking of the Kabataang Gabay sa Positibong Pamumuhay and the Peers Enabling Each other's Recovery Social (PEERS) Network as a contribution to achieve the Millennium Development Goals by 2015.

Through the community engagement approach, the ROLI aims at engaging HIV Key populations to their HIV service providers which contributed in the expansion of the project in 10 local government units where service providers needs to tap the service of community groups.

Enabled by the Starbucks Youth Action Grants – through the YouthActionNet Program of the International Youth Foundation. The project was pilot-tested in the original 2 sites (Bacolod City and Iloilo City) and was later expanded in Manila and Cebu City through the Get to Zero and Be a Hero Campaign. The "Learning from Unheard Voices: A Dialogue" was also enabled through the Public Service Project of the Philippines Asia 21 Young Leaders Initiative Class of 2011 through the fund-raising platform of Globalgiving. This provided a sustainable avenue where sex workers and drug addicts showcased of their River of Life outputs to their stakeholders.

In 2011-2012, through partnerships with a National NGO (Philippine NGO Support Program

(PHANSuP), Inc) and the Philippine National AIDS Council funded by the International HIV/AIDS Alliance and MAC AIDS Fund, the project was scaled up to nine (9) CBOs, one (1) NGO, and five (5) HIV care providers who are currently adopting the River of Life Tools in their HIV prevention, treatment and care work in their respective local government units and the social hygiene clinics. Partnership with LGUs through the City Health Offices ensures promotion of ownership and government accountability.

Three strategies were adopted for successful scale up, community engagement, youth-led implementation, and partnerships with the business community, NGOs, and the Government.

29. SINGAPORE

Title of Programme: Breaking Down Barriers
Contact: Health Promotion Board
Implementer(s): Health Promotion Board
Implemented by: Government
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Sexually Transmitted Infections (STIs) among Singaporean youths aged 10-19 years had been increasing steeply since 2003, rising from 238 new cases in 2002 to 653 new cases in 2005. In view of this, an inter-ministry workgroup comprising the Ministry of Health (MOH), Ministry of Education (MOE) and the Health Promotion Board (HPB) in Singapore was formed to enhance STI / HIV prevention efforts among youths aged 10-19 years. It was decided that a new STI / HIV prevention programme would be developed to complement the sexuality education programmes already being conducted in schools. In 2006, the workgroup developed “Breaking Down Barriers” (BDB) that was to look into arresting the increase of STI/HIV among Singaporean youths between 2002 and 2005. This programme is targeted at 15 -and 17-year old students in schools.

The aims of the programme are to:

- increase students’ knowledge about the correct modes of STI/HIV;
- increase their knowledge about the effective methods of protection against infection; and
- empower students with life skills to say “no” to peer pressure to have premarital sex.

The programme comprises a one-hour mass education component, followed by classroom sessions (120 minutes). The former utilizes multi-media and real-life testimonies to impart information on modes of transmission and protection against STI/AIDS while the latter focuses on life skills namely decision-making, assertiveness and negotiation, to enable students to resist pressure to have sex.

From 2007 onwards, BDB reached out to almost 100% of schools for both 15- and 17- year old students each year.

A key component of BDB was the consistent prevention message of Abstinence, Be faithful and Condom-use. Abstinence was the priority message and emphasized as the only foolproof method for prevention. The condom-use message emphasized consistent and correct use of condoms.

BDB was conducted by trained and experienced social workers/ counsellors and teachers. The social workers / counsellors conducted the mass education component of the programme while the teachers conducted the class-based component.

Implementation, monitoring and evaluation of the programme was undertaken by HPB, while MOE supported the programme by strongly encouraging schools to take it up. Parents were informed about the programme before-hand via letters from schools and were given the chance to take their children out of the programme, by completing an opt-out form accompanying the letter and sending it back to the school.

In 2012, MOE lent further support to the programme by classifying it as a staple programme under the school sexuality education co-curriculum i.e. all schools henceforth had to take-up BDB.

Outcomes of the initiative
For this submission, we have included evaluation data from 2008 to 2010. This involved more than 4000 students from 23 schools. Students involved were given self-administered pre- and post-programme questionnaires.

After attending the programme, more students were aware of the main modes of HIV / AIDS transmission and the modes of protection against infection. For example, significant differences were observed for "casual sex" as a mode of transmission of HIV / AIDS (Pre: 85%; Post: 92%) and for "abstinence" as a mode of protection against infection (Pre: 44%; Post: 57%).

Students were also more aware of the misconceptions associated with HIV / AIDS transmission e.g. fewer students chose "mosquito bites" as a mode of transmission (Pre: 18%; Post: 8%) after attending the programme. In addition, students were more likely to perceive themselves as being vulnerable to STI / HIV after the programme.

Being the only national programme implemented on a wide scale and reaching almost 100% of the target population since 2007, BDB has contributed to declining STI rates among youths 10-19 years.

What Strategies have been used to expand the scope and coverage of the initiative?
Establish rapport:
In early development of the programme, MOE personnel were involved in the programme development and conceptualisation. HPB's personnel assisted MOE in highlighting rising STI trend among youths and its consequences to School Senior Management (Principals and Vice-Principals). HPB staff were also present at stakeholder consultation sessions organised by MOE for teachers, Principals and community representatives. Through such collaborations, good rapport was generated which paved the path for implementation and subsequent scale up of the programme.

Programme monitoring:
Outreach to schools was monitored and reported on a quarterly basis. As such, schools which had not taken up the programme could be encouraged to do so in a timely manner. Feedback from schools about the programme was pro-actively managed to ensure a timely response be given to schools and that necessary corrective action be taken if necessary. HPB staff also travelled down to schools to meet with Principals and Heads-of-Departments to address and allay any doubts or concerns about the programme.

Garner political support:
A high level National HIV/AIDS Policy Committee to oversee on all HIV/AIDS policy matters was formed. The Committee was chaired by a Senior Minister-of-State and comprised representatives from various government agencies. This Committee lent its support for all HIV/AIDS educational programmes.

30. TAJIKISTAN

Title of Programme: Cost Effectiveness of Youth Friendly Health Services for Most at Risk Young People Scale Up in Tajikistan
Contact: UNICEF
Implementer(s): Ministry of Health (MoH) in Tajikistan
Implemented by: Government , Civil Society , UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Cost Benefit Analysis of interventions targeted on HIV prevention among vulnerable young people
Programme being implemented since: 2007-2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Sentinel surveillance in 2007 indicated prevalence of HIV was 1,8%, syphilis 12.6% among sex workers and syphilis 10,6% among injecting drug users in Tajikistan. An optimal package of youth-friendly health services (YFHS) had included services for the prevention, diagnosis and treatment of STIs and HIV. In 2007, Tajikistan's health reform however, underestimated the value of these services and underfunded them. To support their inclusion within YFHS, UNICEF and partners undertook a study to review data from YFHS pilot sites targeting at-risk young people (ARYP); determine the costs of establishing and operating these sites; assess the benefits of the programme in terms of the number of STI infections prevented and cost-savings to the health sector.

During 2008, UNICEF initiated and provided support to the Ministry of Health to conduct a cost efficiency analysis of YFHS. The analysis showed the advantages of YFHS expansion and support from the State budget to prevent STIs among vulnerable youth groups. In accordance with the assessment, more than 8,020 young people from risk groups in 8 selected cities were proposed to be covered by State budgeted YFHS that were linked to existing services at reproductive health-dermatology and venereal disease dispensaries. According to the projection of the same survey, in case of lack of such services, the expenditure of the healthcare system to treat the 11 thousand undiscovered STI cases would be 50,000 US Dollars. Whereas, in cases of functioning and linked YFHS, it was observed that their activities would prevent at least 9,000 new STI cases among the target groups at a savings to the government of up to 38,000 US Dollars.

In 2010, UNICEF supported the Ministries of Health and Finance to develop guidelines for YFHS budgeting and integration of YFHS into health sector financing based on recommendations of the 2008 Cost-Benefit Analysis. The Government of Tajikistan established a state mechanism for decentralized, YFHS budgeting with co-funding from local health budgets.

Outcomes of the initiative

The national regulation on YFHS budgeting stipulates that each YFHS may hire 2 additional staff outreach workers as programme consultants to support increased coverage by YFHS of hard-to–reach youth. UNICEF support contributed to scaling up from three piloted service centres to 18 YFHS in 12 districts. YFHS coverage of at risk young people increased from 2,845 in 2007 up to 30,000 in 2012. About 79% of those reached were females; 11,000 HIV tests were administered; 50% of clients were accompanied to the clinic by outreach workers. A total of 18% of clients were diagnosed with STIs; 0.05% with HIV. About 11% of YFHS clients were diagnosed with mental issues related to stress from domestic conflicts, sexual violence and unwanted pregnancies.

What Strategies have been used to expand the scope and coverage of the initiative?

The programme helps ensure that all YFHS provide the minimum and optimal package of services responding to the needs of vulnerable and at risks young people. This includes:

- information on HIV/AIDS, STIs and reproductive health;
- access to condoms and other contraceptives;
- STI screening, STI syndromic treatment, support and care;
- confidential HIV counselling and testing, ART;
- prevention of unwanted pregnancies and improvment of reproductive health; and
- basic psychological and legal support.

The right to access affordable services is ensured through outreach workers with vouchers that guarantee free services for young people at 21 clinics. To attract young people to use the services, with UNICEF support, each centre is assisted by an outreach communication component. The proposed strategy has been integrated into the programame since 2007. It is recommended as an effective approach for communicating with hard-to-reach vulnerable groups. The outreach component of the project has proven to be the most effective channel for ensuring that targeted groups have access to basic HIV/STI prevention and treatment packages provided by YFHS. The strategy has used the following steps to achieve high coverage of vulnerable groups the by STI/HIV prevention programme:

- Outreach leaders constantly build capacity of a network of volunteers to enhance and scale up activities. The active volunteers are encouraged to effectively maintain the "snowball" approach.
- Outreach leaders from each NGO are responsible for maintaining and scaling-up outreach communication activities in order to increase awareness among peers about the existence of basic YFHS and to convince peers to use the YFHS to prevent STI/HIV and unwanted pregnancies.
- Peer-to-peer communication and distribution of booklets and condoms among young people are used in all catchment areas.
- Regular meetings with local decision makers are held to support project implementation and prevent interference of law enforcement authorities during communication campaigns.
- UNICEF supported the development and implementation of a "voucher system" for vulnerable youth to ensure confidentiality, gratuitousness and friendliness of provided services.

31. THAILAND

Title of Programme: 'V' Teens Empowerment Project
Contact: Raks Thai Foundation
Implementer(s): Mr. Nopparuch Muenkaew, Mr. Tawatchai Songkhumpan, Ms. Dararat Ruamsuk
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? No

Short description of the initiatives

'V' Teens Empowerment Project sponsored was found under the purposes of providing a good physical and mental health, the safety of sexual health, and the ways living in societies with equality and confidence for 600 children and youth living with HIV/AIDS who are in between 10 to 24 years old in Northern Thailand, Chiang Mai and in Phayao provinces. In order to achieve the goals, there are two main objectives of the project. Firstly, the Raks Thai Power Teens empower and strengthen the positive children and teenagers to feel more confident to be able to take care of their sexual health and assist their peers. Secondly, the

‘V’ Teens support the youth networks building a public space where the positive teens make a chance to creatively communicate with the people in their societies.

According to the objectives, the team implements six activities. The first activity is a public stage for the positive children and teenagers’ empowerment. This is a chance to reduce the risk of their life and to develop them to be skillful to take care of themselves by exchanging their experiences about the best ways living with HIV/AIDS. Secondly, there is a camp for making relationship between the children living with HIV/AIDS. The activity was created to develop the head positive children’s leadership skill and capacities to be able to assist the other children. Thirdly, it is an activity to support the following up system which is used to give assistance, counsels and care to their peers. They also visit sites and follow up the results in each case. The forth activity is a conference of the Power Teens and their networks. The conference will be implemented in every quarter in order to report the progressives of the project, develop the activities’ plans and their administrative skill. Moreover, there is the result expansion activity which is used to build a right understanding about HIV/AIDS and prevent new HIV infections in order to decrease the discrimination and stigma against themselves and their peers. The final activity is a lesson learned conclusion and project’s results presentation.

Raks Thai Power Teens Group was found in 2007 sponsored by Raks Thai Foundation who has a lot of experiences working for the children living with HIV/AIDS, the children affected by HIV and their families. The Power Teens leaders were consisted of 25 positive children in Chiang Mai and Phayao. Initiatively, they interestingly built many creative activities providing knowledge and assistance about HIV to the other positive children, and they also worked with doctors, nurses and other positive people networks in order to support their activities. In 2009, there was an expansion of from Raks Thai Power Teens Group to Raks Thai Power Teens Network. This is the first successful network in Northern Thailand working in sexual and reproductive health issues. At the present, they get the financial support from HIV Young Leaders Fund, and they also get additional supports from government, private sectors and civil societies.

Outcomes of the initiative

The expected outcome of the project is the high-quality life of the 10-24 year-old children living with HIV/AIDS. The children have the knowledge how to take care of themselves to have a good physical, mental and sexual health, and they are also more confident to live in the societies with happiness. Additionally, there is the development of their capacities to be able to protect their social rights in order to live as equally as other people in their communities. Furthermore, the positive children are able to build tools and media for providing the understanding of HIV and reducing the stigma and discrimination against the HIV/AIDS children in the societies.

What Strategies have been used to expand the scope and coverage of the initiative?

In order to achieve the project’s goals, there are three main strategies are implemented in different areas. Firstly, there is the strategy for developing and empowering the target group. Secondly, there is also the strategy developing the efficiency of services for the children living with HIV/AIDS. Thirdly, another important strategy is the ways working with the people living with the children such as their families, girlfriends/boyfriends and friends.

Working with the target group, there are five methods implementing the project. The first method is the development of the children’s capacities. This method is implemented by the peer education approach which is an easy way to comprehensively provide the knowledge to the target group. In addition, there is an encouragement of the group to be a role model dealing with HIV/AIDS for other positive children. There is also the method of expansion of tools, handouts and media in order to build the space in the provincial, national and international levels for exchanging knowledge and supports of HIV/AIDS in children. Another

method is the development of their networks by the safety and friendly following-up system which the peers use for giving assistance to each case. Moreover, there is the promotion of connection between the Raks Thai Power Teens and other Youth groups. According to this method, there is the Children Congress which consists of 'V' Power Teens, the networks working in HIV/AIDS issues and the organizations working in children and youth issues promoting equality to the children living with HIV/AIDS.

Due to the development of services, the Power Teens build understanding about HIV/AIDs and reduce the discrimination against the positive children for the service providers such as doctors, nurses and the people working in HIV/AIDS issues. This brings effective services to the target group and decreases new infections in the group.

Another strategy is the providing of knowledge and understanding to the people living with the positive children such as their families, girlfriends/boyfriends and friends in order to build friendly communication skill about the HIV/AIDS issues for the positive children. The strategy also includes the preparation for the HIV children who are becoming pregnant and parents.

32. TURKMENISTAN

Title of Programme: Youth Centre
Contact: UNODC Programme Office in Turkmenistan
Implementer(s): Youth Organization in Turkmenistan
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Positioned to promote healthy lifestyles and safe behaviours in Turkmenistan, the Youth Centres in Turkmenistan (YCT) arranged under civil organization by name of Youth Organization in Ashgabat and Mary cities, will continue to change the landscape of HIV prevention among youth in Turkmenistan. Youth are considered an important risk group for both drug use and HIV in Turkmenistan. Many adolescents spend their free time on the streets; there is little access to health information and youth friendly services. School attendance among Turkmen youth is high (99%), but the school curriculum is not enough address topics such as reproductive health, drug use consequences and HIV transmission, so knowledge of risky behaviours and prevention approaches is low. Young people in Turkmenistan are more likely to engage in risks leading to poor health than adults. This is especially true when their environment does not support healthy and responsible choices. The Youth Centres contribute accessibility to information, health and social support services to young people from high-risk groups (drug users and those who are experienced conflicts with the law).

The YCTs are implementing with financial and technical support from USAID, UNFPA, UNODC and Chevron Nebitgaz B.V., in collaboration with Ministry of Education of Turkmenistan.

The goal of YCTs is to provide a forum for youth (male and female) to gain the skills, knowledge, attitudes, and confidence to mitigate the effects of negative or non-supportive socio-cultural and environmental factors that could otherwise influence them to engage in risky behaviors.

The youth centres educate and encourage young people (age 15-25 years old) to make healthy and responsible lifestyle choices. The centres provide youth with valuable professional and life skills that help steer them away from risk-taking behaviours that may lead to crime, drug use, unemployment, and poor health, including HIV infection. Activities and components of the initiative include:

1. healthy lifestyle and HIV prevention education of young people on peer–to-peer basis at the centres, high schools, and at outreach sites where youth congregate;
2. skill-building that provides healthy alternatives to risky behaviour activities including English, Russian and French language classes and computer classes, dance, sport, debate, drama, intellectual trivia, chess/checkers and movie clubs;
3. consultations on sexual and reproductive health by the STI specialists and referral for HIV counselling and testing; and
4. psychosocial support by the psychologist and trained peer counselors.

Outcomes of the initiative

Since the project began in September 2009, over 19,000 youth have been reached through the Ashgabat and Mary Youth Centers with individual and/or small group HIV preventive interventions, including educational sessions, alternative activities, and IEC/BCC events. At both centers, the average post-training test scores are over 90% and in the last year, 91 young people have been trained as peer educators. Youth continue to utilize the services offered by the psychologists and STI specialists at the youth centers. To date, over 4700 IEC materials have been distributed by the centres and over 23,700 condoms through its centre-based and outreach activities. Over 300 adolescents from high risk have been reached during mini-educational sessions and outreach. More than that hotline, opened under the Ashgabat YCT provides good opportunity to receive counselling of psychologist and a STI specialist on an anonymous and confidential basis to more than 200 teenagers and young people in a month, more than 100 of those are HIV tested after pre-test consultancy in a year in the local AIDS Centre.

What Strategies have been used to expand the scope and coverage of the initiative?

The Youth Centre approach is meeting the Turkmenistan government's priority on promoting healthy lifestyle among youth and is line with the agenda of Youth Organization and Ministry of Education, the national partners. Therefore, there is interest in scaling up the initiative within existing sites as well as expansion to additional locations within Turkmenistan. To this end, YCT is currently working with the Youth Organization to identify a youth center that was previously active under a previous project, to bring it into the project fold, and incorporate services that are already in existence at the other 2 sites into this site. Using a similar model of services, peer-to-peer training, and outreach at high schools in the community, YCT is also in the process of identifying an additional location for a fourth youth center to scale up in country.

In order to maintain a pool of peer educators at each centre, the YCTs utilize a training of trainer approach on a regular basis. The peer-to-peer concept is an evidence-based approach to reduce risk taking behaviours among youth and specific target groups including CSWs and drug users. The YCT trains youth to become peer educators such that they are able to continually provide educational sessions to their peers at the youth centers and during outreach activities. On a continual basis, approximately 30 peer educators provide information to their peers about health and social risks of drug use, to prevent them from initiating drugs and to promote HIV prevention behaviours. Each youth center will also expand in scope to incorporate tuberculosis/hepatitis education messages along with referrals for tuberculosis screening. In order to keep peer-educators engaged and increase youth attendance at the Youth Centers, alternative, healthy, skill-building activities and educational events such as talent show contests, concerts, sport competitions, and intellectual games are routinely carried out. These events also facilitate increased exposure to HIV prevention and healthy lifestyle promotion education activities for youth.

To ensure sustainability and facilitate expansion of the Youth Centres approach, the YCTs conduct capacity building trainings for the Youth Organization employees. These trainings include all aspects of resource mobilization, youth centers management, and best practices. These trainings will build the capacity of the Youth organization to apply for additional funding and expand the youth center approach throughout Turkmenistan to further work towards HIV prevention and healthy living for Turkmen youth.

33. YEMEN

Title of Programme: Access to Information
Contact: Yemeni Association for Reproductive Health
Implementer(s): Volunteers
Implemented by: Youth Initiatives
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Bringing members of youth initiatives. We bring 5 members from 5 different initiatives. and we divide the topics that are related to AIDS between the 5 groups of initiatives. Each group has to find the information about the topic that they got and try to search in the internet and search in the center's library along with asking professionals of the association. Then Each group has to represent the information that the got in a way they think best fits. So they sometimes start acting, so others singing, some drawing, and some presenting the information that they found. All groups has to focus in each group's presentation, because at the end of the workshop case studies will be given to group in order to solve them on information based on AIDS and what they have heard. After that, each group has to bring up 25 other members of their initiative members and do the same workshop for them. At the end of this part we will have become 100 members. Those 100 volunteer members work together and we go to schools and start awareness events. We also go to villages and talk to families in order to spread the awareness about AIDS.

Outcomes of the initiative
Reaching a point where more people are aware about AIDS. Omitting the stereotypes and wrong information that they have about AIDS. Working with youth in order to help the communities know more about AIDS and tell one another.

What Strategies have been used to expand the scope and coverage of the initiative?
Is by training more youth who will be helping in the awareness campaigns in order to widely spread the word.

III. Eastern Europe

1. ALBANIA

Title of Programme: Piloting Contingency Management Intervention among Injecting Drug Users in Tirana, Albania
Contact: "STOP AIDS" NGO
Implementer(s): STOP AIDS NGO and UNICEF
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Since 2005, “STOP AIDS” NGO in Albania has been implementing the Risk Reduction Programs (RRP), as a way to prevent HIV infection among injecting drug users (IDU). Although RRPs are a great tool in fighting HIV/AIDS and yielding a significant cost savings for intravenous drug users the challenge of the program remains the irregular uptake of services from the clients and attracting new clients. In order to increase demand for and access to prevention HIV services, a behavior change intervention was implemented as an adjunct to risk reduction services among injecting drug users. Contingency Management (CM) is widely known as an intervention that addresses behaviors concerns. It provides tangible rewards for clients to increase or decrease the frequency of concrete target behaviors. The program hypothesized that using the reward system via CM might help better engage with the clients, ensure regular use of services and gain new clients.

Outcomes of the initiative
Method: 80 injecting drug users were recruited and equally divided into two groups, the experimental and control one. Implementation phase was followed by: Development of CM protocol, identification of the desired behaviors that an IDU client should change and maintain, establishment of the reward mechanism and monitoring and evaluating outcomes.

Results: In comparison with control group clients, participants of the CM group had higher rates (up to three fold) of daily attendance of RRP services. All of them have been tested for HIV and HVC in comparison with 35% of control groups, and one third of them brought their sexual partners to be tested. 15% have invited program team (home visits) to discuss with their sexual partner/family members. In addition, was significantly increased the number of female IDUs who have been introduced to RRP by CM participants.

What Strategies have been used to expand the scope and coverage of the initiative?
CM approach its rooted from behavior change theories and it is being applied as psychosocial intervention in adjunct to other risk reduction services. Application of this approach indicates the need for using innovative interventions to attract and motivate drug user clients in using on regular basis Risk Reduction Programs (RRP), especially for hard to reach subgroups of drug users, such as female drug users or IDUs sexual partners. Regular uptake of RRP services implies reductions in injection-related drug-taking behaviors and therefore lesser risks for getting or transmitting HIV/HVB&C.

2. **ALBANIA**
Title of Programme: Implementing Voluntary Counseling Testing Centers in Albanian Prison System: An effective approach in reducing HIV prevalence among vulnerable groups and young people
Contact: "STOP AIDS" NGO
Implementer(s): UNFPA, STOP AIDS NGO, IPH, GPA
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments
Programme being implemented since: 01/04/2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Albania currently has a low prevalence of HIV/AIDS infections, with around 640 reported cases as of August 2013. In general population, the majority of these cases have been through heterosexual contact, while there is little data (if any) on the prevalence of HIV/AIDS among prison population. However, defragmented data obtained through the KABP studies and outreach interventions have shown that there is a high level of HIV-related risk

behaviors among prisoners prior and while in incarceration. These behaviors include low levels of condom use, multiple sexual partners, alcohol and drug use and sharing of needles among injecting drug users (IDU). On the other hand, there is little attention from governmental structures to prevent and apply risk reduction measures on HIV/AIDS infections among prison population. All of these findings have led the “STOP AIDS” NGO, with the assistance of the Institute of Public Health (IPH) and General Prison Administration (GPA), and sustaining financial support from UNFPA to embark on building capacity to keep a low HIV prevalence among prisoners and establishing voluntary counseling and testing centers (VCT) in prison system.

Outcomes of the initiative
Establishing VCTC in prison system:
Prior launching VCT services, “STOP AIDS” NGO conducted a brief situation assessment on the provision of health services within the prison system. The findings from this assessment showed that despite many problems that health sector is facing out, yet prison system has technical and environmental capacity to provide VCT services. Therefore, in close consultation with all partners involved in this process, in June 2013 was decided to establish two VCT centers in prison (one in females’ prison and one in prison’s male). In order to qualitatively implement this service, in early July 2013, the prison socio-health staff (8 people) attended a two-days training in their settings. Participants were trained on how to conduct an assessment of the HIV risky behaviors, how to provide tailored information on HIV/AIDS and other STIs, compile a tailored HIV/AIDS education campaigns and risk reduction plan. In addition, they were trained on pre and post test counseling, Rapid Test HIV Testing techniques and results.

Findings:
Although, in its very early steps of service provision, over a period of two months thirty prisoners have received VCT services. Over half of the beneficiaries who received the service were males, and the majority were single and between the ages of 20 and 40. None of the beneficiaries resulted HIV positive, however the level of self reported risk behaviors prior incarceration was very high. All tested individuals exhibited at least one high-risk behavior, including unprotected sex, multiple partners, sharing of needles, and male-to-male sex. There are also distributed over 200 copies of IEC materials on the topics of HIV/AIDS, Hepatitis, STI, etc.

What Strategies have been used to expand the scope and coverage of the initiative?
One of the most beneficial outcomes of VCTC service provision in prison system is having real baseline data on HIV risk-behaviors among prisoners. This in turn, will help prison administration to compile cost effective strategic prevention and behavior change measures to prevent and reduce HIV/AIDS among prisoners, as well as to increase demand for and access to HIV prevention, care and services among vulnerable groups and among most at risk adolescents.

3. **ALBANIA**
Title of Programme: Prevention of HIV among Vulnerable Groups
Contact: STOP AIDS NGO
Implementer(s): STOP AIDS NGO, IPH GPA
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
In Albania, young people most at risk are highly involved in risky behaviors (e.g. condom use

is only 5 per cent in the 15-20 age group) coupled with massive internal and external migration, lack of knowledge on HIV/AIDS and lack of access to education and services due to scarce resources. In fact, 70 per cent of all HIV cases affect the age group between 20 and 39 years. Although Albania remains a low HIV prevalence country, the last studies show that rate of Hepatitis Viral B and C is considerably increasing among most-at-risk groups, due to their involvement in different risky behaviors, such injecting drug use and sharing needles, unprotected sex with multiple partners, etc.

Despite the growing attention that has been given to programming for these groups, little explicit focus has emerged on the particular needs of young people most at risk for acquiring STI/HIV/AIDS and other blood borne diseases. At the same time, efforts to prevent such infections among young people have tended to focus on the general population of young people, for whom more is known about effective programming, instead of focusing on young people in most-at-risk groups. As a result, young people who inject drugs or sell sex, young men who have sex with men and prisoners are often not targeted in either type of programming.The strategic intent of the project is to improve the life and the health behaviours of young people most at risk, with a specific focus on drug users, MSM and prisoners.

Purpose: Young people most at risk are empowered to practice healthy behaviors and enjoy full access to prevention programs tailored to their needs.

The project objectives are to:

- increase the knowledge and skills young people most at risk to practice healthy behaviors/practices;
- scale-up outreach services in order to reduce the incidence of HIV/Hep B&C transmission among young drug users MSM and prisoners;
- improve the access of young drug users MSM and prisoners to preventive program and services tailored to them;
- enhance the capacities of service providers to provide early prevention programs and services; and
- build up a supportive environment, to adopt effective measures and ensure sustainability for the prevention and control of STI/HIV/AIDS and other blood borne viruses for young people most at risk.

The strategic intent of the project is to empower young people most at risk with a specific focus on drug users, MSM and prisoners - to practice healthy behaviors by increasing their awareness and copying skills to avoid involvement in risky behaviors, adopt safe sex methods and creating a supportive environment regarding the STI/HIV/AIDS prevention. By empowering the young people most at risk, the intervention will contribute in keeping Albania a low HIV prevalence country and foremost keeping at the same level the national HIV prevalence among risky groups.

Outcomes of the initiative
Outreach services for drug users: 112 drug users reached 3 boxes of condom (114 pcs/each) and 1150 syringes distributed through risk reduction kits 80 IEC printed materials distributed among drug users and their sexual/injecting partners and family members.
Outreach services in prison: 2 prison staff from socio-health sector trained on M&E surveillance and reporting system 40 prisoners attended HIV/STI awareness activities

What Strategies have been used to expand the scope and coverage of the initiative?
STOP AIDS staff offer the services in a manner that respects the human rights of people, in particular the right to health, the right to freedom from discrimination, and the right to privacy. The services will be made explicitly accessible not only to young people most at risk, but also other vulnerable groups, such as roma community and out of school youth.

The proposal presents a multidisciplinary approach and has an explicit focus on early prevention services, case management and referrals, aiming to provide a comprehensive early prevention service for young people most at risk in different cities of Albania, that include:

- Outreach services for drug users, MSM and prisoners
- Psycho-social support to target group and their sexual partner/family members as well;
- Information, education and communication (IEC) on STI/HIV/AIDS, drug use and other blood-borne infections
- Access to HIV testing services
- Referral to socio-health programs
- Activities of prevention of STI/HIV/AIDS, and drug use among young people most at risk; and
- Capacity building among different service providers and other actors.

This proposal is in line with the National HIV Program and National Strategy on HIV/AIDS guidelines.

4. ALBANIA

Title of Programme: Dissemination of Information and Knowledge among Young People in Albania Related to HIV/AIDS
Contact: Albanian Center for Population and Development
Implementer(s): ALbanian Center for Population and Development
Implemented by: Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? No

Short description of the initiatives

1. In the frame of Youth for Change project funded by IPPF (2011-2013) ACPD have organized ToT trainings on SRHR and HIV themes. Amongst the others peer educators of youth centers of ACPD in Tirana, Vlora and Shkodra have been trained on issues that concern HIV/AIDS and how to increase the access to youth friendly services. Subthemes such as what do HIV/AIDS mean; adherence and treatment; stigma and discrimination; how do stigma and discrimination affect young people; how communities can overcome stigma and discrimination; accessible services for youth; harm reduction programs were explored.
2. Educational sessions related to HIV and sexual rights with young people in high schools in three above mentioned cities have been held by trained peer educators (2011-2013). Experiences from the work that volunteers are doing to educate themselves and peers especially with focus on challenging stigma, and provision of related services to HIV/AIDS were shared among participants. Throughout these sessions it was raised the level of awareness of youth about the many ways in which HIV/AIDS intersects with all of our lives and to encourage personal responsibility through prevention, education, and HIV testing.
3. Under project HIV/AIDS Prevention among Roma Young people (Global Fund 2007-2012) ACPD have delivered peer education sessions among Roma community in Tirana district as well has have trained medical doctors of Tirana health centers how to address needs of adolescents and youth as regards HIV/AIDS.
4. In addition, on the occasion of International HIV/AIDS day ACPD organizes every year awareness campaigns at most popular places of its three working areas (Tirana, Vlora and Shkodra) reaching out to young ages with IEC materials and condoms and delivering global messages.

5. In the frame of "Strengthen voluntarily, counseling and testing centers in Albania/ UNICEF" -2012, ACPD has worked to improve VCT services in the country especially among groups at risks, including adolescents and youth. Supported by UNICEF, ACPD has advocated for the approval of the Guidelines of STI/HIV VCT services for youth, a document compiled by ACPD and partners in 2011. With the approval of the Guidelines, ACPD facilitated the trainings of service providers and other actors at all prefectures level regarding VCT services for youth, targeting access and quality of services. Furthermore, ACPD supervised and monitored the efforts in the follow up phase ensure proper practice and quality of services
6. ACPD is a SRH service provider and as part of integral part of services it offers HIV prevention and counseling and HIV rapid test are included and do offered for free for adolescents.

Outcomes of the initiative
As a result of the trainings young people have raised their knowledge on HIV/AIDS and acquired skills to disseminate the information among peers.

Throughout peer educational sessions it was raised the level of awareness of youth about ways of prevention and the many ways in which HIV/AIDS intersects with all of our lives and to encourage personal responsibility through prevention, education, and HIV testing.

Awareness of Roma young people in Tirana district on the HIV/AIDS situation and prevention has been raised and capacities among medical staff in areas populated by Roma people Tirana district have been strengthened. What's more preventive approaches regarding STI/HIV/AIDS and voluntary testing among Roma People have been encouraged. ACPD, supported by UNICEF has been leading the process of STI/HIV Guidelines approval (May 2012) by the Ministry of Health, and the facilitation of trainings of service providers and other stakeholders at sub national level. ACPD has also couched and monitored the practice of the service providers in utilizing the guidelines of service. Throughout the guidelines it was enabled the VCT services to be available for young ages without the consent of parents or guardians.

What Strategies have been used to expand the scope and coverage of the initiative?
To implement these initiatives ACPD has used trained young peer eduactors to reach out to more young ages in country with information and knowledge about prevention of HIV.

As regards VCT guidelines project related ACPD have assessed actual VCT services in Albania as well as the external environment to design the most appropriate service package and delivery mechanisms to best to respond to the clients needs, vulnerabilities and preferences. Participatory approaches with all stakeholders (central and local decision makers, public service providers, NGOs and beneficiaries/clients.

Awareness day of HIV/AIDS days was used to convey global messages among young people and to call to government for more policies that address young people needs on SHR and HIV/AIDS.

5. ALBANIA, BOSNIA AND HERZEGOVINA, MOLDOVA, MONTENEGRO, ROMANIA, SERBIA, UKRAINE

Title of Programme: Prevention of HIV among Most-at-Risk Adolescents in Ukraine and South-Eastern Europe
Contact: UNICEF
Implementer(s): UNICEF Regional and Country Offices; London School of Hygiene and Tropical Medicine (LSHTM); Government and Civil Society Partners
Implemented by: Government, Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2006-2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) is the only region where HIV prevalence is clearly on the rise. The number of people living with HIV has almost tripled since 2000 and reached an estimated 1.4 million people by 2009. Although official prevalence is still relatively low in most countries, there are sub-groups of adolescents and young people with infection rates on a par with the worst-affected populations in sub-Saharan Africa. Marginalized adolescents are among the least understood and most underserved of all populations at risk of HIV in CEE/CIS Region.They are frequently shut out of society or denied services because of their poverty, ethnicity and risk behaviors. They are also made vulnerable due to family breakdown, violence, social exclusion or conflict with the law.

From 2006-2010, UNICEF, government and civil society partners in Albania, Bosnia and Herzegovina (BiH), Moldova, Montenegro, Romania, Serbia and Ukraine, with support from the UNICEF Regional Office for CEE/CIS, implemented a 4-year programme supported financially by Irish Aid aimed at strengthening the evidence base on the needs and vulnerabilities of most-at-risk adolescents (MARA) and designing tailored interventions to meet their HIV- and related health and social needs.

Programme beneficiaries included adolescents who inject drugs or engage in transactional sex, young males who have sex with males, street-connected and institutionalized adolescents and those coming from disadvantaged socio-economic or ethnic backgrounds. Specific objectives included to:

1. contribute to building the evidence base through data collection and HIV programming for MARA;
2. ensure integration of MARA into national HIV/AIDS programme strategies and monitoring and evaluation frameworks;
3. advocate for protective policy environments;
4. build capacity of government, NGO stakeholders and service providers to provide MARA-oriented HIV prevention, and other health and social services; and
5. pilot and monitor interventions to reduce risk and vulnerability of MARA to HIV.

Support for building the evidence base was provided by the London School of Hygiene and Tropical Medicine (LSHTM), which helped to build the capacity of local research teams to gather and document research findings for intervention development. Particular emphasis was placed on building sustainable approaches through development of guidance on working with MARA, ethical guidance for research and programming with adolescents, development of gender guidance and capacity building, training providers who had previously been unskilled or unwilling to work with MARA, and designing and testing evidence-based interventions for at-risk and vulnerable adolescents in each country.

Outcomes of the initiative

- Quantitative baseline data on MARA in all seven countries of the project

- Over 20 quantitative and qualitative studies, operations research reports, service capacity assessments and several journal articles on MARA
- Over 80 researchers trained to undertake ethically sound research among MARA and other vulnerable adolescents
- A Research Tool Kit on research on MARA was produced by UNICEF and LSHTM
- Ethical guidance was developed/disseminated on research among MARA
- All seven countries included MARA in their National AIDS Strategies and M&E Frameworks and most in national surveillance systems
- Parental consent-related and other legislation was modified in Albania, BiH, Moldova, Serbia and Ukraine
- Standards, protocols and national guidance were developed to guide service providers on working with MARA
- Over 2300 policy makers, programme managers and service providers were trained in development of programme strategies and implementation of gender-sensitive interventions for MARA
- HIV Prevention interventions reached over 5000 MARA in the seven programme countries.

What Strategies have been used to expand the scope and coverage of the initiative?
UNICEF and partners have expanded the scope and coverage of the MARA Programme by:

- expanding the work with MARA into several countries of the Region, including Kazakhstan, Tajikistan, Russian Federation, Georgia, Belarus and Azerbaijan;
- UNICEF is currently implementing an EU/UNICEF-funded programme aimed at increasing capacity of non-state actors (NSA) to promote and implement HIV testing and counselling services among MARA and other vulnerable adolescents in five countries of the Region: Azerbaijan, Belarus, Georgia, Moldova and Ukraine;
- promoting the results, lessons learned and good practice from the Programme through development of an on-line Knowledge Portal on MARA: http://www.unicef.org/ceecis/hiv_aids_17316.html; and
- presenting results and findings at International and Regional Conferences and continuing to publish findings in peer-reviewed journals (see Knowledge Portal above.).

6. ARMENIA

Title of Programme: Getting to know people living with HIV through their life stories
Contact: UNFPA
Implementer(s): UNFPA Armenia country office, Generation's solidarity youth NGO, Day Center of the Araratian Patriarchal Diocese of Holy Armenian Apostolic Church
Implemented by: Faith-based, UN or other inter-governmental organization, Youth lead NGO
Type of Initiative: Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Awareness raising
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
It is said “-If you want to know what someone is really like you have to actually meet them-”. This phrase implies that no matter what kind of information you hold, no matter what you know about a person, you can never make an appropriate conclusion about someone’s whole personality, as we actually don’t know the real person and what he/she had to go through in his/her life. Most of the time we tend to make conclusions about a person not knowing who the person truly is, or making assumptions based on his/her behavior from a single situation. As a result we get inadequate impressions about people and therefore inadequate attitudes full of prejudices towards that person, which takes away the chance to really get to know someone. This can lead to developing a stigma towards certain people;

which can lead to someone being discriminated against. For this occasion Y-PEER (Youth Peer Education Network) Armenia, along with Day Center of the Araratian Patriarchal Diocese of Holy Armenian Apostolic Church, decided to introduce life stories of people living with HIV directed for the sake of people who may have preconceived attitudes toward people living with HIV. The goal is to educate people, who may hold these beliefs about people living with HIV, which will give them a chance to think over their beliefs on this matter and to make them more accurate and authentic. Within the framework of 10 days of activism campaign (10DOA) Y-PEER Armenia along with Day Center of the Araratian Patriarchal Diocese of Holy Armenian Apostolic Church decided to create an electronic journal of life stories of people living with HIV aiming to make it available to the wider audience, particularly young people who use social networks. Afterwards with the supervision and assistance of UNFPA Armenia country office and The Generations' Solidarity NGO it was decided to publish the journal on the 1th of December 2012, World Aids Day (WAD). This book is addressed to the organizations that provide medical, social, psychological and other kinds of services to the people living with HIV. This book aims to make it available to a wider audience the concerns, thoughts and feelings of people living with HIV.

Outcomes of the initiative
On the World AIDS' Day (2012) it was published and distributed to the youth as a training material and a tool for the changes of the attitudes and mentality towards people living with HIV/AIDS.

What Strategies have been used to expand the scope and coverage of the initiative?
The electronic journal was widely disseminated through social channels. Latter on it was published and used as a training manual for trainers during an outreach work at the regions of the Republic of Armenia. During the training courses the organizers also tried to involve local media for larger coverage.

7. **AZERBAIJAN, BELARUS, GEORGIA, MOLDOVA, UKRAINE**
Title of Programme: Strengthening Capacity of Non-state Actors (NSA) for HIV/AIDS Testing & Counselling of Most-at-Risk Adolescents and Young People
Contact: UNICEF Regional Office for CEE/CIS
Implementer(s): UNICEF Regional and Country Offices; Civil Society Partners
Implemented by: Government, Civil Society, UN or other inter-governmental organisation
Type of Initiative: Prevention of new HIV infections, HIV Testing and Counselling for most-at-risk adolescents
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Eastern Europe is home to the fastest growing HIV epidemic in the world. An estimated 80% of those who are HIV positive in Eastern Europe are under 30 years old. Most-at-risk adolescents (MARA) are among the most severely affected populations in the region, with prevalence rates over 37% found among some segments of MARA.[1] Yet HIV prevention programmes in recent years have failed to reduce incidence of HIV among young people in the Region. Timely diagnosis of HIV infection is a key component of successful HIV Prevention. And while most MARA in the region is aware of the location of HIV testing and counselling (HTC) services, the majority have never tested for HIV.

[1] A study among street youth 15 to 19 years of age in St. Petersburg, Russia in 2006 found overall HIV prevalence of 37.4%; 64.3% among double orphans, and 78.6% among current IDU: "HIV seroprevalence in street youth, St Petersburg, Russia," Doctors of the World/Centers for Disease Control and Prevention, Journal "AIDS" 2007, Volume 21, Number 14

The goal of the three-year, EU-UNICEF-funded project, “Strengthening Capacity of non-state actors (NSA) for HIV/AIDS Testing & Counselling of Most-at-Risk Adolescents and Young People,” (“the Project”) is to increase access of adolescents and young people within most-at-risk populations to confidential, anonymous and free, HTC services and to build effective linkages to HIV prevention, treatment and care in five countries, Azerbaijan, Belarus, Georgia, Moldova and Ukraine.

The project aims to mobilize stakeholders and communities to address specific needs for HTC among MARA through: 1) building the evidence base on MARA attitudes and behaviours around HTC and experience of HTC services; 2) developing/adapting policies and legislation and establishing community action boards to help create sustained approaches and an enabling environment for HTC for MARA; 3) building capacity of non-state actors (NSA) and government service providers to provide anonymous, confidential and youth-friendly HTC services and referrals to health and social services for MARA; 4) developing innovative capacity building tools and training of NSA and government service providers in provision of HTC for MARA, referrals and case management; 5) developing tools and guidelines for stakeholders and service providers to support scale-up of HTC services for MARA; 5) establishing an on-line Regional Hub to provide state-of-the art information, tools and reference materials and to link practitioners throughout the Region and beyond during and after the Project.

Outcomes of the initiative

To-date, Project implementation has resulted in the following key outcomes:

- Collection of strategic information through on-line technologies from among over 3000 adolescent/youth across the five project countries;
- Policy analysis and legislative proposals to national governments to lower age of parental consent for HTC;
- Development of national standards, protocols and regulations to strengthen provision of HTC services for adolescents/MARA;
- Development of an on-line capacity building tool to build capacity of community outreach workers and NSA/government service providers. The tool includes local protocols, algorithms, instructional and promotional videos and monitoring and evaluation instruments;
- Advocacy with government stakeholders to allow NSA partners to pilot use of saliva-based, rapid HIV testing among MARA in Project countries and to develop referral mechanisms linking HTC, HIV/STI Prevention, and other health and social services; and
- Community-based interventions to promote HTC services through outreach, youth events, mass media and on-line communication platforms.

What Strategies have been used to expand the scope and coverage of the initiative?

UNICEF and partners have expanded the scope and coverage of the Project by strengthening networks of state actors and NSA in the CEE/CIS Region and beyond through advocacy and dissemination of best practices about HTC, MARA and related issues at regional and international forums. Innovative research tools and results of data collection have been disseminated within Project countries, the Region and beyond. The Regional Learning Hub provides information, tools, guidelines and project results to networks of national, regional and international stakeholder and professional networks.

8. BELARUS

Title of Programme: Accessible Qualitative HIV Counselling and Testing Services for Most-at-risk Adolescents
Contact: UNICEF
Implementer(s): Republican civil society organization “Belorussian Association of UNESCO Clubs” (NGO “BelAU”), Ministry of Heath,
UNICEF
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The project is part of a UNICEF Regional Initiative aimed at strengthening capacity of non-state actors (NSA) on HIV testing and counselling (HTC) of most-at-risk adolescents (MARA) and other vulnerable adolescents in accordance with the National Action Plan for Improvement of the State of Children and Protection of their Rights for 2012-2016, approved by Resolution of the Council of Ministers of the Republic of Belarus № 218, 12 March 2012.

Project objectives include strengthening professional capacity of specialists at youth friendly health centers (YFHCs) and non-governmental organizations (NGOs) on HIV counselling and testing of MARA/young people, enhancement of methodologies for health care providers and outreach workers and scaling up of intersectoral collaboration and partnership of state and non-state actors to increase HTC of MARA and other vulnerable young people.

The project is implemented in 10 cities (12 project sites), those most epidemiologically disadvantaged in terms of HIV/AIDS: Minsk, Gomel, Bolshevik (Gomel region), Svetlogorsk, Zhlobin, Soligorsk, Vitebsk, Novopolotsk, Pinsk and Lida. Eight NGOs: “Red Cross”, “Real World”, “Ulyana”, “Mothers Against Drugs”, “Positive Movement”, Young Men’s Christian Association (YMCA), “Association of Belarusian Guides”, and “Vstrecha” are engaged jointly with main executive project partner, NGO “BelAU”.

Project activities focus on updating normative frameworks; elaborating guidelines; improving the methodological basis/training of medical staff, outreach workers and youth volunteers; designing/printing educational materials for specialists and information materials for youth; purchasing HIV express tests and motivation kits, and testing 2000 adolescents at-risk.

In August-September 2012 legislative analysis provided an overview of the current legal framework in Belarus regulating HTC for adolescents and scope for provision of services by NGOs and YFHS.

Thirteen focus group discussions assessed adolescents views and needs at the beginning of project implementation with participation of 53 adolescents aged 15-19 namely IDUs, FSWs, MSM, alcohol and psychoactive substances misusers, and adolescents from socially disadvantaged families. Nine hundred young people at-risk from Belarus took part in an on-line quantitative survey "HIV Testing and Counselling - Views and Opinions of Young People".

A Belarusian team of trainers was trained and facilitates training activities in the Belarusian regions. In addition, the e-learning portal on the NGO “BelAU” website supports outreach workers, giving them opportunities to learn and network with others.

The interdisciplinary teams created in 12 project sites including YFHC staff, outreach

workers and youth volunteers reaches out to MARA, consults, motivates and refers them to HTC services and other health, psychological and social support services if needed.

Two model centres are established in Minsk and Gomel regions at YFHCs to serve as resource-methodological centres for working with most-at-risk adolescents on HIV testing and counselling issues. They will be fully equipped with necessary resources and will share experience, methodologies and best practices with other regions of the country.

Advocacy round tables with stakeholders at national and regional levels and an information-education campaign are being conducted and contribute to creating an enabling environment for project activities' implementation and reduction of stigma and discrimination towards most-at-risk population and PLHIV.

Outcomes of the initiative

- A new normative framework ensures access to HTC by adolescents ages 14-15 without parental consent
- Capacity of NGOs/YFHCs was strengthened to provide HTC services for MARA
- Views and needs of adolescents were assessed to develop interventions
- 100 NGO/YFHC-specialists were trained on HTC of MARA/young people
- Commitment of stakeholders was increased, partnerships between NGOs-YFHCs were strengthened and a referral mechanisms for interagency cooperation were established in all regions
- Alliances of government and NSA were built; interdisciplinary teams of field workers, youth volunteers and medical staff were established to promote HTC services
- Capacity of NGOs and medical professionals was strengthened; methodological materials were developed for e-learning on the NGO"BelAU" web portal
- An information-education campaign reached 3000 young people in 10 project cities
- NGOs/YFHCs were supplied with HIV express-tests and motivation kits
- 2000 MARA/young people were consulted, tested and know their HIV status
- Cooperation between NGOs/health care providers in CEE/CIS region were strengthened

What Strategies have been used to expand the scope and coverage of the initiative?

- Updating the normative framework has expanded access to services of adolescents to age 14 without parental consent
- Advocacy round tables and missions by international experts have broadened commitment of national stakeholders
- Training of trainers and creating a pool of the local resource persons has expanded the reach and coverage of HTC
- Building alliances of state actors and civil society to reach hard to reach populations
- Modeling and piloting of inter-sectorial cooperation and introduction of work of interdisciplinary teams has expanded coverage
- Establishment of referral mechanisms has expanded the scope of health and social services available to at-risk and vulnerable adolescents
- Community mobilization, creation of an enabling environment and reducing stigma and discrimination towards most-at-risk adolescents and PLHIV has increased social acceptance of HTC and at-risk and vulnerable adolescents and young people
- Youth empowerment and engagement in project activities has extended reach and scope of the project to other vulnerable groups
- Widening of partnerships and national and international networking of NGOs and health care providers working with most-at-risk adolescents and young people has increased the reach of expertise and contacts beyond Belarus.

9. BOSNIA AND HERZEGOVINA

Title of Programme: Right to Know
Contact: NGO Action Against AIDS
Implementer(s): Youth organizations - Genessis Project, International Forum of Solidarity, Youth Against Aids and Action Against Aids
Implemented by: Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2003
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
UNICEF BiH: Developing a Communication Strategy for the Prevention of HIV/AIDS among Young People through Participatory Action Research.The article describes the process and the findings of a Participatory Action Research (PAR) conducted with young people in Bosnia and Herzegovina (BiH) in 2003, with an aim to develop a communication strategy for the prevention of HIV/AIDS in BiH. The study was initiated and funded as part of a global UNICEF initiative bearing the same name and aims. The process included the development of three youth research teams in three towns in BiH: Sarajevo, Tuzla and Banja Luka, that worked with their peers in their communities with a support from a Head Researcher with PAR experience. The young people developed a prevention strategy that includes peer education in elementary and high schools and co-operation with the media.

Outcomes of the initiative
http://books.google.ba/books?id=LB-b3Key_Y0C&pg=PA164&lpg=PA164&dq=Right+to+know+BiH&source=bl&ots=_Qqp4OfxCB&sig=etAqgn0mM7qfJOuinrskrwbgCII&hl=en&sa=X&ei=OekNUv3jE8yKswa0woH4Dg&ved=0CFAQ6AEwBQ

10. KOSOVO

Title of Programme: Social Marketing
Contact: UNFPA
Implementer(s): KOPF 9Kosovo Population Foundation), PEN (peer Educators Network), UNFPA
Implemented by: Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Peer education on healthy bahaviuor
Programme being implemented since: 2001
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Social marketing of male condoms in Kosovo seeks to make health related information, products and services easily available and affordable to low income populations and to those at risk, while at the same time promoting the adoption of healthier behavior and is seen as seen as a strategy in the fight against the HIV/AIDS, STI and as prevention for unwanted pregnancies. Given Kosovo's young population, main target audience of social marketing are youth (in and out of school) as well as the vulnerable groups (sex workers and dug users). Activities under social marketing are: different small scale promotional campaigns, info point stands, peer education sessions/trainings, distribution of promotional materials on healthy behavior including safe sex, educative and sports activities, free distribution of male condoms during outreach activities, commercial distribution of male condoms through traditional outlets (pharmacies) and non-traditional outlets (markets, kiosks) and through condom vending machines in most frequented bars, restaurants, motels (where is supposed that sex workers are based) etc. There are three major pillars of the social marketing in

Kosovo: peer education activities; promotional activities and condom distribution.

Outcomes of the initiative
The goal of this project is education and promotion of health behavior with focus on prevention of unwanted teenage pregnancies, HIV and IST prevention for youth.This will be accomplished through: I. Youth education and outreach activities, II. Love Plus promotion

What Strategies have been used to expand the scope and coverage of the initiative?
The social marketing initiative in Kosovo covers all Kosovo wide. KOPF distributes condoms in more than 200 pharmacies all over Kosovo, and peer education activities are widespread in all Kosovo municipalities.

11. **LATVIA**
Title of Programme: HIV Testing Days, Informative Campaign Colloboration with Latvian Red Cross
Contact: The Centre for Disease Prevention and Control of Latvia
Implementer(s): The Center for Disease Prevention and Control of Latvia, Latvian Red Cross Health rooms
Implemented by: Government, Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Components of initiative: Centre for Disease Prevention and Control of Latvia (CDPC) has agreement with Latvian Red Cross (LRC) about harm reduction activities in one place in Riga (Low Treshold Centre). LRC has six Health rooms in Riga (in Latvia 39) too. In 2013 CDPC and LRD decided to offer HIV rapid tests for clients (adolescents, young people) who visiting LRC Health rooms. CDPC to provide with rapid tests, medical kits but LRC with room and personnel. CDPC provided with training how to make rapid tests and provide conslutation. First activity was at World Tuberculosis day when LRC organize many activities incl. HIV testing for free at six Health rooms in Riga and Saldus city in Latvia. Purpose: Increse HIV testing and knowlegde abot HIV prevention, condom distribution. Organize HIV testing activities (cooperating with Red Cross Youth, too) at World Hepatitis day, at Worlds Tubeculosis day and Word AIDS day, improve awareness about HIV prevention. Target audience: clients of LRC Health rooms, incl. adolescent and youth. At future we plan to expand access to HIV testing at other LRC Healt rooms outside capital city Riga to improve access to HIV testing.

Outcomes of the initiative
51 HIV tests and consultation performed in LRC Health rooms.

What Strategies have been used to expand the scope and coverage of the initiative?
Initiative based on "The National programme for limiting spread of HIV and AIDS in Latvia 2009-2013".

12. **REPUBLIC OF MOLDOVA**
Title of Programme: Together
Contact: Association for Youth Promotion "XXI Century"
Implementer(s): AYP "XXI Century"
Implemented by: Civil Society
Type of Initiative: Enabling social and legal environments
Programme being implemented since: 2006

Has the programme been evaluated/ assessed? No

Short description of the initiatives
Moldova, there are over 5000 people registered as infected with the HIV virus. These are the official numbers. The real number of those infected is much higher. Half of the cases are young people between the ages of 20 and 29 years old. With every year that passes, more and more young people are being affected by HIV and AIDS, and they know very little about the disease. A study done by UNICEF among young people showed that only one person in eight knows how to protect from HIV, and can name ways of transmission of the infection and methods of protection. The simplest and most accessible way to prevent the spreading of HIV among youth is to inform them. Creating of the Rural Network of “peer educators” in the prevention of HIV/AIDS. Know-how transfer: All members are between the ages of 12 and 18 years old and were selected from more than 700 schools across the nation. Every young educator demonstrated leadership qualities in the location from which they come, as well as the ability to communicate. Before receiving their diploma as a peer educator, these adolescents were instructed on HIV/AIDS during a summer school. There, they learned the ways of transmitting the HIV virus, about methods of preventing the infection, and the means of protection. Plus, the children learned how to behave with people who are sick with AIDS and how to offer support to those who need it. Through their activities, peer educators reach other children of their own age faster than any adult. In their arsenal they have games, open lessons, group discussions, and even social theatre. Because they are the same age as the adolescents they talk with about HIV/AIDS, the young educators are accepted much more readily. Plus, adolescents can talk openly about things that they are too embarrassed to ask an adult.

Outcomes of the initiative
This new effort has been demonstrated to be very effective in many countries, including in Moldova, where the results appeared quickly. The activities of the network confirmed once again that youth learn about HIV/AIDS easier when the teacher is someone their own age. According to a study done by UNICEF, the number of youth who had accurate information about HIV/AIDS rose by almost six times (from 8% to 48%). Meanwhile, the number of students who have a tolerant attitude towards people who live with HIV/AIDS doubled. In the future, through the activities of the network, UNICEF hopes to increase the number of young people informed about HIV/AIDS to at least 80 percent. Adolescent drug users, commercial sex workers, men who have sex with men, adolescents who work, live, or spend their free time in the street or who live in institutions, etc. are extremely vulnerable to infection with HIV due to the conditions in which they live or the risky practices they have adopted.

What Strategies have been used to expand the scope and coverage of the initiative?
The project was designed to provide a new impetus to HIV prevention among adolescents and young people by young people themselves. Therefore, the emphasis was made on mobilization of partnerships among youth and student organizations of the Republic. To date, the only effective preventive measure has been education on how to stop transmission of the virus. There is good evidence that HIV infection rates are stabilizing or decreasing in places where focused and sustained prevention programmes have brought about significantly safer behaviour. Information and education on HIV prevention is especially necessary for young people who might otherwise begin sexual activity with little thought of the risks involved...

13. ROMANIA

Title of Programme: HIV/AIDS Prevention among Youth
Contact: ARAS – Romanian Association Against AIDS
Implementer(s): ARAS, the "Youth for Youth" Foundation, the Romanian Association for Health Promotion (Ro.: ARPS), the National Union of the Organisations of HIV/AIDS Affected People (Ro.: UNOPA), the "Beside you" - Romania Foundation (Ro.: ADV) and the National Council for Combating Discrimination (Ro.: CNCD).
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections,
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The project aims at providing accurate information regarding HIV/AIDS for young people (15 to 25 years old), so as to motivate them to adopt healthier lifestyles, responsible behaviours and non-discriminatory attitudes towards HIV infected people. At the same time, the project has various target groups: students, teachers, medical personnel, and it aims at achieving powerful social responsibility campaigns and also for fighting stigma. The project was implemented by a partnership of ARAS, the "Youth for Youth" Foundation, the Romanian Association for Health Promotion (Ro.: ARPS), the National Union of the Organisations of HIV/AIDS Affected People (Ro.: UNOPA), the "Beside you" - Romania Foundation (Ro.: ADV) and the National Council for Combating Discrimination (Ro.: CNCD). Divided into three major components, the project general objective was an integrated prevention intervention in the general population of young people; it is about interventions in the community through interpersonal communication, media campaign, training for local authorities and health professionals (physicians, nurses), educational environment (teachers, psychologic and pedagogic counsellors and peer educators) and journalists. The programs were actually implemented in Bucharest and in 9 target counties (Bacău, Cluj, Constanţa, Dolj, Iaşi, Mureş, Neamţ, Timiş and Vaslui) and their activities presupposed: drawing of information-education-communication materials, training of peer educators, teachers, medical personnel and journalists, prevention activities and promotion of responsible behaviours in and outside school.

Outcomes of the initiative
In terms of project results, we can speak about: implementation of a campaign on HIV/AIDS addressed to young people - 210,432 youngsters attended HIV prevention sessions outside school; 32,407 young people participated in information sessions in high schools; 1,800 volunteers/ peer educators were trained; 554 physicians/nurses trained; 1,100 teachers and 88 journalists trained, 221 people with HIV trained.

14. ROMANIA

Title of Programme: Shaping the Future
Contact: Health Aid Romania Foundation
Implementer(s): Health Aid Romania Foundation
Implemented by: Private Sector
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, educational and vocational orientation for HIV+ children and young people
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The general scope of this project was to provide opportunities for social and educational integration of more than 25 HIV positive children and teenagers. It is a continuation and

development of our long term program for residential care and included family type homes. It had also a component for independent living for the young people over 18 who were not compatible anymore with family type homes. The activities were carried out in our two social apartments for independent living according to preferences and availability of space. Counseling for independent living and education for life were provided by our psychologist while social assistance by our social worker. Our beneficiaries were registered to a form of mass education, from kindergarten to first year at university. Keeping these children and teenagers with HIV+ in school meant building knowledge's and maintaining focus on study and learning achievements. Another goal was to prevent abandonment, discrimination and marginalization. The goal of the project is social and professional integration of young people living with HIV/AIDS. The objectives of the project were as follows: - providing social support (residential services in our family type homes and social apartments) for children and teenagers in placement at our organization; - counseling for life – sex education, crisis management, family planning etc; - school integration, school abandonment prevention, upgrading to higher level of education where possible The direct care activities for children and teenagers were carried out in the community in Bucharest, in family type homes and social apartments and in one house in Ilfov county. For the good development of the children and teenagers we provide different activities to socialize them, to put in contact with new people, to develop friendships. Also to develop an institutional relation with the authorities so they can ask and obtain their rights.

Outcomes of the initiative
The targets and indicators for this project were as follows: Ensure continuity of service provision in the social apartments and the family type homes Providing socializing opportunities through activities performed by/with social parents and/or volunteers - socializing activities - outdoors activities, trips, cinema, theaters, parties etc Building up the contact with children's natural families where possible - meetings between children / teenagers and their natural families - the meetings are usually mediated by the social worker Psychological support for the children's natural families - counseling sessions for the members of biological families Educational and vocational orientation in school and high schools - support to continue the studies - children and teenagers with HIV+ integrated into the education system. Counseling for independent living - counseling sessions for independent living of teenagers with HIV+, the indicator aims at showing to what extent they gain abilities for independent living, take responsibilities, integrate into the community etc Providing education for life - counseling sessions (sex education, family planning, personal motivation etc); Number of young people living with HIV/AIDS reached with information and education activities within the "Education for life" framework - The "Education for life" services include provision of information, education and counseling on family planning, unwanted pregnancy, drug use and STI prevention. 500 condoms distributed to vulnerable groups.

What Strategies have been used to expand the scope and coverage of the initiative?
Due to the success of the independent living project in the social apartments and the permanent increasing requests of HIV+ young adults to join our project, we maintained the existent social apartments and transformed two more social homes for children into ”protected homes” for young people that are learning to live independently. With the support of our partners we were able to sustain the social apartments for young people living with HIV/AIDS by offering the necessary living conditions. We also continued to help the little children in family homes to grow up and have a decent standard of life. We sustain their school processes and professional training until they are ready to get to their next stage of life. More than half of HAR beneficiaries are over 18 years old and this program answer to their actual needs of social integration. We provide access and social support to a greater number of the HIV+ young people every year for acquiring independent living skills and employment information. HAR specialists continue to provide to the HIV+ young people counseling support for sex education, family planning, maintaining adherence to ARV

treatment in order to live a normal and a healthy life.

15. ROMANIA

Title of Programme: 1. Communication between Doctors and HIV Positive Persons.
2. Strengthening the Prevention and Control of HIV/AIDS, HVB, HVC in Romania
Contact: Romanian HIV/AIDS Center, National Institute of Infectious Diseases Prof. Dr. Matei Bals, Bucharest
Implementer(s): National Insttitute of Infectious Diseases Prof. Dr. Matei Bals, Bucharest in partenrship with NGO's
Implemented by:
Government, Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Harm reduction among the Injecting Drug Users and HIV positive injecting drug users
Programme being implemented since: For the first program the initiative started in 2011 and for the second in 2014
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The first program addresses the people affected by HIV/AIDS and the project goal is to improve the process of communication between doctors and patients. There two is series of web conferences organised at the level of Institute Matei Bals by the institutes's specialist, on line from the patients' location (they houses or form the Romanian Association to Fight against HIV/AIDS locations. This NGO mobilise the auditorium. The communication being on line, the auditorium, under the anonymity protection, have the opportunity to addressee any question. Due to this success, in the future, we will continue this program. On the other hand, we have record all sessions and our specialist, at the local level, have presented in schools and penitentiaries The financial support is represented by a public - private partnership

Outcomes of the initiative
This project have two important goals: 1. The first is to reinforce the harm reduction programs among the teenagers and young Injecting Drug Users in order to stop the HIV, HVB, HVS transmission. There will be a partnership between the Institute Matei Bals and an NGO. We plane the actions for two years: 2014 - 2016. Financial support is from public health European grants. 2. The second goal is to increase the number of people tested with counselling, informed, treat and educate by a national program who includes the 8-th regional HIV/AIDS centres in Romania and also the family doctors network all over the country. Financial support is from public health European grants

What Strategies have been used to expand the scope and coverage of the initiative?
First of all we use the statistical data to know exactly the real situation and the real need of the people affected by HIV/AIDS. A very important step is to realise a strong partnership with all the institutions active in the field and also to have the full support of the decision makers. Then, the lobby for the financial support based on a very well documented project was other important goal. Monitoring and evaluation reports will be a very important support for us in order to present our work results.There is a national working group working together form many years, using money form the Government, Global Fund for TB, AIDS and Malaria, structural funds and other very useful European grants dedicated to HIV/AIDS, drug consumption, TB, HVB and HVC.

16. ROMANIA

Title of Programme: HIV Prevention in Most-at-Risk Adolescents
Contact: UNICEF
Implementer(s): UNICEF Romania
Implemented by: Government, Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The programme, "Prevention of HIV among Most-at-Risk Adolescents in Ukraine and South-Eastern Europe" (hereafter "the MARA Programme), was carried out with the financial support of Irish Aid and the technical support of the UNICEF Regional Office for CEE/CIS in Geneva and coordinated by UNICEF Romania. The strategic goal of the Programme was to prevent and reduce HIV infection in adolescents with high risk behaviours. In Romania, the MARA Programme included:

- Baseline research on the behaviours adopted by adolescents and young people most at risk of HIV infection – injecting drug users (IDU), and young female sex workers (FSW) – and of the existing services for these adolescents and young people;
- Development of harm reduction services (outreach services, drop-in centres) based on the recommendations and findings of the baseline Research on Most-at-Risk Adolescents (MARA) carried out between December 2007 - March 2008;
- Evaluation of the capacities demonstrated by organisations and institutions to work with MARA and staff training to meet the needs of MARA;
- Evaluation of access to sterile injection equipment by young IDUs in pharmacies;
- Increased cooperation between state agencies (health care and social services) and the non-governmental sector;
- Development of minimum quality standards for services;
- Evaluation of targeted interventions for MARA in terms of relevance, efficiency, effectiveness, sustainability and impact.

Outcomes of the initiative
1. UNICEF advocated with central and local authorities to build a better understanding of MARA and create a supportive environment for HIV prevention and harm reduction interventions. As a result, the draft National HIV/AIDS Strategy 2011–2015 includes a chapter on MARA.
2. UNICEF and partners carried out baseline research among young IDU and FSW to guide intervention development and services strengthening and to inform services development in the National AIDS Strategy.
3. UNICEF assessed and built the capacity of local services and providers to work with MARA and other vulnerable young people.
4. UNICEF supported drop-in centres and outreach activities to reach 1072 young people aged 15-24, providing primary medical care to IDU, general medical check-ups, and social services adapted to clients' needs, including support to obtain ID papers. Clients were also referred to specialized medical and social services.

What Strategies have been used to expand the scope and coverage of the initiative?
Given the strength and long history of provision of community-based HIV prevention, care and treatment services by NGOs in Romania, UNICEF will continue to strengthen partnerships between government and civil society organizations and to ensure the inclusion of adolescents in programming. MARA interventions have been ensured, at least in the short term, owing to inclusion of MARA as a target group within a programme funded through European Union Structural Funds, implemented by a consortium of NGOs and supported in part by UNICEF.

17. UKRAINE

Title of Programme: HIV Prevention among the Most at Risk Adolescents
Contact: UNICEF
Implementer(s): Ukrainian NGOs
Implemented by: Government, Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Ukraine has the highest HIV prevalence (1.1%) in all of Europe and Central Asia. Annual HIV diagnoses have more than doubled since 2001. Nearly a half of most-at-risk adolescents (MARA) are at risk of HIV-infection due to their behavior, while HIV services mostly cover adult risk groups. The modeling and documentation of HIV prevention interventions required for a development of the country response. 6 models were implemented in 5 cities of Ukraine during 2010-2011. Selection of regions was based on high HIV prevalence and different socio-cultural and economic contexts. M&E component tracked changes and produced evidence which was documented. The satisfaction surveys among staff and clients, behavioral change studies and costing were conducted. Behavioral survey among MARA was used to assess the effectiveness of interventions.

Outcomes of the initiative

2,386 MARA became the clients of the models: 1,130 street adolescents, 879 adolescent IDUs and 377 adolescent FSWs aged 14-19. Interventions used different approaches to MARA. Three of these implemented primarily by NGOs: providing targeted outreach services to adolescents FSWs; making rehabilitation centers for drug users; and providing a safe house for girls exploited for sex. Local authorities took the lead in three other areas: improving the capacity of STIs clinics and AIDS centers to respond appropriately to MARA, providing outreach services for street-based adolescents and making drop-in centers for drug users. Demand for the services is high, and the uptake of services has increased. Main challenges are limited response capacities of service providers in confronting cases of rights violations.The models contributed to the integration of MARA-interventions to the work of social services, primary health care, specialized narcological and AIDS treatment and care services, and NGO activity. This leads to the improved quality of services, increased coverage of marginalized and most vulnerable boys and girls, and consistent institutionalization of these targeted interventions.

What Strategies have been used to expand the scope and coverage of the initiative?

In Ukraine, a strong evidence base on risks and vulnerabilities of MARA to HIV-infection has been collected to date. Studies on MARA have shown that the high rate of HIV infection among them is closely associated with their low socio-economic status, early start of risky behaviors and lacking access to services. One of barriers to effective planning of interventions for MARA is an absence of agreed estimates of their numbers at national level. UNICEF conducted a PSE on MARA in Ukraine. The methodology was based on the use of various sources of information, secondary analysis of existing data sets and expert estimates. Methods of statistical analysis, data approximation based on interpolation and extrapolation, logical reasoning, coefficients, triangulation and results validation were used for data analysis. Two applied methodological approaches considered: a proportion of MARA among the risk groups; and a proportion of children and youth reporting the HIV risky practices within the general adolescent population. The corresponding coefficients were calculated based on the defined ratio, and used to calculate the quantitative indicators.
The size of MARA group in Ukraine is significant: 85,000 MARA which corresponds to 1.6 per cent for 100 thousand adolescents. The share among boys is 2 per cent and among girls – 1.2 per cent. The figures are not limited to the quantitative estimates of the adolescent

group among MARPs. They determine the number of the broader adolescent group, including those who do not affiliate themselves with risk groups but still practice the risky behaviors. The agreed estimated number of adolescent IDUs is 50,000 (33,000 boys, 15,000 girls); adolescent FSWs is 15,000; and adolescent MSM – 20,000. Understanding the MARA population size estimate is critical for an effective planning, implementation, monitoring and evaluation of HIV prevention interventions targeting the younger cohort of the risk groups at national scale. The strategic information collected to date helped to start the new programme initiative on building capacity of the state and NGO service providers to scale-up HIV T&C services for MARA in Ukraine. In 2012, UNICEF conducted a review of policies and laws hampering access of MARA to services, including HCT, issued recommendations to address bottlenecks identified, and contributed to a new HCT protocol that includes the MARA section. Redressing stigma and social exclusion experienced by MARA and providing opportunities for the full realization of their rights are on-going priorities. In 2013, MARA as a population group was inluded in the Concept of new AIDS Plan for 2014-2018.

18. UKRAINE

Title of Programme: Mentoring from Generation to Generation
Contact: All-Ukrainian Network of People Living with HIV/AIDS
Implementer(s): All-Ukrainian Network of People Living with HIV/AIDS
Implemented by: non-governmental organization
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The meaningful involvement of girls-teenagers living with HIV in the development, design and delivery of HIV programs and services is crucial for ensuring that these are relevant, accessible and usable to children and adolescents affected and infected by HIV. In 2012 the All-Ukrainian Network of PLWH implemented the new for Ukraine mentoring system through the "Mentoring from Generation to Generation" project with financial support of Sidaction (France).

The main goal of the project was to create and implement the mentoring system for HIV-positive girls-leaders. Provision of the main project goal involved conduction of following objectives: development and implementation of training program for HIV-positive girls-leaders; setting up and testing the mentoring system for HIV-positive girls-leaders in 10 regions; dissemination of the project experience and promotion of incorporation of the mentoring approach into Day Care Center's activities of regional HIV-service organizations.

Direct beneficiaries: 10 HIV+ girls-teenagers who know about their HIV+ status and will participate in the training that will include mentoring session and 10 HIV-positive women-leaders (from the same regions) who are the members of All Ukrainian Union of Women Affected & Infected by HIV.

Two sets of educational materials including training program, detailed scenario and handouts were developed for both, girls and women. The 5-day ToT was conducted in Kiev in July 2012. The training program included joint sessions for the women and girls as well as separate parallel activities. This format allowed trainers to work out all planned topics most effectively. Joint performance of different tasks was very important for girls and women and enabled them to establish close contacts and cooperation, and create teams of workmates. ToT program included the following main sections: healthy lifestyle (sexual and reproductive health education, ways of HIV transmission, safe behavior, personal protection measures,

etc.); violence prevention (general knowledge, types of violence, prevention of violence in everyday life; ability to say “No”, communication skills and assertive behavior skill as tools to protect personal bounds); practicing skills of training and consulting (including individual and group), provision of peer-to-peer support.

After participation in ToT the meetings between trained HIV-positive girls-teenagers and their mentors were conducted on a weekly basis in order to prepare 3-months individual work plans. As a result of joint work of women and girls-leaders in ten regions of Ukraine 32 mini-trainings were conducted (30 initially planned) for 168 teens affected and infected by HIV; and 135 individual consultations were provided (100 initially planned) for 129 adolescents; along with this, six parents received counseling.

All these activities were performed at the Day Care Centers of non-governmental HIV-service organizations where women-leaders work and mentored by them. Therefore, the mentoring system was successfully developed, tested and implemented into the activities of Day Care Centers of HIV-service organizations in ten regions of Ukraine.

Outcomes of the initiative
This project proposed and successfully implemented brand new approach to training of HIV+ adolescents in Ukraine, suggesting girls-only training to give more opportunities for girls in building their leadership capacity and providing space for discussion of such intimate issues as violence prevention in everyday life; preparation to sexual life and family planning etc. The innovative approach of this project helped HIV+ girls to reach the new important stage in building their self-confidence; gave them a strong basis in becoming community leaders and peer-educators for their further active participation in decision-making (on local or national levels) concerning improving lives of PLWH; equipped girls with the skills to support other children and teenagers affected and infected by HIV and share necessary knowledge with them concerning healthy lifestyle, violence prevention, leadership. Project experience is currently incorporating into activities of Day Care Centers for HIV-positive children and adolescents run by HIV-service organizations all over Ukraine.

What Strategies have been used to expand the scope and coverage of the initiative?
In addition to conduction of scheduled mini-trainings and individual consultations, girls-leaders are currently involved into provision of teen clubs for adolescents affected and infected by HIV conducting by HIV-service NGOs. They are also invited to attend support groups for parents who did not start HIV-status disclosure (DD) to their children. These parents have a unique opportunity to ask adolescents about their feelings concerning DD, reaction after disclosure, impressions and get recommendations on how to do DD in a best way. It was a great motivation for parents to start DD process regarding their own children. One parent said: “I never realized how it is important for a child to know the truth about his HIV-status. I was very touched with the story of the girl who openly told about the DD process she passed through. Because of personal adolescent’s opinion and feelings I am sure I can tell my child the truth in a best way”.

Project experience was presented among HIV-service organizations at the workshop "Violation of women's rights on access to HIV prevention, treatment, care and support in Ukraine, Eastern Europe and Central Asia" during XIX International Conference on HIV/AIDS held in Washington DC (USA) in July 2012; trainings on sexual education and reproductive health for HIV-positive adolescents conducted within the “Improving quality of life of HIV-positive adolescents in Ukraine” supported by Sidaction; master class “Provision of social and psychological support to HIV-positive adolescents - New approaches” during the 10th Anniversary Report and Election Conference of the Network; meeting of the Network regional representatives; all grant management trainings conducted by the Network for the local NGO’s working with children and families within the GF Round 10; and different meetings of stakeholders. Project approach was promoted during above mentioned

activities. All representatives from the Network regional branches and other HIV-service organizations expressed great interest in such an innovative approach and were motivated to implement this practice into their activities.

19. UKRAINE

Title of Programme: Positive Life for Positive Children
Contact: All-Ukrainian Network of People Living with HIV/AIDS
Implementer(s): All-Ukrainian Network of People Living with HIV/AIDS
Implemented by: Non-governmental organization
Type of Initiative: Enabling social and legal environments
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

In 2011 the All-Ukrainian Network of PLWH implemented the "Positive Life for Positive Children" project with financial support of Sidaction (France). This project proposed brand new approach to training of HIV positive adolescents in Ukraine. Such training programs have been never implemented by Ukrainian HIV service organizations in Ukraine before 2011.

The overall goal was to develop the education and communication system for children and adolescents living with HIV and their families using the summer camp model. The project was focused on reaching the following objectives: setting up of educational program targeted at promotion of healthy lifestyle, sexual education, empowerment, forming of assertive behavior, and fighting against stigma and discrimination for children and adolescent living with HIV/AIDS; conduction of interactive summer camp “Positive living” for HIV+ children and adolescents and their families with implementation of the developed educational approach; dissemination of summer camp experience and promotion of incorporation of the training approach into day centers’ activities at the local level.

Direct beneficiaries were 15 HIV-positive adolescents aged 12-15 and their 15 parents/caregivers representing ten regions of Ukraine.

Taking into account that it is planned to conduct the summer camp for adolescents living with HIV and their parents two sets of educational program were developed: training curriculum, methodology and educational material for children and adolescents living with HIV; training curriculum, methodology and educational material for parents of children and adolescents living with HIV.

Set of training materials for adolescents living with HIV included the following topics: healthy lifestyle (safe behavior, sexual and reproductive health education etc.); positive life skills (assertive behavior, leadership skills, communication skills, social and family values); skills to fight against stigma and discrimination (including self stigmatization).

In addition, the set of training materials for parents of HIV-positive children and adolescents was focused on such issues as: better understanding of children and adolescents taking into account sexual education; improvement of relationships between children and their parents; forming new skills on effective communication with children; increasing of parents’ self-appraisal in regard of children upbringing.

6-day program of summer camp included a combination of such interactive methods as morning joint constitutionals for children and their parents, every day training sessions in parallel for children and their parents as well as joint evening events like watching movies, role plays etc.). In addition, one-day sightseeing tour to the stock-farm with deer and

ostriches was carried out.

Training topics for HIV-positive adolescents included the following: healthy lifestyle (safe behavior, sexual and reproductive health education etc.); positive life skills (assertive behavior, leadership skills, communication skills, social and family values); skills to fight against stigma and discrimination (including self-stigmatization).

Training topics for parents/caregivers were focused on better understanding of children and adolescents taking into account sexual education; improvement of relationships between children and their parents; forming new skills on effective communication with children; increasing of parents' self-appraisal in regard of children upbringing.

Outcomes of the initiative
This joint summer camp targeted at promotion of healthy lifestyle, sexual education, empowerment, forming of assertive behavior, and fighting against stigma and discrimination for HIV-positive adolescents who are aware about their status and their parents introduced new approach to training of HIV positive children and adolescents in Ukraine. Such training programs have been never implemented by Ukrainian HIV service organizations in Ukraine before 2011. The camp environment ensured development of communication and networking between children from different cities of Ukraine that could be continued afterwards.

What Strategies have been used to expand the scope and coverage of the initiative?
Adolescence is a time of increased vulnerability. Adolescents are undergoing many psychological and physical changes and are subject to increased peer pressure and prone to greater experimentation. Their personal identities are still forming and they are still developing confidence, knowledge and life skills. A supportive and enabling environment, positive relations with parents or an adult in the community, sexual and health education and active involvement in public life can be critical to protecting adolescents from behaviours that can harm them, as well as from exploitative situations, in which they cannot protect themselves.

For the past years the number of HIV+ children has significantly increased. Our organization is focused on development of the new services to meet the changing needs of our clients and children in particularly. Our practice shows the great need in provision of high level of educational programs and trainings on sexual and reproductive health as well as leadership, fighting stigma and discrimination in order to empower and support children and youth affected by HIV/AIDS.

Besides, there is a great need in provision of psychological support for HIV+ adolescents who already know about their HIV positive status. Children and young people can demonstrate stress and aggression, low self esteem, self stigmatization and the other reactions related to diagnoses disclosure and living with HIV. It is very important to provide the full support to them this period of their life. The important role plays peer-to-peer activities, networking with children, adolescents who have the same difficulties.

Training program developed within the "Positive Life for Positive Children" project targeted at promotion of healthy lifestyle, sexual education, empowerment, forming of assertive behavior, and fighting against stigma and discrimination was incorporated into activities of Day care centers for HIV+ children and teens run by HIV service organizations all over Ukraine for provision of day by day support for adolescents and their families.

In 2013 Cherkassy Oblast Branch of the All-Ukrainian Network of PLWH conducted summer camp for HIV-positive adolescents and their parents/caregivers using the project model.

20. UKRAINE

Title of Programme: Sports/Football as Prevention of HIV/AIDS among Rural Youth of Ukraine
Contact: UNDP Sub-Office in Crimea, Ukraine
Implementer(s): United Nations Volounteers, Ukranian State Service for Youth and Sports (SSYS) and Football Federation of Ukraine (FFU)
Implemented by: Government, Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The project aims to meet the Millennium Development Goals, with primary focus on HIV/AIDS prevention using volunteering and sport to promote social cohesion, strengthen civil society, and improve physical and social health of youth (from 12 to 20 years of age) in the Autonomous Republic of Crimea, the oblasts of Kherson and Mykolayiv in Ukraine. Youth Development through football methodologies is exercised by the project combines football trainings with life skills which, in addition to gender equality, violence prevention, promoting education, etc., include two main directions: improving young people's health with focus on HIV/AIDS prevention and youth civic engagement.

To promote youth development and community engagement, the project supports youth volunteer social projects in terms of designing and implementing them on local level. The support is provided to young schools, football teams and youth centers in villages to develop existing HIV/AIDS prevention projects and programmes to attract a large number of young volunteers aged 12 - 20. The participants are provided with information and consultation support on youth involvement and HIV/AIDS prevention carry out youth initiatives, youth engagement in local development policy planning and implementation programs.

What we do to reach our goal: Implement "Youth Development through Football" methodology:

- Conduct training seminars for community leaders, physical education teachers and youth leaders
- Provide specialist coaching kits (books and sports equipment)
- Organize regional football matches Increase opportunities for participation of youth in community development within the MDGs
- Prepare professionals and young leaders thorough capacity building trainings
- Promote the implementation of youth social projects within the MDGs
- Promote rights and youth participation in decision making
- Conduct information seminars for local institutions and leaders to encourage youth participation in planning and implementing local development policies.
- Through all our program activities we integrate and streamline HIV/AIDS prevention component in order to increase awareness of rural youth about HIV/AIDS, thus provide them with life skills to protect themselves from HIV/AIDS

"Young Football Volunteers" project is part of a project "Let's do it together" (LDIT) planned and led by the Ministry for Education, Science, Youth and Sport of Ukraine. The initiative is implemented by state institutions, non-governmental organizations and UN agencies. The LDIT project has been officially launched in May 2011 in view of the oncoming Euro UEFA 2012 Football Championship, to use the opportunity to spread positive messages related to football and healthy behaviors.
As project we target to achieving following goals by end of 2014;

- Organize and deliver trainings for instructors and coaches on "youth development

through football" scheme
- Train 300 peer educator coaches
- Support integration of "youth development through football" in schools and sport clubs through provision of trainer's kits and organizing local tournaments which include HIV/AIDS prevention programs
- 6000 young people aged 12-20 (minimum 40% girls) will be trained
- Six regional football tournaments will be conducted
- Expand opportunities for young people's participation in community development in the framework of MDGs
- Trainings on project development and implementation for coaches and youth leaders
- Implementation of 75 projects social projects, developed by youth and local communities in the framework of MDGs
- Raising awareness of local institutions and leaders to promote young people's involvement in planning and implementation of local development policy, through creation of common action plans
- Conduct Information sessions and seminars
- Support in development and adoption by local institutions of Youth action plans to involve young people in local community development (50 action plans to be developed)

Outcomes of the initiative
1. While project still being at its implementation phase following outputs were already achieved; A comprehensive and age appropriate set of guidelines (manuals for instructors and coaches) using football as a tool to promote youth development and HIV/AIDS prevention adapted into the Ukrainian context and aligned with the national MDGs targets.
2. 194 coaches in were trained as peer educators who use fair play methodology in their daily school activities and further rpromote youth leadership and HIV/AIDS prevention in rural settings of Ukraine
3. Volunteer Camp was held in June 2013 for 75 young people who were trained to be community leaders
4. 46 small scale initiatives of young people in area of MDG promotion with focus on HIV/AIDS prevention were supported and implemented
5. Necessary printing materials for dissemination were developed (project information booklet, banners, HIV information booklets, comic book on MDG translated into Ukrainian and printed, and promo-materials)
6. 1784 of young people trained with YDF methodology

What Strategies have been used to expand the scope and coverage of the initiative?
Establishment of partnerships with local government, NGOs and private sector stakeholders enhances project effectiveness and coverage. Project worked with stakeholders to mobilize resources for project activities and expand the outreach to beneficiaries.

The project finds it useful to facilitate youth-adult partnership within the project schools for development and support of real youth initiatives. Building on the lessons learnt in 2012, the project strived to involve greater amount of young people in trainings on MDG, civic engagement and project management to raise their capacity in development and implementation of youth initiatives and action plans. And special educational sessions were held for adults/teachers to explain the goal of the meaningful youth involvement and ensure the greater support of the youth initiatives through establishment of youth-adult partnership. Local and community level government support is vital for project sustainability; 2. Volunteer mobilization and management in the framework of project activities requires diverse and flexible instruments of motivation such as: development of school infrastructure, support of teachers and young people's participation in capacity building events on competitive basis, provision of information materials and sport equipment, organizing regional and inter-regional sports and experience sharing events, attracting celebrities, providing access to

major sports events were useful in ensuring positive project implementation.

Educating and sensitizing both decision makers and young people on MDG, civic engagement and project management was instrumental in ensuring implementation at field level.

IV. Latin America and Caribbean

1. ARGENTINA

Title of Programme: Sexual and Reproductive Health Promotion among Youth
Contact: Fundación Huésped
Implementer(s): Fundacion Huesped and the Youth for Health Network (YHN)
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The programme takes place in Argentina, a country of 40 million people where more than 3.5 million families live below the poverty line. Young people represent more than 20% of the total population, 55% live under the poverty line. Desertion of the educational system, difficulties in accessing the job market and weak community participation foster a cycle of marginalization, and have a strong impact on poor populations, especially among poor youths who face the vulnerability of their sexual and reproductive rights.

In this context, the purpose of this strategy is to develop new skills at the communities, especially among young people, to strengthen the full exercise of their sexual and reproductive rights. The activities have the focus on the poor neighbourhoods of the Metropolitan Area of Buenos Aires City; involving young people, both sexes, between 14 and 29 years old. There is one specific group focused on young people living with HIV and AIDS. The activities of the programme are:

- Workshops to train young people as peer educators. The proposal includes working on sexual and reproductive health issues and also on cultural disciplines. Thus, the participants produce their own messages to reach their peers. At the same time, the workshops aim to promote organizational process as to empower youth to lead messages that express their needs and proposals.
- Trainings for health care providers, teachers and other key actors from the public sector. Argentina has a developed legal framework regarding the sexual and reproductive rights, but the law is not usually implemented due to the public actors' lack of knowledge or skills. We aim to raise awareness and strengthen the people working with youth to guarantee the exercise of their rights and improve the collaborative inter-generational alliances.
- Informative workshops at schools and other spaces, and massive communitarian activities. The strategy of peer education has strong results because it increases the abilities and potentialities of youth, helping them in their social integration. As for the beneficiaries, it strongly increases youth involvement because they found in their peers similar identity, leading them to develop relations based on confidence and security. This is why, since 2010 we have been carrying out the international programme dance4life.
- Advocacy and decisions process participation at local, national, regional and global level. By the empowerment of young people and youth organizations, we help them become

key actors among their communities, encouraging them to participate in advocacy activities. This strategy is jointly implemented with other local and national organizations as to increase its impact and visibility. The recent years we have been promoting the full implementation of the National Law of Comprehensive Sexual Education and access without barriers to contraceptive methods, HIV test and confidential services. Also we have been involved on the International Conference on Population and Development (ICPD) review process on Cairo+15 and Cairo+20.

Outcomes of the initiative
This proposal has the focus on the creation of healthy spaces of social inclusion, where the young people strengthen their knowledge on health and rights, improves the health care and social development among their communities, leading to a decrease on the HIV/AIDS transmission among young people.

As during the activities the young people are the key actors involved, this proposal has a strong impact as it makes this population visible in a positive way; besides, it contributes to reduce stereotypes and prejudges based on age, gender and sexuality.

Regarding quantitative outcomes, in 2012 we worked in 30 schools and organizations. We carried on 180 workshops where an estimate of 2400 youth was trained. We trained 136 educators from different institutions, articulating with Comprehensive Sexual Education stakeholders. We organized 28 massive activities of prevention where more than 5000 people participated and we have distributed more than 50.000 condoms and 20.000 brochures

What Strategies have been used to expand the scope and coverage of the initiative?
We promote the participation of adolescents and youth in social movements promoting their human and sexual and reproductive rights. Since the beginning, the initiative has been supported towards agreements with local governments in order to ensure the sustainability of the actions. In addition, different organizations located outside Buenos Aires City have been trained to carry on some of the activities of the programme. Besides, we work together with the Youth for Health Network (YHN) since 2005. This space is considered as a place of permanent training, a place to share experiences, and to articulate initiatives among its members, as well as with several groups and organizations all over the country. Fundacion Huesped is also the social partner of the "dance4life" initiative which is an international movement in action against HIV/AIDS. In general activities directed to youth, over 8,000 teenagers and youth participated in activities of prevention among peers. The incorporation of the dance4life programme has increased the number of schools involved and activities implemented. It also improves the participation of the schools on sexual education activities and makes more visible the importance of these issues at local level and on media.

2. **ARGENTINA**
Title of Programme: HIV and Adolescence in Argentina
Contact: UNICEF Argentina
Implementer(s): UNICEF Argentina
Implemented by: Government, Civil Society, UN or other inter-governmental organisation
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
UNICEF's Health Programme has developed, since 2010 and through 2014, a work plan that includes, amongst its specific results, the goal of enabling adolescents from priority regions

in Argentina to access information, prevention resources, quality services and personal lifeskills to protect themselves from acquiring HIV and other sexually transmitted infections (STIs), with a focus on gender and interculturalism. This work plan also includes action items to improve the quality of life of children and adolescents affected by HIV in Argentina; in other words, activities that are geared not only towards the HIV-infected population but also to orphans and family members of persons living with HIV.

Within this framework, UNICEF's Health Programme in Argentina has developed a work agenda, together with other areas such as the government, scientific societies, other cooperation agencies and civil society, to ensure sustainability, quality and legitimacy in actions undertaken.

These actions have essentially focused on four areas:

- Operational research
- Monitoring and evaluation
- Capacity-building services
- Advocacy and support to civil society

Outcomes of the initiative

- Based on the information obtained, actions were prioritized that allowed for the following: To raise awareness and include in the agenda the situation of adolescents who are living with HIV, not only those infected perinatally, but also those who were predominantly infected sexually.
- Promote the development of appropriate spaces for the care of adolescents living with HIV in health services.
- Promote the decentralization of diagnosis and monitoring of adolescents and young adults who are living with HIV.
- Strengthen the role of civil society in preventing HIV transmission and in advocacy to ensure access to quality care for adolescents who are living with HIV.
- Strengthen the coordination between government institutions and the scientific community to ensure the highest standards of care for this population.

What Strategies have been used to expand the scope and coverage of the initiative?
UNICEF's Health Programme in Argentina is actively involved in monitoring indicators to detect gaps and determinants that affect the response to HIV in the country. Based on this analysis, different strategies were defined according to geographic regions, age groups, the situation of schooling or group to which a person belonged to. Strengthening civil society and primary care teams to promote HIV prevention and to decentralize access to diagnosis and treatment services are priority focal points to expand the scope of this initiative.

3. BARBADOS

Title of Programme: Dance4life Barbados
Contact: Dance4life Barbados
Implementer(s): Dance4life Barbados
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Through it's school programmes, dance4life inspires, educates and mobilises young people to push back the spread of HIV and AIDS and to stand up for their sexual and reproductive

health and rights.

Step 1: First dance4life *inspire* young people aged 13 to 19 to become involved. Our local dance4life team travels to schools bringing fun and interactive sessions with music, dance (the dance4life drill), peer education, edu-drama, real-life stories and audiovisuals. They are inspired by the fun and emotive way other young people bring the message and information. Misconceptions and preconceived ideas are corrected, and taboos are broken about the virus and how it is spread.

Step 2: Once inspired to become part of dance4life, we *educate* young people through skills building workshops, 'skills4life', that increase their knowledge and self-esteem. Skills4life works in conjunction with the Health and Family Life Education (HFLE) programme. dance4life Barbados has developed a fun, interactive, youth tailored manual which incorporates key elements from the HFLE curriculum and the dance4life international skills4life framework. Although the focus of dance4life lies in HIV/AIDS and Sexual and Reproductive Health and Rights, skills4life covers a vast range of topics including: building trust and self-esteem, sexuality, gender, human rights, substance abuse, stigma and discrimination, leadership and entrepreneurship; additionally students learn skills for better public speaking, debating, negotiation, and decision-making- all of which empowers them to make positive decisions about their futures and reduce risky behaviours.

Step 3: Equipped with these empowering skills, the young people are motivated by dance4life to take *action*. The next step is supporting them to actively push back HIV and AIDS and begin changing the way HIV is viewed by their friends and family. Activities can vary from fundraising actions, to advocacy, volunteer work and awareness raising actions, but all have one thing in common: they result in young people making a positive change in their community themselves. We call these young people agents4change because they create social change.

Step 4: To *celebrate* the achievements of the agents4change, a powerful global dance event is organised every two years on the Saturday before World AIDS Day. Only those young people who took action are invited to attend. United by one cause and connected live via satellite, they dance together to inspire and gain support from the rest of the world, and to remind the world leaders of the promises they made with the Millennium Development Goals.

After the schools programme, the agents4change become part of the dance4life movement, continuing their involvement in the fight against HIV and AIDS.

Outcomes of the initiative

1. Increased knowledge levels being effectively translated into behavioural change among youth including reduction of stigmatising and discriminating attitudes.
2. Increased number of actively engaged youth leaders (agents4change) in Barbados who are committed to creating positive change and making a difference in their communities.
3. Increased pool of comprehensively trained, youth centred peer educators.
4. Increased visibility of youth in media and social networking media, leading HIV campaigns through dance4life.

What Strategies have been used to expand the scope and coverage of the initiative?

One of the goals of dance4life is to continue to expand the programme both locally and regionally. The strategies that we use include:

- Development and maintenance of strong and mutually beneficial partnerships with key stakeholders, including the various Government Ministries, School Principals, the Guidance Counsellor Association, UN agencies, arts groups, The National HIV/AIDS Commission and the students themselves.

- Numerous requests to expand the programme within existing schools and to implement in new schools. In this way, the programme grows locally.
- dance4life also understands the unique position of out-of-school youth and strives to bring the programme to these at-risk youth. We are pro-active in reaching out to juvenile detention facilities and residential children's homes in order to bring these youth who are often more in need of the programme into the dance4life fold. Consequently, we have grown from a schools only programme to one that has a robust and comprehensive summer programme in which out-of-school at-risk youth are reached.
- dance4life creates quarterly newsletters to be disseminated to national and regional stakeholders in order to keep them aware and engaged with the programme. Newsletters also allow for direct lines of communication with potential partners and collaborators with similar vision, objectives and resources.
- dance4life strives to be as visible and engaged as possible. We make a special effort to attend conferences where we can learn and build upon best practices from other organizations. Through attendance at these conferences and events we meet a plethora of colleagues which in turn helps to bring awareness of dance4life to the region. It is our goal to expand dance4life throughout the Caribbean and we have begun in Belize, through associations formed at the 1st Caribbean HIV/AIDS Conference.
- Increased brand awareness and visibility through strong social media presence.
- Training of enthusiastic youth from various youth groups island wide as peer-educators.
- Establishment of a dance4life National Youth Council that provides guidance and oversight, ensuring the programme is youth friendly and relevant. Youth Council members and agents4change act as direct peer links, creating a strong youth support base. These youth leaders in turn continue to create social change after leaving the programme.
- Increase youth demand by ensuring widespread buy-in through a number of measures including youth engagement in all steps, fostering and encouraging youth governance though the National Youth Council and working with key local and regional youth organizations.

4. BOLIVIA

Title of Programme: Investing in Young People Most Vulnerable of Bolivia
Contact: CIES
Implementer(s): CIES
Implemented by: Civil Society , Private Sector , NGO
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Investing in Young People Most Vulnerable of Bolivia: The project was carried out in five cities in Bolivia: Cochabamba, Sucre, Tarija, Santa Cruz and Oruro, in a context which has a poverty rate of 64%, where over 70 % of the population has no access to public health services, and 6 of 10 children in Bolivia can be considered poor in a multidimensional perspective, 10.6% do not go to education. On the other hand, access to safe water for poor presents 14.4% of children and adolescents, which use water from rivers, streams, lakes, etc. In Bolivia there are approximately 848,000 children and adolescent workers between 5 and 17, corresponding to 28 % of the total population in this age range in Bolivia.

CIES Sexual Health - Reproductive Health works with a rights and gender approach to determine sex special needs including prevention and sexual and reproductive health for young people especially those living in vulnerable situations, project funded by Irish Aid and the collaboration of IPPF

General Objective: To help improve the overall health and well-being of youth in especially difficult circumstances between 10 and 24 years in Oruro, Sucre, Tarija, Santa Cruz and Cochabamba, with a focus on empowerment to exercise their rights and access to sexual and reproductive health information, education and high-quality services through a peer approach work.

Specific Objectives: Increase access of Young in especially difficult to 10-24 years medical services and high quality education with a gender perspective that allows them to improve their skills and their health care in Oruro, Sucre, Tarija, Santa Cruz and Cochabamba.

Activities: Implementation of centers with infrastructure, equipment and staff with professional and personal skills, sensitized and trained to provide care in sexual and reproductive health.

Objective 2: Offer medical and educational services appropriate to the needs of youth in especially difficult circumstances, ensuring that all young people receive the range of clinical services including: counseling and provision of contraceptives, including condoms and emergency contraception, diagnostic tests STIs/HIV, as well as general medicine, pediatrics, laboratory tests, ultrasound, radiology and pharmacy.

Activities: CIES and state health centers work together to improve services and make them “safe and friendly spaces" for vulnerable youth. Working with the group's community social workers and academics to improve their skills of intervention with this population.

Objective 3: Increase awareness on human rights, sexual and reproductive rights and needs of youth in especially difficult among decision makers, community stakeholders to advocate and to ensure access to adequate public health. Sensitization of decision makers and local authorities to increase their knowledge of needs and rights of youth in especially difficult circumstances. Development of leadership skills among youth leaders at the municipal level including awareness of the new Constitution of Bolivia, creating a demand for the exercise of their rights (based on an understanding of the rights and empowerment).

Outcomes of the initiative
Results
Objective 1: In 2011, 13,500 sexual health services and reproductive health 6400 homeless youth were made in 5 of the 9 capital of Bolivia: Cochabamba, Oruro, Tarija, Sucre and Santa Cruz in the framework of the project funded by the Government of Ireland called: *Investing in Young People Most Vulnerable of Bolivia*. 350 adolescents and young people on the streets, voluntarily agreed to take an HIV test, finding 15 people living with HIV. It also provides more than 5,180 counseling services on issues of sexual and reproductive health, finding young victims of child trafficking and the sex trade, with which they worked through referral systems.

Objective 2: 15500 young people reached with educational, advocacy and awareness.

Objective 3: Formed the national youth work on the streets. Technical assistance and support to the bill of children workers in Bolivia.

What Strategies have been used to expand the scope and coverage of the initiative?
Strategies:
Objective 1: The strategy is based on the application of a model health promotion and medical assistance, the same that allows user, access information/counseling and clinical services. The project, initially made coordination with shelters for educational work begins. Awareness workshops are held for working in sexual and reproductive rights and sexual and

reproductive health with educators group hostel, with heads of institutions, with natural leaders of groups of workers with other institutions working with street youth, etc.
Later work raising awareness and building knowledge of prevention and sexual and reproductive health of young people in the Youth Programme of CIES.These educators, staff and partner institutions sensitized CIES own stubs have reference for care at CIES that young people are provided upon request. With street youth who are not institutionalized, the initial consultation is done through other educators and young people relate to their peers. CIES friendly care centers with sensitized and trained personnel. The attention seeking to have an approach to sexuality of young (their experience, motivation risk behaviors, etc.). Services are provided on a subsidized in most cases.To track and work on the doubts and difficulties that have daily in caring for these adolescents are held weekly meetings between health - education that has two purposes, the first and the foremost is to improve care for young people, the second is the analysis of cases that may warrant revision or need professional opinions from other branches. Car outreach and mobile medical care: it is the name that has been given to making visits to youths who work or are on the streets in different parts of the city, this population identifies new cases health care site and make reference CIES for specific treatments, on the other hand different institutions open their doors to us for medical care for adolescents and young people living in them and that for various reasons cannot leave.

Objetive 2: There is the young people's active participation in all activities, meetings and socialization are developed as major players where they do require assert their rights through claims ranging vulnerable youth demonstrating for. Socialization Project at all levels. Review and adapt instructional materials and modules. Application Guide street youth work. Training for leaders.

Objective 3: While having been allied with youth groups who are the direct beneficiaries of the project managed to put in carpet discussions about the rights of young people as well as the most common health problems to which they are exposed and no access to these are in state schools, this has encouraged local authorities approach the CIES looking for us to solve the health claims as vulnerable youth.

- Training and inter -agency networking
- Advocacy
- Training in leadership and citizenship
- Strengthening inter-agency networks

5. BRAZIL

Title of Programme: Fal@ndo em Bem-Estar Teen
Contact: Philips do Brasil
Implementer(s): Philips do Brasil - volunteer employees
Implemented by: Government, Private Sector
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2001, and adapted in 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
SimplyHealthy@Schools Teen (Fal@ndo em Bem-Estar in its original language) aims to bring information and make teenagers aware of themas such as unplanned pregnancy and sexually transmitted diseases (STD), especially Aids. Philips concern with this theme started in 1995, addressing prevention of STD in intern campaigns with employees regularly, and integrating CENAIDS – the Brazilian Business Council for HIV/ Aids Prevention. In 2001, the company launched the project “Doe Vida” or “Donate Life”, which enabled participation of employees that were already engaged on the theme of awareness, who started working with

adolescents in public schools and communities around the company. A Committee was founded in the company and, together with local NGOs, developed a Workshop on prevention of pregnancy and STD / AIDS for teenagers.

After ten years of success in many cities in Brazil, the project was updated and inserted into SimplyHealthy@Schools (SH@S) shape, a Philips global community and volunteering project in schools to make students concerned about their health and wellbeing.

The dynamics of the SimplyHealthy@Schools seek to make the situations close to teenagers reality. For this reason, during the school visits volunteers perform interactive activities to bring the concepts close to teenagers habits and routines.

The target audience is 13-19 year old teenagers in public schools. With the dynamic material, volunteers can show students that sexuality is also a question of citizenship that involves values, beliefs and attitudes, and that only "responsibility" allows them to experience it in a healthy and pleasurable way. The visit lasts about 1 hour and 45 minutes each, and it is performed as a game, divides in three dynamics: Choice - in which "unplanned pregnancy" is discussed dynamically; Prevention - in which volunteers make adolescents aware about STD transmission chain, also explaining the correct use of condom, and Knowledge - in which they discuss different situations that can be risky or not risky for AIDS transmission, which also aims to clarify about taboos and prejudices.

The program also promote the engagement of employees in Health and STD issues, not only through the work with the students, but also through the learning in the training course before the visits, when they get in contact with technical and ethical aspects related.

Outcomes of the initiative
"Doe Vida" project, which gave rise to the ongoing project "SimplyHealthy@Schools Teen" reached 120,000 teenagers in 10 years. Currently, SH@S Teen has an average of 320 employees active volunteers per year, since 2010 and has reached more than 3000 adolescents in public schools in many cities where Philips has employees - volunteers. The evaluations conducted with students that were involved in the project shows that, after the dynamics, 100% of the adolescents reports the condom as the only method that prevents both situations - STD and unplanned pregnancy. It also shows that 70% of students recognize the body fluids that present risks of STD transmission, and 80% of them believe that without general concern about prevention, a single person with STD / AIDS can infect other people.

What Strategies have been used to expand the scope and coverage of the initiative?
We aim to keep improving the project, updating it with new information and dynamics as we feel the need. For example, sexual diversity is a theme that volunteers felt the need of including in the project. We already have this topic in the training course, but the idea is to have clearer guidelines for employees to work with students. Philips is now updating the project to include this subject and other new issues. We e aim to work on improving the knowledge of volunteers and also to expand the project to other cities, making partnership with other companies, in order to have the project overspread in Brazil. This is already in process to start. We are helping Fleury, one of our clients, to use the same methodology to adapt the project to their internal public, and soon will be implementing in many cities in Brazil too.

6. BRAZIL

Title of Programme: Project Strengthening Community Action Networks for STD/AIDS Prevention: Knowing and Intervening
Contact: Department of Nursing of the Federal University of Rio Grande do Norte
Implementer(s): Federal University of Rio Grande do Norte's Public Health Studies Group
Implemented by: Government, Civil Society, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Prepare information materials, video editing and theatrical sketch about HIV prevention by and for youth
Programme being implemented since: 01/04/2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The Project Strengthening Community Action Networks for STD/AIDS Prevention: knowing and intervening was designed taking into account the need to develop methodologies to reduce vulnerability to HIV/AIDS in low-income communities. The Project has been developed since April 2010 in the district of Mãe Luiza in Natal, Rio Grande do Norte, Brazil, by the Federal University of Rio Grande do Norte's Public Health Studies Group. The project is supported by the Ministry of Health's Department of STD, AIDS and Viral Hepatitis and funded by the National Health Fund (NHF). The methodology consists of building and developing shared, participatory and inclusive strategies and actions of the various actors: university, non-governmental community organizations, governmental organizations and health and education institutions in the neighbourhood.The first phase of the project took place between April and December 2010, when the proposed community action was presented, discussed and built jointly with the community. In March 2011 NHF funding was received and project implementation began. Its core purpose is training adolescents and youth to address issues related to STD and HIV/AIDS prevention in schools and other social spaces in the community. Adolescent and youth training involved several steps, ranging from mapping places where they gather and meet, mobilizing engagement in the project through a competition to choose the project's logo and name (with neighborhood school students), to preparing a video clip to mobilize young people in schools and other community places (with the participation of the young members of the neighborhood's Hip Hop group). Adolescent and youth training also involved workshops that made a link between issues relating to HIV prevention (social participation, public policies, peer education, sexuality, HIV/AIDS and other STDs, knowledge of the body, diversity and solidarity, sexual and reproductive rights and the right to prevention) and knowledge about media: video shooting and editing, photography, text editing, theater techniques and social networking to achieve interaction, participation and social mobilization.Two Health and Culture Exhibitions were held in Mãe Luiza involving the mobilization of community actors to discuss the themes of prevention, rapid testing provision, prevention commodity distribution, information materials, thematic workshops and cultural attractions in the community. The First Exhibition mobilized and awarded prizes to adolescents and young adults from public schools in the neighborhood who had been trained on the topic of HIV prevention and creating logos. The Exhibition served as a space giving visibility to the project, community values and prevention strategies.The Second Exhibition had the project's youth as its key actors and added to the activities undertaken in the previous Exhibition, including a photo and video competition, as well as the presentation of a theatrical sketch written and performed by adolescent knowledge multipliers addressing the issue of prevention. 89 neighbourhood adolescents took part and contributed to several activities carried out during the event.

Outcomes of the initiative
Articulation of social facilities in the neighborhood, strengthening of community social networking with adolescents and young adults as key actors; the First and Second Mãe Luiza Health and Culture Exhibitions; creation of a blog:

http://projetovivamaeluiza.wordpress.com; production of videos: "AIDS, we can avoid it"; youth participation and social watch; production of a booklet about sexuality and prevention; exhibition of photographs produced by young people; project profile created on Orkut; Viva Mae Luiza Project posted on Youtube: www.youtube.com / tvvivamaeluiza; Flickr account created: www.flickr.com / photos / viva_maeluiza; action during Valentine's Day celebrations with rapid HIV and syphilis testing at primary healthcare centers; Cine Club sessions; prevention action at an out of season São João party in 2011, 2012 and 2013; audiovisual and photographic coverage of Valentine's Day; out of season São João party; International Women's Day as well as workshops conducted in 2013 by young adults involved in the project.

What Strategies have been used to expand the scope and coverage of the initiative?
We also highlight that the intervention in Mae Luiza identified territorial division in the community through the mobilization and training of adolescents and young adults. Although some of them were eager to participate in the project, they were unable to do so. This indicated limits on relationships and interaction among different groups of adolescents and young adults living in the same community. The project therefore works from the perspective of identifying possible spaces, interlocutors and processes for connecting different cultures and dialogue networks that permeate the community, so as to include groups not covered by the actions so far. Community members perceive sustainability as a permanent challenge of the Project, demanding an attitude of continuous coordination of the territory's resources, whereby the community is called on to participate in problem-solving. The development of a lasting and powerful process needs time to get established. With regard to the autonomy of the actors involved, by means of evaluation activities some attitudes changes could be noted, changing from passive and dependant to propositional attitudes and having a certain degree of autonomy regarding the theme. These attitudes need to be further expanded and strengthened with the aim of sustaining STD/AIDS prevention actions in the community.

7. **COSTA RICA**
Title of Programme: Prevention, Detection and Attention of HIV/AIDS in Prisons
Contact: Asociación Demográfica Costarricense
Implementer(s): Asociación Demográfica Costarricense
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Eradication of stigma and discrimination related to HIV/aids
Programme being implemented since: 2006
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Living in seclusion is by itself a condition that naturally compromises the overall health of a person. Besides this, we should add to this condition the social pejorative charge of been people who have been awarded a crime and "have to pay" for it. In this circumstances, is difficult for many people, even professionals, to get used to the idea that a population who is in "debt to society" can also be creditor of rights or has the chance to demand certain life conditions to ensure their welfare. Stigma and discrimination related to HIV and AIDS It's well known as a problem with a global presence. If we also consider an atmosphere charged with violence, prejudice, misinformation, overcrowding and a constant struggle for power and the reaffirmation of an archaic masculinity, the results should not surprise us: vulnerability, exclusion, violence specifically referred to their health condition, the need to live in hiding. Given this situation, our initiative focuses on two key areas: to provide individual bio-psycho-social care for inmates diagnosed with HIV and, in a parallel way, to train groups of prisoners, security personnel and health providers with the intention of turning them into

prevention agents within the center. For the individual area, a first approach is requested by the health staff of the prison, in order to obtain consent and to determine the interest of the people we will work with. For the group work, we look for people who have some level of leadership in the prison and also those who are interested or qualified to assist in HIV prevention and eradication of stigma and discrimination. In both cases, there's always been a priority for our work: we look to work for young people, from young people.This project started seven years ago, taking into account the limited possibilities of access to proper health services and an integral care for people living with HIV. In this regard, we are currently focused on the largest prison in the country, which has approximately one professional for every three hundred prisoners; plus 25 cases of prisoners living with HIV reported, of whom 40 percent are under 30 years of age. It's also important to say that the majority of the people who have implemented the initiative are less than 30 years of age. These are the main reasons why our work has been very well received by the center staff and the inmates, making it an indispensable tool in the health services that are currently provided. At this moment, we are the only organization to provide this kind of services to inmates in Costa Rica.

Outcomes of the initiative

- A substantial increase in health conditions and sense of well being perceived by prisoners living with HIV in the centers.
- Over six hundred people trained in HIV prevention, able to replicate information.
- Significant participation in the eradication of stigma and discrimination against people living with HIV in prisons.
- Empowerment of people living with HIV within the prisons, providing them tools to advocate for their rights and demand of proper health services.
- Positioning of the health conditions of the prison population as an issue of social concern through political spaces.
- Increase on the interest, commitment and awareness of the personal in the prisons regarding to the health conditions that should be ensured to people living with HIV in the centers.

What Strategies have been used to expand the scope and coverage of the initiative?
Since the project's inception, we have tried to compete for financial support from Costa Rican and foreign entities. In initial stages we had enough support to achieve the coverage of all prisons in the country; however, for later times we have been forced to limit the work in the spaces with the greatest needs. Our main way to increase the impact generated by the project has been the training of replicators (center staff and prisoners), through whom we have managed to ensure the information flow once the project has ended its active phase. Another strategy we are planning to implement is the involvement of young people, mostly social sciences students, interested in doing volunteer work for the project. We're looking to start with this initiative next year.

8. ECUADOR

Title of Programme: Ask About Before Acting (Please note that the writer provided text in both Spanish and English)
Contact: Tena citizen network
Implementer(s): Israel Gutierrez, Jaela Andy, Angela Lopez, Anselmo Shiguango
Implemented by: Civil Society, Private Sector
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments
Programme being implemented since: 06/06/2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Tomando en cuenta el ascenso en los contagiados de VIH en la ciudad de Tena implementamos el programa (enterarte antes de actuar), coordinando la red ciudadana de tena,voluntarios del colegio Maximiliano spiller y los promotores del ministerio de salud con estos integrantes formamos los equipos de capacitación primero de los voluntario y posteriormente en las comunidades indígenas de la rivera del rio napo sabiendo de antemano que en estos lugares la educación es escaza y nosotros como un grupo ciudadano preocupado por nuestro cantón buscamos llegar a estos sectores desprotegidos llevando información y talleres interactivos, sobre educación sexual y poniendo énfasis en la utilización del condón explicando procedimientos de utilización; hemos utilizado todas las herramientas a nuestro servicio haciendo convenios con el ministerio de salud pública para mejorar la información en estos sectores tan vulnerables ya que estos asentamientos están siendo invadidos por personas extrañas por la explotación de cacao y agricultura indiscriminada con la llegada del aeropuerto a la zona se ha desatado una oleada de personas dela ciudad a estas zonas hasta cierto punto ingenuas en temas de la ciudad como por ejemplo alcohol drogas y sexo; y el turismo mal direccionado a las fiestas y sexo indiscriminado, el aeropuerto se a convertido en un foco de propagación de estos tipos de actividades, se ha llegado al límite de que lleguen jóvenes en busca de locura desenfrenada y se aprovechan de la ingenuidad de las indígenas y estas quedan embarazadas y sin saber siquiera quien es el padre y con las enfermedades venéreas es aún peor por la poca información no se dan cuenta de que están enfermas y así siguen propagando las enfermedades en este escenario nosotros llegamos con talleres de información y procedimientos para poder evitar el contagio de este tipo de enfermedades, los talleres tienen como concepto informar de una forma de terapia con testimonios de jóvenes que han pasado por lo mismo y cerramos la terapias con los métodos anticonceptivos.

Taking into account the rise in HIV infection in the city of Tena implement the program (find out before acting), coordinating citizen antenna network, school volunteers and promoters Maximiliano spiller health ministry with these members form teams first training of volunteer and later in the indigenous communities of the banks of the Napo River knowing that education in these places is scarce and we as a group concerned about our county citizens we reach these vulnerable sectors carrying information and interactive workshops , sex education and emphasizing condom use explaining operational procedures;'ve used all the tools at our service by making agreements with the Ministry of Public Health to improve information in these areas as vulnerable as these settlements are being invaded by strangers from the exploitation of cocoa and indiscriminate agriculture airport arrival to the area has unleashed a wave of people dela city to these areas somewhat naive in city issues such as alcohol, drugs and sex, and tourism misdirected to parties and indiscriminate sex, the airport is to become a source of transmission of these types of activities, it has reached the limits of youth arriving in search of rampant madness and take advantage of the naivety of indigenous and these become pregnant without even knowing who the father and venereal diseases is even worse for the little information they do not realize that they are sick and so continue to spread the disease in this scenario we arrived with information workshops and procedures to avoid the spread of these diseases, the concept workshops are reporting a form of therapy with testimonies of young people who have been there and close the contraceptive therapy.

Outcomes of the initiative

Los resultados aunque no fueron los esperados fueron alentadores al ver que los habitantes de estas comunidades empezaban a utilizar métodos anticonceptivos y en especial el condón los jóvenes empezaron a darse cuenta que no eran un objeto y así disminuyó en el índice de embarazos en adolescentes este es nuestro indicativo de que hemos empezado a parar el contagio del VIH en fiestas, en la zona hemos logrado que los adultos de las comunidades no permitan que en sus predios se formen estas tipo de actividades como

fiestas campamentos y la apertura de centro de diversión donde se venda alcohol así hemos logrado evitar que por este tipo de comportamiento se propaguen este tipo de enfermedades y evitar los embarazos no deseados por el momento no contamos con estadísticas ya que aún no hay la confianza suficiente para que nos digan la verdad en las encuestas

The results were not as expected but was encouraging to see that the inhabitants of these communities began to use birth control and condoms especially young people began to realize they were not an object and thus decreased the rate of teenage pregnancy this is our indication that we have begun to stop the spread of HIV at parties, in the area we have as adults in the communities do not allow their land to form these types of activities such as parties and opening camps fun center where sells alcohol so we managed to avoid this behavior by spreading these diseases and prevent unwanted pregnancies so far we have no statistics as yet no sufficient trust to tell us the truth in surveys

What Strategies have been used to expand the scope and coverage of the initiative?
La estrategia única que hemos aplicado es la de la promoción de nuestro trabajo y captar más voluntarios jóvenes de la sociedad civil para que nos ayuden en esta noble misión utilizando las redes sociales enviando correos de invitación promocionado en colegios y universidades haciendo contactos con los personajes de la sociedad civil como ex políticos comerciantes de la zona evitando mucho hacer proselitismo político ya que en ese momento se pierde la credibilidad pero sin dejar la ayuda de estos entes políticos ya que estos son los que tienen el poder económico pero básicamente la forma de expansión ha sido la promoción de nuestro trabajo haciéndole a esta forma de ayuda muy atrayente para los jóvenes identificando a los líderes juveniles seduciéndoles para que se interesen por este tipo de voluntariado y así atravesó de elles atraer amas jóvenes ley de la atracción esta es nuestra forma de expansión tomando en cuenta que somos relativamente nuevos en este tipo de voluntariado y nunca antes se ha hecho en Tena Provincia de napo aquí hemos recibido la ayuda de la red latinoamericana de organizaciones de sociedad civil con capacitaciones para nuestra expansión y así llegar a más jóvenes dela rivera del rio napo en la ciudad de tena. Hemos hecho un mapeo de actores para asi identificar a las potenciales ayuda para nuestra causa así hemos hecho muy buenas alianzas con estos actores y protagonistas de la sociedad civil de la ciudad.

The only strategy that we have implemented is to promote our work and attract more young volunteers from civil society to help us in this noble mission using social networks sending invitation mails promoted at colleges and universities making contacts with the characters of civil society and political ex avoiding area merchants much political campaigning since then credibility is lost but still the help of these political entities as these are those who have the economic power but basically the form of expansion has been promoting our work making this form of aid very attractive to young identifying youth leaders seduce them to take an interest in this type of volunteering and well experienced from elles attract young love law of attraction this is our way of expansion taking into account that we are relatively new to this type of volunteering and never been done before in Tena Napo Province here have received support from the Latin American network of civil society organizations with training for our expansion and reach younger dela rivera napo river in the city of antenna. We have a mapping of actors to so identify potential support for our cause and we have very good partnerships with these actors and civil society actors in the city.

9. GUATEMALA

Title of Programme: CrowdOutAIDS in Guatemala: Una voz frente al VIH
Contact: UNAIDS
Implementer(s): ONUSIDA Secretariat, UNICEF and UNESCO
Implemented by: UN or other inter-governmental organization
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
CrowdOutAIDS is the new UNAIDS project that allow young people around the world to develop recommendations to increase their participation in the response to HIV. These recommendations were developed in highly participatory processes throughout social networks and online mass collaboration (crowdsourcing). In Guatemala, the Interagency Group on Youth UN System embraced the project with enthusiasm and delegated the leadership of the process to the UNAIDS Secretariat, UNICEF and UNESCO. The role of these organizations was to facilitate a national consultation with youth on how to make HIV programs more effective. To follow the participatory spirit of the original proposal, the Interagency Group made an open call to a variety of youth networks in the country which were showing leadership in a particular area of development. Fifteen of the most representative national youth networks responded to the call to participate in the design, facilitation and systematization of this consultation from scratch. The networks recommended the use of methodologies based on ludic participatory group dynamics to conduct the consultation and collect feedback from the youngsters. These dynamics included the "Theater of the oppressed", and interactive group games such as the "Myth Hunter" and "The Corn Tree". Two national meetings of at least 60 participants each will be conducted in two different regions of the country to ensure representation of youth from diverse ethnic backgrounds, sexual diversity, and different serological HIV status. A video posted in "You Tube" and a social network platform specially built for this occasion will increase the number of participants in the national consultation. A systematization committee integrated by youth will be working to collect the information from their peers and will work after the consultation in the production of a document summarizing the recommendations to make more effective HIV programs for youth.The community and online consultations will take place from September to December 2013 and the report is expected to be ready by the end of this year.

Outcomes of the initiative
- Recommendations from youth on how to make HIV programs for youth more effective in Guatemala.
- A document with the recommendations that will be used as a tool for advocacy to increase youth participation in all fora related to youth and HIV.
- A platform of youth organizations involved in program planning, monitoring and evaluation of youth and HIV.

What Strategies have been used to expand the scope and coverage of the initiative?
A video posted in "You Tube" and a social network platform specially built for this project will increase the number of participants in the national consultation.

10. HAITI

Title of Programme: Youth Mobilization to Stop HIV
Contact: Zanmi Lasante/Partners in Health
Implementer(s): Zanmi Lasante/Partners in Health
Implemented by: NGO
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2007
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Zanmi Lasante is a local NGO with more than 25 years of experience in HIV prevention and care. Zanmi Lasante has been working with its sister organization Partners In Health over the last two decades to provide good quality of care to people in the Lower Artibonite and the Central Plateau of Haiti. Zanmi Lasante has been receiving funds from different donors including USAID, PEPFAR, and Global Fund to conduct an integrated package of services linking HIV prevention to primary health care services.

Zanmi Lasante through its prevention and its social departments has been working with adolescents affected and infected by HIV across all its clinics.This Youth mobilization to Stop HIV is an outreach program targeting the adolescents.The main activities are usually group session where they learn good HIV prevention practices, sexual educations and communication strategies on how to teach their peers while putting them in some social network.The activities target not only those who are HIV positive but also youth in the communities, either or not they are enrolled at school.The educators are from the communities who have been trained to conduct those activities, commonly named "NEC, Noyau Educatif Communautaire". The NECs usually conduct the sessions at clinics, in a classroom, in an open space or a park depending on the adolescents's preference. Usually the sessions last between 2-3 hours, split into 3 segments, first 30 minutes, social activities, jokes, games, to get them to know each other, followed by a 1 hour HIV education and the last 30 minutes, for more games. Some slight refreshments are provided.The activities usually occur on weekends, adolescents male and female are sitting together to discuss, play and learn together. Some trainings materials are used flip charts, markers, pamphlets, posters, when electricity is available, some short projections can be used, short movies ect. The NEC are supervised by the social workers and the Prevention Coordinators.

Outcomes of the initiative
For last year 2012: more than 3000 adolescents have attended at least one session, 95 % of them know 3 methods how to avoid HIV. 90% of them can indicate another where to find help if they want to know about HIV. 95% know where to go to know their HIV status

What Strategies have been used to expand the scope and coverage of the initiative?
Communication for Behavior change. A lot of emphases have been put on communication to reduce risk and vulnerability. We use what the youth like most being together, playing to each other, learn together and teach their peers.

11. HAITI

Title of Programme: Prevention des IST et du VIH chez les Jeunes de l'Artibonite Haiti
Contact: GRAICO
Implementer(s): GRAICO
Implemented by: Civil Society, Private Sector, Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2014
Has the programme been evaluated/ assessed? No

Short description of the initiatives

La vulnérabilité des jeunes s'explique selon plusieurs facteurs. Les attributs physiques, psychologiques et sociaux de l'adolescence rendent les jeunes particulièrement vulnérables au VIH et aux autres infections sexuellement transmises (IST). En outre Ils subissent facilement l'influence des pressions exercées par leurs pairs, ce qui fait augmenter leurs risques. a ceux la s'ajouent la situation economique precaire du pays, les tabous associes au sexe et a l'egalite Femme Homme ainsi que le manque d'acces a certains services specifiques aux jeunes. Les résultats e l'EMMUS-V montrent qu'en Haïti, 2,2 % des adultes âgés de 15-49 ans sont séropositifs pour le VIH (tableau 15.3). Le taux de séroprévalence du VIH chez les femmes de 15-49 ans, estimé à 2,7 %, est supérieur à celui observé chez les hommes du même groupe d'âge (1,7 %). Il en résulte un ratio d'infection entre les femmes et les hommes de 1,59 ; en d'autres termes, il y a 159 femmes infectées pour 100 hommes ce qui signifie que les femmes sont nettement plus vulnérables que les hommes à l'infection au VIH. Par ailleurs, la prévalence de l'infection au VIH est de 2,6 % chez les hommes de 50-59 ans, ce qui porte la prévalence de tous les hommes de 15-59 ans à 1,8 %. Par cette intervention nous nous proposons de reduire la prevalence du VIH chez les jeunes filles et Garcons dans le departement de l''Artibonite par la mise en place des services adaptes aux jeunes Au moins 20 000 jeunes filles et garcons serons touche par cette intervention a travers les services qui leur seront proposes (condoms, education a travers les maisons de jeunes, consultations medicales, speciales, rencontres de formations etc.) Parmi les conposantes nous pouvons citer 1. Mise en place de maisons de jeunes pour la livraison de services aspates aux jeunes (condoms, consultations, formation, depistage VIH, 2. Rencontres de sensibilisation communautaire, 3. Formation par les pairs (reseaux de jeunes volontaires), 4. coordination concertation avec les autres acteurs existants.

Outcomes of the initiative

1. Au moins 80% jeunes du groupe cible sont capables de parler des IST et du VIH/SIDA à d'autres jeunes
2. Au moins 70% des jeunes du groupe ciblé ont un accès facile au condom.
3. Mise en place d'un partenariat efficace avec le systeme de sante
4. 100% des jeunes présentant une IST référés sont pris en charge dans les services de soins
5. Au moins 80% des jeunes garçons et filles connaissent leur statut sérologique
6. Au moins une maison de jeunes est fonctionnelle dans chaque commune

What Strategies have been used to expand the scope and coverage of the initiative?

1. Mise en place d'une maison de jeunes dans les communes
2. Etablissement de partenariat avec les institutions de sante p[our la reference des juens vers les services de traitement IST VIH
3. Renforcemet de l'egalite Femme hommes
4. Etablissement de reseau de jeunes educateurs pour la formation des pairs
5. Realisation d'activite de sensibilisation des communautaires de groupes ou lors des evenements speciaux

12. HAITI

Title of Programme: FOREF Youth HIV Program: A nationwide model
Contact: FOSREF
Implementer(s): FOSREF
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 1995
Has the programme been evaluated/ assessed? No

Short description of the initiatives
In Haiti, the youth, who represent more than 50% of the population, are among the most vulnerable groups for HIV/AIDS and unwanted pregnancies.The high levels of maternal deaths related to teen pregnancies and complicated abortions, the high incidence of HIV infections among the youth are among the main reasons that enabled FOSREF to implement in 1995, a wide range of SRH services, HIV /AIDS prevention programs to the youth, with a pilot-model of youth center that has been extended and replicated through the years throughout the country. FOSREF has extended the model nationally resulting in an actual national network of 18 youth centers throughout of the country covering main cities of all geographical departments of Haiti. FOSREF is the pioneer in the field of youth-specific clinical centers in Haiti. The target populations of the FOSREF Youth Program: youth (10 to 24 years old / all categories: in school, out- of-school, street kids, incarcerated youth, youth living with HIV. FOSREF puts a special emphasis on the most marginalized youth. In fact, FOSREF has many specific interventions in all the marginalized and hot spot cities located around the main cities of Haiti, and particularly in the West department where there are 5 main marginalized well known areas. All FOSREF youth centers offer at institutional level HIV/AIDS services, STI diagnosis and treatment, Family Life Education (FLE) courses, Behavioral Communication Change programs, training of peers, counseling sessions about HIV/AIDS, sexual violence, teenage pregnancy prevention, a “free-access” condom distribution to all youth, including high-risk youth through a nationwide youth peer network. At community level, the youth centers offer a large outreach program with multiple strategies and interventions including: FLE classes at school level, community outreach programs such as: mass communication sensitization, home-based activities with youth associations and with community groups, in sub-urban and rural areas. FOSREF is well known for its networks of Peers Educators nationwide, for its networks of community groups, for its parent-supporting groups and for its nationwide network of school partners. FOSREF youth centers offer high-quality specialized VCT for HIV to young people, using a peer approach (youth-to -youth approach); they also offer Palliative care services for HIV+ youths. FOSREF is a key partner of the Ministry of Education and of the Ministry of Youth and Sports and has its mandate from the Ministry of Health to implement HIV/AIDS prevention programs at school-level nationwide. The main components of the FOSREF Youth program: The Behavior change communication/ Prevention of HIV/AIDS (at community and at institutional level) which is mainly based on the strong and complete participation of the youth (Trained youth peers); the Delivery of Counseling/ clinical services (STI diagnosis and treatment, VCT services integrated with other Sexual and reproductive Health services)also with the strong participation of the trained youth; the delivery of Psychosocial support services to HIV positive Youth; the delivery of Palliative Care and ARV treatment to PLHIV youth; the Positive prevention component that integrates youth living with HIV as key actors for prevention among the other youth.

Outcomes of the initiative
18 specific Youth centers implemented in 18 cities of Haiti in 9 of the 10 Geographical departments of Haiti. 1,200.000 youth have been served directly; 21.200 young specialized peers have been trained, nationwide networks of more than 45,000 young informed volunteers who disseminate integrated information on SRH/ HIV/AIDS/ Malaria/ Cholera, throughout of the country. 160.000 youth of both sexes, to date, have been tested for HIV. HIV prevalence among the youth in the deserved areas: 0.9%, compared to more than 4 %

10-15 years ago. Significant decreases of 60% in the incidences of teen pregnancy and abortions, significant decreases of more than 70% in the STI incidences and HIV incidence in the youth populations deserved by the FOSREF youth centers. 90% of all high-risk youth living in marginalized areas of the cities deserved by FOSREF's Youth centers have access to free condoms through the FOSREF youth community network distribution.

What Strategies have been used to expand the scope and coverage of the initiative?
In 1995, FOSREF implemented the Youth Program, with a pilot-model of youth center in the Capital Port au Prince. The success and the performance of the first Youth clinic-center, has determined FOSREF to extend and replicate the model through the years to all the main cities in 9 Geographical departments of Haiti. The model of the first Youth center, with a package of integrated SRH/HIV/AIDS prevention services to the youth (counseling and clinical services), has been extended and replicated through the years throughout the country. FOSREF has extended the Community outreach model nationally resulting in actual very large national networks of trained peers covering many communes of the country. The program has been expanded using the same pilot project. The HIV prevention/ services interventions (component) have been extended in all the 18 cities and surrounding communes, with the same interventions/ activities and services to the youth. In the most marginalized cities where there are social promiscuity and juvenile prostitution, particularly in the West Department, the program has reinforced its Outreach community programs with the training of thousands of peers from the most marginalized groups (the youth Sex workers, the Youth involved in gang activities, youth clients of Sex workers etc…), and has also made a strong emphasis of all aspects of the program that address Sexual and reproductive health/ HIV/ AIDS education (addressing Gender equity, sexual rights, sexual violence, human rights, etc..). The key components of the well-organized extension of the program at the national level are: the strong implication of the youth in all aspects of the programs; the implication of all community leaders, and community groups in the implementation of the project in each commune; the strong partnership with all organized Youth associations, and organizations; the strong collaboration with all schools in those communes; the strong collaboration and participation of the parents in the implementation of the project in each commune; the reproduction of the same model in each commune with the same process of implementation: Community mobilization, mapping of the area (mapping of schools, of youth associations, of community groups etc..), selection of youth to be trained (with the participation of all youth associations, community leaders, schools etc..), the implementation of the Center/ clinic (jointed choice of the location and the arrangements of the center).

13. LATIN AMERICA AND CARIBBEAN COUNTRIES: MEXICO, PUERTO RICO, ARGENTINA, ECUADOR, VENEZUELA, COLOMBIA, CUBA, PARAGUAY, COSTA RICA, PANAMA, BRAZIL, EL SALVADOR

Title of Programme: Consolidation of the Latin American and Caribbean Network of Positive Youth (Y+LAC)
Contact: UNAIDS
Implementer(s): Y+LAC, UNAIDS RST LA, UNFPA LACRO, UNICEF TACRO
Implemented by:
Civil Society, UN or other inter-governmental organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

With the support of UNICEF, the "1st Latin American and Caribbean Meeting for Children and Adolescents Living with HIV" took place at the 2009 Regional HIV/AIDS Forum in Peru which included the participation of adolescents and youth living with HIV from 11 countries in the region. Since then, a group of HIV positive youth in the region developed the idea of forming a Regional Network of Positive Youth. The aim was to bring together representatives from different countries in the region around a common strategy to moving forward in raising awareness on the particular unmet needs of HIV positive youth and develop effective political advocacy for social change in the HIV response.

With the support of UNAIDS, UNFPA and UNICEF, young people living with HIV (YPLHIV) increased their meaningful participation and incidence in key regional initiatives and decision making spaces with governments, international organizations, donors and civil society to include YPLHIV´s the perspective into development agenda and claim their rights in the context of HIV. The visibility and articulation attained by the YPLHIV at all levels fostered the consolidation in 2012 of the LAC Positive Youth Network (Y+) which is the first regional network of YPLHIV in the world and is comprised by young leaders in the HIV response from 13 LAC countries selected through and open participatory process based on their experience in social movements at country level. The First Regional Meeting of Y+LAC was held in December 2012 in Panama to adopt the Strategic Plan that will guide the work of the network for the next years. Y+LAC has become a relevant partner to achieve the integration of HIV response into SRH and rights as part of a broader post 2015 health agenda through the expansion of its collaboration with and among youth networks such as the Youth Alliance Towards Cairo+20 which brings together more than 10 regional youth networks to work on political cooperation and coordination to advocate for the full implementation of the ICPD Programme of Action. Y+LAC is also a member of the PACT for social transformation and it is actively involved in the implementation of this collaboration framework agreed to by youth-led and youth serving organizations within the AIDS movement. As a member of the Horizontal Technical Cooperation Group (HTCG), comprised by the Directors of NAP of LA and representatives of regional SCO to work together to improve their response to HIV through action and political cooperation, Y+LAC has helped to include the young people´s perspective into this key decision making body.

With the support of UNAIDS, Y+LAC launched in 2012 the first Regional Survey designed by young people living with HIV for young people living with HIV in order to generate information on several issues affecting the life of YPLHIV such as access to HIV-related services, S&D and social participation. The information gathered was used to identify the strategic direction of the Network until 2015 and to develop a situational analysis that will be used for advocacy.

Outcomes of the initiative

The consolidation of Y+LAC has contributed to achieve all objectives set out in UNAIDS Youth Action Framework by strengthening young people's leadership skills and ability to operate in a framework that advances human rights and gender equality; increasing the meaningful participation of young people at equal level in key events and processes to advance in the response to HIV; fostering a decentralized, organic youth-led movement in the HIV response; increasing access to knowledge and strategic information on issues related to HIV and young people; and implementing the approach of working with young people as beneficiaries, partners and leaders.

What Strategies have been used to expand the scope and coverage of the initiative?

The strategy to expand the scope and coverage of this initiative has been to forge alliances between Y+LAC and the UN agencies involved in this process with other social movements that are actively involved in global, regional and national level processes to promote the integration of HIV into the broader health agenda (with sexual and reproductive health services and rights as the spearhead). In addition to integrating HIV, partners have sought to

include gender equality, social protection and respect towards diversity, while maintaining the focus on HIV primarily as a right to health issue.

Examples of this are the strategic alliances consolidated with the Youth Alliance towards Cairo+20, the organizations that are members of the PACT, the NAP and the regional SCO through its participation in the HTCG and other UN organizations and donors. These partnerships have brought opportunities to strengthening of the capacities of Y+LAC to articulate and expand the scope of the strategic objectives of the networks which contribute to reach the targets established in the Political Declaration on HIV/AIDS.

The strategy has also taken advantage of social networks to increase the visibility and attention to key issues related to HIV at regional level, especially those concerning to YPLHIV, young key populations and young people in the general population as part of a broader social movement which claims social justice and sustainable development.

14. LATIN AMERICA COUNTRIES

Title of Programme: Evaluation of the Implementation of the Ministerial Declaration, "Preventing through Education"
Contact: International Planned Parenthood Federation/Western Hemisphere Region
Implementer(s): IPPF/WHR, Demysex, IPPF Member Associations, Mesoamerican Coalition for Comprehensive Sexuality Education
Implemented by: Civil Society
Type of Initiative: Enabling social and legal environments
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The Mesoamerican Coalition for Comprehensive Sexuality Education (the Coalition) is a regional alliance of civil society organizations advocating that sexuality education and health are fundamental human rights. Since 2009, the Coalition has represented more than 45 civil society organizations from across Latin America and the Caribbean that collectively promote the Ministerial Declaration (MD) “Preventing through Education” through advocacy, technical assistance and education. Approved by the Health and Education Ministries of Latin America and the Caribbean (LAC) within the framework of the International AIDS Conference held in Mexico City in 2008, the MD is one of the key instruments to combat the HIV/AIDS pandemic in the region through cross-agency synergies between the health and education sectors and civil society. The Coalition includes a Secretariat, comprised of the International Planned Parenthood Western Hemisphere Region (IPPF/WHR) and Demysex, IPPF Member Associations (MAs) and civil society organizations from across LAC. Since 2009, it has worked to monitor the implementation of the MD utilizing an innovative and participatory civil society led evaluation approach.

The Evaluation of the Implementation of the Ministerial Declaration “Preventing through Education” is regional civil society initiative to monitor government efforts to implement the 2008 Mexico City Ministerial Declaration. The methodology and the questionnaires utilized for primary information capture were developed by the Coalition’s Secretariat in 2010 and validated and tested by a group of Latin American experts. On an annual basis the evaluation measures advancements and identifies challenges within the Ministries of Health and Education at the national level, utilizing the criteria established in the Declaration as the basis for analysis. The 2012 evaluation is the third consecutive year that civil society systematically evaluates the adoption of the strategies laid out in the Declaration, expanding our reach to nineteen countries in Latin American and the Spanish-speaking Caribbean. The evaluation is carried out through review of existing public policies, programs and laws, the application of an evaluation questionnaire via personal interviews with Ministry of Health and

Education staff, and consultations with experts in comprehensive sexuality education (CSE) and youth-friendly sexual and reproductive health services (YFS) in each country. The results of the evaluation identify areas of progress and gaps in implementation, highlighting areas that need to be addressed in order to fulfill the Declaration's commitments and meet its targets.

The evaluation is an advocacy tool that looks to increase and improve programmatic actions, public policies and financing for the prevention of HIV and unwanted adolescent pregnancies, with an emphasis on greater transparency and increase government accountability. This evaluation is primarily directed at decision makers and thus focuses on diagnosing gaps and providing country-specific recommendations to the Ministries and legislators that, from a civil society perspective, reflect the most urgent needs. Our hope is that greater transparency and civil society participation will generate spaces for dialogue and result in concrete strategies to achieve the targets laid out in the MD by 2015.

Outcomes of the initiative

Through technical assistance and financial support from IPPF/WHR the Coalition has successfully built the advocacy capacity of civil society to hold governments accountable to commitments made in the Ministerial Declaration. The "Evaluation of the Implementation of the Ministerial Declaration" is a successful advocacy and education tool that provides a mechanism to diagnose gaps in implementation and advocate for changes in laws and public policies to ensure governments are taking steps towards greater transparency and full implementation of the MD. Through this initiative the participation of youth and civil society organizations in accountability efforts and decision making bodies has been strengthened. This cross-sector collaboration has fostered greater transparency, dialogue and collaboration between civil society, ministries and international agencies to address HIV prevention. Since 2010, IPPF/WHR MAs and their allies in Mesoamerica have successfully advocated for 24 positive policy changes to advance implementation of the Ministerial Declaration, particularly YFS and CSE.

What Strategies have been used to expand the scope and coverage of the initiative?

The evaluation utilizes the commitments made in the Declaration as the basis for analysis, emphasizing the actions necessary for its full implementation, and documenting progress and gaps through an analysis of actions taken to date. National data is collected by partners in each country and compiled by the Coalition's Secretariat, providing both a regional and national diagnostic of achievements towards fulfillment of the criteria established in the MD. The inclusion of IPPF Member Associations in LAC made possible the expansion of the annual evaluation from eight countries in 2010, to 17 in 2011 and 19 in 2012. The 2012 Evaluation of the Implementation of the Ministerial Declaration "Preventing through Education" From Agreement to Action; Advances in Latin America and the Caribbean includes evaluations of Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela, encompassing all Spanish and Portuguese speaking countries in the region.

In an effort to deepen the level of analysis of government CSE programs, the 2012 evaluation incorporated the Comprehensive Sexuality Education Evaluation and Advocacy Tool (CSERAT) developed by IPPF/WHR, IPPF and UNESCO, to carry out the evaluation of the comprehensiveness of sexuality education curricula and didactic materials used by the Ministries of Education. A detailed evaluation of the comprehensiveness of sexuality education curricula and didactic tools and a more complete analysis of gaps and weaknesses provides civil society with an entry point to offer substantive feedback aimed at strengthening curricula based on the IPPF's and UNESCO's comprehensive sexuality education principles and the "It's All One Curriculum" guidelines.

This publication of this evaluation serves as an important tool for assessing government advancement towards the full implementation of the MD and as a key advocacy tool for civil society to push for greater government commitment with relevant Ministries. Because the results of the evaluation are made public, government actors see it an incentive, as it provides a venue for them to demonstrate concrete progress to both their citizens and peer governments. The Declaration provides a rare focal point for advancing CSE and YFS in the region, and the Coalition's and IPPF Member Association's collective advocacy efforts will focus on continuing to push for the MD's implementation, providing an annual assessment of progress, offering technical assistance to governments, and maintaining pressure on decision-makers through 2015.

15. NICARAGUA

Title of Programme: Haciendo Comunicacion
Contact: Casa del Joven Voluntario...Por un cambio Damaris Alvarado
Implementer(s): Adolescentes y jóvenes promotore/as en derechos sexuales y reproductivos
Implemented by: Civil Society, ONG
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Comunicacion: Programa de radio dirigido por jóvenes y adolescentes, realizacion de obras de teatro posicionando la tematica, visita a promas de radio y televisivos locales para sensibilizar a la población, senzibilizar a hombres y mujeres de prensa para el adecuado abordaje de la temática.
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

Campaña de comunicación social para promover los derechos sexuales y reproductivos.
Objetivos de la estrategia de comunicación social 2011-2013:
1er Objetivo: Promover el empoderamiento de los Derechos Sexuales y Derechos Reproductivos en 5.000 adolescentes y jóvenes, de ambos sexos, para un cambio de comportamiento que apunta al disfrute de una sexualidad sana, placentera, libre de prejuicio y responsable; mediante acciones de comunicación apropiadas, como programas radiales, actividades masivas y campañas municipales, en el Departamento de Chinandega, durante el periodo 2010-2013.
2do Objetivo: Proporcionar conocimientos de los Derechos Sexuales y Derechos Reproductivos a 150.000 adolescentes y jóvenes de ambos sexos, a la búsqueda de información veraz, científica, pertinente y a la reflexión de cómo llevar una vida sexual sana y responsable, mediante actividades de comunicación social, lúdico educativas y masivas, en el Departamento de Chinandega, durante el periodo 2010- 2013.

Outcomes of the initiative

5000 Adolescentes y jóvenes de ambos sexo con cambios de comportamientos que apunte al disfrute de una sexualidad sana, placentera, libre de prejuicios y responsables. Jóvenes y adolescentes empoderados (concientizados sensibilizados) sobre la importancia del liderazgo juvenil / participación de los jóvenes en los procesos de toma de decisiones relacionadas con centros y/o unidades de salud con servicios de salud amigables para adolescentes y jóvenes.

What Strategies have been used to expand the scope and coverage of the initiative?

Establecer coordinaciones y articulaciones con actores claves (instituciones y organismos) para desarrollar actividades en conjunto. Reconocer adolescentes y jóvenes como verdaderos sujetos/as de derechos y agentes de cambios. Establecer buenas relaciones con hombre y mujeres de prensa. Identificar que instituciones y organismos abordan la

temática de VIH y unificar esfuerzos. Fortalecer capacidades adolescentes y jóvenes.

16. TRINIDAD AND TOBAGO

Title of Programme: Through Art There Is Realisation
Contact: Arts Insight
Implementer(s): Arts Insight
Implemented by: Civil Society, UN or other inter-governmental organization, NGO'S
Type of Initiative: Counselling support for persons living with HIV/AIDS using the Art as a medium for personal expression
Programme being implemented since: In 2012 as a collaborative effort between Arts Insight and the US Embassy of Trinidad and Tobago
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
This project provided a community space where persons affected directly or indirectly by HIV/AIDS gathered and took part in a six-week art workshop. The focus was to expose them to a variety of art techniques and mediums. The primary intent of the workshop allowed the participants to express themselves emotionally through the use of various art mediums. Arts-Insight has realized through its participation and work within the differently able community that in most cases a large portion of it membership live in isolation, without access to some basic services and in many cases the opportunity to socialize with others. Particularly among persons living with HIV/AIDS and their families, in many instances person's living with HIV or those progressing to AIDS suffer increasingly deteriorating health and increasing disability. Many of whom live with for a prolong period of time before they succumb to the disease and depression is a major issue suffered by persons living with the disease. Arts-Insight used this workshop as an opportunity to educate the membership on ways they can counter feelings of depression, by using art as a medium and avenue for expression of feelings withheld. The organisation's primary goal is to facilitate the needs of the differently able community despite the disability and the need. We hope to provide information and services which can help better the lives of persons living with and experiencing disability in their lives, empowering them with a sense of independence to accomplish their own dreams and aspirations, to which our motto depicts "YOUR MIND IS OUR ONLY LIMITATION".We believe if any individual is given an equal opportunity they can flourish despite their circumstance. Arts-Insight hopes that through various continued events and service to the differently able and specifically our HIV/AIDS community we can provide opportunities for persons to live life without fear of isolation, contempt or discrimination.

Outcomes of the initiative
1. This project allowed the Directors of Arts Insight to create substantial networks with various NGO's, government bodies and private enterprises. Arts Insight through this workshop was invited by UNAIDS and Family Planning Association to become a PERSON OF INFLUENCE as part of their National Coalition for Women, Girls and AIDS (NCWGA). Arts Insight was also asked to join the Network of Civil Societies of which we are now members and the Consortium of Disability Organisations.
2. The project allowed the work created to be exhibited to the public both locally and internationally. Locally the art work was exhibited at the Soft Box Studios #9 Alcazar Street, St Clair Port of Spain from the 21st-27th September 2012 and overseas at the2012 International AIDS Conference in Washington held from the 22nd-27th July 2012. Art Work was sold and proceeds we given persons living with HIV/AIDS who participated in the workshop.
3. Participants had the opportunity to share their story through a visual medium and still have the option to maintain their anonymity.
4. The event was documented by the Government Information Services Limited and a CD of the workshop was produced. A copy of which was presented to Ambassador Beatrice

W. Welters.

What Strategies have been used to expand the scope and coverage of the initiative?
Today Arts Insight is creating further links to developing avenues and collaborating with other NGOs to focus on the use of Art as a transformative tool to assist in healing many of our social problems. Arts Insight has established the use of Art Therapies as part of the group workshops conducted. During these sessions persons are observed and those who require further therapy are referred for treatment.

Arts Insight has also decided to establish a website which will facilitate the continue opportunity for clients to earn income from the work created. This is particularly important for mothers living with HIV/AIDS who in most cases are finding difficulty coping with the illness and raising kids. In all our cases we observed mothers affected by the disease were single parents, as such they were more than in need of the extra support.

V. Multiple regions and Country Unspecified

1. AFGHANISTAN, BANGLADESH, BENIN, BOLIVIA, BURKINA FASO, GHANA, KENYA, MALAWI, MOZAMBIQUE, NEPAL, RWANDA, NAMIBIA, NICARAGUA, TOGO, UGANDA, ZAMBIA

Title of Programme: Adolescents and Advocacy for Sexual and Reproductive Health and Rights (A+ Programme)
Contact: International Planned Parenthood Federation
Implementer(s): International Planned Parenthood Federation and Member Associations
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The A+ Programme was designed to increase the capacity of IPPF's member associations (MAs) to promote young people's sexual and reproductive rights, to identify and scale up good practice in youth-friendly service provision and comprehensive sexuality education, and to reach under-served groups. The goal of the programme was for "all adolescents and young people to be aware of their sexual and reproductive health and rights; be empowered to make informed choices and decisions regarding their SRH; and be able to act on these decisions".

The A+ programme demonstrated the value of placing young people at the centre of HIV and sexual and reproductive health programmes, prioritising their identities, inclusion and interests, while understanding how strategies should be adapted depending on cultural and political contexts. Strategies that seek to understand the multi-faceted identities of young people are most apt to appeal to their interests. Understanding the diverse identities of young people also helps to develop inclusive strategies that can reach out to under-served and most at-risk groups. It is then important to sustain the interest of young people. Many young people involved in the A+ programme expressed that their vulnerability to HIV and other STIs, as well as other sexual health risk, is linked to poverty and other aspects of social, economic and environmental vulnerability.

A final external evaluation of the A+ Programme found several key elements for success running throughout the associated country projects, including:

- Projects that developed specific strategies targeting particular groups of young people were most successful in engaging marginalized and most at-risk youth.
- Indicators for future youth sexual and reproductive health programmes should include measures of quality of spaces for youth participation, young people's self-confidence in autonomous decision-making related to sexual and reproductive health and rights, and how empowered they feel in accessing the services that they require.
- Creating community networks and partnerships between service providers and supporting young people to act as a link between services and the community can develop more integrated care for young people.
- Youth participation and effective local partnerships improved the delivery of targeted youth-friendly services, including voluntary testing, treatment and care for young people living with HIV.
- Working with parents is crucial to enable young people to realize their sexual and reproductive health rights and access services.
- Establishing clear objectives to increase gender equity was an important element to tackle barriers that prevent young people from accessing HIV and SRHR information and services.

Outcomes of the initiative
An evaluation survey of the 16 MAs involved in the A+ Programme showed clear benefits from the approach:
- The programme saw notable improvement in attitudes towards gender equity among young men and women and in and young women's participation across all of the MAs.
- Significant positive changes were also seen in youth friendliness of MA's clinic services, in MA's understanding of youth friendliness and in their reach and influence of peer education and outreach.
- The total annual number of SRH services, including HIV services, increased by 63%. The annual number of HIV related services more than doubled over the course of the project.
- Increased access to vulnerable and marginalized groups, especially from poor and rural communities, as well as sex workers and young people living with disabilities.

What Strategies have been used to expand the scope and coverage of the initiative?
Implementing MAs focused on scope and sustainability throughout the A+ Programme, which expanded institutional capacity and commitment to accessible, participatory programmes and services for young people. Every MA reported significant increases in youth participation in governance and leadership, as well as enhanced technical capacity for youth-friendly services and comprehensive sexuality education. Additionally, MAs reported more collaborative partnerships with governments, communities and other stakeholders. The triangle approach promoted by the A+ Programme, which places young people at the centre of services, education and social change, has been widely accepted and supported by the Federation and embedded into on-going work with young people in other countries. The A+ Programme and its assessment helped develop a clear articulation of IPPF's theory of change and vision for healthy societies with full participation of young people, as well as a supporting programme methodology.

Key mechanisms for change include:
1. building the capacity of staff, adults, service providers and decision-makers in communities to understand and promote young people's sexual rights;
2. creating or sustaining safe and participatory spaces for young people, including youth clubs, peer educator groups and structures for youth participation in governance;
3. involving parents and families in programme activities, for example through community advisory committees;
4. making changes to improve the quality of youth-friendly services, including staff training, opening hours, accessible pricing models, outreach services and creating youth-specific

client flow pathways;
5. bringing health and education authorities together to collaboratively develop local sexuality education programmes; and
6. advocating for legislative and political change to create environments that are more conducive for the promotion of young people's sexual rights.

In varying contexts, different approaches to youth programming will be prioritised with the ultimate vision of change being young people's increased confidence, empowerment and autonomy, in an environment that is supportive to realising their rights. Recognising young people's improved wellbeing, including emotional, social, physical and economic indicators, will lead to different measures of success in youth programming in relation to empowerment and autonomy of young people's decision-making.

Key mechanisms of comprehensive sexuality education, youth-friendly services and advocacy – both at community and national levels – can be built and learning shared. There is a journey that is required to move to a more rights-based, empowered, innovative and sustainable youth programme. This rights-based, inclusive approach strengthens all types of programmes, keeping the context and the participation of the direct beneficiaries at the centre.

2. BANGLADESH, BURUNDI, ETHIOPIA, MYANMAR, UGANDA[2]

Title of Programme: Link Up: Integrating HIV and sexual and reproductive health and rights
Contact: International HIV/AIDS Alliance in Myanmar
Implementer(s): ATHENA, International HIV/AIDS Alliance, Marie Stopes International, Global Youth Coalition on AIDS, Pop Council and others
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, promoting sexual and reproductive health and rights
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The Link Up program, funded by the Dutch Ministry of Foreign Affairs, aims to improve the sexual and reproductive health of young people most affected by HIV and to promote the realization of young people's sexual and reproductive rights. Linking up between HIV and Sexual and Reproductive Health and Rights can maximize efficiencies, improves outreach, increase community mobilization. This three-year program (2013-2015) is improving the integration of SRHR interventions into existing community- and facility- based HIV programmes in Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda. Consortium partners include ATHENA network, Global Youth Coalition on AIDS (GYCA), Marie Stopes International, International HIV/AIDS Alliance, Population Council and others.

The programme seeks to improve health-seeking behaviours and reduce unintended pregnancies, HIV transmission and HIV-related maternal mortality among young people affected by HIV aged 10-24. In addition, it will generate evidence to inform the broader SRHR and HIV integration movement. Link Up will provide age-appropriate information and services to enhance existing SRHR and HIV initiatives addressing the needs of young people affected by HIV. Activities will build on the Consortium's expertise on rights-based HIV and health programming for young people most affected by HIV and on the strengths of an existing network of national implementing partners. This network will help ensure that

[2] The submission of this programme was also made by Global Youth Collaition on HIV/AIDS (GYCA), International HIV/AIDS Alliance, and Stop AIDS Alliance

programme design and implementation is fully informed by the needs of programme beneficiaries.

Through community mobilisation, Link Up will amplify the voices of young people most affected by HIV in national and global advocacy forums to ensure global policy processes address their needs, rights and aspirations. An operational research component is also being implemented to document innovative approaches to integration in the different epidemiological contexts. The project also offers tremendous potential for effective inter-agency and south-to-south knowledge-sharing and learning.

Outcomes of the initiative
First outcome is: young people are better informed and are thus able to make healthier choices regarding their sexuality. Second: A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health. Third: Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using. Fourth: Greater respect for the sexual and reproductive rights of people to whom these rights are denied.

What Strategies have been used to expand the scope and coverage of the initiative?
Strategies include advocating for policy environment that recognize basic SRH rights of young key affected populations, building capacity of civil society for creating an enabling environment and partnership with private health sector to provide quality SRH services.

3. **BANGLADESH, MALAWI**
Title of Programme: Do They Match?: Research results on young people's realities and needs relating to sexuality and youth-friendly service provision in Bangladesh and Malawi
Contact: International Planned Parenthood Federation
Implementer(s): International Planned Parenthood Federation (IPPF) and Rutgers WPF
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes, Research
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
In 2006, IPPF did an extensive review of its youth programming, and one of the prominent findings in relation to quality of care was the need to make stronger connections with young people's needs, wants, desires, concerns, problems and realities in designing service-delivery models and programmes. This was particularly true in relation to marginalized populations such as young people living with HIV, pregnant young women and LGBTI young people.

The Do they match? research was commissioned in late 2009 in order to address the deficit in information about young people in relation to the realities that they face in making sexual and reproductive health choices. The research was designed as a qualitative, exploratory research to gain insight into youth sexuality and the factors that influence young people's use of SRH services, taking the experiences, ideas and opinions of young people as the central point of focus.

The research project focused strongly on the link between youth-friendly services and adolescents' needs, wants, desires, concerns, problems and realities, as strengthening the match between those aspects will increase the effectiveness of service delivery. In addition, an important goal of the research project was to build young people's capacity to conduct qualitative research, and, through the research process, to explore and build new forms of

partnerships between young people, Member Association (MA) staff and community stakeholders.

Research was undertaken in Bangladesh and Malawi, MAs that were chosen according to highest levels of unmet need and current work to scale-up sexual and reproductive health service provision to young people. Research was undertaken by teams of young researchers, who received an intensive two-week training, and led by local researchers.The central guiding questions were:
- What are primary sexuality-related concerns for adolescents and what causes these concerns?
- Are the services that the MA is offering relevant for adolescents?
- What factors limit or enable adolescents to use the youth-friendly services that the MA is offering?
- What factors limit or enable the MA to deliver services that match the realities and needs of young people and serve their well-being?

In addition, the initiative looked to evaluate the effect of the process of involving young people in research on:
- Quality of the data and usefulness of youth participation in research for youth programming
- Collaboration between young people, MA staff and community stakeholders
- Individual empowerment of the young people involved.

Outcomes of the initiative
Overall, the research yielded key lessons related to both programme priorities and the value of young people's participation in organizational learning that can be applied more widely. For programmes, the research found that:
- In order to responsively meet the needs of adolescents, it is important that youth-friendly services are integrated within a comprehensive youth SRHR programme and that the service providers are involved in bringing sexuality information to adolescents and in countering stigma and misconceptions.
- Participation of young people in SRHR programmes that target them is a crucial strategy to increasing the effectiveness of these programmes. In particular, youth participation in implementation is crucial to reduce barriers and increase reach.

Additionally, the process of completing the research showed how young people can be meaningfully engaged as researchers and critical evaluators of SRH programmes, and that youth-adult partnerships can be mutually respectful, highly beneficial and help to increase community support.

What Strategies have been used to expand the scope and coverage of the initiative?
Country-specific findings were integrated into the Malawian and Bangladeshi MAs' work to improve access to SRH and HIV services for young people. As follow-up to the Do they match? research, IPPF and Rutgers WPF have developed a three-part toolkit for involving young people as researchers in sexual and reproductive health programmes. This Explore Toolkit is designed to support organisations and professionals in their efforts to build youth-adult partnerships and involve young people in monitoring, evaluation and research of sexual and reproductive health and rights programmes that target them. The toolkit includes case studies and instructions for use, as well as three manuals to train and support young people to conduct qualitative research:
- Participatory Ethnographic Evaluation and Research (PEER) Reviews
- Monitoring and Evaluation (M&E)
- Young People as Researchers

The Explore Toolkit is being mainstreamed into the organisational learning processes of both Rutgers WPF and IPPF, and work involving young people as researchers and evaluators

has been built into current and upcoming youth programmes. The toolkit has also been made publically available and is being promoted amongst colleagues and project partners. The benefits of meaningfully engaging young people as researchers are increasingly widely accepted, including its effect on building positive partnerships between young people and adults. Additionally, youth participation in research can impact programmes through:

- Capturing the voices of beneficiaries
- Gaining youth perspectives on programme progress
- Gathering authentic accounts of programme impact
- Mapping the real sexual behaviour and sexual and reproductive health and rights needs and concerns of young people in target communities
- Discovering effective and innovative methodologies for reaching young people
- Empowering young people to address barriers that impact on their sexual health and well-being.

The Explore Toolkit is currently being tested in countries throughout Africa, Asia and Latin America, and has been well-received by programme partners and young people.

4. EASTERN EUROPE, CENTRAL ASIA

Title of Programme: Mobilization Adolescents Affected by HIV/AIDS EECA
Contact: East Europe & Central Asia Union of PLWH
Implementer(s): East Europe & Central Asia Union of PLWH
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

This initiative included development of social networking platforms with adolescents' web-section.The platform has strengthened communication and built networks among ALHIV by enabling interactions among such adolescents from 5 countries: Ukraine, Russia, Kazakhstan, Uzbekistan and Belarus. ALHIV from other countries throughout the CEECIS Region also benefited from this activity. Activities also included development of communication products and building of ALHIV skills to enable them to become advocates for ALHIV rights at speaking events and other adolescent-led initiatives, which contributed toward their needs and concerns being better articulated and heard by adult PLWH, community leaders, local authorities, service providers, governments and other stakeholders. In addition, participation by ALHIV in high-profile and community events such as the MDG-6 Summit in Moscow (6-8 October) and World AIDS Day events on 1 December supported advocacy by ALHIV for their needs and rights.

Documentation of “good practice” activities and monitoring and assessment of interventions to establish a basis for further, similar actions among/with ALHIV has takem place and included a “mapping” of organizations that provide health and social services available to ALHIV.The described initiative was supported by UNICEF.

Outcomes of the initiative

1. Internet platforms developed & maintained for communication between ALHIV in CEECIS Region
2. Development of communication products, skills building, events, etc.
3. ALHIV advocacy through participation in MDG-6 Summit & World AIDS Day events
4. Information about good practices developed & disseminated

What Strategies have been used to expand the scope and coverage of the initiative?

In response to these challenges in 2011, ECUO with the support from UNICEF has

implemented Regional Pilot “Leadership Program for HIV/AIDS-Affected Adolescents in EECA”. As a result, 31 teens gathered twice in a group this summer, got to know each other, and learned to develop personal leadership skills.

ECUO is going to continue development of this direction, our main objectives in terms of adolescents’ support are:

- To mobilize communities of adolescents living with HIV (ALHIV) to make them able to stand up for their rights to better quality health care, psychosocial support and non-discrimination in educational and medical settings in the CIS region.
- To improve access to the HIV services, especially programs on reproductive health and life-skills approach programs for the HIV+ adolescents from EECA

More specifically, we see the need in the following activities:

1. Set up and facilitate a series of training events for HIV-affected teens on such topics as Life with HIV; SRHR; Life Skills; ARV Treatment and Adherence; Status Disclosure, Interpersonal Communications.
2. Organize Regional Summer (or Summer and Winter) Camps/Schools for adolescents from EECA and Caucasus at least once a year which would combine health strengthening as well as education and empowerment activities.
3. Set up a series of study tours/exchange visits among participating countries in order to facilitate communication and experience exchange among teen activists in the region.
4. Develop and disseminate special information materials targeting specifically teens affected by HIV and in “their” language, including WEB2.0.
5. Set up a small grant or seed funding program to provide minimum support to HIV-affected teens in launching their local community-level initiatives focused on supporting their peers (see some examples described below).

Judging from our recent experience, HIV-affected adolescents are the most grateful target audience that is ready to give back immediately. All participants of our 2011 Summer Camp immediately suggested to develop and publish a book of their life stories so that kids who didn’t get a chance to participate in the event can learn and protect themselves as well. http://ecuo.org/en/ecuo/news/2011/11/02/same-story/

5. GLOBAL

Title of Programme: Young People Living With HIV Influencing the High Level Meeting on HIV in 2011
Contact: Global Network of People Living with HIV
Implementer(s): GNP+, World AIDS Campaign and the Y+ Advisory Group
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
In 2010, GNP+ established the Y+ Programme as a secretariat focal point for young people living with HIV. Since its creation the Y+ Programme has established itself as the global focal structure for issues pertaining to HIV positive young people – consulting with and advocating for the needs of young people living with HIV.

Y+ Programme is coordinated from within the GNP+ Secretariat with guidance and support provided by the Y+ Advisory Group: a voluntary group of young people living with HIV, who have demonstrated a commitment and a connection to a constituency of YPLHIV within their

region or community. The Advisory Group acts as a mechanism to facilitate the effective communication and networking of the broad community of YPLHIV across the world. The Y+ Advisory Group's role is to support GNP+ to achieve the following objectives:

- To build and strengthen a global virtual network of YPLHIV
- To advocate for meaningful and engage YPLHIV participation in the global response to HIV
- To support the leadership and capacity building of YPLHIV
- To connect YPLHIV to support each other, share experiences, best practices and information
- To integrate YPLHIV into existing PLHIV networks, organisations and initiatives. Currently the Y+ Advisory Group comprises of 28 members and structured in 4 working groups: Advocacy, Knowledge Management, Leadership and Sexual & Reproductive Health

GNP+, in partnership with the World AIDS Campaign, supported a number of young people living with HIV to take part in the UNGASS Civil Society Hearing, and the High Level Meeting in June 2011. The Y+ Programme led a consultation with young people living with HIV both online and offline to develop a set of advocacy priorities for the UNGASS process. These 5 priority areas are:

1. Meaningful Involvement: While young people living with HIV are often involved in the HIV response in some ways, there is no common understanding of best practice for meaningful involvement or some of the more specific barriers facing YPLHIV to achieving this involvement.
2. Empowerment and Leadership: The skills and commitment that is abundant in the community of YPLHIV must be celebrated and strengthened through leadership and empowerment programming.
3. Continuum of Care: YPLHIV go through a number of stages of development in their young lives that means their service needs may change and shift – programmes and policies must respond to this changing continuum of prevention treatment care and support demands.
4. Diversity: There is great diversity within the community of YPLHIV and stigma and discrimination relating to this diversity is often one of the biggest obstacles to accessing adequate services.
5. Disclosure: The current climate (legal, political and social) does not always support the rights of YPLHIV around the process of disclosure.

A supporting Advocacy brief then was developed to be shared with member states and technical partners attending the High Level Meeting. Young people living with HIV were supported to share the outcomes of these consultations at the Youth Strategy Caucus (in which more than 70 organisations attended), to deliver at various gatherings pre HLM, and most importantly, to lobby their national UN delegations and in New York to meet with UN ambassadors.

Outcomes of the initiative

The final UN Political Declaration was clearly influenced by the coordinated advocacy efforts of the Y+ programme and network, as specific commitments reflected the priorities outlined in the Y+ Advocacy Messages. There were 4 explicit mentions in the commitments section of the declaration recognising the specific needs of young people and adolescents living with HIV:

- Support leadership development and active engagement in policy (paragraph 56)
- Develop and implement strategies to improve infant HIV diagnosis, treatment and care for children and adolescents living with HIV through providing financial and social support for adolescents, their families, caregivers among others, including support for paediatric-adolescent-adult transition (68)
- Strengthen national social and child protection system including the provision of

information and support to children and their families and caregivers, especially age-appropriate HIV information to assist children living with HIV (82)
- Promote laws and policies that ensure the full realisation of all human rights and fundamental freedoms for young people, particularly those living with HIV (83)

What Strategies have been used to expand the scope and coverage of the initiative?
Meaningful involvement of YPLHIV:
The Y+ Programme involves YPLHIV in all aspects of the programme since its inception. GNP+ acknowledges the value that the community of YPLHIV bring to the HIV programming and recognize that participation of YPLHIV in their response to HIV is critical to the development of any policy, programme and initiatives. GNP+ was able to mobilise resources for the GNP+ Youth Officers position whose responsibility is to manage the Y+ Programme and facilitate the Y+ Advisory Group. With support from the Y+ Advisory Group, GNP+ Youth Officer ensures that all GNP+ strategy and programmes respond appropriately to the specific needs of YPLHIV, as well as support other partners in their efforts responding to YPLHIV.

Multi Pronged partnership strategy:
The Y+ Programme and the Advisory Group collaborates with a variety of partners recognizing the need for a multi-stakeholder approach to addressing the needs of YPLHIV. Key collaborating partners include HIV Young Leaders Fund, IPPF, UNAIDS, ILO, IATT on HIV and young people, UNESCO, UNICEF, WHO and World AIDS Campaign. Further engagement with other networks of affected communities has been established to ensure the full diversity of the YPLHIV community have sufficient space to contribute to the agenda and share their expertise and experiences in the programme.

Robust, transparent and meaningful consultations with young people living with HIV:
The Y+ Program conducted a number of consultations with young people living with HIV to develop key messages taking into account experiences of individual YPLHIV as well as organisations and networks of YPLHIV working at local, national, regional levels. These consultations were guided by Y+ Advisory Group in terms of determining methodologies, setting expectations for outcomes.Through online questionnaires (in multiple languages), in-depth interviews and face-to-face meetings, rich input were captured. YPLHIV who took part in these processes also showed ownership and efficiently advocated with their governments to ensure their voices are heard.

6. **GLOBAL**
Title of Programme: Y+ Programme of GNP+
Contact: The Global Network of People Living with HIV
Implementer(s): GNP+
Implemented by: Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
An estimated 33.2 million people are living with HIV, of whom 5.4 million are young people. However, in the global response to HIV there is a massive gap in the support and the meaningful and engaged participation of youth living with HIV (YPLHIV).

Against this backdrop, in 2010, GNP+ established the Y+ Program as a secretariat focal point for young people living with HIV. Since its creation the Y+ Program has established itself as the global focal structure for issues pertaining to HIV positive young people – consulting with and advocating for the needs of young people living with HIV.

Y+ Program is coordinated from within the GNP+ Secretariat with guidance and support provided by the Y+ Advisory Group – a voluntary group of young people living with HIV, who have demonstrated a commitment and a connection to a constituency of YPLHIV within their region or community. The Advisory Group acts as a mechanism to facilitate the effective communication and networking of the broad community of YPLHIV across the world. The Y+ Advisory Group's role is to support GNP+ to achieve the following objectives:

- To build and strengthen a global virtual network of YPLHIV
- To advocate for meaningful and engage YPLHIV participation in the global response to HIV
- To support the leadership and capacity building of YPLHIV
- To connect YPLHIV to support each other, share experiences, best practices and information
- To integrate YPLHIV into existing PLHIV networks, organisations and initiatives. Currently the Y+ Advisory Group comprises of 28 members and structured in 4 working groups: Advocacy, Knowledge Management, Leadership and Sexual & Reproductive Health

The work of Y+ Advisory Group and GNP+ has been focused on a number of priorities derived from a comprehensive consultation process. Meaningful involvement of YPLHIV is one of the priorities identified. Specific recommendations that were made in this area include:

- Research is needed to ascertain the levels to which YPLHIV are currently involved in networks of PLHIV (at all levels) and youth-led and serving organisations and initiatives and best practice developed accordingly.
- Develop guidelines directed towards networks of PLHIV and youth-led and youth serving organisations and initiatives, enabling the greater and more meaningful involvement of YPLHIV
- Support YPLHIV that are already engaged with networks of PLHIV and youth-led and serving organisations and initiatives, to strengthen programs and ensure advocacy messages are responsive to the need of YPLHIV through strong networking across the YPLHIV community.

In 2012, based on GNP+ experience in facilitating the involvement of YPLHIV and the research it conducted in 2011 with 350 YPLHIV, 175 youth-led organisations and networks of people living with HIV worldwide, GNP+ developed the GIYPA Roadmap and the GIYPA Guidebook to support YPLHIV to be meaningfully involved in the HIV response and to support organisations and networks to scale up the meaningful involvement of YPLHIV respectively.

Y+ Advisory Group members and GNP+ also contributed to the development of several policies and guidelines, such as UNESCO Positive Learning: meeting the needs of YPLHIV in educational sector, WHO Guidance for HIV Testing and Counselling and care for adolescents living with HIV, among others.

Outcomes of the initiative

The Y+ Program of GNP+ has been able to mobilise YPLHIV across the world to establish a sustainable community of YPLHIV where they are equipped with appropriate tools and support to drive their own agendas and actively contribute to addressing these recommendations.

Engaging with numerous partners and refining the knowledge based on the needs of young people living with HIV, the Y+ Program has become a well-known, respected and credible structure that supports young people living with HIV and those that work with them. Notable positive outcomes also see more recognition of YPLHIV contributions in the HIV

response. This includes, but is not limited to, the outcome declaration of the 2011 Political Declaration on HIV, which commits countries to…"support the active involvement and leadership of young people, including those living with HIV at local, national and global levels."

What Strategies have been used to expand the scope and coverage of the initiative?
Meaningful involvement of YPLHIV:
The Y+ Program involves YPLHIV in all aspects of the program since its inception. GNP+ acknowledges the value that the community of YPLHIV bring to the HIV programming and recognize that participation of YPLHIV in their response to HIV is critical to the development of any policy, program and initiatives. GNP+ was able to mobilise resources for the GNP+ Youth Officers position whose responsibility is to manage the Y+ Program and facilitate the Y+ Advisory Group. With support from the Y+ Advisory Group, GNP+ Youth Officer ensures that all GNP+ strategy and program respond appropriately to the specific needs of YPLHIV, as well as support other partners in their efforts responding to YPLHIV.

Multi Pronged partnership strategy:
The Y+ Program and the Advisory Group collaborates with a variety of partners recognizing the need for a multi-stakeholder approach to addressing the needs of YPLHIV. Key collaborating partners include HIV Young Leaders Fund, IPPF, UNAIDS, ILO, IATT on HIV and young people, UNESCO, UNICEF, WHO and World AIDS Campaign. Further engagement with other networks of affected communities has been established to ensure the full diversity of the YPLHIV community have sufficient space to contribute to the agenda and share their expertise and experiences in the program.

7. **GLOBAL**
Title of Programme: Portfolio of Materials to Guide Programs and Policies for Adolescents Living with HIV
Contact: John Snow, Inc.
Implemented by: Private Sector
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Improvements in child health have contributed to a boon in the global youth population. In developing country settings, young people (under age 24) comprise over 40% of the total population, stressing the imperative for youth-friendly services. An advance that has affected child health outcomes is antiretroviral treatment (ART). Before widespread roll out ART, children who acquired HIV perinatally were not expected to live beyond their fifth birthday. Slow progression of HIV in some children combined with advances in ART is resulting in children living with HIV to look forward to long, healthy lives; thus clinical transition from pediatric to adult care must be both a policy and programmatic consideration. As part of its mandate to provide technical assistance to USAID and USG country teams to build effective, well-managed, and sustainable HIV and AIDS programs and to promote new leadership in the global campaign against HIV, the AIDS Support and Technical Assistance Resources Project (AIDSTAR-One) has developed a portfolio of activities focusing on adolescents living with HIV (ALHIV). First, AIDSTAR-One compiled evidence from the literature and conducted key informant interviews to draft policy recommendations in a Technical Brief. In collaboration with USAID and other stakeholders, AIDSTAR-One organized a Technical Consultation for implementers, and donor agencies with meaningful involvement and input from young people to share ideas and experiences. In order to provide practical guidance, AIDSTAR-One has developed the Toolkit for Transition of Care and Other Services for

Adolescents Living with HIV to guide programs to transition children living with HIV from pediatric to adult services. The Toolkit builds off of the Technical Brief and Technical Consultation to help health and community care providers, families/caregivers, and the ALHIV themselves address the unique needs of ALHIV and build self-management capacity. The Toolkit includes: psychosocial development; mental health; clinical considerations; sexual and reproductive health; protection; alcohol and substance use; beneficial disclosure; loss, grief, and bereavement; positive living; and community linkages. Further, as part of the response to the high HIV prevalence rates and unmet needs of adolescents, PEPFAR and USAID's Africa Bureau and in collaboration with UNICEF supported AIDSTAR-One in conducting a Mapping Survey to identify HIV policies and services for adolescents in ten sub Saharan African countries. The survey entitled, Mapping HIV Services and Policies for Adolescents: A Survey of 10 Countries in Sub-Saharan Africa, identifies and prioritizes adolescent activities that most complement the four USG priority areas and additional cross-cutting adolescent activities that may be integrated more widely. Through conducting the Mapping Survey, AIDSTAR-One offers wider technical guidance for USAID, UNICEF and host country governments by highlighting promising practices, service gaps, areas of programmatic prioritization and potential areas for integration that can serve as a resource for program planners and policy-makers working to improve services for ALHIV in sub-Saharan Africa.

Outcomes of the initiative

The resources developed by AIDSTAR-One will be used to enhance funding and technical guidance to countries lacking adolescent services. The Technical Brief provides specific, actionable recommendations for policymakers and program planners that provide a broad framework for consideration to inform and improve future adolescent programs. At the Technical Consultation, following stakeholder presentations and input from ALHIV, country teams created action plans to inform next steps in adolescent programming. The Toolkit compliments policy recommendations by providing practical guidance and tools to assist in transition planning for ALHIV, paving the way for adolescents to move towards adult focused care in a carefully planned manner. Finally, the Mapping Survey provides recommendations and easy actionable next steps for policy makers and program planners to improve ALHIV programming within their country context. The adolescent package as a whole provides technical guidance, strengthening services for ALHIV, in a critical step towards improving overall youth-friendly services.

What Strategies have been used to expand the scope and coverage of the initiative?

This portfolio of adolescent activities has been created in response to gaps in programming for adolescents living with HIV that have been identified through a review of the literature and during the creation of the Technical Brief. As vertically infected adolescents emerge as a unique and unplanned for population, people living with HIV, policymakers, programmers, and service providers must focus attention and develop a stronger understanding of their unique health and social support needs. In order to expand scope and coverage of adolescent activities, AIDSTAR-One has employed several mechanisms to ensure widespread programmatic and policy guidance. The Toolkit has been written in tandem with a Training Manual which provides in-depth guidance for implementers on Toolkit utilization and the special needs of ALHIV including guidance for transition, effective communication, working with the family/caregiver, provision of adolescent-friendly services and employment of a case study approach to consider Toolkit utilization and provision of adolescent-friendly services. The Training Manual will be disseminated and posted in tandem with the Toolkit on the AIDSTAR-One website to provide further guidance and information for implementers working with ALHIV. Additionally, in order to further highlight the special needs of adolescents living with HIV and expand the scope and coverage of the portfolio of adolescent materials, AIDSTAR-One will conduct a series of 4 webinars October-December of 2013 in which information from the Technical Brief, the Mapping Activity, and the Toolkit will be introduced. AIDSTAR-One will set up 4 webinars allowing presenters from multiple

locations to share slides with participants who will have the ability to ask questions via voice, text or a virtual white board. These live presentations will also be recorded and posted to the AIDSTAR-One website following the webinar. To further expand scope and coverage of the activities, all materials are printed and distributed in hard copy and electronically through the AIDSTAR-One website and the webinar series will be posted on the AIDSTAR-one website. Print distribution, electronic distribution and social media outreach will be utilized to ensure the widest possible dissemination that includes national governments and implementers, USG, other bilateral donors, and international organizations.

8. **GLOBAL**

Title of Programme: Grants Programme
Contact: MTV Staying Alive Foundation
Implementer(s): Young leaders of organisations dedicated to HIV-prevention among young people in their community
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Capacity building of youth-led organisations
Programme being implemented since: 2005
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The MTV Staying Alive Foundation (SAF) works with youth-led (i.e. 18–27 years of age) community-based organisation who deliver HIV-prevention projects across Africa, Asia, Latin America, and Eastern Europe specifically targeted at young people. SAF gives these organisations grants of up to $12,000 a year (for up to 4 years) to deliver their HIV-prevention projects. These projects are selected on the basis of the need, originality, and effectiveness of their approach.

Each grantee is unique because they target specific communities affected by culturally specific issues related to HIV. Prevention methods used by our partners include innovative approaches to education and counselling, condom distribution, and HIV testing. SAF's previous and current grantees have shown that these interventions can reach thousands of people within target populations in the space of just 1 year.

SAF also aims to improve the sustainability of its partner organisations by enrolling their young leaders into a capacity building programme, including workshops and on-going online courses. These programmes not only build the capacity of SAF's partner organisations and the effectiveness of their HIV-prevention projects, but they also help to develop the skills and knowledge of their young leaders.

Outcomes of the initiative

By supporting grassroots organisation run by and for young people while systematically strengthening their organisations, SAF seeks to reinvigorate efforts to prevent transmission of HIV, increase attention on the needs of young people, and help ensure young people are at the forefront in the continuing fight against HIV/AIDS.

What Strategies have been used to expand the scope and coverage of the initiative?

The MTV Staying Alive Foundation (SAF) grants programme was launched in 2005. Then in 2009, SAF launched its capacity building training, in partnership with Restless Development—this originally included a 10-day residential workshop in the first year of funding where leaders of each grantee organisation (plus a colleague to ensure dissemination of knowledge throughout their organisation) were trained in the following areas: strategic planning, monitoring and evaluation, resource mobilisation and partnerships,

financial management, and media and marketing.

Then in 2010, the capacity-building programme was expanded to include a series of e-courses, in partnership with the Global Youth Coalition on HIV/AIDS. Grantees in the second and third years of funding receive this additional training. These e-courses focus on political advocacy, project management, and grant writing.

In 2012, SAF and Restless Development initiated a pilot 4-day training workshop on leadership and people management. This workshop helps grantees to share their knowledge and skills with their colleagues and volunteers and effectively lead their organisation. Evaluation of our current training workshops has shown a consistently expressed need for additional training in management of human resources. Our objective is to roll out these leadership and people management workshops on a larger scale and expand the range of topics in additional workshops to include financial management and monitoring and evaluation as and when they are needed.

9. **GLOBAL**
Title of Programme: Stepping Stones
Contact: Salamander Trust
Implementer(s): Various different ones, including governments, UNDP, INGOs and local organisations
Implemented by: Government, Civil Society, Faith-based, UN or other inter-governmental organization, INGOs and local organisations
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Improvements in: mental health, mutual respect & support between youth & elders & across the genders, greater involvement of young men in care-giving roles, condom use, communication & relationship skills, improved SRH, increased role of young women in decision-making, increased sharing of income by young men, increased planning for the future by both. Reductions in: alcohol & other drug consumption, GBV, gun use, crime.
Programme being implemented since: Developed 1993-5, published 1995. Supplement (Stepping Stones Plus) published 2008. Many adaptations worldwide (e.g. latest in Karamoja, Uganda with youth and adults.
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Stepping Stones is a training package in gender, HIV, communication and relationship skills. It is also sometimes described as a life-skills training package, covering many aspects of our lives, including why we behave in the ways we do, how gender, generation and other issues influence this, and ways in which we can change our behaviour, if we want to.

Stepping Stones was developed between 1993 and 1995, mainly in Uganda, working with a rural community, comprising Muslims, Protestants, Catholics and others, all living together in the same village. The package was designed in response to the vulnerability of most women, men and young people in decision-making regarding sexual behaviour, through men's gendered patriarchal domination of women and older people's generally repressive attitudes towards youth.

Since it addresses many issues common to all of us wherever we live, and depends on participants' own life experiences, rather than externally imposed scenarios, the package has been widely adapted for many different contexts. These include urban communities, LGBTI communities in the Caribbean, people who use drugs in Myanmar, Kazakhstan, Russia and Kyrgyzstan, sex workers in India, people in prison in Morocco and India, school teachers in Malawi, women living with HIV and their partners in Malawi, university students in

Namibia, high school students in South Africa and so on.

The original programme consists of 18 3.5-3 hr sessions, ideally over 10-12 weeks. Four peer groups of young men, young women, older men, older women, are trained simultaneously. Four themes include: group dynamics, HIV& SRH& safer sex, why do we behave as we do, and how we can change if we want to.

Outcomes of the initiative

The best known outcome for Stepping Stones is reduced Intimate Partner Violence. This was identified by an RCT in South Africa. However there are also many other concomitant outcomes. These include the results listed above (e.g. improved mutual respect and understanding across genders and generations, improved mental health of young men and young women, increased condom use, improved SRH, reduced alcohol, drug and gun use, increased will to live and to forward plan amongst young people. The programme is highly ambitious, diverse and complex and this is reflected in the many reported outcomes. For example in an informal settlement in Dar es Salaam, Tanzania, young adults described how Dominic, a PASADA outreach worker, visited them several times, from 2005, suggesting that they might be interested in a programme called “Stepping Stones” but that they used to chase him away. At that time, they said, they were involved in street crime, and used a lot of alcohol and other drugs, guns and knives. They showed us photos of high piles of rubbish in the neighbourhood and described their lives as pretty tough. Dominic’s persistence and talents paid off however. In 2007, they finally agreed to let him run a “Stepping Stones” workshop. When we met the group, they welcomed us into a lively, bright spotless neighbourhood, with loud music blaring from a marquee, with a welcoming committee to greet us and tell us about what they have done, inspired by what Stepping Stones opened up for them, since Dominic’s workshop. They described how, once the workshop had finished, they decided to form themselves into a group, entitled “TAYOPAD”, which stands for “Tanzania Youth of Paradise in Africa for Development”. Through this self-help group, they have cleared up and cleaned up the neighbourhood, developed a tree nursery as an income-generation project and have been trained to roll out Stepping Stones to young people in neighbouring communities who have asked for their support. This group explained that they initially had problems with the police, who hadn’t realized that they were trying to move on from past behaviours. So they decided to run a workshop, using parts of Stepping Stones with the police, and thereby won the police round to support them.

What Strategies have been used to expand the scope and coverage of the initiative?

This has varied in different countries. In the Gambia, for example, the Gambian FPA worked with the Gambian Govt and other NGOs to roll it out across several districts. In Malawi, COWLHA have received funds from the UN Trust Fund to End Violence Against Women to roll it out across 12 of 28 districts. In India, Karnataka Health Promotion Trust in India rolled out the programme to many thousands of participants. In Mozambique in 2003 the World Bank and ActionAid rolled it out to 500,000 participants.

Scaling up definitely reduces cost per capita. However, there is still a need for sustained and on-going support for programmes, especially in relation to providing seed funds for livelihoods IGAs, which can build on the newfound capacity for mutual cooperation and support which the programme creates.

One new initiative, "Creating Futures" from HEARD and the S African MRC, is especially encouraging in this regard. Whilst its creators are clear that theirs is not a stand-alone programme and needs Stepping Stones to be run first, we are also sure that having a programme such as "Creating Futures" to build on the promise and excitement that "Stepping Stones" evokes in communities is key in sustaining the change which participants seek to make in their lives.

Salamander Trust meanwhile hosts a 3-language website (www.steppingstonesfeedback.org) which acts as a resource to promote South-South and South to North learning about the programme, and about who has used it, where and how it can be adapted. We coordinate an International Stepping Stones Community of Practice, with over 1,000 organisation members worldwide, we produce a newsletter every 3 months or so and also operate a ning platform through which members can share their ideas and experiences. We have a constant stream of enquiries about the programme by email and see an ever-growing demand for information about the programme. We struggle constantly with funding to maintain this back-up support however, since it is not seen as integral to the programme.

10. GLOBAL

Title of Programme: MSMGF Youth Reference Group
Contact: Global Forum on MSM & HIV
Implementer(s): Global Forum on MSM & HIV
Implemented by: Civil society
Type of Initiative: Prevention of new HIV infections, Increased access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/assessed? No

Short description of the initiatives

In every world region, men who have sex with men (MSM) face significantly higher rates of HIV than the general population. Young people are also at increased risk for HIV, comprising over 40% of new HIV infections worldwide. Young MSM (YMSM) face the heightened risks of both populations, as well as a number of vulnerabilities that are unique to YMSM. While data on HIV among YMSM are extremely limited, existing studies show high HIV prevalence among YMSM around the world: Russia (9%), Malawi (22%), Namibia (17%), Botswana (21%), United States (19%), Peru (13%), China (6%).

Despite the clear need for intervention, YMSM are often left out of research, policy, and programs designed for general MSM, general youth, and the general population. This has led to funding gaps, inappropriate programming, lack of surveillance data, access problems, and an absence of youth--specific services targeting the unique needs of young gay men.

In order to elevate and address the needs of YMSM in the response to HIV at the local--, national--, and global--level, the Global Forum on MSM & HIV (MSMGF) established the MSMGF Youth Reference Group (MSMGF YRG). First convened in 2010, the MSMGF YRG is composed of 18 YMSM advocates working for the health and human rights of YMSM in their respective regions around the world. The YRG advises and coordinates the work of the MSMGF on YMSM issues, advocating for the empowerment of YMSM within the global HIV response through skills building, cross networking, and meaningful participation in the decision--making processes that affect YMSM.

The MSMGF YRG meets bi--monthly via teleconference and biennially in person to strategize and advance initiatives to meet its goals. By bringing together accomplished YMSM advocates from every major world region, the MSMGF YRG is able to identify pressing cross--cutting issues and leverage the expertise of MSMGF YRG members and the resources of the MSMGF Secretariat to address them.

Since its inception in 2010, the MSMGF YRG has primarily focused on: A) elevating YMSM issues at major international forums; and B) generating data on YMSM health and human rights through research initiatives.

MSMGF YRG members have convened panel discussions at the most recent International AIDS Conference (“Putting the Pieces Together: Responding to the needs of Young Men Who Have Sex with Men and the HIV epidemic”) and the AIDS 2012 MSM pre-conference (“Targeting YMSM: An International Look at Programs and Funding for Young MSM”).

MSMGF YRG members also collaborated with the MSMGF Secretariat to produce a policy brief using data on YMSM from the MSMGF’s 2012 Global Men’s Health and Rights (GMHR) survey. Entitled “Yount Men who have sex with Men: Health, Access & HIV,” the publication featured a secondary analysis of GMHR data from more than 2400 YMSM, indicating that YMSM around the world experience higher levels of homophobia, unstable housing, violence, and other factors that hinder access to HIV services, compared to older MSM. The publication concluded with a set of recommendations for supporting YMSM health and human rights that were developed collaboratively by members of the MSMGF YRG.

Outcome of the initiative
The MSMGF YRG’s efforts thus far have been effective in raising awareness of the unique issues faced by YMSM globally and the urgent need to address them. Both panel discussions at the 2012 International AIDS Conference were delivered to full houses and received very positive reviews. The YMSM policy brief was particularly successful in this regard, generating news stories in multiple outlets across three continents. The data and analysis presented in the policy brief was showcased at the first-ever LGBT panel at the World Bank’s 2013 Spring Civil Society, used to inform debate in the Scottish Parliament and helped guide the development of a national youth strategy to address HIV in Lebanon.

What Strategies have been used to expand the scope and coverage of the initiative?
In order to expand the scope and coverage of the initiative, members of the MSMGF YRG launched a formal strategic planning process. The process began with a full--day strategic planning meeting, where members from each region provided an overview of needs, challenges, and opportunities in their region; presentations were followed by group discussions regarding strengths and weaknesses of the MSMGF YRG in terms of meeting needs identified and taking advantage of existing opportunities. Members chose to split into three standing working groups, each focused on advocacy, research, and programs and services, respectively.

These working groups have been meeting regularly over the past year to develop global strategies for each focus area. By the end of 2013, these strategies will be fused into a single strategic plan that will guide the expansion of the MSMGF’s YRG’s work moving forward. Once the strategic plan is finalized, members of the MSMGF YRG will work with the MSMGF Secretariat to raise funds to support the activities identified by MSMGF YRG members. Once funded, the MSMGF Secretariat will host the projects and oversee implementation in close partnership with the MSMGF YRG.

11. **KENYA, RWANDA, ZAMBIA, TANZANIA, BENIN, SRI LANKA**
Title of Programme: Mobilizing and Investing in Young Women's Leadership and Advocacy around SRHR &HIV
Contact: World YWCA
Implementer(s): Young women as peer educators and mentors
Implemented by: Faith-based
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Since 2009 and building on the outcomes of the Africa Regional Training Institute, the World

YWCA, initiated a Programme titled “Mobilising and Investing in Young Women’s Leadership around Sexual and Reproductive Health and Rights” in eight African countries. This programme has provided training, information and referrals to reproductive services for over 28,000 young women through a network of peer educators and safe space leaders.The World YWCA has also provided opportunities for the young women in the movement to speak out on their SRHR on panels at regional and international policy making spaces, such as the African Union Summits 2011 and 2012, and CSW 55 and 56, UN High Level Panel on HIV and Civil Society Hearing held in June 2011. In all these meetings the World YWCA strongly lobbied for strategies that will promote the SRHR of young women, particularly access to accurate youth friendly and comprehensive sexuality education and services. The programme has also enhanced the capacity for young women to make informed decisions and dialogue in safe spaces about their SRH needs, access to contraceptives, how to protect themselves from HIV infection and provide psychosocial support to their peers who are living with HIV

The YWCA of Sri Lanka, is part of the World YWCA's Mobilising Young Women's Leadership and Advocacy in Asia and the Pacific project-where over 500 young women leaders have been trained to understand their rights and be agents of change in their communities. The project was developed by young women for young women over a two-year period with the specific objective of mobilising young women’s leadership across Asia and the Pacific.In the first year of the Young Women Lead Change programme, 72 young women from seven locations (Jaffna, Mannar, Trincomalee, Batticaloa, Galle, Baddegame and Kurunegala) were trained as peer educators. A mid-year review of the program found that 6 months after the initial training, at least 75% of these young women had facilitated at least one training in their community while around 40% had continued to facilitate regular discussions and workshops on sexual and reproductive health. It is estimated that in the first phase of the programme, peer educators provided evidence based information on gender based violence and sexual and reproductive health to at least 500 young people in urban and rural areas of Sri Lanka.

Outcomes of the initiative
The YWCAs in the 8 countries have mentored the young women to establish networks of peer educators, which reached over 10,000 young women in the 8 countries. The YWCAs have developed a safe spaces model which provides information, accompaniment to youth friendly services that include counselling, family planning, contraceptives and abortion services where not restricted, post abortion care. They ensure their youthful clients have accurate information and can challenge cultural and traditional myths about young women’s sexuality which hinder them from making informed and responsible sexual choices. These young women also became champions at community level as they engaged with traditional leaders and convinced them to promote the SRH rights of young women and girls. Out of this group, 8 young women were involved in the development of the SRHR youth fact sheet, which summarised the challenges young face in accessing family planning services, the pressure they have to conform to traditional norms and the fear of stigma and reprisals when they have an unintended pregnancy or test HIV positive. They recommend governments should implement all regional and international commitments, remove barriers to sexual and reproductive health information and services by enforcing legal and policy framework that promote young people’s access services with full respect for human rights, including rights to privacy, confidentiality, informed choice and voluntary consent in the provision of services, free from discrimination and coercion.

In Sri Lanka, mid-year review of the program found that 6 months after the initial training, at least 75% of these young women had facilitated at least one training in their community while around 40% had continued to facilitate regular discussions and workshops on sexual and reproductive health. It is estimated that in the first phase of the programme, peer educators provided evidence based information on gender based violence and sexual and

reproductive health to at least 500 young people in urban and rural areas of Sri Lanka.

What Strategies have been used to expand the scope and coverage of the initiative?
The young women were involved in the development of the SRHR&HIV: youth fact sheet, which summarised the challenges young face in accessing family planning services, the pressure they have to conform to traditional norms and the fear of stigma and reprisals when they have an unintended pregnancy or test HIV positive.They recommend governments should implement all regional and international commitments, remove barriers to sexual and reproductive health information and services by enforcing legal and policy framework that promote young people's access services with full respect for human rights, including rights to privacy, confidentiality, informed choice and voluntary consent in the provision of services, free from discrimination and coercion.

12. NIGERIA, ROMANIA, INDIA, CANADA, MEXICO, MAURITIUS, LEBANON
Title of Programme: Youth RISE Up! For HIV Prevention
Contact: Youth RISE
Implementer(s): Youth RISE members
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? No

Short description of the initiatives
Youth RISE Up! For HIV Prevention is a youth-led peer education project targeting young people who use drugs. The project involved the development of a peer education guide that assists young facilitators to conduct workshops with their peers on sexual health, drug related harm reduction and HIV prevention. This guide is the result of a series of workshops conducted in 2009 and 2010 by young people in Romania, India, Mexico and Canada. During these workshops we identified gaps in the information young people who use drugs have regarding sexual health and drug use. We also identified the best ways to talk about drug use and sexual health among young peers.

This guide provides information, practical activities and resources to facilitate youth-led peer trainings. The guide includes: basic information about HIV/AIDS and drug use; provides strategies for reducing sexual health and drug related harms; and addresses stigma and discrimination related to sexual behaviour and drug use.

In addition to the workshop facilitators guide, country teams developed additional resources as needed in particular contexts such as overdose prevention, streetsmart drug use and sex work, party safe resources and advocacy materials.

Outcomes of the initiative
Outcomes of the initiative include:
- development of peer education workshop facilitation guide for sexual health, harm reduction and HIV prevention;
- training of 200 young peer educators in 8 countries; and
- development of 6 supplement resources on diverse and context relevant issues.

What Strategies have been used to expand the scope and coverage of the initiative?
The peer education workshop facilitation guide was developed with intention to expand the initiative, as any young person is free to use these resources. Furthermore, in some cases following the successes of the peer education workshops under this project, the workshops have become part of organisational programs- e.g. in Mauritius, the peer education workshops are now part of their programmes targeting street children.

13. **COUNTRY UNSPECIFIED**

Title of Programme: Adolescent Health Development
Contact: Adolescent health development
Implementer(s): Ministry of Health
Implemented by: Government
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Stepping stone program
Programme being implemented since: 1999
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The main purpose of the AHD program is to educate adolescent and young people on AHD related issues,and also motivates them it access to the services provided at the various clinics furthermore informing them to make wise and informed choices. Our target groups that we normally work with are adolescent and youths.we have 4 main component in our organizations and these are: 1. in school program, 2. out of school program, 3. faith based organization, and 4. media.

The activities that we conduct are: 1. creating awareness on 1) HIV and AIDS, 2) teenage pregnancy, 3) drugs and substance abuse, 4) STIs, and 5) teenage suicide, to the communities and schools; 2. conducting voluntry confidential counseling and testing; and 3. conducting training in communities and conducting peer education training in secondary schools.

Outcomes of the initiative

The outcome of the program is that majority of the young people are accessing the clinics and inviting the peer educators to create awareness down to the grassroot level .furthermore we have lots of invitation from diferent denomination and communities.

What Strategies have been used to expand the scope and coverage of the initiative?

1. Working with other stakeholder
2. Conducting training and workshops
3. Conducting awareness

VI. Western Europe and Other States

1. **BELGIUM**

Title of Programme: L'Education à la Vie Affective et Sexuelle Auprès des Jeunes
Contact: Commission Communautaire Francaise: COCOF Délégation Wallonie-Bruxelles

Short description of the initiatives

Parmi les nombreux objectifs de promotion de la santé menés en Communauté française de Belgique, on retiendra la volonté d'intégrer la prévention du sida et des autres IST dans les programmes d'éducation sexuelle destinés aux jeunes pendant, leur scolarité et aux personnes vivant en milieu d'accueil (notamment les personnes handicapées mentales). Afin de rencontrer cette préoccupation, le Ministère de la santé a développé avec l'AGERS (Administration générale de l'enseignement et de la recherche scientifique), une politique relative à l'EVRAS (Education à la Vie Relationnelle, Affective et Sexuelle) qui se décline comme suit:

«L'éducation à la vie affective et sexuelle auprès des jeunes poursuit également de nombreux objectifs de promotion de la santé et de prévention:

- protéger la santé des jeunes femmes mais également leur capacité de fécondité via la promotion de certaines vaccinations, la prévention et le dépistage des IST, l'accès aux

examens préconceptionnels;
- favoriser la naissance d'enfants désirés en sensibilisant les jeunes à l'utilisation des différents moyens de contraception et en leur en facilitant l'accès ;
- réduire le nombre de grossesses précoces et de grossesses non désirées en sensibilisant les jeunes à l'utilisation des moyens de contraception et des moyens d'interruption précoce d'une grossesse non désirée (pilule du lendemain, pilule abortive, IVG, …).
- La généralisation de l'EVRAS en milieu scolaire et son développement en milieu extrascolaire accueillant des jeunes particulièrement vulnérables est une stratégie essentielle de réduction des inégalités sociales de santé, de renforcement de l'égalité entre les hommes et les femmes, de réduction des discriminations liées au genre, à l'origine culturelle, à l'appartenance sexuelle.
  Afin de favoriser la généralisation de l'EVRAS en milieu scolaire et son développement en milieu extrascolaire, diverses stratégies d'actions sont développées :
- l'invitation formelle de la Ministre de l'Education à implanter un programme d'EVRAS au sein de chaque école primaire et secondaire ;
- la création par la Ministre de la Santé de 10 Points d'appui EVRAS via les Centres locaux de promotion de la santé afin qu'ils puissent aider les acteurs scolaires et les acteurs en EVRAS à élaborer des programmes d'EVRAS pertinents (adaptés aux besoins des élèves, prenant en compte les attentes des élèves, impliquant les familles) ;
- l'organisation de modules de formation destinés aux acteurs scolaires désireux de contribuer à l'élaboration d'un programme d'EVRAS en milieu scolaire ;
- la diffusion auprès des écoles et lieux accueillant des jeunes particulièrement vulnérables d'outils pédagogiques de qualité; and
- l'organisation de partenariats privilégies avec les centres de planning familial qui disposent d'équipes pluridisciplinaires susceptibles de réaliser des animations d'EVRAS en milieux scolaire et extrascolaire mais aussi d'accueillir les jeunes qui souhaitent bénéficier de services en matière de conseils en EVRAS ou de consultations de prévention, de dépistage, de prescription de contraceptifs, …»

2. DENMARK

Contact: The Group of Young HIV Positives in Denmark
Implementer(s): Volunteers
Implemented by: Civil Society, Private sector

Short description of the initiatives

There is nothing especially sexy about HIV!
HIV and AIDS were given enormous publicity in the Danish media when knowledge of the illness emerged in the 1980´s, but now the subject is rarely mentioned. Despite the fact that the disease is still with us, and that more people than ever are HIV-infected, the subject is rarely mentioned. Younger HIV-positive people, namely those between 15 and 25 years old, are particularly reluctant to draw attention to their condition; they are practically invisible to the broader Danish public.
These young people are afraid - sadly, with good reason – of the general public's reactions to their illness, which is characterized by enormous prejudice and often downright ignorance. The younger patients are afraid of being excluded from day – to – day social contact with their pears in schools, further-educations institutions, sports + clubs, at parties: in other words all the activities that constitute a normal youthful social life. In addition to fear of exclusion, they fell ashamed at having a sexually transmissible disease. As a result, the HIV-positive youngsters are inclined to surround their illness with secrecy, despite the very serious problems that follow in the wake of having a chronic and stigmatized disease.
The result is that in comparison to other youngsters in Denmark, the young HIV-positives struggle with an extra dimension to the normal challenges regarding boy/girl friends, sexuality and psychological problems. Our Group of young HIV-positives has succeeded in

achieving extremely positive results for our members. Being in the Group helps these vulnerable and isolated young people to improve their quality of life, raise their morale and increase their self-esteem. This is done by allowing them to participate in group activities without feeling it necessary to conceal their personal situation. Since everyone else in the group is, so to say, “in the same boat,” secrecy is superfluous.
The Group is run primarily by volunteers and is financed entirely through donation from private foundations. It is, however, becoming more and more difficult to find our operations and to finance programmes in public awareness of our Group and its successful results. Sadly, it is often by pure chances that young HIV-positives become aware of the existence of our Group. Lack of finds limits our possibilities of spreading knowledge of our efforts in informing all young people in Denmark on how to avoid spreading the disease.

A campaign with a compelling message
Through the information, support and companionship of the Group, young HIV sufferers can achieve a better quality of life and greater self-esteem. The Group of young HIV-positives actively opposes discrimination and stigmatization of young HIV-sufferers, and campaigns vigorously to inform all young people about HIV in order to minimize the number of new cases.

The Tyranny of secrecy and the strength of fellowship
It takes a lot of guts to be young and to have to live with a chronic, sexually transmittable illness which is surrounded by taboos. Meeting others in the same situation, receiving support and help in finding peace of mind and courage to live with HIV, and basically experiencing encouragement and joy can make all the difference for young HIV-positives, not just in Denmark but throughout the world.
In Denmark there are approximately 150 young people between 15 and 25 years of age who are HIV-positive. We obviously do not know how many are infected without being aware of it themselves, as they have not yet been rested for the virus. Throughout the world there are 32 million HIV sufferers, and over half of those who in the near future are diagnosed as HIV-positive will be young people under 25 years of age.
Of the 45 members of our Group who are HIV-positive, only 2 are open about their condition; for the rest, it is a very well-kept secret. Many of them deprive themselves of the opportunity to live a normal social life: they are lonely and isolated. Others again take part in social activities, but at the same time they feel that they are living a double life, where a large part of their existence is taken up with suppressing the truth of their condition from their friends and companions. Many suffer consequently from depression and require medicinal and therapeutic help.
Our experiences from working with the Group show us unequivocally that those youngsters who manage to get the right help at the right time quite simply have a much improved quality of life. The young patients in our group bond with each other and create a network which is irreplaceable, and they find a strength and balance in their life through the companionship of the group.
Modern medical treatment allows young HIV-patients to live a normal life which almost equal to average life expectancy. They can also receive fertility treatment if they are otherwise healthy and are prepared to develop a loving relationship.
Over the past few years, the successful development of treatments has resulted in marked improvements in the lives of HIV patients, at least on the physical side. Psychological treatments however, have not progressed correspondingly; HIV is still a very depressing illness. Hospitals are not equipped to tackle the psychological ans social aspects of the condition, and it is exactly here that the Group can make a profound contribution.

The 3 important aims of our work
We will extend awareness of the existence of our “ young people with HIV” group as open to all young HIV sufferers regardless of sex, sexual orientation or ethnical background.
We will simultaneously bring to public attention and help to relieve the problems the young

HIV patients encounter, by, among other things, focusing on stigmatization and discrimination.
Through our experience with working with young HIV sufferes we will be active in promoting preventative measures among healthy young people to minimize the dangers of infection.

3. **FRANCE**
Title of Programme: Dessine-Moi un Mouton
Contact: Ministère de la Santé, Bureua VIH IST Hépatites
Implemented by: Private Sector
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Association Dessine-Moi un Mouton,
Programme being implemented since: 1990
Has the programme been evaluated/ assessed? No

Short description of the initiatives
La Direction générale de la santé soutient l'association Dessine-moi un mouton pour la transmission de l'expertise de l'association dans la prise en charge des enfants, adolescents, et familles concernés par le VIH-Sida. L'association Dessine-moi un mouton est installée à Paris. Créée en 1990, elle a accueilli depuis plus de 1500 familles et 230 adolscents concernés par le VIH. En 2011, elle a reçu 160 familles dont 127 enfants et 54 adolescents. L'association a pour but de préserver l'équilibre de vie des enfants, des adolescents et des familles touchées par le sida. Elle les aide à retrouver leur autonomie, à restaurer les liens familiaux, às'insérer malgré la maladie, tout en les accompagnants dans leur suivi médical. Une équipe de professionnels met en oeuvre un accompagnement global (santé, psychologique, social et éducatif) au travers de 3 programmes:

- Périnatalité et sida: la situation abordée est souvent celle d'une femme enceinte, en situation de migration, qui apprend sa séropositivité pendant la grossesse.
- L'enfance et de le sida: les reflexion porte en particulier sur la parentalité et la place de l'enfant dans la famille, mis à mal par le sida
- L'adolescence et le sida: questions de santé, éducatives, sociales, d'ordre psychologique...

Outcomes of the initiative
Le programme soutenu par le ministère de la santé (transmission de l'expertise de l'association) permet de réaliser des actions de formation / sensibilisation à la prise en charge des familles / enfants et ados concernés par le VIH auprès de près de 1000 professionnels (médecins, infirmiers, sages-femmes, éducateurs, psychologues...). La transmission de cette expertise se fait lors de participation à des colloques, d'intervention dans des écoles, dans des hopitaux, et au travers de l'organisation de tables rondes annuelles par l'association.

What Strategies have been used to expand the scope and coverage of the initiative?
Les moyens de l'association sont limités et ne lui permettent pas d'élargir son action.

4. **FRANCE**

Title of Programme: Les Après-Midi du Zapping
Contact: Direction générale de la santé- Ministère de la santé
Implementer(s): Association Solidarité SIDA
Implemented by: Private Sector
Type of Initiative: Prevention of new HIV infections, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2003
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
La Direction générale de la santé soutient l'association Solidarité Sida pour la réalisation des "Après-midi du zapping" (AMZ). L'association invite sur un après-midi entre 200 et 400 jeunes des différents lycées ou centres de formation d'une ville, ainsi que les structures de santé et associations locales à un événement de prévention interactif et ludique sur le sida et les risques liés à la sexualité (moments de zapping entrecoupés de spots de prévention, jeux débats, forum associatif). Après une action essentiellement ciblée sur la région Ile-de-France, ce projet a été développé dans plusieurs villes de Province.

Les objectifs des AMZ sont:
- d'informer et prévenir les risques liés à la vie sexuelle chez les jeunes;
- de permettre aux élèves touchés d'améliorer leurs connaissances sur les risques liés à la vie sexuelle (Grossesse non désirée, IST/sida, violences sexuelles) et des moyens de les prévenir de manière ludique;
- d'ouvrir un espace de parole sur la sexualité;
- de permettre aux élèves d'identifier et d'être en contact direct avec les structures; and ressources de leur département et de diffuser l'information à leur entourage.

Cette démarche, hors contexte scolaire, vise à faciliter les échanges, la compréhension des messages et surtout à capter l'attention des jeunes, cible très mouvante et toujours prête à remettre en question les schémas établis. Sur le fond comme sur la forme, il est important que les discours et les messages soient adaptés au public, à ses demandes, à son niveau de connaissances et de vocabulaire; des discours différents, ni médicaux, ni moralistes, qui reposent sur la proximité et la responsabilisation des jeunes.

Outcomes of the initiative
- Le questionnaire élèves réalisé avant l'événement montre que 60% des élèves ne se sentent pas concernés par le VIH et les IST
- Sur l'organisation et les informations délivrées en amont de l'événement : infirmières scolaires satisfaites, 71% des élèves ont envie de participer à l'événement et 53% trouvent que c'est important que ca se passe en dehors du lycée
- Le "Zapping" est très apprécié : il permet de "faire passer des messages avec humour" et "montrer que les risques font partie de la vie"
- 43% des éléves considèrent que le forum associatif est un bon moyen d'identifier les structures locales
- Le jeu-Quizz est un bon outil de prévention: 74% des éléves le trouvent utile. Il est difficile de mesurer l'impact de cet outil sur les élèves à plusieurs semaines ou à plusieurs mois, mais le questionnaire de satisfaction à l'issue des AMZ indique que 85% des élèves déclarent "avoir appris quelque chose", 29% avoir "retenu beaucoup de chose"s et pour 84% d'entre eux, cet événement les a fait réfléchir sur les discriminations, le respect et l'écoute de l'autre.

What Strategies have been used to expand the scope and coverage of the initiative?
La Direction générale de la santé soutient l'association Solidarité Sida pour la réalisation des AMZ depuis plusieurs années. Elle a souhaité que cette action, qui était essentiellement francilienne à l'origine, soit étendue à plusieurs villes de province. Ainsi, les AMZ ont été

étendues progrssivement:

- 2009: 16 AMZ en Ile-de-France (3900 jeunes lycéens touchés)
- 2010: 15 AMZ en Ile-de-France, 5 en régions, 4000 jeunes touchés
- 2011: 17 en IDF, 10 en régions, 6613 jeunes touchés
- 2012: 22 en IDF, 11 en régions, 7000 jeunes touchés

5. GERMANY

Title of Programme: I Know What I'm Doing
Contact: Deutsche AIDS-Hilfe e.V.
Implementer(s): Nationwide Campaign for Gays and Other MSM
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2008
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
I Know What I'm Doing is a nationwide campaign in Germany of Deutsche AIDS-Hilfe (DAH) for gay, bisexual und other men who have sex with men (MSM). Our goal is to encourage men to protect themselves from HIV and other sexually transmitted infections (STI), to further their health and to enable them to assess sexual risks. The National Center for Health Education (BZgA) supports the campaign *I Know What I'm Doing* is an important part of the implementation of the action plan of the federal government to fight HIV/AIDS. *I Know What I'm Doing* started in 2008 and has found new ways to approach its topic. The concept for the campaign was developed together with member organizations of Deutsche AIDS-Hilfe (DAH) and other (prevention-) institutions and projects. The main focus of the campaign is information about risk prevention and risk behaviour. *I Know What I'm Doing* has an innovative approach to address the target group: Instead of using people and slogans that are "designed" for their purpose, IWWIT puts the focus on authentic men of all ages and all parts of the community and their personal stories (‚role models'). They talk about their life and their own experiences with love, sex, lust and risks. At www.iwwit.de every role model is introduced in detail. Their claims and pictures are used for advertisements in the gay media and further the discussion about HIV, risks and safer sex. The role models also appear at public events like prides and parties and talk to the media. Actually more than 30 role models are active for the campaign on a voluntary basis. For the first time in the history of german HIV-prevention HIV positive people are included in the concept for a campaign. The solidary approach of *I Know What I'm Doing* improves self-confidence and self-awareness in HIV positive men. By putting life with the virus in focus, the campaign in this way conveys a realistic picture of this life and reduces discrimination. Stigmatisation of people with HIV leads to an inability to talk about the topic and so shuts off communication about safer sex. Because of that, anti-discrimination work is an important pre-condition of successful HIV-prevention. The campaign takes place on three levels at once:

- On the internet, including social media; information about role models and topics is available in different media forms like texts, films and audio files. User can comment on it and spread it, e.g. via Facebook.
- With personal interaction within the target community (prevention teams at prides, parties and other events, plus local online communication)
- In the media for the MSM-Community (Online, print, radio,TV)

The role model concept enables the *I Know What I'm Doing* campaign to include men with very different backgrounds: young men as well as older men, from cities as well as rural areas. It guarantees the participation of the target group and its different communities.

Addressing and including young gay men is a very useful and important part for the success of the campaign. Young men play a very important role in HIV-prevention. Young role models can speak authentically about the ideas, dreams, fears and problems of men of their age, they can address their age group best in their own words and language. It encourages young people to discuss about and engage in Safer Sex strategies and take their own decisions for their sex life and risk management. Including young HIV-positive MSM helps de-stigmatizing people living with HIV, supports and strengthens other young HIV-positive men, but also helps reducing the myth that HIV and prevention are no topics for young people (still a lot of young people think that HIV only affects older people).

Role model Sebastian (22) is from a smaller city in Bavaria in the south of Germany. His topics are the Safer Sex rules and reducing the risk of transmitting STIs by using condoms: "I don't like to take risks!" Sebastian is the only "casted" role model in the campaign. Together with the very popular german internet platform for young gays and MSM www.dbna. *I Know What I'm Doing* organised a contest for young men to engage in the campaign. The users of the platform chose Sebastian as role model. This collaboration with www.dbna.de is a perfect example of how the campaign cooperates with media and community organisations. The contest drew a lot of attention to the campaign. It also had a direct influence in discussing sexuality and prevention topics in the target group of young gays on the platform. Sebastian is not only present as role model in the internet and target-group- specific media, but like most other role models also on a huge amount of prides, events and discussion rounds all over Germany. A lot of young people take the chance to get in direct contact and conversation with him about topics of young gay men like coming out, sexuality, HIV, STI and other topics of the young gay community.

Marcel (21) from Northrhine-Westfalia is HIV-positive. As role model he speaks out about his infection and how he deals with it. Talking about his infection he not only helps and strengthens other young men who get infected by HIV but also help young men identifying risks, being aware that HIV is a topic that affects their age-group, helps de-stigmatizing HIV-positive people and enables young me to talk about HIV, Safer Sex and risk reduction. As role model he talks about what it means today to be HIV-positive and to live with the virus and helps communicating a realistic view on living with HIV.

Outcomes of the initiative

The participative approach of the campaign *I Know What I'm Doing* and its inclusion of real and authentic men as role models is an effective way for HIV prevention to address young gay men and other MSM. The scientific evaluation of the campaign shows that the role model approach is learned and highly accepted by the target group. Role models play an important role, especially for young people, to find their own position in life, sexuality and risk reduction. It helps to altercate with archetypes and discuss prevention and campaign topics. The combination of internet, mass media, and personal communication is very successful. The presence of role models on prides, events and discussion rounds give young people the chance to talk directly with them about their experiences and to find their own standpoint concerning risk and prevention. The role-model concept is cost-effective and mobilizes and empowers young people and their communities. Letting young people speak for themselves not only strengthens them but also helps addressing the target group in their own language and culture and enables them to speak out loud about sexuality. This grants the access to young people in their social environment. Including young HIV-positive men helps reducing HIV- related stigma and strengthens other young HIV-infected people. Integrating youth media and communities, especially in internet and social media, is effective to reach and mobilize young men. Real participation is the key to success of addressing and reaching young people.

What Strategies have been used to expand the scope and coverage of the initiative?

Expanding the range of role models and language (including explicit language), addressing

more target groups and complicated topics (fetish, drug use, male sex work ....), special topics for HIV-positive men

6. **NETHERLANDS (among others)**
Title of Programme: Long Live Love
Contact: Maastricht University (Here representing the European Health Psychology Society (EHPS) as UN-Affiliated Organization)
Implementer(s): Teachers, Municipal Health Centres
Implemented by: Civil Society, Education
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments
Programme being implemented since: Since 1993 with regular updates and additions
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The prevention of unsafe sexual practices amongst the youth remains a primary concern in the field of public health. In the Netherlands, for example, one-third of all STI's is prevalent in 15-25 year olds. Sexual education, providing information and teaching skills related to safe sex, communication and managing relationships, remain indispensable in the fight against STI and HIV transmissions. Schools are an essential setting to achieve this, providing opportunities to reach most children. One of the most successful, evidence-based programs in the field of school-based sex education in the Netherlands is the Long Live Love (LLL) program.

The first version of LLL was developed in the 90's. Since then the LLL curriculum has been revised four times and has recently been extended with program tracks tailored to age and educational level. Nowadays, LLL is an (online) teacher-delivered sexual health education program for high school students aged 13 to 20. It targets different educational levels and can be used in ethnic diverse school populations. Three program tracks are available; LLL for general secondary education (age 13-15); LLL for higher secondary education (age 16 - 18); and LLL for vocational schools (16 – 20). The latest revision of LLL is a co-production of different NGO's, Municipal Health Centers, research institutes, teachers, students and Maastricht University.

The LLL program is developed according to the Intervention Mapping (IM) approach for intervention development (Bartholomew et al., 2001, 2006, 2011). IM ensures a stepwise development of health interventions, including theory- and evidence-based decisions throughout the process. IM includes 6 steps; (1) the needs assessment, (2) selecting program objectives, (3) selecting theory-based methods and strategies, (4), program development, (5) planning for adoption and implementation plan, and (6) evaluation.

The objective of LLL is to assure healthy sexual relationship (i.e., relationships free of STI/HIV infections, unintended pregnancies, sexual harassment, and sexual prejudice) among all youth in the Netherlands.The behavioral objectives of LLL include (among others) that youth anticipate on having sex, decides to have safe sex, buy condoms, have condoms available, communicate about condom use, use condoms correctly and consistently, maintain condom use, and do STI/HIV check ups. More specifically, it targets these behaviors by focusing on knowledge, risk perceptions, attitudes, self-efficacy, skills, norms and intentions.

LLL is designed to provide students with communication and negotiation skills to enable safe sex practices. The focus of the program components is solution-based not fear-based. Activities include online quizzes, videos, animations, and classroom discussions.

LLL compromises teacher's manuals, a teachers website (www.lesgevenindeliefde.nl), a student magazine and DVD (for the younger students), and online program components (for the older students). The program is available via www.langlevedeliefde.nl. The LLL program track for younger students (13-15) is also available in English: http://www.langlevedeliefde.nl/extra-module/long-live-love.

LLL has also successfully inspired the development of similar sexual health programs for teenagers in Uganda that also proved to be effective.

Outcomes of the initiative
The first version of Long Live Love was developed 24 years ago and was shown to produce desirable student learning outcomes, when correctly applied (Schaalma et al., 1996). Since then the LLL curriculum has been revised successfully (Schaalma et al., 2002). The latest revision has just been implemented and is now being evaluated on effect and on process. The first analyses show promising results for all LLL tracks; students like the diversity of the exercises and are really involved in the topics, teachers like the clear guidelines in the teacher manual and the support it gives also in discussing difficult topics. The majority of the teachers stated that they intent to implement (parts of) LLL.

What Strategies have been used to expand the scope and coverage of the initiative?
Several strategies have been included in the development and implementation of Long Live Love (LLL) to expand its scope and coverage.

First of all, the original LLL program is extended with two program tracks tailored to the older teenage-groups (15+) and different educational levels. Moreover, the program is ethnic, gender and sexual orientation-divers. In this way, LLL becomes a life long learning track on sexual health and STI/HIV prevention for all teenagers attending secondary school or vocational school in the Netherlands.

Secondly, the updated version of LLL now also includes strategies to increase acceptance of sexual diversity and prevention of sexual harassment. These topics recently received a lot of political and media attention in the Netherlands. Teachers regularly ask for programs related to these topics. Also, new national political regulations made sexual diversity an obligatory theme for all schools in the Netherlands. By including sexual diversity and sexual harassment as topics in LLL it makes it more attractive to adopt LLL for a wide range of teachers.

In addition, the Dutch Municipal Health Centers (DMHC) are having a unique role in the dissemination of LLL among high schools and in supporting the adoption and implementation of the program by high school teachers. They built long lasting contacts with schools and teachers and they offer teachers LLL training programs to support completeness and fidelity in the implementation of LLL.

Fourthly, the widespread adoption and implementation of LLL is further supported by having teachers and students closely involved in the different developmental steps. By involving teachers and students, a sense of ownership is created. In addition, it improves the translation of scientific-based methods in to practical strategies that fits the classrooms' situation.

Fifthly, an online theory- and evidence-based teacher-support tool (www.lesgevenindeliefde.nl) has been developed to support teachers in the complete and correct implementation of LLL. The teacher-support website was developed according to the Intervention Mapping protocol (Bartholomew et al., 2011) and includes strategies to provide teachers with coping examples for potential embarrassing situations when discussing sex-

related topics. It also contains videos of peer-teachers giving advise and sharing their experiences with LLL.

Lastly, most of the program components are free online accessible. Teachers do not need to pay in order to reach the program or download teacher manuals.

7. NORWAY

Title of Programme: The Norwegian Youth Network on HIV and Point 7 Youth Representative
Contact: Norwegian Children and Youth counc
Implementer(s): Norwegian Govenrment and Youth organizations
Implemented by: Government, Civil Society
Type of Initiative: Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

In November 2009, the Point Seven constituency of the Global Fund Board committed to include a youth representative in its constituency. This was after the Global Fund Board adopted a Decision Point (GF/B20/DP32), which emphasized the urgency of providing more room for youth leadership.

In the first term, the constituency had a Dutch youth representative, till 2011. After that, the Norwegian Ministry of Foreign Affairs and Norad initiated a collaborative project with the Norwegian Children and Youth Council (LNU), to fund a Point 7 youth representative to The Global Fund and to support a Youth network on HIV.

The purpose of the collaboration is to contribute to better involvement of youth in the fight against HIV, nationally and internationally and to work together in influencing the international AIDS response (especially The Global Fund, but also UNAIDS and other relevant global processes) The Point 7 youth representative was hired for a two year term in a 25 % position, administrated by the Youth Council and supported by Norad. The purpose was to work with Point 7 and influence The Global Fund board/secretariat to ensure that young people's ideas and perspectives are better reflected in the work of the Global Fund.

Target audience:

- Norwegian youth and youth organizations working with HIV, global health and/or SRHR.
- Global Fund board/secretariat
- International youth networks and contacts (such as participants on youth pre-conferences, UNAIDS's CrowdOutAids network or partner organizations of the Norwegian youth network)

Activities: The Point 7 youth representative has participated at Point 7 retreats and Global Fund board meetings. Followed all e-mail correspondence and written input to Point 7 positions as well as letters to The Global Fund board leadership and the Executive Director. This has also included collaboration with youth representatives in the Communities delegation and the NGO South delegation. The representative has also contributed to building networks of youth in the Point 7 countries and around the world. She has participated at CPD 2012, AIDS 2012 and was also part of the UNAIDS' initiatives CrowdOutAids and the PACT, as well as IPPF's initiative Emerging Leaders (conference in Oslo 2012).

The youth representative also started the Norwegian youth network on HIV.The Youth Network has three major functions: 1. Dialogue partner for the Point 7 youth representative, 2. Engaging Norwegian youth in the fight against HIV, having both a national and an international focus, 3. Promoting youth leadership in the fight against HIV.

So far, the network has participated and contributed to the AIDS 2012 conference, the ICPD Global Youth Forum, planned a conference about HIV and criminalization and is now the coordinator for the Worlds AIDS Day Committee in Norway. The network has also been involved in a youth led campaign against criminalization of HIV in Norway, which included lectures, demonstrations and collection of signatures.

Components: 1. Point 7 youth representative position, 2. Norwegian youth network on HIV consists of 8 Norwegian youth organizations.

Outcomes of the initiative
The main outcomes of this initiative:
- Strengthened network of youth organizations in Norway who by working together and sharing information has become more actively engaged in working with HIV.
- Strengthened relationship with these organizations and the Norwegian government.

Norway has been able to address youth perspectives in The Global Fund, CPD and UNAIDS, not by talking on behalf of but through directly involving youth organizations.Through this collaborative approach, Norwegian youth has had better access to more opportunities to participate in the global HIV response through information sharing, travel support and channels to voice their opinion. Contacts and experiences from the global response have helped spark a more enthusiastic national youth response.

What Strategies have been used to expand the scope and coverage of the initiative?
One main strategy has been to ensure openness between Norad and the National Children and Youth Council (LNU). Both parties have invested in building a mutual relationship where information and opinions have been shared in many fruitful discussions. LNU and Norad have also worked on clarifying roles and the resources both parties brings to avoid confusion and duplication of work. While the government side might access more power and financial resources, the youth organizations have access to contacts and experiences from the national and international youth movement. Being clear about this interdependent relationship and including each other in relevant processes, have contributed to a successful and strengthened Norwegian efforts on HIV and youth participation.

8. PORTUGAL

Title of Programme: Youth Media: Our response to HIV/AIDS
Contact: Bué Fixe- Associação de Jovens/Cidadãos do Mundo
Implementer(s): Bué Fixe- Associação de Jovens/Cidadãos do Mundo
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Expand adequate support and opportunities to those already infected by HIV, in order to improve the quality of their life and promote safer behaviors towards themselves and – consequently- to others.
Programme being implemented since: 2009-2013
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The "*Youth Meidia: Our reponse to HIV/AIDS*", is a project that intends to promote the use of media and communication skills produced by young migrants to motivate adequate HIV/AIDS prevention attitudes and behaviors towards their peers coming from Portuguese Speaking Countries in Africa who live in disadvantaged neighborhoods of Amadora Village surrounding the Lisbon Area. Our initiatives have already proved the important role of

adequate Youth information and communication tools in helping this specific group of young people to access health goods and services. Young Portuguese-speaking African migrants living in Portugal, such as ourselves, will continue to be the producers of a radio show, a youth magazine, as much as sending SMS text messages about HIV/AIDS or using Facebook as well as other tools to implement adequate information "TO and WITH" our peers so that we may all discuss various topics of interest among ourselves and mobilize concrete actions regarding HIV/AIDS peer education.

This project consists in producing:

- A Radio Show
- A Magazine(BUÉ FIXE)
- A related Facebook page
- SMS text messages about STI/HIV/AIDS related questions & answers with people in our contact lists
- Educational TV Spots to be distributed to our peers by internet.
- Educational Radio Spots to be broadcasted during our radio program.
- Capacity building training workshops regarding adequate responses to HIV risks within the community
- Condoms distribution

Outcomes of the initiative

- Scale-up existing and effective HIV/AIDS prevention strategies in order to reach more young migrants
- Expand adequate support and opportunities to those already infected by HIV, in order to improve the quality of their life and promote safer behaviors towards themselves and consequently to others.
- Empower young girls and women to face the risk of HIV/AIDS infection.
- Empower young people living with STI/HIV/AIDS
- Reduce STI infection, including HIV transmission.
- Decrease stigma and discrimination against people living with HIV.

What Strategies have been used to expand the scope and coverage of the initiative?
The strategy are use of media and communication skills produced by young migrants to motivate adequate HIV/AIDS prevention attitudes and behaviors towards their peers coming from Portuguese Speaking Countries in Africa who live in disadvantaged neighborhoods of Amadora Village surrounding the Lisbon Area.

Young Portuguese-speaking African migrants living in Portugal, such as ourselves, use radio show, a youth magazine, as much as sending SMS text messages about HIV/AIDS or using Facebook as well as other tools to implement adequate information "TO and WITH" our peers so that we may all discuss various topics of interest among ourselves and mobilize concrete actions regarding HIV/AIDS peer education.

This project is supported by MTV Staying Alive Foundation.

9. **PUERTO RICO**

Title of Programme: Orientadores Pares Jovenes
Contact: Taller Salud
Implementer(s): Taller Salud, Joselyn Cepeda Alicea, Youth Peer Health Educators
Implemented by: Civil Society
Type of Initiative: Youth Engagement in HIV prevention
Programme being implemented since: 1994
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Taller Salud's peer education project is designed to meet the HIV prevention and sexual education needs of young men and women 13-18 years old. This represents the formative years in which sexual behavior is developing through sexual exploration and curiosity. The use of peer educators strengthens the credibility of the project for participants and enhances the acceptability of prevention messages. The project also advocates the role of supportive adults by offering them the opportunity to be a constructive part of adolescents' sexual health, sexuality and prevention programs.

The structure of the Peer Health Educator project is divided in three phases. The first phase lasts approximately 6 months and is dedicated to the recruitment, selection and training of Youth Peer Health Educators. The Youth Peer Health Educator training curriculum consists of 9 educational modules that use a gender-construction model and a human-rights framework to approach sexual education, HIV/STI prevention and stereotype deconstruction. In the second phase, Youth Peer Health Educators develop community impact projects designed to spark sexuality and prevention discussion forums that target at least 200 youth their own age and at least 30 supportive adults. Participating youth may choose the use of digital, virtual, physical or mass media strategies to increase the reach of their community impact projects. This phase lasts approximately 6 months. The third phase initiates the project cycle anew as current Youth Peer Health Educators co-facilitate the recruitment, selection and training of new Youth Peer Health Educators.

Outcomes of the initiative
According to external evaluations led with former participants, Taller Salud's Peer Health Educator project has proven to have an impact on youth participants. While 1% of women in Loíza indicated they regularly used condoms, 30% of former Youth Peer Health Educators said the same. At least another 30% was not sexually active at the time of the survey. Recent changes integrated into the project will enable us to further strengthen participants' leadership skills and the group's community impact. Collaborations initiated during 2010 with the University of Puerto Rico's Medical Sciences Campus Center for Evaluation and Sociomedical Research (CIES, by its initials in Spanish), AmeriCorps*Vista and the Latino AIDS Commission currently provided us with technical assistance to standardize the Youth Peer Health Educator curriculum. Modifications to project content and methodology were developed to respond to youth participants' recommendations gathered through surveys and focus groups; project facilitator experience and training; and theoretical research initiated by CIES graduate students. New evaluation tools and strategies were integrated as part of the new curriculum.

What Strategies have been used to expand the scope and coverage of the initiative?
Young men and women 13-18 years old from 3 municipalities: Carolina, Canóvanas and Loíza are recruited in schools and communities in order to participate in Taller Salud's Youth Peer Health Educator project. The 2010 US census estimates the combined population of these municipalities at 254,470. At least 37,164 (15%) of these, are youngsters 15 to 24 years old (http://factfinder2.census.gov). Though the 2010 information is not yet available for economic status, the 2000 Census reported that 25,765 families in the area lived below the federal poverty level. Of families living with children under 18 years old, 57% in Canóvanas, 39% in Carolina and 62% in Loíza, lived in poverty. Despite census reports indicating that 36% of the population of the 3 targeted municipalities identify as Black or African American, 50% as white and 3% as mixed race, in reality, most of the youth impacted by the project are of mixed race and many are of Afro-Caribbean heritage. All current project participants are students in public schools that serve families living at or below poverty level. In a demographic survey administered in the Fall of 2009 to 30 young men and women 11-16 years old who expressed interest in the Youth peer Health Educator project at the Manuel Febres Middle School, we found that 81% of them were under 14 years old, 67% were in 7th grade, 63% were female and 7% were sexually active. Though the sample is too small to

provide meaningful statistics, 100%of sexually active students reported the use of condoms. One student reported using birth control pills for contraception. New group members will be recruited during the Fall of 2011. Young men and women who attend Youth Peer Health Educator led activities (indirect participants) are expected to have a similar demographic profile, since it is the project's objective that participants impact other youth their own age in surrounding communities and schools. Data gathered from school personnel participating in the Youth Peer Health Educator Project indicate that issues affecting the school community include: premature sexual activity, drug and alcohol use, peer pressure, bullying and cyber bullying, absenteeism, lack of motivation and school desertion, among others. However, despite the risks confronted by youth, school personnel are not able to provide students with effective tools and strategies to make responsible sexual decisions. According to a 2008 study developed by Taller Salud in collaboration with medical students from the University of Puerto Rico and AIM for Human Rights, 92% of surveyed high school teachers in Taller Salud's service region reported using approved school curricula as a guide when choosing content to be covered in health and sexuality classes. However, 85% of surveyed health teachers also said they did not have the resources to impart a science based, comprehensive sexual education; 38% indicated that they felt limited in their capacity to teach comprehensive sexual education. Among teachers who felt limited, 65% expressed that parental pressure and objections were a source of limitation; 8% spoke of lack of training and information and 10% of their personal beliefs (10%). Nearly half (42%) expressed a belief that sexual education in the schools should be limited to abstinence education. In contrast, 45% of surveyed students felt school had not provided them with enough information about sexual and reproductive health. When asked about the topics they would like to see included in sexual education courses, 89% of surveyed students requested information on STI and pregnancy prevention; 85% said sexual and reproductive rights; 84% requested more information on relationships; and 80% wished they received more information about abortion. Youth Peer Health Educators also lead a bi-monthly webcast on bonitaradio.net in order to open up a sexuality and HIV prevention discussion forus for youth.

10. SPAIN

Title of Programme: "SI DA, NO DA" Info & Prevention Workshops
Contact: ACASC
Implementer(s): ACASC
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? No

Short description of the initiatives

Two ACASC volunteers (one male, one female) introduce themselves to the group (up to 12 youths). The group is told the workshop will last from 60 to 90 minutes and that they had to stand up and be willing to move around (no standing still allowed). The group is told they have to create two teams: SÍ DA NO DA. The ACASC volunteers present two t-shirts and ask for two volunteers to come forward to become team-leaders. Once the team-leaders have been appointed, the ACASC volunteers distribute the first round of A5 size cards (there are 32 in total). The cards have an image and a brief text description.These cards display every day scenarios such as: Penetration without a condom, Sharing a needle, Kissing Breast-feeding, Mosquito bite, Penetration with a condom, Vagina vs. anal penetration, Etc. Once everyone has a card, the game officially begins. The ACASC volunteer will ask a youth to read or describe his/her card aloud to the rest of the group. Once its' done, he/she is told to choose between the SÍ DA team (risk of HIV infection) or NO DA team (no risk of HIV infection). The dynamic goes on until everyone is the group has found his/her team. If someone has trouble choosing a team, the ACASC volunteers will ask other members of the group to help the youth who's having trouble.The workshop will not finish until the group has

seen all 32 cards. As a refresher, before the dynamic comes to an end, the group will be asked to select the top 5 most risky practices.Once we've organised the top 5, we move onto the Q&A section of the workshop.The duration of the activity will depend on: The interest in the subject of the group Language skills Cultural background

Outcomes of the initiative
The dynamic is designed to give participating youths (up to twelve people) the opportunity to talk about HIV, discrimination, stigma, sexuality, affection, etc. freely in front of their peers and two volunteers they have no relation with (we are not their parents, guardians, teachers or neighbours). We are not there to judge what's *Right* or *Wrong*, but to provide science-based and up-to-date information. It is important to remember that we delve in important areas such as sexual orientation, affection, gender roles, parenthood, pregnancies, stereotypes, etc. during the workshop. In addition to the above, the workshops bring together: Groups of men and women who are sometimes segregated in every-day life: All male groups, All female groups, Youths with different cultural backgrounds, Youths with different religious backgrounds

What Strategies have been used to expand the scope and coverage of the initiative?
As active members of the community, we are constantly promoting our workshops to other NGO's, local Education Authorities, schools, parent groups, neighbourhood associations, cultural associations, religious groups, etc. In addition to the above, we promote our sessions through facebook, twitter and mailing lists. Word of mouth has been the most effective promotion channel.

11. SPAIN

Title of Programme: Helps Program: Program for young children and families with HIV
Contact: Lucia Pediatric AIDS Foundation
Implementer(s): a work of coordination with the administrative areas of hospitals and primary care areas, families and professionals in the foundation
Implemented by: NGO-foundation
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, scholarships for training and assistance in the labor-job
Programme being implemented since: 1995
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
He support from the Foundation program lucia consists of various sub-programs:
1. Helps children who do not know the diagnosis from 0 to 12yrs
2. Helps young people if they know the diagnosis
3. Assistance to families with children and young HIV +
4. Soportea home to improve adherence to ART
5. Group care
6. Personalized attention
7. Recreational and educational activities
8. Coordination with professionals involved in the care of the children and youth
9. Scolarship programs

attend to children 0 to 27 years of all Spain

We are in Catalonia but people can contact with us by: face web phone i youth group meetings and recreational activities are becoming trimetres allowing boys and girls from other regions to attend the meetings. Economic cost to the people we serve is 0 euros,

should only pay the Transport from place of residence to Barcelona.

The program is directed by a physician and a nurse with the help of trained volunteer staff, but our project is part of the participation of young people in developing their care. give them training and support according to their demands and detection under a perspective needs mildfulness

Outcomes of the initiative
We have served over the years more than 400 children and youth.
Our work aims to improve the quality of life of children, youth and families with HIV.

have participated since 1998 in coordinating entidadeseurpeas objectives and participations called fdilosofia project that includes creating asietncia for children and young people with hIV from their needs.

Lucia Foundation organized two meetings of young European encounters with HIV asitencia organizations from 23 countries.

have a reference site www.fundacionlucia.org

We created and designed soprte materials to publicize the comnocimeinto of HIV infection in children and young people and help the domestic dialogue of families living with HIV. translated into 12 languages

organize training sessions each year for health professionals and pediatricians and professionals from social areas

What Strategies have been used to expand the scope and coverage of the initiative?
Coordinate on the pediatric HIV specialists and tertiary hospitals with infectious units has been essential, our work is coordinated and complementary to yours.

Care initiative may come from the pediatrician, or family or professional area some primary care (social services, education...) but always make coordination with referring health care to be more effective in the actions of improvement.

Program funding is through state grants and contributions from private companies, but we also have 250 members from private benefactors Lucia Foundation to prevent families with low purchasing power is excluded, and provide free care.

We are the only organization in Spain dedicated exclusively to the care of children and young people with HIV. Over the years we have become the benchmark for serving this population in the area and international work.

12. **SWEDEN**
Title of Programme: Sex on the Map: Animated sexuality education film for teenagers
Contact: RFSU Swedish Association for Sexuality Education
Implementer(s): Teachers, youth leaders
Implemented by: Civil Society
Type of Initiative: Prevention of new HIV infections, Increase knowledge and awareness around sexuality, sexual practice, prevention and safer sex, gender, sexual orientation, targeting students age 14-16
Programme being implemented since: 2011
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

- To create a tool kit and material made for and in collaboration with teenagers to respond their own questions and needs regarding sexuality.
- To make a material that helps teacher's to address issues around sexuality from a youth perspective
- To increase knowledge about sexuality, gender, condom use and discuss gender norms, mutuality and sexual practices. This has a positive view on sexuality and the main thread is the concept of “good feeling”: everyone should have a good feeling before, under and after sex, and the integration of LGBT and gender aspects in the film.
- To broaden the view on what sex is and not focus just on penetrative sex, which is also beneficial for preventative purposes

Target audience: Students 14-16 years old.
Example of activities: Reference groups with teenagers.
Showed on public service television, Jan 2011. Release launched (with inauguration speech by state secretary at Ministry for Social Affairs and Gender Equality) and media activities Showed for the Swedish parliamentarian group on SRHR, Further education for teachers, Shown in schools

Outcomes of the initiative

The film was first shown on public service TV in January 2011. It got 500,000 viewers.
It has been widely used in schools and we estimate that between 125,000 and 185,000 students have seen the film during 2011 and 2012.

The media response has been positive. All the big newspapers has reported about it as well as bloggers.The response from students has been very good as an ‘informative, instructive film with a sense of humour’. Teachers report that the film and the "Teaching notes/guidelines" are useful and help them to have conversations on issues regarding sexuality.

It has been shown at some IPPF, conferences and the WAS, conference 2011 in Glasgow. The film was chosen by EBU (European Broadcasting Union) to be shown on their yearly meeting. It was awarded the "Icaros Prize" in Sweden for "The Eye Opener of the Year" 2011. It was also nominated for the best program for children and youth in television 2011.

What Strategies have been used to expand the scope and coverage of the initiative?

Some of the activities:

- Cooperation with the Swedish Educational Broadcasting Company.
- Extensive media strategy, including articles in major Swedish newspapers.
- Used our own channels, like websites, newsletter to teachers and networks.
- Further education of teachers and participation in/lecturing at different conferences.
- The film has been produced with subtitles in nine languages, except Swedish (English, Spanish, Arabic, Persian, Somali, Sorani, Phasto, Thai, Kalderesh (romani chib).

It was a need among teachers for a new, updated use-friendly educational material was identified as a main purpose for the initiative, and therefore it was very welcomed and also easy to disseminate the material.

13. SWEDEN

Title of Programme: HIV School
Contact: Karolinska University hospital HIV School
Implementer(s): Childrens HIV-team, Childrens Clinic, Karolinska University Hospital
Implemented by: Government , Childrens HIV-team, Childrens Clinic, Karolinska University Hospital
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Social support
Programme being implemented since: 1999
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The project's aim is to run a national educationanal camp (HIV-School) for children and adolescents between 10-18 years with HIV in Sweden. The goal is to empower young HIV-infected living with HIV infection without risk behavior. Giving them the knowledge, enhancing self-esteem, create opportunities for exchange of experience between the children and the opportunity for them to expand their network. The project involves targeted secondary prevention education work and support.

The HIV school project is based on many years of experience and knowledge. the leaders of the HIV school has long experience from children with HIV and have knowledge in the medical care of HIV-infected children, treatment, follow-up, adherence and psychosocial consequences of HIV infection. We also have in-depth training on conversations with children, group activities and social educational work.

Outcomes of the initiative
The majority of children and young people with HIV in Sweden has undergone the HIV school one or more times. The participants expressed that they have gained increased knowledge of HIV transmission and medication. They have got an expanded network of HIV-infected and improved quality of life. They have also received tools to live a responsible life with HIV.

What Strategies have been used to expand the scope and coverage of the initiative?
We want all children between 10-18 years living with HIV i Sweden to participate in the HIV-School at least once. We have contact with all children's clinics and infection clinics in Sweden that handles children with HIV-infection and send invitation letters to the children through this network. We give information about the HIV school to the clinics. And also has direct motivational information and support to children and their guardians at the current clinic before participation in.a HIV-school. We also cooperate with NGO.s, who works with hiv infecetd children in Sweden.

14. UNITED KINGDOM

Title of Programme: Managing Transitions between Children's and Adults Services for Young People Living with HIV
Contact: National Children's Bureau (NCB)
Implementer(s): Children and Young People HIV Network, National Children's Bureau
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Youth leadership/engagement of youth in HIV-related decision-making processes, Policy and practice development
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives

The Children and Young People HIV Network is a national network that connects a wide range of organisations concerned with children and young people who are living with and/or affected by HIV, from conception to adulthood. The HIV Network aims to provide an effective voice for this cohort through participation work, to challenge the stigma and discrimination associated with HIV and to build child-centred policy and practice recommendations. The main focus for the HIV Network from 2010 to 2013 was a Department of Health-funded project focused on the transition of young people living with HIV from childhood to adulthood and children's to adult services. The project aimed to improve the experiences of young people living with HIV in England (or the UK more widely where possible) during transition, by building capacity and improving partnership working.

During the transition project, the HIV Network worked with key partners and young people living with HIV to deliver a range of activities and outputs, including:

- Mapping transition practices and issues through a literature review and focus groups with 123 practitioners
- Consultation with 45 young people and a group of parents/carers to establish their needs
- Production and dissemination of a report for commissioners and practitioners (entitled 'Just Normal Young People: Supporting young people living with HIV in their transition to adulthood'), with an accompanying young people's report
- Production and dissemination of resources aimed at young people and those supporting them (see below)
- Practice sharing events.

Resources produced, in addition to the Just Normal Young People report, include:

- Six leaflets for teenagers and young adults who have HIV, covering topics such as transition, work, studying, independent living, sharing HIV information, and rights. Young people were involved in designing and reviewing these leaflets as well as contributing personal accounts.
- A web directory of links and information for young people with HIV, covering HIV and a wide range of other topics.
- A leaflet for parents and carers of HIV positive young people explaining transition and how young people can be supported through it, and exploring the impact of young people's transition on the wider family.
- Studying with HIV - web-based guidance for people working with young adults in further and higher education on how to meet the needs of students who have HIV.

The HIV Network also maintained its core activities, including the production of a free e-bulletin containing news, resources and information; advising practitioners as requested; and providing expert input into initiatives in the HIV sector. Being part of the National Children's Bureau (NCB) also enabled the HIV Network to contribute to broad policy activity on children's issues as well as responding to consultations of particular relevance to HIV. NCB is a leading research and development charity working to improve the lives of children and young people, reducing the impact of inequalities. NCB works to influence government policy, be a strong voice for young people and front-line professionals, and provide practical solutions on a range of social issues.

Outcomes of the initiative

NCB's Research Centre evaluated the HIV Network's work during the transition project. Conclusions from the evaluation report (Gibb and Blades 2013) include:

- This was a successful project delivered by a Network which had grown in size and influence, and was widely respected for the quality of its work and ability to support the sector, even with limited resources.
- Interviewees found Network staff helpful in raising awareness of their work, discussing ideas and challenges, and acting as a 'sounding board'. These relationships supported professional development and helped to build capacity.

- Young people valued being asked about their views and preferences and sharing their experiences.
- [Interviewees'] feedback [on the leaflets] was overwhelmingly positive and indicated that the resources filled important gaps. In particular interviewees welcomed young people's involvement in producing the leaflets.
- Some practitioners made new links which they hoped would lead to further collaboration and opportunities to influence commissioning.

What Strategies have been used to expand the scope and coverage of the initiative?
In order to expand the scope and coverage of the initiative, we used the following strategies:

- Shared all past and current Network resources on our website, including making all resources free to download, order or receive
- Welcomed bulletin subscribers from anywhere in the world.
- Made all events free to attend, and arranged them with geographical patterns of HIV prevalence and local HIV healthcare practitioners' working patterns in mind.
- Used a wide range of websites, email bulletins, and practitioner networks to disseminate learning and resources.
- Presented at a range of events, including the Children's HIV Association (CHIVA) annual conference, the largest annual event in the children's HIV sector.
- Involved and shared learning with practitioners from across the UK, and provided signposts for young people to local support, although this project focused on the English context.
- Took great care in responding to all queries and requests and engaging with other initiatives and projects. This allowed us to build positive relationships with practitioners across the sector and effective collaborative working with other organisations. It also helped us to maintain an up-to-date awareness of current and emerging issues, so that we could ensure our work remained relevant and useful.
- Engaged a group of professionals previously unconnected to the young people's HIV sector: individuals working in further and higher education. The National Union of Students, Student Health Association, AMOSSHE ('the Student Services Organisation'), the Healthy Universities Network and the Medical Schools Council all helped to publicise resources from the project. Disability advisers from two universities spoke at our practice sharing events, and the HIV Network Coordinator delivered a warmly-received presentation at a Public Policy Exchange symposium on Student Health and Well-being: Transforming Sexual Health Services in Universities and Colleges.

Being hosted by the National Children's Bureau, the Children and Young People HIV Network's scope and coverage is also much greater than a standalone organisation of equivalent size could achieve, because:

- we can reach approximately 20,000 practitioners across the UK children's sector via NCB and its various specialist membership groups;
- our influence on children's policy issues, and our capacity for policy activity, is increased; and
- being part of a larger organisation gives us flexibility and sustainability.

15. UNITED KINGDOM

Title of Programme: Body & Soul
Contact: Body & Soul
Implemented by: NGO
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 1996
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
Body & Soul is an NGO that responds to the multiple needs of people of all ages living with and directly affected by HIV in the UK. Its programming is evidence-based best practice, and utilises creative, innovative interventions in order to address multiple causes of poor outcomes. The focus areas of intervention are: physical health, mental health, psychosocial wellbeing, practical support, and maximising productivity. Body & Soul provides three specific programmes for young people living with and affected by HIV: BaSE (for 10-12 year olds), Teen Spirit (for 13-19 year olds) and Young Adults (for 20-25 year olds). Programming is delivered by trained (and accredited when appropriate) peer mentors, volunteers, experts, and trained staff. Activities involve 1:1 support (including counselling, other 1:1 mental health interventions, social work, peer mentoring, mentoring, life coaching, and CBT), small group support (including age and specific- needs support), and larger group support. Educational topics range from disclosing HIV status to Recognising the Need for Mental Health Support, to minimising risk of onward transmission, to discussing breastfeeding decisions with friends/ family who are unaware of HIV status. All interventions respond to the multiple complex needs of young people living with and affected by HIV.

Outcomes of the initiative
These multiple interventions have a number of clearly managed outcomes, including:
- Increased self-reported psychosocial support around HIV
- Decreased overall isolation
- Improved self- reported mental health
- Improvement in mental health AEB CORE counselling scores
- Improvement in self-reported wellbeing
- Increased knowledge of HIV
- Increased understanding of HIV and sexual health
- Increased capacity to disclose
- Increased self-report of happiness
- Increased self-report ability to communicate
- Resolved Social care issues

What Strategies have been used to expand the scope and coverage of the initiative?
- Utilising a comprehensive, external (when necessary) system of monitoring and evaluation
- Communicating findings of specific programmes with similar initiatives internationally
- Participating in local, national, and international evidence based programming
- Creating innovative programming (through the Life In My Shoes campaign) in order to improve HIV knowledge and reduce HIV-related stigma in young people
- Sharing specific programming structures with other agencies

16. UNITED KINGDOM

Title of Programme: The CHIVA Youth Committee (CYC)
Contact: The Children's HIV Association
Implemented by: Charity
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The Children's HIV Association is in the unique position of being both a professional network for those providing medical and social support for children, young people and families living with HIV, and a service provider, working directly with adolescents living with HIV. We work across the UK and Ireland in both capacities.

The CHIVA Youth Committee (CYC) consists of 12 HIV positive young people from across the UK and Ireland aged between 13-19. They come from a variety of backgrounds, ethnicity and geographical areas (rural and urban). Although the committee existed in a lesser form, in 2012 funding was secured from Children in Need to employ a Participation Officer, who's role it is to support these young people, and to fund their meetings and activities.

Earlier this year the CYC drew up their constitution, their aims being:
- To be the voice of HIV positive children young people living in the UK and Ireland.
- To participate in conferences and events to ensure the voice of HIV positive young people is central to service delivery and debate.
- To ensure the experiences and opinions of HIV positive young people are central to the development of CHIVA.
- To form sub groups as and when appropriate and for these sub groups to report back to the wider CYC.
- To meet and work with groups and agencies which highlight issues affecting HIV positive young people.
- To participate in national and regional initiatives.
- To ensure the CYC is aware of the needs of individuals and groups of children and young people living with HIV who may experience disadvantage or who are unable to speak for themselves.

CYC members are able to consult with their peers through the CHIVA secure website for HIV positive children and young people and the annual support camp, "Freedom To Be". They strive to influence policy and change attitudes – both in the HIV sector and in wider society. The CYC has given 12 HIV positive young people the opportunity to have their voices heard and to speak on behalf of their HIV positive peers.Through the structures of being a CYC committee member, they are forming their own agendas and making opportunities for themselves. They are the leaders and activists of the future and are using technology and social networking to link their UK community together for both support and to have a louder voice.

To date CYC members have been involved in both HIV related events and meetings, but also raising the profile of children living with HIV and the issues they face within the Children's sector.

This initiative is only a year old, so evaluations are in the early stages, but we will send our initial evaluation of impacts via email.

Outcomes of the initiative
Achievements to date:

- “Freedom To Speak”: a monthly secure discussion forum for HIV positive children (launched May 2013).
- Participating in the commissioning groups on HIV services.
- Working with the Children’s Commissioner to promote issues for HIV positive children.
- Working with journalists from print, radio and television.
- Presenting at conferences and events on issues for all HIV positive children.
- Working with Psychologists to develop a mobile phone app to support adherence.
- Working with the Medical Research Council to ensure proper patient representation in clinical trials.
- One member took part in Student Stop AIDS Speaker Tour and travelled the country being open about her status.

The aim for 2014 is a Twitter campaign, initially in the UK, to challenge perceived attitudes to HIV positive people. The CYC is building links with parliamentarians and hopes to get their backing with this.

What Strategies have been used to expand the scope and coverage of the initiative?
As stated above, currently the CYC is using technology to engage their peers across the UK and Ireland. They are building links with parliamentarians through the All Party Parliamentary Group (APPG) on AIDS, wanting to influence national campaigns on HIV awareness and prevention, as these tend to target young people, but do not involve those with an understanding of the virus in their development.

The CYC believe the experiences and opinions of HIV positive children and adolescents should be central to service development and provision (both in health and social care) and in policy making (nationally, and internationally). When HIV and youth is spoken about, the emphasis is more than not on prevention. This is extremely important, but the CYC believes much more emphasis needs to be given to those growing up HIV positive, who have shared global experiences and are the future of this epidemic. Therefore, they are looking to have a global voice. To this end, CYC members have applied to be members of the UNAIDS Youth Committee, are attempting to build links with other youth networks and will be submitting abstracts to the next IAC.

In general, practice sharing is central to all aspects of CHIVA’s work. On the website you will find medical guidelines, information, a resource library of research and evaluations and details of our support camp. All is free and the site averages 2000 visitors a month from all across the globe.

Through this, CHIVA’s work has come to the attention of a number of different organisations, including UNICEF who have contracted CHIVA to develop support services for adolescents living with HIV in the CIS region. As the CYC is central to CHIVA’s work, they will be involved in these developments in various capacities. All our practice promotes child-centred, participatory modes of practice, showing the benefits on the individuals involved and the wider child/youth community of HIV positive people.

Once the CYC is fully evaluated, we will publish this data and promote this model as one that could be easily transferred to other countries. It will be available on our website and we are always happy to support others in service development and child-centred practice.

17. UNITED KINGDOM, IRELAND

Title of Programme: Freedom To Be
Contact: The Children's HIV Association
Implemented by: Civil Society, NGO
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010

Short description of the initiatives
The model of camps for HIV positive adolescents is not a new concept, but the Children's HIV Association (CHIVA)'s support camp, "Freedom To Be (F2B)" uses this forum as a place to run a residential intervention. The model has been developed by HIV positive young people and professionals from health and social care and been externally evaluated. Annual the programme develops in line with evaluation findings.

F2B was developed to meet the psychosocial support needs of HIV positive 13-17 year olds living in the UK and Ireland – a low prevalence, high need group.

F2B aims:
- To facilitate the development of peer friendships and networks in order to address the high level of social isolation experienced by this group; To supplement the participants' knowledge and understanding on how to live well with HIV;
- To enhance the participants' confidence and self-esteem through outward-bound activities, decreased isolation and added knowledge; and
- To facilitate the participants' access to a broader community of people living with HIV so as to provide them with knowledge, support, guidance and inspiration.

The camp programme includes mandatory youth-friendly workshops on topics such as: self-stigma, adherence, talking to others and rights. There are therapeutic art activities and a creative day with singing, dance, poetry/raps, drama and film making, followed by performances.

The camp team consists of:
- Volunteer key workers that include activists, teachers, health professionals and social workers. At least half are HIV positive.
- Camp Leaders who are older HIV positive young people (18-24). They must complete an accredited youth work course.
- The CHIVA team that includes experts in participation, social work and a psychotherapist.

The F2B ethos is that the young people should 'own' camp. To that end, in our four years, 8 young people have come through the camp leader programme and become key workers and ex-campers run workshops and creative activities. In 2014, we will be recruiting a paid post for the CHIVA camp team from the camp leader pool.

To attend camp, the young people must be aware of their HIV status and aged between13-17. Camp is annually over subscribed by 50% and places are allocated using a set criteria of need. Priority is given to isolation, not having attended camp before and ethnicity/age/gender to ensure an even representation.

F2B is fully inclusive, all costs are covered and those young people with additional needs are risk assessed and support is put in place. We have successfully had young people at camp with mobility issues, emotional and anger issues, ADHD, Autism, Aspergers and those who have experienced sexual exploitation.

Most importantly, the ethos of camp is to give the participants the space to have open and honest discussions about HIV and to build a peer network they can take with them through their life. Social networking and technology means that this is relatively easy and there is now an extensive network of HIV positive young people supporting each other across the UK and Ireland.

Outcomes of the initiative
The pilot camp was evaluated by Sigma Research, who found it to be 'life changing' for attendees:

For some, F2B represented a significant milestone in their lives, a time when they grew to be more open, and more confident in themselves as young people with HIV. For many others, F2B was a time of release, escape, fun, and a chance to make many lasting friendships. Almost all those participating reported having learned more about HIV and its place in their lives, as well as having learned considerably more about themselves.

An evaluation with health care professionals and parents concluded:

One of the elements most strongly emphasised was the opportunity F2B provided for these young people to make friends and build social networks - a vital element in addressing the social isolation experienced by this group.

Over 220 HIV positive young people have been able to attend camp at least once.

What Strategies have been used to expand the scope and coverage of the initiative?
We have no plans as such to expand camp. Those young people who are now too old to attend have often requested we run a camp for older young people, yet in the current economic climate, we do not think this initiative is viable.

We do publish all our evaluations on our website and a number of organisations have been interested in our model. In 2012, Sentebale (from Lesotho) came to visit F2B as they were interested in learning more about the model and how they could incorporate elements into their service provision. We also have had interest from an organisation in Ukraine and Siberia, where there is a relatively small cohort of HIV positive young people, so our model - which is specifically for low prevalence countries - would transfer there.

In the UK and Ireland, we are anticipating seeing a fall in our number of HIV positive children and young people, with the success of preventing mother-to-child transmission and changes in immigration. We therefore predict that camp will become more important as numbers dwindle, so isolation becomes more profound and the limited number of children's HIV services close.

18. **UNITED KINGDOM**
Title of Programme: StatusSexy.com
Contact: AIDS Partnership Michigan
Implementer(s): Wil Bowen, Community Planning Groups
Implemented by: AIDS Service Organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2010
Has the programme been evaluated/ assessed? No

Short description of the initiatives
There has been a disconnection between Queer and HIV movements. We strive to realign both movements in the digital age. We craft prevention messages in the Web 2.0 era that are sex-positive and affirming of queer and poz communities. We focus on the population with fastest growing increase of new HIV infection, young gay/bi men of color.

Outcomes of the initiative
Traffic to the website as a resource is the primary way of evaluation. We also look at community created promotions via social media.

What Strategies have been used to expand the scope and coverage of the initiative?
Recently adding condom distribution to our efforts helps quantify the work for funders.

19. UNITED STATES

Title of Programme: Protective Legal Environment Audit for Service Providers to Young People
Contact: The Global Network of People Living with HIV, North America (GNP+NA)
Implementer(s): The Sero Project, GNP+ North America Young Leaders Caucus, and the Center for Strengthening Youth Prevention Paradigms at Los Angeles Children's Hospital
Implemented by: Civil Society
Type of Initiative: Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes
Programme being implemented since: 2013
Has the programme been evaluated/ assessed? No

Short description of the initiatives
The health and service provider audit was created in response to increasing criminal prosecutions of young people based on their HIV status and study resultsshowing that HIV criminalization creates anxiety and fear for people living with HIV and from key populations when interacting with providers. Further, many public health, health care, and NGO providers have not considered their practices in light of the potential of HIV criminalization. The audit provides a tool for service providers to use to identify areas of practice that could leave young people vulnerable to prosecution, including HIV test results, health counseling, partner notification, counseling about reproductive options and breastfeeding, questions about pre-exposure prophylaxis, evidence of post-exposure prophylaxis, and pregnancy or new sexually transmitted infections after diagnosis.

The audit was developed between the Sero Project, a human rights-based network of people living with HIV working to end criminalization and address all forms of HIV stigma and discrimination, the Young Leaders Caucus of the Global Network of People Living with HIV, North America, and trainers and service providers at the Los Angeles Children's Hospital Center for Strengthening Youth Prevention Paradigms. The audit is based on an iterative process between these partners to identify the necessary components of an enabling legal environment for young people within health care and service provider systems. The target audience of the initiative is health care workers and service providers of HIV prevention, treatment, care, and support.

The activities are simple: broad distribution of the audit among healthcare workers, service providers, and networks of people living with HIV; dissemination of information about why the audit is crucial for young people; and training and support for service providers to use the audit.

The audit components are:

1. Understanding state-level punitive and protective laws on HIV and how they are implemented in practice.
2. Building relationships with state and local public health authorities, identifying the extent to which each supports protective versus punitive policies, and establishing contact processes based on this identification.
3. Determining the extent to which confidentiality can be protected, devising processes to maximize confidentiality, communicating the limits of confidentiality, and identifying referral sites when required for greater confidentiality protections.
4. Determining training needs within organizations to ensure all staff can commit to the goal of an enabling organizational environment for young people living with HIV and from key populations.
5. Establishing processes for responding to police, prosecutors, and media.

Outcomes of the initiative
Over 100 service providers have been trained in an initial version of the audit. A webinar training has been disseminated via social media. The partnership is in the process of making revisions based on experience and feedback to date.

What Strategies have been used to expand the scope and coverage of the initiative?
Although we are in the early stages of the initiative, our strategies include broad partnerships with established service providers and trusted networks of people living with HIV. We have used social media (Facebook) and email listservs, in combination with a fairly large list of service providers working in HIV prevention with young people, to share information about the legal vulnerabilities and fears of young people living with and affected by HIV. The audit follows naturally from this work as it provides concrete activities that are needed in order for young people to have relationships of trust with their providers.

We anticipate expanding the scope to Canadian organizations over the next year as many of the concepts were developed in joint meetings between anti-criminalization and public health advocates from across North America and because we share many of the same challenges in regard to unwarranted and non-science-based punitive laws.

20. UNITED STATES

Title of Programme: HIV Prevention for Latina Girls at Greater Risk for Juvenile Delinquency
Contact: Orange County Bar Foundation
Implementer(s): Nazly Restrepo, MSW and Dr. Martha Cristo
Implemented by: Private Sector, non-profit
Type of Initiative: Prevention of new HIV infections, implementing innovative gender-responsive and culturally compentent prevention programs.
Programme being implemented since: 2009
Has the programme been evaluated/ assessed? Yes

Short description of the initiatives
The Chicas Con Fuerza program of the Orange County Bar Foundation (OCBF) targets at-risk Latinas, ages 11-14, in Santa Ana, CA. Chicas provides a comprehensive prevention model for Latinas who are at-risk for HIV infection, delinquency and other high-risk behaviors, including unprotected sexual activity and substance use. Girls are identified by the Police Department and School District as exhibiting behavioral problems such as truancy, substance abuse, and/or violence or at risk due to exposure to poverty, violence, and gangs. Chicas Con Fuerza offers an intensive 9-month Core Prevention Education Intervention that addresses risk factors across individual, family, community, school, and peer domains. Program activities include three workshop sessions each month with one related activity. After completing the core intervention, Supplemental Services offer one

group session and one activity per month for six months. Girls receive prevention education in respect to HIV/STD infection, delinquency, gang involvement, and substance use. Activities focus on life and coping skills, mentoring, leadership opportunities, and recreational activities designed to build confidence and self-esteem. Chicas work to expand the capacity within the community to serve the needs of our girls by providing bi-annual prevention education to parents/guardian of at-risk girls. In addition, Chicas generate community awareness by collaborating with local health clinics, drug and alcohol coalitions, family resource centers, local schools, community agencies to plan and coordinate quarterly health fairs and honoring March 10th HIV/AIDS Awareness Day.

Outcomes of the initiative

The program evaluation utilized a pre and post test repeated measures design to assess the impacts of the Orange County Bar Foundation Chicas Con Fuerza prevention model. The Office of Women's Health National Survey was used to detect positive effects on a set of proposed program outcomes.

The OWH National survey was comprised of ten sub-scales for the 12 to 17(n=94) year old. Paired T tests statistical analysis was applied to each sub-scale in order to detect any pre to post-test changes. Significant changes were found for gang exposure and HIV knowledge. Participants reported less gang exposure (.028) after 9 months of service. HIV knowledge (.041) was found significant at post-test 9 months. The positive change was in the desired direction; participants demonstrated more knowledge pertaining to HIV and STI prevention after nine months of services. The program continues to be effective in delivering prevention services in this area

What Strategies have been used to expand the scope and coverage of the initiative?

Decreased Barriers to Accessing Prevention and Care Services for our target population include lack of health insurance, low-income status, lack of education, limited transportation, as well as cultural stigmas associated with substance abuse, HIV/AIDS/STD's, and delinquency. To address this, Chicas staff served as cultural brokers to assist girls in receiving wraparound delinquency, HIV/AIDS/STD, or substance abuse services, if needed. Acting as a bridge between clients and community resources, staff will provide language and culturally appropriate referrals and assist girls in accessing referrals, keeping appointments, and staying in services.

Addressing Delinquency, STDs/HIV, Gang Activity, and Incarceration: Young Latinas associated with Latino youth gangs in urban communities appear to be at especially high risk for a variety of social and psychological problems. Neighborhoods in which these gangs emerge are characterized by unemployment, poverty, welfare dependency, single-headed households, and other socioeconomic conditions associated with the underclass.

CHICAS addresses the intersection between delinquency, STDs/HIV, gang activity and incarceration by our program development approach illustrated by the Web of Influence Model (SAMHSA, 2002) that addresses individual, family, community, school, and peer risk and resiliency factors through educational, mentoring, and recreational activities. Our approach also includes partnering with community-based, non-profit, educational, and law enforcement organizations that provide best practices in respect to substance abuse, gang, delinquency and STI/HIV/AIDS prevention for Latina youth.

Program services are gender and age appropriate, with all program components and materials based on female development for the ages of 11-14. Our staff has significant experience working with high-risk girls and has received significant training in respect to gender, age, and cultural competence. CHICAS curriculum has been designed to be responsive to gender by addressing issues that are specific to at-risk girls. For example, studies indicate that delinquent girls have a weaker connection to family and school. So, our

proposed services will address the unique needs of girls by focusing on: family and school bonding, self-esteem building, social skills, academic issues, and organizational skills.

21. **UNITED STATES**

Title of Programme: Health Outreach Utilization and Support Enhancement Project (The HOUSE Project)
Contact: Housing Works
Implementer(s): Housing Works
Implemented by: Community Based Non-Profit Organization
Type of Initiative: Prevention of new HIV infections, Increase access to HIV treatment, care and support for adolescents and youth living with HIV, Enabling social and legal environments, Youth leadership/engagement of youth in HIV-related decision-making processes, Increase access to substance abuse treatment and mental health services
Programme being implemented since: 2012
Has the programme been evaluated/ assessed? No

Short description of the initiatives

The HOUSE project is a unique program targeting young, black men who have sex with men (MSM) who are already infected with HIV/AIDS or at risk for infection due to alcohol and/or drug use.The primary geographic area being targeted is Central Brooklyn and East New York due to the high rates of poverty and drug use, as well as limited access to health care due to economics, language, social barriers, and transportation issues. Uniquely associated to the young MSM population is the NYC house ball community, which is a subculture where high HIV prevalence and risky behaviors have been documented among African Americans. The HOUSE Project aims to support a comprehensive outreach, testing (HIV/Hep C/Syphilis), counseling and referral program targeting this population but also focusing on other high-risk young black MSM at hot spots and venues throughout Brooklyn and via social media.The project also aims to increase access and availability of Housing Works services to a greater number of high-risk individuals, namely young black MSM, with substance use problems and/or co-occurring substance use and mental health disorders and is living with or at risk for HIV/AIDS. Another component of the program is to implement Many Men Many Voices (3MV), a seven session group-level behavioral intervention that addresses how the relationship between behavior, identity, social determinants and other factors influence risk and protective behaviors of young black MSM relating to HIV/STI and drug use. Finally, the HOUSE Project aims to reduce the impact of behavioral health problems, reducing HIV risk and incidence, and increasing access to treatment for individuals with coexisting behavioral health, HIV, and Hepatitis conditions.These goals will be achieved by conducting outreach within the community by program staff who are members of the young black MSM population, in order to locate the target population who is not currently accessing health related services due to a variety of barriers. Once engaged via outreach, HOUSE Project staff conduct psychosocial assessments, offering supportive case management and linkage to Housing Works Primary Care, Substance Use treatment, Mental Health services and comprehensive case management programs.

Outcomes of the initiative

The HOUSE Project is a 5 year program which is successfully completing its first grant year on September 30th 2013. Thus far, the HOUSE Project has outreached and enrolled 244 young black MSM who are HIV positive or at risk of contracting HIV and are planning to enroll another 450 individuals each year for the next 4 years for a total of 2,138. All 244 participants have been assessed for substance use and mental health issues, engagement in medical care, and needs for basic services, such as housing.120 participants have also been tested for HIV over the past 7 months and the HOUSE Project aims to test 150 additional individuals each year for the next 4 years. Three cycles of the group level intervention, Many Men Many Voices, have been completed providing participants with

health related knowledge and skills to reduce risky sexual behaviors.

What Strategies have been used to expand the scope and coverage of the initiative?
The HOUSE Project's outreach staff have worked effectively to locate this difficulty to reach population in an effort to engage individuals who are typically overlooked or unreachable by other initiatives.Their outreach activities have been successfully conducted at house balls, vogue practices, "kiki" events, and at hot spots where the target population congregates such as parks, clubs and at LGBT events.The HOUSE Project has formed relationships with "parents" of houses in an effort to enroll as many members of the house as possible, especially those reluctant to access services, because they trust their house "parent" who recommends our program.The HOUSE Project has also collaborated with other LGBT youth services to provide testing and enroll clients at their regular LGBT events as a way to access a wide range of young black MSM and provide comprehensive services to clients who do not have access to on-site medical care or substance abuse treatment at their youth drop in center or existing youth programming site.