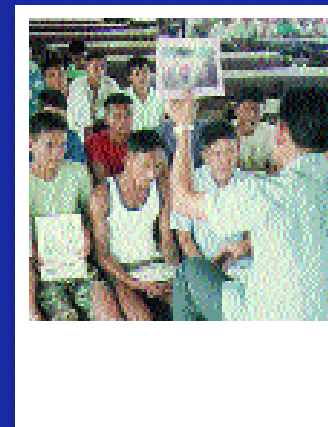


Learning from the field

Experiences in HIV prevention from family planning associations worldwide



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IPPF would like to express its deep appreciation to the Government of Japan for offering support to the Japan Trust Fund (JTF) over the last three years. The main aim of the JTF is to assist Family Planning Associations (FPAs) in Asia and Africa engaged in HIV/AIDS and STI related work. This publication has been supported by the JTF as part of its commitment to HIV prevention.

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Learning from the field

Experiences in HIV prevention from family planning associations worldwide

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Introduction

By the end of 2001, an estimated 60 million people had been infected with HIV since the AIDS epidemic began and 20 million of those had already died. However, an even greater epidemic is looming. It can - and must - be stopped. Numerous prevention initiatives have demonstrated that the spread of HIV can be reduced if relevant programmes are implemented and appropriate sexual and reproductive health (SRH) services are made available, accessible and targeted to reach vulnerable populations.

IPPF's family planning associations (FPAs) in over 140 countries have a key role to play in preventing the spread of HIV. FPAs work with women on reproductive health decision making and are uniquely placed to exploit the inherent synergy between preventing unwanted pregnancies and preventing HIV/STIs. Underscored by the universal right to access to HIV prevention information and services, most FPAs also operate as health and human rights organizations, offering outreach services and critical SRH care to young people and other hard-to-reach populations.

Guided by IPPF's own Vision 2000 Strategic Plan, and the ICPD Programme of Action, FPAs have increasingly expanded their traditional activities beyond family planning with women, and have introduced innovative approaches and projects to mobilise individuals and communities to prevent the spread of HIV. IPPF has been working in the field of HIV/AIDS prevention for nearly 20 years. Its programmes specifically focus on:

- n Reaching out to groups who are at a higher risk of infection
- n Promoting the sexual and reproductive health of young people
- n Empowering women to make free and informed decisions concerning their sexual and reproductive health
- n Forming partnerships with other organisations and groups
- n Community action for people living with HIV/AIDS.

In all its areas of operation, IPPF is always mindful of the need for continuous learning and sharing of knowledge to facilitate the exchange of experience within and beyond the organisation. With this end in mind, IPPF is publishing *Learning from the Field*, which contains examples of the recent work that family planning associations have been doing to promote the prevention of sexually transmitted infections and HIV/AIDS and to respond to the extreme need for care associated with AIDS.

The projects described in this publication range widely in scope and sophistication and the descriptions also vary in style and depth of detail, reflecting the different contexts and environments they originate in. These presentations also capture a variety of creative and context-specific approaches, reminding us that there is no single approach to HIV.

But taken as a whole they show both the range of activities and target groups and give an indication of lessons learned from the interventions, whether these are aimed at providing information, changing attitudes, altering behaviour, or teaching skills. IPPF hopes that this collection of case studies in HIV/AIDS prevention and care from our family planning associations will be useful both throughout the Federation and to other agencies and non-governmental organisations working in this field.

In developing countries, up to 60 per cent of new HIV infections are among 15 to 24-year-olds, and girls are especially vulnerable. Many young people are put at risk of HIV because they are denied access to HIV education, information, health care and means of prevention – access which adults have. Many FPAs have valuable experience of working with young people, and this experience can make their HIV prevention work with youth more effective.

Vulnerable youth – ‘limers’

GUYANA

INTRODUCTION

AFTER Haiti, Guyana has the highest HIV prevalence rate in Latin America and the Caribbean (estimated to be between 3-5%) with most cases reported in the 19 to 35-age group. In Guyana, youth who “hang-out” at parties along the sea wall, fast food joints and minibus stops are called “limers” in the local vernacular. Limers and other youth look up to the men who drive and conduct the minibuses in and around Georgetown, the capital. Drivers and conductors decorate their minibuses with colourful slogans and blast the most popular music. These men, who in comparison with the youth who idolize them, have a lot of money, are seen as “super cool” by both young men and young women and have many different young, female sex partners. Sex occurs on the buses or at the mini-bus stops and is often impromptu, quick and does not involve condoms. For this reason, the Guyana Responsible Parenthood Association (GRPA) has identified limers and minibus drivers as a high-risk group with respect to HIV/STI transmission.

PROJECT OBJECTIVE

1 To address the growing epidemic among this population, GRPA expanded one component of a larger Guyana Youth HIV/AIDS STI project, to reach those most at risk: young, in- and out-of-school youth.

APPROACHES

n GRPA conducted outreach work among limers and minibus drivers in their own territory.

n Besides visiting minibus stops and sea wall parties and distributing information and condoms, GRPA worked on developing rap messages about HIV/STI prevention to be distributed to minibus drivers and conductors.

n By participating in a collaborative effort, GRPA was able to focus its attention and resources on a subgroup – young, female limers and the men with whom they have sex – in need of HIV/STI prevention information and increased access to condoms.

OUTCOME

n At this stage of the project, GRPA staff are known to the limers, drivers and conductors. The HIV/STI prevention message is spreading and condoms are being distributed.

LESSONS LEARNED

- 🔗 The originality of this project lies in its community-behaviour change approach.
- 🔗 Instead of targeting just young women or just minibus drivers, GRPA focused on the “community” of minibus drivers who in the past have not used condoms, and the young girls who were sexually involved with them.
- 🔗 GRPA also went to places where the community met instead of trying to motivate people to come to them.
- 🔗 The importance of the use of a specialized language (rap music) that is meaningful to this particular community, which gives legitimacy and credibility to the message being disseminated.

YES! Youth Empowerment System

PERU

INTRODUCTION

THE adolescent population in Peru is the most rapidly expanding age group in the country, with 10- to 24-year-olds making up 31 per cent of the population. Eleven per cent of adolescent girls in Peru are mothers and 2.5 per cent are pregnant at any given time. The percentages are higher among those living in poor, marginalized areas. Although in the last few years sexual education for youth in Peru has gained some acceptance, there has not been a corresponding openness towards the provision of services to youth. The Instituto Peruano de

Paternidad Responsable (INPPARES), the IPPF member association in Peru, began providing services specifically for youth in 1991. Although INPPARES was providing services to youth in a specially-designed clinic in Lima, it recognized that the needs of youth living in peripheral areas of the city were not being met. Additionally, national statistics indicated that youth living in these areas were at increased risk for unplanned pregnancies and sexually transmitted infections (STIs) and HIV.

To address these needs, INPPARES created YES! (Youth Empowerment System). Developed with

funds from IPPF’s USAID-funded i3 Youth Programme, INPPARES established YES! stations in parks and plazas in four peripheral neighbourhoods of Lima. The stations, which look like small homes, were designed and constructed by youth to offer young people a place to go to resolve problems with the assurance that they would receive accurate information about SRH topics. In addition to educating youth, the YES! stations were developed to serve as a bridge between youth and INPPARES’ local clinics in marginalized areas of Lima.

PROJECT OBJECTIVES

- 1 To strengthen the capacity of INPPARES to offer quality services and products to youth;
- 2 To increase the organized participation of youth within the institution in all phases and activities of the project;
- 3 To increase the availability of IEC materials and methodologies for working with youth; and
- 4 To improve knowledge, attitudes and practices related to SRH and HIV among youth by increasing access to information and education.

APPROACHES

- n A key strategy of YES! (to ensure that the specific needs of youth are met) is the active participation of youth in all phases and levels of the project. The YES! stations are operated and managed by youth educators who were selected to ensure a balanced gender mix and youth perspective. Over 75 per cent of project staff are under the age of 30, with 50 per cent younger than 25.
- n The educators attended an intensive, off-site initial training weekend designed to increase knowledge and skills in addressing SRH matters, as well as to build a sense of teamwork and commitment to the project. The INPPARES project coordinator fosters an environment conducive to individual creativity and team co-operation with the station educators.
- n During the initial stage of the project, INPPARES and YES! staff met with local government officials from the selected neighbourhoods and went house to house to speak with neighbours, business owners and youth to build community awareness and support. Municipalities agreed to provide physical space for the YES! Stations.
- n Within the stations, educators offer private counselling to individuals, couples and groups on questions about sexuality, family planning, violence and other SRH topics. The YES! educators also run a variety of SRH educational and service-related activities at the stations, including rap sessions and discussions. They use youth-friendly games and materials developed specifically for the project by youth. In addition, a multimedia area offers youth the opportunity to use educational CD-ROMs designed and created by INPPARES staff and tested by young people.



n The YES! stations seek to make the critical link between information and clinical services through a referral system with INPPARES clinics, which are located within walking distance of the stations.

OUTCOMES

- n A primary innovation of the YES! project is in offering local youth a space where they feel comfortable and have a sense of ownership;
- n The effective use of trained peer educators who were responsible for educational activities;
- n A variety of IEC materials were produced, ranging from traditional materials such as posters and flyers, to technologically advanced interactive CDs and educational games;
- n The YES! project was particularly successful at reaching younger youth aged 10 to 14 – an age group which is often difficult to reach in SRH programmes.

LESSONS LEARNED

- 🔗 Finding acceptable locations for the YES! stations was difficult and security was an ongoing concern;
- 🔗 The provision of condoms in the stations was not achieved during the project period and remains an area of challenge to INPPARES.
- 🔗 In spite of the promotion of clinical services by the YES! stations, the number of youth clients seeking services at the peripheral clinics did not increase;
- 🔗 The role of youth at all levels, but particularly youth volunteers in the stations, should be formalised to enhance youth involvement at an institutional level in INPPARES;
- 🔗 Clinic staff should receive further training for effectively working with youth, and staff who are receptive to working with youth populations should be hired; and
- 🔗 Efforts should be focused on marketing existing IEC materials produced by the YES! project, rather than developing new materials.

Providing education and services to young people

NEPAL

INTRODUCTION

ADOLESCENTS and young people constitute the largest segment of the total population in Nepal. Over 30 per cent of the total population consists of young people. So far, very few programme interventions have been made to address the sexual and reproductive health needs of young people in the country. The practice of early marriage is a major factor responsible for the high rate of teenage child bearing in Nepal. Another problem that Nepalese young women are facing relates to sexual exploitation. It is estimated that every year 5,000 to 7,000 girls are trafficked to cities in India to work as prostitutes. Many return home after being infected with HIV and chronic sexually transmitted infections (STIs). Discrimination, abuse and violence against girl children and women are common. Intravenous drug use among young people is also another source of HIV infection. The Family Planning Association of Nepal has intensified its efforts to provide both education and services to young people and implemented this participatory project to provide capacity-building programmes and sexual and reproductive health services for young people.

PROJECT OBJECTIVES

- 1 To collaborate with other agencies to improve the young people's access to information and services.
- 2 To advocate for necessary changes in government policies for the inclusion and expansion of sexual and reproductive health services for youth.
- 3 To increase physical and economic accessibility of sexual and reproductive health information and services for young people.
- 4 To increase the participation and involvement of young people at all levels in governance, management and sexual and reproductive health programmes of FPAN.

APPROACHES

n The SRH activities including HIV/AIDS were implemented in an integrated way with other services from FPAN outlets.

- n The most important approaches have been to promote and provide SRH services to young people through establishing and mobilising the Youth Information Centres (YICs) and peer groups.
- n Capacity building programmes were organized for YIC members, peer groups, youth club members which aim at expanding the coverage of SRH programme with a youth and gender-sensitive focus.

OUTCOMES

- n FPAN has provided information, education and counselling for promoting SRH. FPAN develops, produces and distributes various types of print materials such as *Teenagers' curiosity and STI/AIDS* booklets, *Be Wise about Sex in Nepal*, posters, condom wallets, flip charts, *All You Wanted to Know* brochures.
- n Some special projects developed video films to show in rural and urban areas. Street drama was also used as an effective medium. FPAN also used the popular medium of radio to get information to young people.

LESSONS LEARNED

- 🔗 Young people seek access to services only if they are youth-friendly. Young people are interested in information about SRH including HIV/AIDS.
- 🔗 Communities are generally supportive of FPAN efforts and were positive in working with the young people to provide sexual and reproductive health information.
- 🔗 Current efforts by government and non-government sectors in relation to HIV and AIDS are inadequate.
- 🔗 Clinical investigation of HIV is very limited and not easily accessible.
- 🔗 The prevalence of HIV may be much higher than the reported and estimated figures.
- 🔗 Co-ordination and collaboration with other local governmental and non-governmental organizations is important to increase the access and effectiveness of the programme. It also avoids duplication, is more cost-effective and may make the programme more sustainable.

Preventing HIV and STIs among youth

MALAWI

INTRODUCTION

THE HIV/AIDS epidemic in Malawi is one of the most severe in sub-Saharan Africa. HIV began to spread primarily as a result of multiple partner sexual contact and high prevalence of STIs. Although Malawians initiate sexual activity at an early age, condom use is low. Much of HIV transmission occurs from older men to younger women. The project was developed with the aim of preventing the spread of HIV and other

STIs, in response to the very worrying national statistics which show that the youth – especially the 15-24 year olds – are the ones infected with HIV. There is a window of hope if efforts are made to prevent the rate at which the infection is spreading among the youth.

PROJECT OBJECTIVES

- 1 To reduce the high incidence of HIV and other STIs

among the youth 15-24 years in Lilongwe City, Chiseka and Tsabango.

- 2 To increase access to accurate information and services on HIV/AIDS and other sexually transmitted infections among the youth 15-24 years by 20 per cent to adopt safer sexual practices within one year of project implementation.

APPROACHES

- n The project has used advocacy, information, education and communication for behaviour change, the provision of youth-friendly services and capacity building in both the organisation and the targeted communities to achieve the results.
- n In the area of advocacy and IEC, the project has used the existing cultural systems, market theatre and youth advocacy clubs.
- n Forty youth peer educators, 38 traditional counsellors and 47 traditional leaders (3 chiefs, 20 group village headmen and 24 village headmen) were trained to provide information to the young people in the project area.
- n The trained volunteers were successful in mobilising young people to discuss and provide information on HIV/AIDS and other STIs.
- n Some of the youth and the traditional counsellors were trained to perform drama and traditional dances containing messages on the prevention of HIV and STIs. The peer educators and counsellors encourage young people to abstain from early sex. For those already sexually active, the traditional counsellors (who in the study stated that they could not talk about or distribute condoms, but were transformed through the training) and youth peer educators distribute condoms during the discussion or counselling sessions.
- n Three market theatre groups were established and trained to provide accurate information on HIV/AIDS and other STIs using drama, poems, songs and other traditional dances. These groups visited market places, schools and streets and stage open-air performances, distributing leaflets and condoms. A total of 13 plays (skits), five poems, six pieces of choir/songs and four types of traditional dances and music were produced. Fifteen performances were conducted since the programme started. One hundred T-shirts and 150 baseball caps were produced.
- n Seventeen youth clubs have been formed and youth meet regularly to discuss issues affecting them and what they can do to prevent the spread of HIV and

other sexually transmitted infections. The club members also produce plays, songs, dances and poems. They organise shows in the community and conduct performances to sensitise the communities on the need to adopt safer sexual practices in order to reduce the spread of STIs and HIV.

OUTCOMES

- n A total of 9,600 male and 373 female condoms have been distributed.
- n 10 health personnel have been trained in syndromic management of STIs and how to provide SRH services using the youth-friendly approach. 494 young clients aged 15-24 were treated for various STIs during September to December, 2001.
- n Educational sessions were delivered by Youth Club members.
- n Market theatre groups were established.

LESSONS LEARNED

- 🔗 The use of peer education is more effective in managing projects aimed at preventing the spread of HIV and other STIs among youth.
- 🔗 Activities conducted by the youth themselves are more innovative.
- 🔗 The peer educators have been central in promoting and distributing both male and female condoms to the sexually active youth
- 🔗 The creative use of theatre and other forms of folk role for communication, motivation and promotion is effective.
- 🔗 Since the training of youth in market theatre, there has been an increased interest in services, and changing behaviour patterns observed among the young people.
- 🔗 The use of entertainment in education and communication of HIV and other sexually transmitted infections promotes the discussion of the issues by those attending and participating in the public gatherings. This then promotes dialogue and continuous communication among the young people in the communities leading to increased interest and motivation to prevent HIV and other sexually transmitted infections.
- 🔗 The use of participatory training methods helps culturally accepted groups of people to adopt new innovations among the traditional counsellors and can help in preventing the spread of HIV in the communities.

Working with families for HIV prevention among rural young adults

CHINA

INTRODUCTION

HUAIHUA Prefecture of Hunan Province covers a large mountainous less developed rural area inhabited by many ethnic groups. The total population of the project

area is 4.83 million, and of these, about 410,000 young people leave their hometown because of poor local prospects and join the 'floating population' to seek their fortune every year. Because they are not well off and in



an illegal situation, being unregistered, they are at higher risk of becoming infected with STIs and HIV. The China Family Planning Association (CFPA), which has an extensive network of grassroots volunteers, has launched an ambitious educational project to reach these hundreds of thousands of young people and inform them of the dangers of HIV before they leave home for the first time.

PROJECT OBJECTIVES

- 1 To reach approximately 400,000 young adults with various information and life skills related to HIV/AIDS prevention.
- 2 To train 40,000 FPA staff and volunteers in HIV/AIDS prevention knowledge and skills.
- 3 To gain support from leaders of the local government and communities at every level, and create a safe and supportive environment for HIV/AIDS prevention intervention.
- 4 To improve the capabilities of CFPA and local FPAs in participating in HIV/AIDS field.

APPROACHES

- n To achieve these objectives, a three-step strategy was developed:
 - l mobilise the extensive FPA network in the project area;
 - l reach all the families of the young people planning to leave by the FPA networks; and
 - l reach them through their families.
- n A very innovative approach was used to try to reach them.
 - l The project drafted an open letter for the family members, outlining the benefits of the project and encouraging them to send the health education materials to their relatives away from home. This letter was delivered to the door of the target families, and at the same time it has appeared repeatedly in the local media: newspapers, radios and TVs.
 - l Firstly, many advocacy and training activities were

conducted to mobilise the whole network of the local FPAs and a total of 200,000 FPA members were motivated to pay home visits to the families with children of appropriate age.

- l Secondly, creative efforts were made to motivate all these families to send out an emotionally charged letter with the IEC materials to the target group.
- l And lastly, an incentive mechanism was provided to motivate the target group to read the health education materials carefully and grasp the essential information and skills of HIV prevention.

OUTCOMES

- n 410,000 youth joining the 'floating population' have been exposed to the basic information and life skills on HIV prevention;
- n All the families of those young people have been mobilised to co-operate with local FPAs to conduct the project activity, while they themselves have also benefited from the project;
- n The success of this project can be largely attributed to the involvement of the families involved. Families are responsible for sending the IEC materials to the target groups, paying the postage by themselves.
- n The young people value the HIV/AIDS booklet because it comes from their family and thus read it carefully.
- n Local FPA staff and FPA members have been trained and 200,000 FPA members have been organized to fulfil the project tasks;
- n A comprehensive booklet with focus on both knowledge and behaviour change (which is rare in China) was developed and printed in 450,000 copies, all distributed to the target audience;
- n 370,000 youth mailed/sent back a quiz paper after they read the booklet – evidence that the contents of the booklet were well received;
- n The CFPA network and its capacity for HIV prevention was widely tested and strengthened.

LESSONS LEARNED

- 🔗 The family context is invaluable for HIV prevention, especially for reaching hard-to-reach groups. With proper mobilization, families can play a key role to distribute HIV prevention information. Through the family linkage, IEC materials are more acceptable by the target audience.
- 🔗 As an NGO, the FPA should recognise its own strengths in HIV prevention and make best use of it. CFPA's main advantage is that it has a vast network of volunteers. In this project, CFPA tried to use its unique network and finally proved its value.
- 🔗 A practical attitude is important for the implementation of HIV/AIDS project. CFPA volunteers are just ordinary people, not experts in HIV/AIDS; they themselves may not be well-educated, and they have their own business to run. The FPA therefore needs to make things very clear, simple and easy for them to do.

Peer education

YOUNG people are strongly influenced by the many people and institutions that surround them; they tend to seek information from diverse sources, and respond best to other young people whom they meet where they work, study and play. This is why peer education/promotion is a crucial outreach strategy to reach young people with HIV prevention education and messages which enable them to assess risks for STI/HIV and take protective action.

Promoting adolescent reproductive health and empowerment MALAYSIA

INTRODUCTION

Adolescents attain biological maturity much earlier yet reproductive health issues are not adequately addressed at an equally early age. A National Study on Reproductive Health of Adolescents in Malaysia, a project undertaken by the National Population and Family Development Board in collaboration with the Federation of Family Planning Associations of Malaysia (FFPAM) and Ministry of Health (funded by IPPF Vision 2000 Fund), revealed that adolescents aged 13-19 years lack knowledge on reproduction, puberty, STDs and HIV/AIDS. The majority of the adolescents also do not receive adequate sex education from parents and teachers. Peers are their main source of information.

There is also a growing tendency for earlier engagement in sexual activities. Most of the activities take place without any form of protection thus putting young people at risk of pregnancy and getting infected with STIs including HIV. 4.2% of the cases of HIV/AIDS in Malaysia are amongst the adolescents. FFPAM created a comprehensive module on Adolescent Reproductive Health (ARH) for use by educators including youth peer educators to promote the well-being of adolescents in reproductive health and their holistic development. The Module has been specially designed to promote healthy practices and life enhancing values, self-esteem, gender equality, family relationships and develop skills and attitudes that will empower adolescents to make responsible choices in reproductive health.

PROJECT OBJECTIVES

- 1 To provide accurate information on human sexuality including physical and emotional changes during adolescence, human reproduction, pregnancy, family life, sexual behaviour and reproductive health.
- 2 To help adolescents to question, explore and assess their behavioural patterns and attitudes towards sexual and reproductive health in order to develop positive values, increase self-esteem, be more gender-sensitive and have greater understanding of their roles and responsibilities as an adolescent, as a family member and to others.
- 3 To help adolescents develop interpersonal skills, including enhancing communication with peers and parents, decision-making, peer refusal skills and maintaining healthy and responsible relationships.
- 4 To empower adolescents to make responsible decisions

regarding sexual relationships including abstinence, resisting peer pressure, preventing the onset of health-damaging behaviours that affects their reproductive health and, practice of health-promoting behaviours including educating their peers on such responsibilities.

APPROACHES

- n Workshops were held among services providers from across the country on concepts related to ARH. Adolescents were invited to contribute to the contents of RHAM. A Steering Committee and Technical Working Group were established, comprising representatives from youth-related Government Agencies and NGOs to provide guidance and technical input in the design of RHAM.
- n The Module focusing on seven key concepts related to ARH comes in an attractive and user-friendly box package which contains 9 separate books. They are:
 - l Introduction to Reproductive Health of Adolescents (which provides an easy guide on using RHAM including dos and don'ts and examples of ice-breakers).
 - l Trainer's Manuals (there are 7 Trainer's Manuals, one for each Concept).
 - l A Trainer's Guide (which serves as a text reference to the Trainer's Manual).
 - l RHAM is organized into seven key concepts. Each concept has specific topics which are delivered through 75 activities. The total time required in carrying out the seven concepts is 75 hours. The seven concepts are:
 - Concept 1** Understanding my Body
 - Concept 2** Taking Care of My Health
 - Concept 3** We Are Equal
 - Concept 4** Rights and Responsibilities
 - Concept 5** Me and my Values
 - Concept 6** My Friends and I
 - Concept 7** My Family and I
- n In addition to receiving information, participants are also involved in practical, hands-on exercises where they are given opportunity to share and receive information, explore their own values and attitudes and develop or further strengthen their skills in relation to healthy living and well-being within the context of reproductive health. Core promotive and preventive messages are interjected at appropriate intervals and reinforced at the end of each activity to ensure optimum comprehension.



OUTCOMES

n At an ASEAN Regional and National Training Workshop on Adolescent Reproductive Health, 70 youth/peer educators and youth service providers from 10 countries received training and are now serving as Training of Trainers and Educators (TOTE).

LESSONS LEARNED

- 🔗 FFPAM is offering its expertise to NGOs and other organisations interested in adapting and translating RHAM into other languages to facilitate dissemination of the contents of the Module.
- 🔗 Importance of consultation and participation of young people in the design of promotional material.
- 🔗 Value of presenting material in an attractive and user-friendly format.

“A powerful tool of encouraging responsible reproductive behaviour is sexuality education. The ages between 13 and 19 are often turbulent times. Our curiosity about our sexual and physical growth is strong. As we struggle with our own sexuality, we need guidance and knowledge to help us grow, in a holistic way” A Malaysian teenager

HIV/AIDS prevention in Vocational Training Schools TUNISIA

INTRODUCTION

RESEARCH carried out by the Tunisian Family Planning Association (ATPF) on the sexual health needs of young people indicated: a lack and misunderstanding of information related to STI/HIV/AIDS and their prevention, an increase in sexual activity among youth, and an expressed need for information and services. The study results were discussed in a national workshop, which resulted in the identification of required messages and peer educator selection criteria.

PROJECT OBJECTIVE

- 1 To provide appropriate information on sexual and reproductive health to male and female students in government vocational training schools through peer education in 15 governorates of Tunisia.
- 2 To establish youth counselling centres in the same areas.

APPROACHES

- n A training of trainers session was held in two phases for 18 trainers.
- n As necessary, young people were referred by their peer educators to youth counselling centres which were established under the same project. The peer educators were supplied with appropriate educational and teaching materials such as a peer educator's guide, brochures and reproductive health fact sheets and monitoring tools.
- n Trainer/supervisors trained under the project provided the peer educators with ongoing support.
- n The project was evaluated through annual meetings bringing together all the stakeholders to share experiences and lessons learned and to introduce

amendments to project activities as necessary.

OUTCOME

n After receiving training on SRH (adolescence, STIs/HIV/AIDS, contraception) and interpersonal communication, 300 peer educators located in 15 regions provide information to 6,000 young people on an ongoing basis throughout the year.

LESSONS LEARNED

- 🔗 The pool of trainers was a major achievement of this project. They were motivated to work voluntarily with the FPA in other activities and continue to contribute to the training efforts in the new project “dual protection for youth”.
- 🔗 Lack of adequate support and monitoring led to the dropping out of peer educators in some regions.
- 🔗 The clear definition of NGO and GO roles, and real partnership, contributed actively to the achievement of the project objectives.
- 🔗 The selection, training and provision of ongoing support and monitoring of peer educators was key in maintaining youth-friendly programmes of high quality.
- 🔗 Co-ordination between the regional and central levels needs to be improved.
- 🔗 The attitude of referral centre staff needs to be improved.
- 🔗 The needs of youth in terms of information were very wide and peer educators could not response to all concerns.
- 🔗 Contrary to popular belief, talking about sexuality is not a taboo subject for youth: they are hungry for information and they are looking for any occasion to discuss their experiences.

Neighbourhood programme

INTRODUCTION

Adolescent sexual and reproductive health is an area of critical concern in the Dominican Republic. Low rates of condom use are alarming given the high HIV prevalence rates among the country's adult population (1.9%, the fifth highest in the Western Hemisphere). The FPA PROFAMILIA launched a neighbourhood-based youth peer education project to improve and strengthen community knowledge and services for youth sexual and reproductive health, with an emphasis on pregnancy and STI/HIV prevention.

PROJECT OBJECTIVE

- 1 To help youth exercise their sexuality in a gratifying, mature, and responsible manner, encouraging new values and attitudes about sexual and reproductive health that will allow youth to avoid the consequences of high-risk behaviours, such as unwanted pregnancy, unsafe abortion, STIs, and HIV/AIDS.

APPROACHES

PROFAMILIA has developed a number of key strategies, such as:

- l working in schools with youth, teachers, administrators, and parents;
 - l partnering with other organisations to support volunteer recruitment;
 - l providing systematic and ongoing training for peer educators;
 - l distributing condoms through peer educators;
 - l and supporting peer educators in developing new avenues for their work in the community, such as radio and TV, drama groups and advocacy groups.
- n The project provides youth, community leaders, parents, and teachers with sexuality education through a network of neighbourhood volunteers. Approximately 150 youth volunteers receive training as peer educators each year, and approximately 600 trained youth remain active each year.
- n These peer educators live in the neighbourhoods where they work with their peers to provide them with sexual and reproductive health education, counselling, and referrals to PROFAMILIA's youth clinic. They also distribute contraceptives, including condoms, spermicides, and contraceptive pills. The youth teams work closely with sports groups, cultural clubs, churches, and neighbourhood associations in order to reach youth.
- n The project also holds workshops in schools to motivate students, teachers, counsellors, and principals to build support for the peer education process.
- n All peer educators, mostly between the ages of 16-19, must be attending school upon initiation into the programme.
- n In addition, selection of the peer educators is based on:
- l residence in the neighbourhood; membership in a participating neighbourhood organisation;

DOMINICAN REPUBLIC

- l demonstrated interest in community work;
 - l good communication and social skills; demonstrated maturity and responsibility; and
 - l studiousness.
- n They receive an initial basic training of 30-40 hours that is facilitated by veteran youth peer educators, as well as three or four in-service refresher trainings each year. The training is based on PROFAMILIA's “Let's Talk” (Hablemos) manual, which was developed for the project, and includes sessions on designing information, education, and communication materials of SRH.
- n Each peer educator is expected to work in depth with ten youth in his or her community (the “direct beneficiaries”) and to give presentations to larger youth audiences (the “indirect beneficiaries”).

OUTCOME

n In 2000, PROFAMILIA invested considerable time speaking with community leaders seeking collaborative partnerships and forming partnerships with community institutions, such as schools, churches, cultural and sports clubs, health centres, pharmacies, neighbourhood associations and co-operatives. These alliances have been successful in assisting PROFAMILIA in the recruitment, selection and support of peer educators, as well as in providing space for activities. In 2000, the project began to charge moderate prices for condoms and Pills, and the peer educators distributed approximately 77,500 condoms and 3,200 cycles of Pills in that year.

LESSONS LEARNED

- 🔗 Youth reported that peer educator training sessions are strengthened by focusing less on the biological, clinical, and anatomical components of pregnancy and birth control, and by incorporating more information on issues of sexuality and gender.
- 🔗 Peer educators need to have access to comprehensive reference materials on sexual and reproductive health, and they require ongoing support and training.
- 🔗 Project sustainability can be improved by working with a wide variety of community organisations and leaders to develop locally appropriate strategies. These organisations can be fundamental in helping to recruit, train and support the peer educators and in providing space for youth activities.
- 🔗 Free distribution of contraceptives may not be financially feasible in the long term, and not all youth will be able to afford to pay for contraceptives, which could ultimately have an effect on project goals. Thus, sustainability issues will need to be balanced with concerns related to access.
- 🔗 In order to ensure that systematic activities are conducted, it is important to establish clear expectations and guidelines as to the kinds and numbers of activities that peer educators will carry out.

In countries where telecommunication systems are reliable and with the expansion of cellular technology in developing countries, helplines (hotlines) have increasingly proved to be a viable and effective means of providing confidential, interactive information, counselling and referral services to a large number of youth. Helplines can serve as an effective way of reinforcing the broader media and community education activities and at the same time provide a mechanism by which young people's information, education and service needs can be determined and fed into message and service development.

The loveLife initiative

INTRODUCTION

THE Planned Parenthood Association of South Africa (PPASA), in partnership with other leading South African NGOs, the Department of Health, other government agencies, and the private sector, has launched the loveLife initiative, based on a hotline service. Although some African FPAs have used hotlines in their youth centres or clinics, none has used it in a large and sophisticated way like PPASA. This project shows that peer educators and service providers can be trained in Helpline education and counselling and provide a highly useful service. The purpose of the Initiative is to effect positive behaviour change among young South Africans leading to reduction in teenage pregnancy, sexually transmitted diseases and HIV/AIDS.

PROJECT OBJECTIVES

Specifically the Initiative strives to

- 1 Promote open discussion around sex, sexuality, and gender relations.
- 2 Accelerate development of adolescent-friendly reproductive health services.
- 3 Expand education, outreach and institutional support programmes.

APPROACHES

- n The main service component of the loveLife Initiative is a national toll free Helpline, known as the Thetha Junction.
- n This service strategy involves telephone interaction between the youth caller and service provider without the face-to-face consultation that young people frequently quote as a barrier to accessing services.
- n In addition, the Helpline serves as an effective way of



SOUTH AFRICA

reinforcing the broader loveLife media activities at the same time as providing a mechanism by which young people's information, education and service needs can be determined and fed into message and service development.

- n The Helpline is operated from a loveLife Call Centre in Johannesburg and with strong referral links to other information and crisis lines and youth services.
- n Four trained young Operators (previous PPASA volunteer Peer Educators) and two qualified young Counsellors supported by a Helpline Manager run the line.
- n The line is functional for a total of 50 hours a week, both weekdays (13.00hrs to 21.00hrs) and weekends (12.00hrs to 17.00hrs). Callers also receive by mail a loveLife information pack.
- n To support the service, the team has access to the Internet and an intranet reference database which includes most current information on sexual and reproductive health content and nation wide resources, referral organisations and specialist. A computerised information system has also been developed which allows for data to be collected on the type of calls and profile of callers.

OUTCOMES

- n During the first 12 months of operation, the Helpline received and responded to 699,952 calls and 410,778 callers. On average, the line responds to about 31,600 calls per month with a range from 3,893 calls to 50,635 calls per month.
- n Calls to the line rise significantly when the line is marketed through the various loveLife media activities. A large majority of the calls relate to boy girl relationships, family relationships, HIV/AIDS and contraception.
- n A review of the Helpline six-months after its establishment was conducted using a mystery/simulated caller methodology and an interview with 105 randomly selected callers (exit interviews). The results of the review indicated a high quality of service. 99% of youth line callers were happy with the way they were handled by the Operators.
- n Callers said the Operators were friendly, understanding, helpful and patient. 92% of callers

reported that they would recommend the line to their friends. Of the 26 simulated calls, 87% of the callers were happy with the way Operators handled their calls and 77% felt helped by the Operator. The majority (73%) of simulated callers said the information provided was relevant to their issue.

PROBLEMS

- ⊗ Management of problematic calls, particularly hoax/crank calls;
- ⊗ Difficulties and stresses experienced by operators in responding to a high volume of calls;
- ⊗ Ensuring that referred callers actually receive quality and friendly services;
- ⊗ Sustaining the line beyond the first five years' funding
- ⊗ Evaluating the impact of the service, which would require an extensive population-based survey.

NEXT STEPS

- t Developing guidelines for handling hoax and difficult calls
- t Organising training of operators in stress management
- t Organise individual and group support and debriefing sessions
- t Consider options to ensure sustainability, such as a shared called system instead of the toll free



line, sponsorship from corporate sector or cross subsidising through other income generating activities.

LESSONS LEARNED

- ⊕ Selecting, training and ongoing support and supervision of Operators and counsellors is key to maintaining adolescent-friendly quality services.
- ⊕ Accurate and detailed caller data is critical in managing the service and performance and management information systems should be in-built from the start.
- ⊕ Advertising and marketing of the line should be closely tailored and linked to the capacity of the service to respond to the publicity and demand created.

Telephone counselling

INTRODUCTION

YOUTH telephone hotlines were established by the IPPF/WHR affiliates in both of these countries as a means of providing an anonymous and free point of first contact for adolescents in need of sexual and reproductive health information, counselling, and referral. In Guatemala, the Asociación Pro-Bienestar de la Familia (APROFAM) ran a telephone counselling and referral service in Guatemala City for 16 years (1980-1996), fielding 40 to 100 calls a day or 7,000 per year. In 1999, the organization sought to capitalize on this expertise and focus on adolescents, establishing a youth hotline with funding from the Netherlands Trust Fund of IPPF.

PROJECT GOALS

- 1 The goal of the youth hotline in Guatemala was to improve youths' sexual, reproductive and mental health by offering anonymous emergency counselling and referral to clinical and psychological services.
- 2 In Colombia, the goal was to offer counselling and referrals to adolescents who had SRH concerns, but who did not have direct access to services.

APPROACHES

- n In Guatemala, APROFAM surveyed youth prior to

GUATEMALA AND COLOMBIA

implementation so that the project could be better tailored to youth needs and preferences. The service was offered nationwide and free of charge to anyone with a phone line.

- n Two trained female psychologists staffed the hotline, providing counselling and referrals to a wide range of agencies, such as drug and alcohol detoxification centres, Alcoholics Anonymous, cultural and sports clubs, homeless shelters and health clinics, including APROFAM's own youth clinic. The psychologists were also prepared to help victims of sexual harassment or domestic violence.
- n In Guatemala, the hotline was marketed through newspaper, television, and radio announcements, at kiosks, and on posters and flyers distributed at schools and youth hangouts. The project was also promoted through APROFAM's other youth projects, such as the organization's cyber centre. Most of the callers indicated that they had heard about the service through friends (41%), followed by schools (19%), flyers (19%), newspapers (10%) and radio (8%).
- n In Colombia, PROFAMILIA launched a widespread marketing campaign for the youth hotline on several fronts, distributing promotional materials at universities, high schools, community centres, health centres, and other places frequented by youth. The

hotline number was printed on PROFAMILIA's letterhead, on all papers distributed to clinic users, and on posters hanging in PROFAMILIA facilities.

n The youth hotline also served as one of the sponsors of a nationwide youth meeting, making contacts with municipal authorities, youth groups, local and national governmental agencies in health, education and youth issues. PROFAMILIA printed T-shirts with the hotline number that staff wore at the event.

n PROFAMILIA launched a radio marketing campaign that was broadcast in numerous cities around Colombia with information about the youth hotline through informational spots on sexual and reproductive health topics, such as HIV/STIs, adolescent pregnancy, family planning, condom use, sexual abuse and emergency contraception. These radio spots were designed using young people's language and the specific context of the geographical area in which they were to be aired. PROFAMILIA also made a special effort to market the service directly to young men, since in the past 90% of youth callers to the hotline were female.

n Youth hotline staff received training in sexual and reproductive health, including specialized information on adolescent health and information related to accessing services at PROFAMILIA and other service providers within the Colombian health system. Because the youth hotline calls were channelled through PROFAMILIA's regular hotline, priority was given to calls from young people. When additional information and counselling were required, calls were passed on to professionals at PROFAMILIA's youth centres.

LESSONS LEARNED

🔗 Ongoing marketing is key to the success of youth hotlines. Radio campaigns proved especially fruitful for PROFAMILIA in Colombia.

🔗 Developing strategic alliances with other organizations can help disseminate information about the service to youth. Participating in a nationwide youth meeting helped PROFAMILIA/Colombia develop ties with a variety of youth-serving agencies who in turn promoted the hotline to their clients.

🔗 Logistical problems can frustrate callers and affect demand for services. Marketing and promotion campaigns should be strategically timed, and potential logistical delays in the service should be anticipated.

🔗 Adequate staffing is important in order to handle calls in an efficient manner. Because it can be difficult for youth to discuss issues related to their sexuality, handling these calls often requires more time and patience than when dealing with adults.

🔗 Hotline staff must have access to up-to-date information on available services for youth. This is especially important when the hotline service is offered nationwide and youth are to be referred to services in multiple sites.

🔗 Hotline staff should receive comprehensive training covering a broad range of topics, such as adolescent development, sexual and reproductive health, drug and alcohol abuse, sexual harassment and gender-based violence, and making referrals to other organizations.

🔗 Since hotlines are often a free service, project sustainability can become an issue if donor funding is not forthcoming. Consider cross-subsidization from clinical services as a possible strategy for sustainability.

For many years, IPPF's member FPAs have campaigned for the introduction of family life education and sexuality education in schools. This is particularly important in countries where HIV/AIDS is prevalent, because, although many children are not in school in the worst affected countries, for those in school it is often the best place for young people to learn about sexuality and reproductive health and the prevention of sexually transmitted infections and HIV.

Integrating HIV prevention in school curricula

BRAZIL

INTRODUCTION

BRAZIL has the highest cumulative number of AIDS cases reported in Latin America and a rising prevalence rate among youth. Efforts aimed at preventing the spread of HIV and other sexually transmitted infections (STIs) in Brazil have increasingly become focused on young people. BEMFAM (Bem Estar Familiar no Brasil), IPPF's affiliate in Brazil, began working with youth in schools in 1993 when it piloted an STI/HIV prevention project in primary and secondary schools in Paraíba and Alagoas states. Based on the initial success of this project, BEMFAM introduced a sex education programme in schools in Rio de Janeiro and in Recife, Pernambuco. BEMFAM's two-year project was aimed at reducing STI/HIV infection as well as unwanted pregnancy among adolescents in six primary and secondary schools in Rio de Janeiro and Recife.

PROJECT OBJECTIVES

- 1 To increase knowledge and improve attitudes related to STIs/HIV and sexuality among in-school youth and teachers;
- 2 To increase safer sexual practices (including consistent and correct condom use, delay of initiation of sexual activity, and reduction in number of sex partners) among youth;
- 3 To increase access to condoms and STI diagnosis and treatment for adolescents.

APPROACHES

n BEMFAM selected schools to participate in the project using several criteria, including: socio-economic level of the student body; school facilities; number and type of staff; links with the surrounding community; demonstrated interest in developing sexual and reproductive health curriculum; and epidemiological considerations.

n Elements of STI/HIV prevention and sex education were incorporated into the normal school curriculum using participatory learning approaches.

n Prior to implementing the project, BEMFAM staff met with school principals, boards of directors, other school staff, and parents, and also conducted a needs assessment through focus groups and surveys involving students and teachers.

n This enabled BEMFAM to collect information on values, knowledge, attitudes, and behaviour with

respect to sexual and reproductive health issues in general and STIs/HIV in particular, which in turn aided in the design of the intervention and in the development of educational materials.

n Both students and teachers were enlisted as educators. The students were trained as peer educators through classroom and extracurricular activities, whereas the teachers were trained to conduct gender-sensitive sexual and reproductive health education, including STI/HIV prevention.

n BEMFAM also established on-site counselling centres staffed by school psychologists in four schools to support the educational activities and to refer students needing additional information or services to BEMFAM's clinics.

n The project methodology emphasised sex education as a multidisciplinary and crosscutting theme, and, as such, aspects of sexuality and STI/HIV prevention were integrated into normal classes, including health and biology as well as history, social studies, art and language. For example, a geography class studied Brazilian demographics, including the incidence of adolescent pregnancy, and language classes viewed videotapes or studied literature and then within the context of those materials discussed such issues as love, sex, and STI/HIV prevention.

n Other subject matters addressed in the curriculum included prejudice, citizenship, adolescence, sexuality, teen pregnancy, values, needs, contraceptives, negotiating condom use, virginity, couple relations, dialogues with family, abortion, population growth, gender relations, gender-based violence, and concepts and misconceptions about STIs/HIV and their prevention.

OUTCOMES

n Materials published and distributed under the project included: the "Manual for Educators: Prevention of STIs and AIDS"; a magazine called "He can, She can"; and posters stating "To use a condom is to have respect for one's self and the health of others" and "You are at risk... use a condom."

n The project also used a series of comic books that were developed under the pilot project.

LESSONS LEARNED

🔗 Partnering with schools widened BEMFAM's scope

of action, diminished costs, and helped the sustainability of the project.

🕒 Students and teachers are key allies in the success of the project, so it is important for project staff to involve them from the beginning.

🕒 With adequate support and training, teachers can find creative ways to include sexual and reproductive health themes into their regular classes, even without clear guidelines set by the Ministry of Education.

🕒 High teacher turnover can threaten project continuity. Focusing on youth peer educators and principals can help mitigate this problem.

IN THEIR OWN WORDS...

Encouraging safe-sex behaviour:

"I began asking my boyfriend to use a condom and now it is a natural thing."

17-year-old girl

Improving attitudes about sex and withstanding peer pressure:

"I think it's wrong to go around having sex to prove you're a man. It has nothing to do with it."

15-year-old boy

"Sex is good when a person is ready for it."

16-year-old girl

"It's great to be in love and it's not necessary to be sexually intimate. I've been with a girl for a year. We talk, kiss, and hug."

16-year-old boy

Providing a safe environment for discussing sexuality:

"I discovered that sex is not a thing to fear; we have to know our bodies. It was a relief to have someone to talk to."

15-year-old girl

Working with Chiefs on advocacy to schools

BOTSWANA

INTRODUCTION

BOTSWANA has one of the highest HIV prevalence rates in the world, and young people are especially at risk. The Botswana Family Welfare Association (BOFWA) launched a project to achieve the prevention of HIV through advocacy efforts, in particular through incorporating structured intervention measures in secondary and tertiary schools in Kanye. The project aimed to build on various existing intervention activities on HIV/AIDS for youth, such as BOFWA's outreach to in and out of school youth, the Young Women's Christian Association (YWCA's) Peer Approach Counselling by Teens (PACT) programme, and Population Services International (PSI) social marketing of contraceptives.

PROJECT OBJECTIVE

1 To initiate structured activities to mitigate and lessen the impact of HIV/AIDS through advocacy aimed at prevention and appreciation of a compliant behaviour and pursuit of safer means in sexual and reproductive health activities.

APPROACHES

n Meetings were held with local authorities (chiefs), education officials and local political leaders.
 n The presenters first introduced the Association (BOFWA), its mandate and how it assists in moulding the younger generation in the community through service and information provision on HIV and SRH.
 n The purpose of the project was also explained to the community leaders, and they were told it was hoped that they would not only accept the project, but play a leading role in terms of initiating a sincere and open dialogue when addressing issues on HIV/AIDS.

OUTCOMES

n The Ministry of Education requires schools to structure their HIV/AIDS programmes, and education officials were encouraged to incorporate the advocacy project in the initiative.
 n The local authority lawmakers also expressed appreciation of the project and promised support wherever required. They however expressed disappointment that the project will only be in Kanye while it is needed in so many other places in the country.

LESSONS LEARNED

🕒 The Chiefs applauded BOFWA for the efforts and also acknowledged that the advocacy project came at a time when the old tendency to regard issues of sexuality as taboo is no longer tenable.
 🕒 They compared the Association's activities, in particular the advocacy project, with the past cultural practice of initiation ceremonies of young boys and girls, and further recommended that ideally every young person should pass through and acquaint themselves with BOFWA's project activities.
 🕒 The Chiefs were however concerned with the project addressing youth at secondary and tertiary institutions only and wondered if the project was not "missing the boat" because youth at upper primary level were also victims of teenage pregnancies and HIV/AIDS.
 🕒 The education officers, like the chiefs, expressed concern that the project is only addressing youth at secondary and tertiary levels, leaving out those at primary institutions.
 🕒 Implementation is proving slow primarily because the project success depends in part on the willingness of the education authorities (and other stakeholders) to provide the necessary support.

IPPF and its FPAs have a mandate to work with and promote the interests of vulnerable groups in society. Those groups are likely to be at particularly high risk of being affected by HIV/AIDS.

Protecting truck drivers and their families

INDIA

INTRODUCTION

DATA from several countries have shown that truck drivers are at increased risk from HIV transmission. A project in Northern India was implemented by the Family Planning Association of India (FPAI) to protect not only truck drivers but truckers' families as well. Mohali, situated in the northern state of Punjab, has a large semi-literate and illiterate population of inter-city truck drivers and their helpers. These people are away from their families for long periods of time and are known to practise unsafe sex with commercial sex workers and are also known to have sex with other men. Manipur, tucked away in the remote north-eastern section of the country, and near one of the notorious golden triangle areas (Myanmar), has a large youth population of drug users, who are at extremely high risk because they both share needles and syringes and do not practise safe sex.

OBJECTIVES

1 To prevent the spread of STIs/HIV and promote safe sexual practices among 30,000 truck drivers and IV drug users and their families, particularly young people, in the areas covered by the Mohali and Manipur Branches respectively.

APPROACHES

n At Manipur, the Branch conducted awareness programmes, advocacy meetings, training programmes, mass meetings, street plays, exhibitions, film shows and focus group discussions at the town of Imphal for 15,700 persons covering school/college youth, out-of-school youth, military/paramilitary personnel, IDUs and their families, teachers, parents, community leaders, mahila mandals (women's groups), outreach workers and peer group educators.
 n 15 young persons in Imphal were carefully selected and trained as peer educators, and self-help groups of

widows and wives of intravenous drug users were formed. By establishing these groups, the Project provided a forum for information-sharing for these women.

n Beginning with orientation training of selected volunteers and staff at both project locations, advocacy programmes were organised for government authorities, non-governmental organisations, local voluntary groups, religious leaders, panchayat (community council) members, opinion leaders and other individuals and groups.
 n A partnership model was developed with religious leaders. This led to a clinic being set up for truck drivers at a Gurudwara (place of worship for Sikhs), for the first time. Other clinical services were provided through two static clinics and outreach programmes.
 n Folk media, street plays, films and music were widely used to spread the message on HIV prevention. Generally, these programmes included basic information about STI/HIV/AIDS and more specifically were aimed towards behaviour change such as the promotion of the condom and its correct use, information on needle-syringe usage, sterilisation techniques, the need for detoxification and other issues for drug users.

OUTCOMES

n The Project trained 60 truckers as peer educators who are now helping to take messages of HIV prevention and safe sex and distribute condoms to their peers at truck stops.
 n Over 20,000 persons have been reached through an awareness programme and one-to-one communication at Mohali.
 n Over 8,700 people were reached through exhibitions, street plays and video/slide shows.
 n Some 1,860 persons received counselling on STIs/HIV and sexual and reproductive health.
 n Over 100,000 condoms were distributed to the target audience through outreach workers and CBDs.
 n As knowledge increased, the demand for clinical services grew rapidly. People from remote places in the region were drawn to seek clinical services for a wide range of reproductive health problems.
 n Nearly 4,500 clients made use of the clinical services at Mohali, and 650 clients used the STI clinics at Imphal.
 n Counselling, mainly for behavioural change, was provided at the static and outreach clinics. Over 1,000 clients were counselled at Mohali, and over 350 clients at Imphal.
 n Within one year, the project brought about a marked positive change in the perception of risk-taking behaviour, with clients seeking reproductive health care



services for diagnosis and treatment for themselves as well as their partners.

LESSONS LEARNED

- 🕒 The gradual increase in the demand in services demonstrated that providing basic services linked with dissemination of information and education is a valuable indicator of the impact of the awareness programmes.
- 🕒 A holistic multi-pronged approach of awareness activities, clinical services and counselling helps in building trust and confidence among the clients and increases credibility of the Project activities.
- 🕒 Specific target groups are more comfortable when integrated with other groups while attending

programmes. They feel less “targeted” and isolated or discriminated against.

- 🕒 By lending credibility to programme activities, the involvement of religious leaders facilitates implementation and adherence.
- 🕒 Advocacy among the target population and the community as a whole is important in generating support for the activities.
- 🕒 Awareness programmes combined with service delivery increase health-seeking behaviour.
- 🕒 Peer educators contribute to the creation of referral networks. These networks are crucial during project implementation and provide a measure of sustainability after the project is completed.

HIV/AIDS prevention among refugees

SUDAN

INTRODUCTION

SUDAN is surrounded by the AIDS belt of Uganda, Ethiopia, Kenya, Zaire, Central African Republic, where HIV prevalence is high. Due to the civil war in the south, migrants come to Khartoum and settle in refugee camps. Eighty-five per cent of this population is between 18-30 years of age. The Sudan National Project for AIDS survey shows that 70 per cent of registered cases of AIDS are among migrants and displaced persons. The Sudan Family Planning Association (SFPA) implemented a project in Dar Essalem Camp for displaced persons and migrants located in North Khartoum. The target group was a total of 39,545 young people.

OBJECTIVES

- 1 Raise awareness of STIs/HIV/AIDS among the target population of both sexes, and
- 2 Contribute to their protection from HIV and unplanned pregnancies through condom distribution.

APPROACHES

- n A peer education approach was adopted. Thirty-five educators were selected in and by the refugee community, they were trained at SFPA HQ on IEC, condom use and safer sex by experts from Khartoum University and local volunteers.
- n Peer educators were equipped with appropriate

educational material, 3,000 posters and 3,000 leaflets designed with their help, and bicycles, which served as means of transport and motivation. Twenty-five lectures were given to the general population at the youth centre in Dar Essalem.

OUTCOME

- n Project managers feel that this project was a success story for the SFPA. While qualitative evidence supports this, shortage of resources did not permit a proper survey to be implemented to evaluate the impact of this intervention on the target population.

LESSONS LEARNED

- 🕒 Situation analysis and surveys are a key issue to determine priority areas for intervention.
- 🕒 Community participation and involvement from project design to implementation is determinant in such sensitive activities.
- 🕒 Appropriate approach and strategies (peer education in this case) contribute to the reaching of a population in crisis.
- 🕒 Incentives can be an important motivation for peer educators.
- 🕒 The experience gained in this project is being used by SFPA to design and implement other HIV/AIDS projects targeting displaced people.

Reducing the risks of STIs/HIV/AIDS among sex workers

BATAM, INDONESIA

INTRODUCTION

SEX workers often lack basic information about reproductive health, skills for negotiating the use of condoms (safe sex), and access to affordable and confidential reproductive health services. Concerns about guaranteed confidentiality, affordability to pay, and the fact or perception by sex workers of the

unfriendly attitude shown by the health service personnel further limit the access to such service. In addition, there are legal as well as moral constraints relating to the provision of information and service to high-risk groups in general, and sex workers in particular.

The Indonesian Planned Parenthood Association (IPPA) launched a programme to assist sex workers in



developing their willingness and ability to practise safe sex, understanding the risks of sexually transmitted diseases which include HIV/AIDS, providing clinical services which respect patients' privacy, and encouraging sex workers to make their own future positive choices.

PROJECT OBJECTIVE

- 1 To reduce STIs and HIV among sex workers in Batam by making enquiries about their needs and concerns regarding the issues of health and STIs/HIV/AIDS.

APPROACHES

- n Focus group discussions and in-depth interviews with sex workers and their clients were carried out in order to enrich the qualitative data of target groups and field conditions.
- n The baseline survey showed that the largest portion of respondents (30.6%) used condoms only if their clients were willing to use them or the clients asked them to.
- n Following the baseline survey, the collected data were used as initial guidelines for the setting up of drop-in centres and clinics.
- n The distance and location of drop-in centres and clinics are two important factors considered by sex workers when they intend to make use of the service provided. Many of them were reluctant to use the services if they were located outside the prostitution complex.
- n Initial assumptions for increasing the use of condoms among the sex worker communities were as follows:
 - n there should be an adequate amount of condoms available

- n the distribution network should be able to reach all sex workers
- n the types of condoms should be of the sex workers' and their clients' preference
- n there should be courses on the use and negotiation of condoms
- n education in reproductive health, STD and HIV/AIDS should be offered.

OUTCOMES

- n At least 3,000 condoms were distributed every month.
- n Courses on STIs/HIV/AIDS were organised for all 'pimps' in the location of intervention, with the purpose of making them aware of the health problems of their sex workers, and to ask them to allow the girls to visit clinics for their medical treatment or to take part in other activities. At the next phase, staff regularly attended the pimps' routine meetings and social gatherings to inform them of the programme progress, the problems the project was facing and the assistance it needed, and to listen to their complaints.

LESSONS LEARNED

- 🕒 Inviting the community members to join the programme enabled us to be accepted, and we succeeded in involving them as part of the programme.
- 🕒 Working with sex workers requires additional efforts to acknowledge the conflicts of values and interests in order to keep the programme going.
- 🕒 The number of financial dependents sex workers have is a major consideration in deciding whether to reject clients who refuse to use condoms.
- 🕒 Identified problems that reduced uptake included: misconceptions about the qualities of condoms, inadequate negotiating skills among sex workers, belief in false ideas of preventing STIs and HIV, and the habit of not using protection when having sex with their boyfriends
- 🕒 Consistency in offering condoms to clients was influenced by peer pressure, in the form of ridicule, belittling comments and competition among sex workers.
- 🕒 Recruitment of outreach workers was difficult.
- 🕒 It was important to identify the various myths concerning the prevention and treatment of STIs among sex workers, their real views of HIV/AIDS, and other factors affecting the level and consistency of condom use among sex workers.

Beer promoters and karaoke girls

CAMBODIA

INTRODUCTION

WOMEN who sell sex but do not work in brothels – karaoke girls, beer and cigarette promoters, night club dancers, masseuses, and waitresses in bars and restaurants – are described as indirect sex workers. While there are thought to be 7-10,000 brothel-based

sex workers in the country, there are as many as 50,000-100,000 indirect sex workers, who may be at even higher risk than brothel-based sex workers for HIV and other sexually transmitted infections since they may not always practise safe sex.

Beer promotion girls (BPGs) and karaoke girls in



Cambodia supplement their meagre earnings from the beer companies who employ them by selling sex to male clients. But according to a survey carried out in 1999, only 38% of them use condoms when they have sex with their clients, and some 20 per cent are HIV-positive. The low percentage of condom use among indirect sex workers is perhaps due to the lack of negotiation skills and the low level of knowledge about HIV/AIDS and STIs. Indirect sex workers may have three to four “sweethearts” at a time and always trust their partners and believe that they are free from diseases. Therefore they do not use condoms when having sex with “sweethearts”. The Reproductive Health Association of Cambodia (RHAC) launched a project to reduce the STI/HIV infection rate among these girls.

PROJECT OBJECTIVES

1 To raise awareness about STIs and HIV/AIDS and to empower karaoke girls to take an active role in protecting their own health, particularly through condom use with ‘sweethearts’ and clients alike.

APPROACHES

n RHAC contacted key managers of each beer company, the Ministry of Women Affairs and the Municipality to discuss the project and involve them in designing appropriate implementation plans. RHAC persuaded the company managers to allow RHAC motivators to insert education topics during BPG meetings with their supervisors, and provide facilities for peer educators to talk to the BPGs about condom use and the RHAC clinics before they go on duty.

n RHAC developed a short story describing the remorse of a girl who is HIV-positive. She came from a rural area to find a job in the city. When she came to Phnom Penh, she worked as a beer promotion girl and fell in love with a handsome rich man. She believed that her sweetheart was free from HIV because he appeared to be healthy. They never used condoms even though her friends tried to educate her about practising safe sex. The objective of the script is to change the misconception that healthy looking people cannot have HIV/AIDS. In addition, the script will show her trauma when she got HIV.

The script was distributed to 2,525 indirect sex workers through peer group educators and education sessions.

n RHAC provides free services for clients who cannot afford to pay. After their first visit to a RHAC clinic, indirect sex workers were encouraged by peer educators to talk with their other friends about their experience, especially the quality of services, privacy and confidentiality.

n The approach taken in this project involves the participation of clients and other stakeholders. The education of the indirect sex workers is carried out by peers, the co-operation of all stakeholders, especially their employers, has been enlisted, and privacy and confidentiality are assured for all clients attending RHAC clinics. Furthermore, the placement of “condom boxes” at workplaces facilitates easy access to condoms thereby saving the embarrassment faced by many women of having to go out and purchase by themselves.

OUTCOMES

n RHAC has trained 120 BPGs in the capital Phnom Penh to become peer educators who will reach 1,500 other BPGs in their workplaces.

n RHAC is also extending the project to karaoke and massage girls, and aims to reach 2,500 girls and provide them with 300,000 condoms over a 12-month period.

n A knowledge-base has been created among the workers within each company, which will continue to be disseminated to their friends and new workers, thus making the project sustainable.

n Awareness has been increased among the stakeholders such as local government officials and employers and their co-operation enlisted.

LESSONS LEARNED

⊕ According to an evaluation conducted to assess the effectiveness of the project, “face-to-face” education on sexual health between peer educators and their friends was very effective, especially for referral of STI patients.

⊕ Usually, massage/karaoke girls are reluctant to visit clinics because of the lack of privacy and high cost of services. However, RHAC clinics ensure good quality services at a reasonable price, adequate privacy and confidentiality.

VOICES

“During training, we make friends and talk about sexual health. When I talk about STIs with my colleagues, they show much interest. When I explain about the complications and consequences of STIs, they get worried and ask me for advice. I then refer them to the RHAC clinic. Some of them went to the RHAC clinic as advised, but some of them did not. I requested my friends who had already visited the clinic to talk to the others and convince them about the privacy of the

clinic. It was only then that they started to believe and went to the clinic.”

Peer Educator, Karaoke Bar

“Now, I know more things than before. I can prevent STDs/HIV transmission for myself and for my friends. I told my friends that we cannot know who is infected

with HIV, by their looks. Now, my friends request condoms from me before they go out with their clients.”

Peer Educator, Karaoke Bar

“I have to protect my self from getting infected with HIV. Therefore, “No condom, No Sex!”

Karaoke Girl

HIV/AIDS prevention among deep-sea fishermen

THAILAND

INTRODUCTION

Pattani fish marketing port is the largest port among the lower southern provinces of Thailand. There are approximately 1,200 deep-sea fishing boats arriving monthly to unload fish caught in and outside the gulf of Thailand. After the long trip, the fishermen usually have 3-5 day break. They spend their leisure time for gambling, drinking and visiting the commercial sex workers in the brothels in Pattani City. There are approximately 40 brothels and small restaurants, which offer commercial sex.

The Planned Parenthood Association of Thailand (PPAT) launched a project to reduce the increasing number of STIs/HIV cases in the area by providing STIs/HIV/AIDS education for the three target groups: 7,000 fishermen who migrated from outside Pattani, commercial sex workers in 36 brothels, and the general population in Pattani.

PROJECT OBJECTIVES

- 1 To create awareness of STIs/HIV prevention among the fishermen, commercial sex workers (CSW) and the population of Pattani province.
- 2 To provide STIs/HIV prevention education for the fishermen through the cooperation of the fishing vessel association, fishermen AIDS prevention volunteers, and other concerned government agencies.
- 3 To establish an STIs/HIV/AIDS network among the fishermen, people, and concerned government agencies.
- 4 To convince the Governor and the concerned local agencies, especially the Pattani Fishery Association, that HIV/AIDS prevention in Pattani can only be successful if they reach the fishermen and the commercial sex workers who are the high-risk groups.



APPROACHES

n PPAT began by conducting an attitudes assessment among the owners of the fishing boats, brothels, fishermen and the CSW towards risk of HIV/AIDS and condom use.

n Presentation of HIV/AIDS situation and estimated economic loss in Thailand and other countries to the Governor of Pattani and Chief of government agencies and Committee of the Pattani Fishery Association. The aim of presentation was to convince them to take serious action on HIV prevention to save the lives of their workers and to prevent economic loss.

n Training on HIV prevention and condom use for the owners of the brothels and the deep-sea fishing boats to educate and motivate them further inform their workers about the prevention.

n Production of appropriate IEC and training material.
n Small group sessions organised for over 25,000 fishermen in the fishing boats and at the fish marketing places.

n Training courses on HIV/AIDS organized for 1,295 fisherman volunteers (2 for each boat), enabling them to disseminate knowledge about HIV/AIDS prevention to the fishermen.

OUTCOMES

n The Governor of Pattani appointed a working group of various local agencies in Pattani involved with fishery industry and HIV/AIDS prevention to cooperate with PPAT in the project.

n The Pattani Fishery Association and owners of the deep-sea fishing boats agreed to cooperate with PPAT in HIV/AIDS prevention for their fishermen. Thus PPAT staff were allowed to freely campaign for condoms and provide education on HIV/AIDS to their fishermen in the workplace.

n The owners of the small restaurants and brothels agreed to cooperate with PPAT in providing training to their commercial sex workers and condoms campaign.

LESSONS LEARNED

⊕ Many local people also visit the CSWs, so protecting the fishermen and the CSWs from HIV/AIDS reduces the risk of HIV infection to the local population as well.

⊕ The HIV prevention efforts of the Pattani local agencies have served as a pioneering example to others through the National AIDS programme.

The promotion of male and female condoms for dual protection is one of the main common factors between the traditional work of FPAs and HIV/AIDS prevention. The condom is quite simply the best means there is to prevent the spread of the disease.

Female condom promotion

LESOTHO

INTRODUCTION

SINCE 1986, HIV infections have increased dramatically in Lesotho. HIV/AIDS prevalence rates reached 23.57% in 1999 and are growing rapidly. In response, the Government of Lesotho has developed a National HIV/AIDS Strategic plan (2000-2003) and a National HIV/AIDS Policy in conjunction with Lesotho Planned Parenthood Association (LPPA) and other NGOs. A majority of HIV/AIDS cases (54.9%) are women. Perhaps most surprising is the HIV/AIDS infection rate of 28.85% among young women aged 15-24. While there is widespread promotion of the male condom to address this problem, its acceptability and consistent use has not yet been realized. The LPPA has been addressing these issues through the introduction and sale of the female condom since 1999.

PROJECT OBJECTIVES

1 To reduce and control HIV infection among women aged 15-35 in four urban districts of Lesotho by increasing female condom distribution and use from 8,000 to 60,000 pieces among sexually active young urban women in Maseru's Hoek, Mafeteng, Maseru and Leribe districts.

APPROACHES

n In 1999, the LPPA undertook a Female Condom Acceptability Study among women of reproductive age, as well as women selected from educational institutions, the armed forces, football clubs and LPPA clientele throughout the country. Respondents were given a free sample of the female condom and asked to use it before completing an accompanying questionnaire. Of the respondents, 99% stated they trusted the female condom to protect them from all consequences of unprotected sex including HIV/AIDS.

n The initial distribution of female condoms by LPPA was an overwhelming success. In the process, LPPA has become the lead agency in the provision and promotion of the female condoms in the country. The Ministry of Health reports that 60% of government health facilities have received client requests for the female condom since its introduction by LPPA.

n With the increasing demand, LPPA needed to put in place strategies for increasing its acceptability and accessibility. LPPA decided that strong marketing and IEC activities must be undertaken to encourage more women to take responsibility in protecting both themselves and their partners from STIs/HIV and unplanned pregnancies.



n Consultations were carried out in the rural and urban setting to convince Chiefs and the public about the role of a TV documentary in addressing lack of equal partnership between men and women especially spouse consensus in issues of HIV/AIDS.

n Young people participated in drama production, traditional dancing, recitation of poems and choral music.

OUTCOMES

n Government, NGOs, shops and restaurants distributed 33,000 female condoms. 8,159 female condoms were distributed from LPPA clinics, and 2,500 condoms were distributed free of charge during the launches. Through the project, distribution increased from 8,000 female condoms in year 2000 to 42,000 in 2001.

n A documentary on the impact of the low status of women on the spread of HIV/AIDS was produced and has been shown on the National TV station and other forums as well as LPPA clinics.

n Eight billboards were produced, pre-tested and mounted in the project districts.

n 45,000 female condom stickers bearing STIs/HIV/AIDS messages were produced and pasted on the female condom packages.

n 1,000 bumper stickers were produced and distributed to the public especially taxi drivers and business premises.

n 1,000 female condoms were distributed free in local weekly newspapers.

n 4,000 HIV prevention handy kits were prepared and distributed during dissemination visits to workplaces such as industries. The kits contained of gloves, a female condom and 2 male condoms.

n 400 T-shirts were printed and distributed to LPPA

youth volunteers during the launching festivals.

n A blimp (large balloon) and banners designed with STI/HIV/AIDS messages were prepared and used during the campaigns in the project sites.

n The Minister of Health and Social Welfare invited LPPA management to attend a parliament session to introduce the female condom.

n Increased collaboration with other agencies was achieved through this project.

n The demand for female condom has increased sharply in the four project sites.

n The project enhanced involvement of policy makers and government machinery.

LESSONS LEARNED

⌚ The use of a printed blimp bearing messages of STI/HIV/AIDS and female condom illustrations attracted crowds to the launching campaigns.

⌚ The project has had a spill-over effect into other districts where LPPA facilities have recorded increased number of female condoms distributed per month. Key persons from surrounding communities could have been trained in female condom use to reach a wider audience geographically or to ensure correct use in areas where the female condom was not formally introduced.

⌚ The planned procurement of 60,000 female condoms was not possible because the shipping and other costs were not taken into account at budgeting stage.

⌚ The project condoms will soon be out of stock. Since the female condom was launched there is a stream of condom orders from the government

Ministries and NGOs. Having created the demand LPPA has the duty to maintain the distribution to meet the increased need.

⌚ The Branch Coordinators held regular meetings with District AIDS Task forces to plan and organize launching activities. The high level involvement of these key offices resulted in an element of community ownership of the activity.

⌚ Religious leaders committed to the success of the promotion of the female condom were an important factor.

⌚ The attitudes of commercial sex workers in the capital Maseru about the female condom were mainly positive, and included the following comments:

- ⌚ The device protects clients during menstruation
- ⌚ It protects against STIs and HIV transmission.
- ⌚ It is accessible.
- ⌚ It protects when clients refuse to use male condoms.
- ⌚ Protects against unwanted pregnancy.

⌚ The Association has established itself as the main distribution agency to other outlets. It therefore needs support in female condom procurement.

⌚ Proper use of the female condom is already being reinforced during counselling, and radio talks. Mass media will be used to motivate young people towards condom use.

⌚ LPPA will continue to work closely with AIDS organisations in the country to join collaboration efforts of prevention and behaviour change.

⌚ LPPA aims to strengthen its collaboration with CARE Lesotho to address HIV/AIDS information and prevention needs of commercial sex workers.

Social marketing of condoms

ZAMBIA

INTRODUCTION

THE Planned Parenthood Association of Zambia (PPAZ) launched the 'Success' youth condom sales programme as a pilot project in April 2000. The project's aim was to reduce HIV infection and teenage pregnancies by increasing condom use among youth. The HIV prevalence rate in Zambia has stabilised at 19.75 per cent after peaking close to 28 per cent in the early 1990s. The bulk of these infections are among young people aged 15-29. Youth aged 15-24 comprise approximately 30 per cent of the country's population and yet are highly underserved in this area. The 'Success' youth condom sales programme specifically targets youth aged 10-24 and builds on PPAZ's commitment to place young people as a primary target throughout its programmes.

PROJECT OBJECTIVES

1 To promote the sexual and reproductive health of youth in an entertaining and interactive way.

2 To increase the desire for condom use among

sexually active young people as a way of reducing the further spread of STIs/HIV and unwanted teenage pregnancies.

APPROACHES

n The project began with a baseline study about youth sexual and reproductive health needs, which revealed that while many young people were sexually



active, they felt alienated from obtaining condoms from clinics. They frequently felt intimidated in these environments and were often reproached for being too young to engage in sexual activities.

- n Condom sales were targeted in the largest urban areas including Lusaka, Kafue, Kabwe, Livingstone, Ndola, Luanshya and Kitwe.
- n Condoms were promoted and sold using a social marketing approach with commercial marketing strategies.
- n A drama group was specially trained in drama techniques, HIV/AIDS and peer education to perform to young audiences and handle questions from them.
- n Youth merchandisers who were trained peer educators also conducted marketing, promotion, and outreach activities at night clubs, bars and youth events.
- n The marketing and advocacy activities that were conducted namely, airing of the radio jingles, production and airing of a television commercial, the printing of T-shirts, posters and stickers, newspaper adverts, key rings and sponsorship of various functions all contributed significantly to raising awareness and discussions around safer sex practices.

OUTCOMES

- n The project has achieved the primary objective of increasing the desire for condom use among young people in a fun and interactive way.
- n The drama group visited 22 high schools and colleges where they reached to 2,137 young people.
- n The drama group reported an increasing number of young people who expressed interest in accessing Success condoms.

n There was also an increased number of young people who were requesting Success condoms at the PPAZ clinic (most of whom had been referred there by the drama group).

- n The interactive one-to-one approach used by the promoters helped to create brand recognition for Success condom as a choice for sexually active youth.
- n The Success project has also been successful in achieving the objective of encouraging young people to discuss safer sex practices and the benefits of condom use in the prevention of STIs/HIV. The project has built skills and capacity among its youth volunteers to reach out to other youth and encourage behaviour change through peer education, drama performances, youth merchandising and outreach activities.
- n Through the use of multi-media marketing and promotional campaign, Success condoms have now gained a market niche and are competing favourably with other condom brands.

LESSONS LEARNED

- 🔗 A primary concern within the project had been the lack of brand recognition. Only through intensive advertising and marketing has the target audience learnt of the Success brand.
- 🔗 While advertising has been the single most important factor thus far, it is also apparent how much more is needed to continue to build brand recognition.
- 🔗 While there are still some complaints over price, those that have tried Success claim they prefer it since the perceived quality is better than other brands.
- 🔗 Lack of transport for the sales persons in towns outside Lusaka proved a major constraint.

Advocacy work and the promotion and protection of human rights are considered critical in IPPF programmes and policies to reduce the transmission and impact of HIV/AIDS. Through strengthening their capacity in advocacy and human rights work, FPAs can help to create a positive response to the pandemic and improve the lives of those infected and affected.

Advocacy with religious leaders

UGANDA

INTRODUCTION

THE Family Planning Association of Uganda (FPAU) carried out a study on the attitudes and practices of the religious leaders towards condom use and HIV/AIDS, and also examined the different religious denominations in the project area and assessed what they are doing in the area of HIV prevention and care. The Christian Church was targeted because it is uniquely placed to combat HIV/AIDS, as almost 90 per cent of the population is Christian. The study showed that religious leaders were enthusiastic to get involved in the fight against HIV/AIDS, although they were hesitant to promote condom use. FPAU developed a project to increase their involvement in HIV prevention.

PROJECT OBJECTIVE

- 1 To advocate for a supportive attitude among Christian religious leaders towards condom use for HIV prevention in Mityana subdistrict, where condom use is rather low.

APPROACH

- n Four consultative meetings were held with key stakeholders: the Uganda AIDS Commission, the Protestant Secretariat, the Catholic Secretariat and the Ministry of Health.
- n Three religious leaders' workshops were held for 600 participants from the Anglican, Seventh Day Adventist, Full Gospel, Golgotha, Pentecostal and Miracle Centre churches to motivate them to become involved in the HIV prevention campaign and use their influence to reach out to young people at risk. The Catholic Church declined to participate, but sent a representative to the

second and third workshops.

OUTCOMES

- n Talks on HIV/AIDS given by FPAU staff to 1,600 students in five secondary schools, organised and endorsed by religious leaders.
- n Religious leaders issued positive recommendations after the workshops.
- n Positive statements made by the bishops who closed the workshops and the (Protestant) Archbishop of Uganda.
- n 10,000 advocacy brochures entitled 'Facts and Figures that Justify Religious leaders' Intervention in the fight against HIV/AIDS' designed, printed and distributed.
- n Five 30-minute phone-in radio programmes on 'The Church and the Condom' broadcast, with participation of religious leaders.
- l Positive coverage in newspapers.
- n Encouragement from Uganda AIDS Commission.

LESSONS LEARNED

- 🔗 Despite the religious leaders' initial reluctance to support condom use, once they had attended the workshops, they participated fully in the education campaign.
- 🔗 Religious leaders prefer to have medical personnel teach about condom use.
- 🔗 Partner agencies were willing to participate in project implementation.
- 🔗 It is important to involve religious leaders in HIV prevention campaigns because of their undoubted influence on the communities they serve.

Training of trainers for the private business sector

NIGERIA

INTRODUCTION

THE private sector, in particular the banks, employ young and promising graduates from the 20-35 age group which is particularly at risk of HIV infection. In this innovative project, the Planned Parenthood Federation of Nigeria (PPFN) is working with the business sector to initiate HIV prevention measures among bank staff, and anticipates that the intervention will have a spill-over effect on other parts of the business sector. PPFN initially worked with the management of 10 banks in the commercial capital Lagos to ensure effective project implementation and a positive outcome.



No single organisation can defeat HIV/AIDS. FPAs, with their roots in local communities, are working in partnership with other NGOs, local authorities, government agencies and religious organisations to make their preventive work more effective.

Promoting 'Safer Sex' through television collaboration **UKRAINE**

INTRODUCTION

THERE is a high rate of STIs among young people in the Ukraine and condom use is low. The Safer Sex Project was implemented as a partnership between the Ukrainian FPA and the Ukrainian private TV company Bathyscaphe TV. The overall goal was to assist the government of Ukraine to improve the sexual and reproductive health of young people, gay people and sex workers in four pilot regions: Lviv, Kherson, Donetsk and Dnepropetrovsk, which all have active FPA branches.

PROJECT OBJECTIVES

- 1 To reduce the number of sexually transmitted infections (STIs) and increase the ability of individuals to exercise autonomy and informed choice while expressing their sexuality or engaging in sex work.
- 2 To increase condom usage and safer sex practice among students, sex workers and gay people in four regions in the Ukraine.
- 3 To act as model which could be adapted for use in other areas and for other target groups.

APPROACHES

- n The FPA engaged a core group of media professionals, both nationally and regionally, to develop, produce and distribute materials. The project involved input from local and national government officials and parliamentarians, SRH professionals, NGOs and the media. The campaign focused on three main themes:
 - 1 **BE SAFE** (Awareness of STIs/HIV/AIDS and How to Get Help)
 - 1 **BE CAREFUL** (Prevention of Unwanted, Unplanned Pregnancy and Infection, condom as a contraceptive choice)
 - 1 **BE HAPPY** (condom as a modern method of contraception, enjoying sexuality, enjoying intimacy of relationships, rights to sexual and reproductive health)

- n The campaign addressed the issues of prevention of sexually transmitted infections (STIs) and HIV, prevention of unwanted pregnancies and promoted access to modern methods of contraception. It was complemented by a comprehensive network of information dissemination through the FPA's branches, gay society and sexworker groups. The intended beneficiaries of the project were:
 - 1 Older teenagers and students (aged 18-21)
 - 1 Women of childbearing age, sex workers, and indirectly, their clients
 - 1 Gay and other sexually active groups

OUTCOMES

- 1 Increased public awareness of STIs and HIV through a national TV campaign and the production of IEC materials for dissemination in project areas.
- 1 Development of a network of peer educators/outreach workers associated with the four FPA branches who will provide peer education training to the target groups in their region who will then pass on safer sex messages to their communities.
- 1 Increased access to high quality condoms.
- 1 As a result of the project a broad information campaign on issues of sexual and reproductive health was conducted and a network of peer-leaders and educators was established in four regions of Ukraine.

LESSONS LEARNED

- o A broad spectrum of partners were involved, working together to tackle a common problem, from an NGO to private sector, to senior government officials, to gay student groups and sex workers. The government fully supported the project concept and hoped to learn from the IPPF and the Ukrainian FPA various approaches to dissemination of information and conducting training nation-wide.
- o The development of a media package, a network of dissemination and partnerships and the training of regional FPA-Branch led teams to deal with themes that were generated by the campaign. The campaign included television footage developed in partnership with UK and Ukrainian advertising companies complemented by print media and training modules. It was anticipated that many of the materials produced would in the long run be appropriate for adaptation to other suitable Former Soviet Union and Central and Eastern European languages and countries.



PROJECT OBJECTIVES

- 1 To strengthen the capacity of 10 banks in the campaign for the prevention of HIV in the private sector (banks) by the end of one year.
- 2 To create awareness of HIV prevention measures among 80 per cent of workers in the 10 selected banks within twelve months.

APPROACHES

- n Advocacy visits by PPFN executives to senior management of selected banks to elicit their support.
- n Four Reproductive Health Consultants worked with PPFN staff to develop a Training of Trainers (TOT) manual, the first of its kind in Nigeria, to serve as a tool for the subsequent training in the workplaces.
- n A structured questionnaire was administered to bank staff to assess their knowledge, attitude, perception and behaviour on HIV/AIDS before the training.
- n An advocacy kit was developed for distribution to bank executives to raise their level of awareness and gain their support for the fight against AIDS.

OUTCOMES

- n Awareness raised among bank workers of HIV/AIDS and risk reduction behaviour.
- n Fifteen bank executives (men and women) from

eight commercial banks attended a five-day training of trainers workshop and enhanced their capacity for HIV prevention activities.

- n Development of an HIV/AIDS policy for adoption by banks. So far, three have adopted the policy.
- n A total of 12 in-house training sessions on HIV/AIDS prevention have so far been organised by the trainers in their respective banks.
- n HIV/AIDS messages are being printed on various publications of six of the banks.

LESSONS LEARNED

- o Good advocacy needs up-to-date information, which must be credible and sensitive to the target audience.
- o Collaboration among stakeholders is a prerequisite to successful implementation of a people-centred project.
- o Any project should be planned with beneficiaries and should not conflict with their programmes.
- o Timetable of future projects needs to be planned with participating banks to ensure full participation.
- o Working with Human Resource departments in the banks gives the best results.
- o The programme could be expanded to other parts of the private business sector.
- o The private sector is an important potential resource for HIV/AIDS prevention funding and support.

HIV training for Air Force officers **THAILAND**

INTRODUCTION

THE Planned Parenthood Association of Thailand (PPAT) discovered that new recruits to the Royal Thai Air Force (RTAF) have an HIV prevalence rate of approximately 3-4 per cent. At that time there was no specific programme on HIV/AIDS – only lectures were given from time to time upon request. Some conscripts visit brothels instead of returning to their home town during their days off. PPAT therefore instigated a project to tackle this problem.

PROJECT OBJECTIVES

- 1 To convince senior officers of the importance of HIV prevention.
- 2 To provide education on HIV prevention for RTAF conscripts through training of trainers.
- 3 To support HIV/AIDS information materials and resource persons for HIV prevention activities among RTAF conscripts.

APPROACHES

- n PPAT first approached to RTAF Commander and high rank officers to convince them of the importance of immediate response to HIV infection rate among conscripts and the importance of HIV/AIDS information and knowledge dissemination among these conscripts.
- n The programme proposed by PPAT was discussed and planned with the co-operation of the RTAF's Preventive

Medicine Division and other related units responsible for command training of the conscripted persons. Thus the programme does not conflict with the regular training programme of the RTAF.

- n PPAT provides support to the RTAF by training key personnel, and providing IEC material and condoms.

OUTCOMES

- n A series of training courses were organised for trainers of conscripts and medical officials.
- n Training was organised for 40 Air Force housewives' groups.
- n RTAF's HIV Prevention Manual was produced.
- n HIV prevention has been integrated into regular training of the RTAF conscripts annually. All new conscripts are informed about HIV/AIDS.
- n HIV prevention and education programme for the conscripts is still carried on up to present.

LESSONS LEARNED

- o When dealing with large organisations, it is important to convince the senior staff to introduce changes.
- o HIV training programmes must be integrated into service training.
- o Key trainers within the organisation must be properly trained to enable them to further disseminate the knowledge and information to the conscripts without further intervention of the FPA.

South-South initiative: Inter-regional advocacy training THAILAND

INTRODUCTION

IN an important South-South initiative, and with support from the recently established Japan Trust Fund, IPPF organized three training programmes in Bangkok, Thailand, bringing together a total of 24 FPAs from Africa and Asia with a view to enhancing their capacities in advocacy for HIV/AIDS and STIs prevention and control. The training courses, conducted by the Planned Parenthood of Thailand (PPAT) in February and November 2001 and August 2002, were attended by key volunteers and staff from FPAs in Uganda, Myanmar, India, Botswana, Cambodia, Nigeria, Eritrea, Gambia, Liberia, South Africa, Rwanda, Tanzania, China, Mongolia, Bangladesh, Nepal, Indonesia, Malaysia, Tonga, Pakistan, Côte d'Ivoire, Ethiopia, Kenya and Zambia.

PROJECT OBJECTIVES

- 1 To strengthen the capacities of FPAs for prevention of HIV/AIDS and control STIs through advocacy and programme development.
- 2 Specifically, the project aimed to share exchange of experiences in advocacy on prevention of HIV/AIDS and control of STIs based on the Thai experiences.
- 3 To build on and strengthen the capacities of FPAs in developing partnership with other organizations working in STI/HIV/AIDS Prevention.
- 4 To formulate in-country advocacy strategies and project planning by FPAs.

APPROACHES

- n The Planned Parenthood Association of Thailand (PPAT) developed and facilitated a training programme which in addition to developing skills, provided opportunities for participants to visit and observe PPAT's best practices on HIV/AIDS prevention advocacy activities at various sites both in Bangkok and in Pattani in the southern region of Thailand.
- n Discussions with the target groups during the field

trips helped the participants to have a clearer picture and a better understanding of different advocacy approaches and the success of the activities.

- n Visits included field trips to observe advocacy activities at a PPAT clinic providing HIV/AIDS and RH services to the clients, an HIV/AIDS educational programme for commercial sex workers, advocacy activities at a Muslim community, an advocacy session for prevention of HIV/AIDS with fishermen of the Pattani Fishery Association, and advocacy activities at the Royal Thai Air Force (RTAF), Bangkok.

OUTCOMES

- n Participants heard how to overcome barriers through good advocacy campaigns.
- n Action plans, which were developed by FPAs, were reviewed and received funding.
- n Increased confidence among FPAs to tackle advocacy in reaching high risk groups.

LESSONS LEARNED

- 🔗 Sharing of experiences among FPAs in HIV/AIDS and STI programmes and advocacy is a useful opportunity for participants to learn and acquire valuable lessons from each other.
- 🔗 Partnership with concerned agencies, NGOs and religious leaders and teamwork are key factors.
- 🔗 Best practices of Thailand, which demonstrate the effectiveness of HIV/AIDS advocacy and its success, played a major role in encouraging and inspiring participants to effectively plan and implement HIV/AIDS prevention activities in their respective countries.
- 🔗 Field trips to visit and observe HIV/AIDS and STI prevention activities are excellent measures that enhance the understanding about advocacy on HIV/AIDS and STI control among participants.
- 🔗 Many FPAs are implementing advocacy projects developed following the training (see page 23).

Increasing media understanding of HIV/AIDS

INTRODUCTION

THE Government of Japan is keen for the Japanese public to be better informed about HIV/AIDS and about how the Japan Trust Fund money has been spent in the field. It is also important to have more media coverage and more advocacy activities for resource mobilisation purposes. A field visit to Zambia and Lesotho for UK-based Japanese journalists was arranged to enable journalists to develop news articles and TV programmes.

PROJECT OBJECTIVES

- 1 To increase media understanding of HIV/AIDS and increase the support of the Japanese general public for

the Japanese development assistance contribution.

- 2 To help the journalists produce articles and TV programmes by showing them JTF-funded projects and the HIV situation in two African countries.

APPROACHES

- n Journalists from five major Japanese media corporations (newspapers and broadcasting organizations) visited Zambia and Lesotho in March 2002 to see FPA HIV/AIDS projects.
- n Visits to the field, interviews with clients, doctors, community people, meeting with stakeholders and beneficiaries.



- n In Zambia, journalists visited hospitals, an HIV awareness evening, orphans and people living with AIDS, a graveyard, a voluntary counselling and testing session, and interviewed street children.
- n In Lesotho, they visited a hospital, attended the launch of a female condom campaign, saw sex worker peer educators at work and interviewed sex workers.

OUTCOMES

- n Articles have been published in two major

newspapers and a TV documentary is to be broadcast

- n Other articles on FPA activities are expected to be published.
- n Journalists came to understand the importance of the HIV/AIDS work and pledged to sensitise both government and public.

LESSONS LEARNED

- 🔗 Journalists have their own agenda and their own areas of interest.
- 🔗 Some were initially only interested in treatment of AIDS and not prevention.
- 🔗 Direct observation, and visits to see real life situations made the journalists more knowledgeable and committed to this issue. Seeing is believing.
- 🔗 Different types of media such as newspapers, TV and news agencies should be invited to avoid competition for stories and pictures.
- 🔗 Senior journalists should be invited because they are more likely to be able to negotiate space for articles.

Cross-border collaboration among FPAs in the Balkans

INTRODUCTION

In July 2001 the IPPF European Network was funded by the German Ministry for Economic Co-operation and Development to implement a project for HIV/AIDS prevention among adolescents and young people in the Balkan region. This two-and-a-half-year-project is taking place in Bosnia & Herzegovina, Croatia, the Republic of Macedonia, the Republic of Serbia and Montenegro including the UN-administered area of Kosovo. The European Network is working in partnership with expert local youth NGOs that are promoting HIV prevention in their countries, integrating it in a more comprehensive sexual and reproductive health and rights context.

The overall goal is the improvement of the sexual and reproductive health and rights of the young people to enable them to lead a fulfilling personal and social life. The programme aims in the first place to make the link between HIV prevention, sexuality and sexual health.

PROJECT OBJECTIVES

- 1 Within this framework, the objectives pursued are an increased awareness and understanding of what sexual and reproductive health actually means, and how important it is to provide young people with appropriate information and services that can lower the risks of being infected with HIV or other sexually transmitted diseases.
- 2 Raising awareness in the civil society, policy makers and governmental authorities, and so in the long-term impact on the quality and accessibility of services for young people.

APPROACHES

- n The approach crosscutting all the project activities is based on the acknowledgement of SRH rights as part of human rights. As this is a project for youth, the involvement of young people is the key word.
- n Young volunteers and beneficiaries participate in different ways from planning to implementation. Since the range of activities is varied – debates, advocacy, peer education, workshops, fun activities, IEC development – there is place for all their ideas and energies.
- n This project is quite ambitious in that it intends to reach all young people especially those who come from vulnerable and marginal groups.

OUTCOMES

- n The young people feel more comfortable to openly talk about their sexuality because the conservative environment they live in has somehow been scratched. The information and education they are receiving is increasing their self-confidence and life skills.
- n The governments are paying more attention to give priority to HIV/AIDS in their agenda with the result that the youth NGOs implementing the project were invited to be part of National Committees for HIV prevention.

LESSONS LEARNED

- 🔗 Co-operating with other actors – NGOs, state institutions, the media – is key for achieving good results and have a real impact.
- 🔗 Sharing information and experiences among partners proved to be essential.
- 🔗 The relationship with the media is not simple and needs a specific strategy to have them on board.

Prevention of STIs/HIV is a vital part of sexual and reproductive health services, and most FPAs are integrating it into their programmes. FPAs in Africa are just starting to integrate HIV/AIDS specific interventions particularly at the clinical level. Some have recognised that they can play an important role in the area of counselling and testing for HIV. In countries where HIV is prevalent, Voluntary Counselling and Testing (VCT) is an important new tool in HIV prevention, and is increasingly being included in FPA reproductive health programmes.

Voluntary Counselling and Testing (VCT)

SWAZILAND

INTRODUCTION

Swaziland has one of the highest sero-prevalence for HIV in the world. Between 20% and 23% of the people aged 15-49 are HIV positive. Prevalence is high in the age group 15-24 with the seroprevalence currently at 25%. Despite being aware of HIV/AIDS and the threat it poses to their lives, young people have not significantly changed their sexual behaviour. Voluntary HIV counselling and testing (VCT) helps to overcome the stigma associated with HIV/AIDS and in addition it is the portal to a range of care and support services including interventions to reduce mother to child transmission. The Family Life Association of Swaziland (FLAS) has introduced VCT in their clinic in Manzini.

PROJECT OBJECTIVES

- 1 To increase the clients' understanding of the personal risks of STIs and HIV and how to practise safe sex.
- 2 To build the clinic capacity for providing HIV counselling and testing using Rapid Antibody (RPR) testing for HIV.

APPROACHES

- n Voluntary counselling and testing is carried out in its model clinic in Manzini town, which is the epicentre of HIV/AIDS in Swaziland.
- n Referrals made to the government centres for result confirmation.
- n Referral for further management made to other government, private and NGOs.
- n Training of service providers in counselling by MOH and relevant NGOs.
- n The service providers gave daily talks and counselling sessions on STIs/HIV and distributed male and female condoms.

OUTCOMES

- n The introduction of HIV testing has contributed to the quality of services at FLAS clinic. Clients receive their results faster and get treatment promptly as compared to other places.
- n Two nursing staff attended a two-week course on HIV/AIDS counselling and two nursing assistants attended a two-week course on laboratory techniques. Other courses attended include STI management course and congenital syphilis elimination course.
- n The introduction of integrated counselling has also widened the scope of counselling and service providers are now feeling more confident in this area.

LESSONS LEARNED

- 🔗 For the project interventions to be successful, the needs, concerns and insights of the beneficiaries (in this case, the youth) have to be respected by including them in the design and implementation and evaluation of activities.
- 🔗 While it is important to consider key differences among young people – such as gender, age and marital status – it is also of paramount importance that planners recognise that young people differ in terms of sexual experience.
- 🔗 Approaches that focus on life skills relating to decision making, negotiation and communication with the aim of delaying sexual intercourse and encouraging safer sex have been the most successful.
- 🔗 The avoidance of value judgments regarding available options for youth sexual and reproductive health service provision and more specifically, HIV prevention on the part of the service provider, helps encourage acceptance.

Developing the integration of HIV/AIDS into SRH programmes

MALI AND BURKINA FASO

INTRODUCTION

IPPF Africa Region has developed a proactive strategy to assist FPAs to transform their programmes towards a broader context of SRH with a focus on the youth. ARO is currently working with nine FPAs, which are planning to integrate HIV/AIDS prevention activities and services.

Both FPAs in Burkina Faso and Mali are active in the

promotion of sexual health among the adults and youth. In these activities the FPAs are promoting safer sex practices, as they relate to HIV infection and unwanted pregnancies, at community and clinic levels.

PROJECT OBJECTIVES

- 1 To develop an integrated training module on social

communication and medical and psycho-social care in the fields of SRH and prevention of STIs/HIV.

- 2 To improve the skills of 132 staff from six FPAs in SRH and HIV prevention.

APPROACHES

- n The Burkina Faso FPA (ABBEF) has set up a team of four trainers in “social communication and medical and psycho-social management of people living with STIs/HIV/AIDS”, and is endeavouring to integrate STIs/HIV/AIDS into its programme.
- n Two young community workers have been trained in the “peer education” approach to involve youth in the dissemination of information and promotion of responsible behaviour and safer sex among young people.
- n The Mali FPA (AMPPF) has established a nexus of trainers in the field of social communication and medical and psycho-social management of STIs/HIV/AIDS through the IPPF-UNAIDS partnership project. It has also:
 - n Trained service providers both from its clinic, government health centres and from the private sector.
 - n Established a pro-active partnership with various organisations such as the Centre for Psychosocial and Medical Support for People and Families of People Living with AIDS, CESAC, and national hospitals where there are diagnosis and treatment units for people living with HIV/AIDS. Partners also include the National Centre for Blood Transfusion (CNTS), a research and training centre for government health agents, trainees and students, which collects and distributes blood and blood products to the health units in the country.
 - n At the community level, it cooperates with social intermediaries, such as l'Association d'Aide et de Soutien aux Veuves et Orphelins (Association of Aid and Support to Widows and Orphans).

OUTCOMES

- n ABBEF has been able to achieve the following:
 - 1 10,476 youth educational talks by their peers. These talks have reached 182,249 young people.
 - 1 ABBEF also used other channels to sensitise youth to the problems of SRH and HIV, including the showing of a movie followed by debates and through a theatrical performance: with these two channels, it has been possible to reach 56,879 young people.
 - 1 Established collaboration links with: two centres for laboratory tests, with an arrangement that ABBEF can send its clients to those Centres for laboratory tests at reduced fees.
 - 1 Mobile centre for the diagnosis and treatment of AIDS patients for medical management with anti-retroviral drugs.
 - 1 Community actions, ABBEF has entered into partnership with all the actors in the network: community leaders, community-based service agents, officers in charge of health training institutes, etc
- n AMPPF has managed 1,429 STIs cases, referred 589 people to the HIV diagnosis centre, provided psychological counselling to 2,507 people.

LESSONS LEARNED

- 🔗 People living with HIV/AIDS have crucial and specific needs that are beyond FPA capacities hence the need for partnerships.
- 🔗 It is necessary to equip all the structures involved in the management of STIs/HIV/AIDS with adequate material and financial means to guarantee the sustainability of the project.
- 🔗 The Regional Office has learnt the importance of partnership with other agencies and has used this experience to seek partnership with UNAIDS/ESA on a female condom initiative.

The role of community-based organisations has become critical in addressing the impacts of AIDS by developing strategies that support and involve people living with HIV/AIDS (PLWHAs). Many FPAs are operating at community levels and encountering cases of people living with HIV/AIDS, some of whom are their family planning clients. They are better positioned to develop and implement HIV/AIDS programmes aimed at providing care and support as they are closer to the community than any government could be. Working with the community directly ensures the people's participation in defining their health problems, identifying the factors that lead to HIV transmission and to engage in effective individual and collective action to change these factors leading to reduced HIV transmission and death rates. FPAs have for a long time been using community-based change agents like community-based distributors (CBDs), peer educators, and volunteers to motivate and educate communities. Two FPAs in IPPF Africa Region deserve mention as having included community support and care and work with PLWHAs in some of their projects.

STI/HIV/AIDS prevention and home-based care **MOZAMBIQUE**

INTRODUCTION

OVER 1,140,000 Mozambicans are HIV-positive; of whom 76,000 have been diagnosed as having an AIDS-related illness. Most of the AIDS patients are young people whose lives are cut short due to lack of appropriate knowledge, attitudes and practices to prevent STI/HIV and quality counselling and medical assistance. The Mozambican authorities have already issued more than 160,000 death certificates due to AIDS-related illnesses and the country has more than 120,000 registered orphans whose parents have died of AIDS. There is a major need for developing interventions that will not only address prevention, but provide support to PLWHAs and orphans. The Mozambican FPA, AMODEFA, has begun to do this.

PROJECT OBJECTIVES

- 1 To increase awareness of HIV/AIDS
- 2 To reduce the ostracism and discrimination of PLWHAs
- 3 To ensure economic assistance (for food and medicine) and social support to families.

APPROACHES

- n IEC activities aiming at sensitising communities and increasing their knowledge about STI/HIV/AIDS, promoting behavioural change and safer sex practices. These activities are carried out by two teams of two nurses and one doctor each who visit local communities in two mobile clinics (one in Maputo and the other in Manica).
- n Mobile clinics that conduct home-based counselling sessions and provide medical assistance to AIDS patients.
- n Follow up visits to the patients and their respective families,
- n Training families affected to provide support for the treatment of opportunistic diseases and STI/HIV preventive measures within the home.
- n Establishing networks of community health promoters/activists, who are in constant interaction

with local communities, promoting family planning services and supply of contraceptives, with special emphasis on dual protection against unwanted pregnancy and STIs/HIV.

- n Provide free transport for AIDS patients from their homes to the two Central Hospitals (in Maputo and Manica) and back to their homes, for specialised medical assistance and counselling during the day.
- n Continuous fight against discrimination of PLWHAs in communities and in work places.

OUTCOMES

- n A total of 6,836 HIV-infected clients received ongoing counselling and home-based care from AMODEFA (4,293 in Maputo and 2,543 in Manica Province)
- n Increased understanding of HIV/AIDS by the employers and employees, who have changed their attitudes with respect to colleagues who are HIV positive
- n Communities in project sites have demonstrated greater understanding of the problems faced by families of PLWHAs.
- n Ensuring continuous economic assistance in terms of the drugs, food and transport.

LESSONS LEARNED

- 🔗 This initiative, although limited considering the magnitude of the pandemic in Mozambique, has proved to be a successful approach to the counselling of PLWHA and patients at community level.
- 🔗 Community involvement in the project has been important and has demonstrated encouraging signs of the role of the communities in fighting the epidemic and providing social support to those infected and affected by the disease.
- 🔗 There is a need for an in-depth study on whether other FPA activities or the FPA image have been compromised by introducing home-based care at community level.
- 🔗 It needs to be considered whether the FPA should have a role in care and treatment at the hospital level.

Involving people living with AIDS in prevention

INTRODUCTION

THERE are an estimated 3 million people living with HIV/AIDS in Ethiopia today. The number of AIDS orphans is about 700,000. This status makes Ethiopia the second most affected country (after South Africa) by the pandemic in Sub-Sahara Africa. More seriously, at present over 80 per cent of HIV cases are in the economically productive 20-49 age group.

PROJECT OBJECTIVES

- 1 To reach 80 per cent of the population in Kombolcha and Bati towns with HIV/AIDS and reproductive health information so that they can adopt responsible behaviour change and make life options regarding their sexual behaviour.
- 2 Increase the involvement of PLWHAs and community-based promoters in HIV/AIDS prevention and care.

APPROACHES

- n IEC activities with a focus on HIV/AIDS and reproductive health issues through home visits, drama, circus, film shows, radio, media school and use of PLWHA volunteers.
- n Training of community volunteers to enable them to provide information on HIV/AIDS.
- n Training of social marketing distributors and networking and community mobilisation agents.
- n Condom distribution and FP services.
- n PLWHAs' interaction with youth to share their experiences through presentations and drama.
- n Panel discussions by peer educators held every Saturday at the Youth Centre working with PLWHAs.

OUTCOMES

- n To date the project has reached 178,025 people with SRH messages including HIV/AIDS. The target group reached included youth, commercial sex workers, drivers, factory workers and women.
- n The promoters have distributed 88,215 condoms in the project sites mainly for the prevention of HIV.
- n Out of 37 community promoters trained, 12 were PLWHAs.
- n Another young person called Benuam is working with FGAE and so far has staged several plays and musical concerts to convey his message on HIV/AIDS in order to bring about behavioural change among the youth.

LESSONS LEARNED

- 🔗 Involving PLWHAs as educators at the community can demystify the AIDS disease and encourage behaviour change.
- 🔗 Involvement of the community in project activities ensures support and ownership that is crucial for effective HIV/AIDS prevention, care and support.
- 🔗 Effective monitoring and support to the promoters and project staff creates some commitment and enhances their competence through continuous on-the-job training and support.
- 🔗 HIV/AIDS needs to be integrated as a component of SRH, but specific strategies should be designed in such a way that the association can document its success/impact of the approaches used.
- 🔗 Strategies for preventing mother-to-child transmission need to be developed, to include voluntary testing and use of antiretroviral treatment, and counselling on breast-feeding.

CASE STUDY

As the association continues to integrate HIV/AIDS in its project sites, more people are seeking psychological and social support especially those who know their serostatus. One such person was Ato Hailu who was visiting FGAE Addis clinic for counselling. During one of his frequent visits he voluntarily disclosed his serostatus to the young people attending the Family Life Education sessions. Ato Hailu thereafter offered his services to the association as a community volunteer and continued to attend the family life education (FLE) sessions and outreach activities where he talked to the youth on responsible sexual behaviour.

During his counselling sessions with service providers, Ato often referred to the benefits he had received from the association's services particularly in accepting him to be one of their peer educators. Ato attributed his longer life to the counselling and support he got from FGAE counsellors. Ato Hailu told a clinic counsellor: "Before I came here, I felt lost and rejected by the whole of society. You people have made me feel wanted and part of the society which we should all try to save from being wiped out by this disease"

Ato Hailu died in 2002 after benefiting from FGAE counselling services for four years and as a volunteer for two years. He left many of his peers with messages that must have made them to rethink and change their sexual behaviour. He also appealed to PLWHAs to join FGAE and assist in fighting against the spread of this deadly disease.

IPPF's presence in over 180 countries puts the Federation in a unique position to make a real impact on preventing the further spread of HIV and help provide care and protection for those families affected by the epidemic. The range and variety of the projects described in this publication bear witness to this and to the diversity of approaches taken by IPPF's member family planning associations to tackling the HIV/AIDS problem. These are not abstract, theoretical approaches – they are grounded in the practicalities of grass roots organisations, and presented in the words of these local associations.

The 30 examples in this publication – which are really just the tip of the iceberg – provide a brief overview of the activities being undertaken by FPA staff and volunteers, their colleagues and communities to address HIV/AIDS. They show that essential components include:

- n Good communication
- n Documenting and sharing of good practice
- n Training
- n Participation of young people
- n Careful planning and preparation, including needs assessment with primary stakeholders
- n Partnership and coordination with other organizations.

A number of 'best practices' and other valuable pointers emerge from these brief project descriptions:

- n There are ways of reaching 'hard to reach' groups
- n It is important to find the right approach and the right language that is meaningful to different parts of the community
- n The importance of working together and forming partnerships cannot be over-stressed
- n Practical issues such as condom supply should not be overlooked
- n Training staff so that they feel confident and comfortable in addressing the issues is vital to successful projects
- n The genuine participation of youth in all aspects of project design and implementation is important and effective
- n Young people welcome the opportunity to discuss issues around sex and sexuality
- n Individual groups don't always want to be specifically targeted, because of 'labelling' and potential discrimination.
- n Popular art and drama can be used effectively in HIV prevention programmes.

IPPF is determined to continue to make the necessary political and financial commitment to develop HIV/AIDS work in the future, supporting FPAs around the world to build on their expertise and skills, co-operating with governments and other NGOs and with the involvement of people living with HIV/AIDS.

Finally, IPPF hopes that this publication will contribute to building and strengthening partnerships among all other organisations and individuals working in the field and so help to turn back the tide of the HIV/AIDS pandemic.

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