

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Dominican Republic

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Dominican Republic** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Dominican Republic. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Dominican Republic.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Dominican Republic. This involved:

Two **focus group discussions** with a total of 21 girls and young women aged 14-25 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Seven **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**



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PART 2

Focus group discussion: 14-19 year olds, urban area

Focus group discussion: 20-25 year olds, rural area

One-to-one interview: HIV Peer Educator

One-to-one interview: PLHIV National Network

One-to-one interview: Service providers for women and girls

One-to-one interview: UNFPA Programme Officer

One-to-one interview: UNICEF HIV/AIDS Programme Officer

One-to-one interview: Local NGO director

One-to-one interview: Family Planning Association

Abbreviations

ARVs	Antiretrovirals
ASOLSIDA	PLHIV network in Dominican Republic
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
COPRESIDA	President's council on AIDS
CRC	Convention on the Rights of the Child
ENDESA	National Health Survey
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
NGO	Non-Government Organisations
PEN	National Strategic Plan on HIV/AIDS
PLHA	People living with HIV
PLHIV	People living with HIV
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
REDOVIH	PLHIV network in Dominican Republic
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

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PART 1: DESK RESEARCH

COUNTRY PROFILE

Country context:

Size of population (2007): 8,768,000 (2004)

(UNDP Human Development report Dominican Republic 2006

http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_DOM.html) (Website Date accessed 17/8/2007)

Life expectancy at birth (2004): 67.5 years

(UNDP Human Development report Dominican Republic 2006

http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_DOM.html)

Percentage of population under 15 years (2007): 32.1%

(CIA World Factbook Dominican Republic 2007

<https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>) (Website Date accessed 17/8/2007)

Population living below the national poverty line (1993 – 2003): 28.6%

(UNDP Human Development report Dominican Republic 2006

http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_DOM.html) (Website Date accessed 17/8/2007)

Youth literacy rate ages 15-24 (female rate as % of male rate) (2004): 103%

(UNDP Human Development report Dominican Republic 2006

http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_DOM.html) (Website Date accessed 17/8/2007)

Median age at first marriage for women (ages 15-49):

Data not available

Median age at first marriage for men (ages 15-49):

Data not available

Median age at first sex among females (ages 15-49) (2002): 19

(Demographic and Health Surveys - Dominican Republic : Standard DHS, 2002 (Website Date accessed 17/8/2007)

http://www.measuredhs.com/pubs/pub_details.cfm?ID=437&ctry_id=8&SrchTp=ctry&flag=sur)

Median age at first sex among males (ages 15-49) (2002): 23.2

(Demographic and Health Surveys - Dominican Republic : Standard DHS, 2002 (Website Date accessed 17/8/2007)

http://www.measuredhs.com/pubs/pub_details.cfm?ID=437&ctry_id=8&SrchTp=ctry&flag=sur)

Total health expenditure (public and private) per capita per year (2004) : US\$148.1

(World Health Organisation Core Health Indicators, Dominican Republic

http://www.who.int/whosis/database/core/core_select_process.cfm?countries=all&indicators=nha F website, Date accessed 16/8/2007)

Contraceptive prevalence rate(2002): 69.8%

UNAIDS/EU/WHO/PAN AMERICAN HEALTH ORGANISATION – Epidemiological Factsheet on HIV/AIDS and Sexually Transmitted Infections – Dominican Republic 2006 Update

http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_DO.pdf (Website Date accessed 16/8/2007)

Maternal mortality rate per 100,000 live births (2000) : 150

UNAIDS/EU/WHO/PAN AMERICAN HEALTH ORGANISATION – Epidemiological Factsheet on HIV/AIDS and Sexually Transmitted Infections – Dominican Republic 2006 Update

http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_DO.pdf (Website Date accessed 16/8/2007)

Ethnic groups: mixed 73%, white 16%, black 11%
(CIA World Factbook Dominican Republic 2007
<https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>) (Website Date accessed 17/8/2007)

Religions: Roman Catholic 95%, other 5%
(CIA World Factbook Dominican Republic 2007
<https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>) (Website Date accessed 17/8/2007)

Languages: Spanish
(CIA World Factbook Dominican Republic 2007
<https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>)

AIDS context:

Adult HIV prevalence rate (2005): 1.1%
UNAIDS/EU/WHO/PAN AMERICAN HEALTH ORGANISATION – Epidemiological Factsheet on HIV/AIDS and Sexually Transmitted Infections – Dominican Republic 2006 Update
http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_DO.pdf (Website Date accessed 16/8/2007)

HIV prevalence rate in young females (ages 15-24): Data not available

HIV prevalence in young males (ages 15-24) (2005): Data not available

HIV prevalence in vulnerable groups:

Sex workers, MSM, Haitian migrants/refugees living in bateyes. Data not available

Female Sex workers - 8% (reaching 12% in some cities) World Bank - Dominican Republic HIV/AIDS Prevention and Control Project –
<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0..contentMDK:20221525~pagePK:116743~pIPK:36693~theSitePK:4607,00.html> (Website, Date accessed 23/8/2007)

MSM - 11% World Bank - Dominican Republic -HIV/AIDS Prevention And Control Project - Technical Annex to the First Phase of the US\$155.0 Million Multi-Country HIV/AIDS Prevention and Control Adaptable Program Lending (Apl) for the Caribbean Region - June 5 2001
[http://nweb18.worldbank.org/External/lac/lac.nsf/adc3b69a06f3d131852569be003ad137/dfeaeaf44708970d85256afd00601d16/\\$FILE/PAD-DR-June5a.doc](http://nweb18.worldbank.org/External/lac/lac.nsf/adc3b69a06f3d131852569be003ad137/dfeaeaf44708970d85256afd00601d16/$FILE/PAD-DR-June5a.doc) (Website, Date accessed 28/8/2007)

HIV transmission rate in Bateyes : 14%
Access Denied – Impact on countries – Dominican Republic
http://www.globalgagrule.org/country_dr.htm

Number of deaths due to AIDS(2005) : 6,700
UNAIDS/EU/WHO/PAN AMERICAN HEALTH ORGANISATION – Epidemiological Factsheet on HIV/AIDS and Sexually Transmitted Infections – Dominican Republic 2006 Update
http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_DO.pdf (Website Date accessed 16/8/2007)

Estimated number of orphans due to AIDS (0-17 years): Data not available

PREVENTION COMPONENT 1: LEGAL PROVISION
(national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

All young persons who have reached the age of 18 may marry without the consent of their parents or guardians. Provided they have such consent, young women may marry from the age of 15 and young men from the age of 16.

Right To Education Website – ‘At what age ... ?’ – Dominican Republic
http://www.right-to-education.org/content/age/dominican_republic.html

2. What is the minimum legal age for having an HIV test without parental and partner consent?

In the Dominican Republic there isn't any legal framework containing restrictions regarding minimum legal age for having an HIV test without parental or parent consent. The general population (young and old) have access to voluntary testing in any part of the country without age or gender considerations. Pregnant adolescent girls receive mandatory HIV tests, using the official protocol, when they attend the maternity health care services (public and private) and do not require any form of consent.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

In the Dominican Republic there is no existing legal framework which establishes a minimum legal age for accessing SRH services. Girls and young women requiring these services visit them freely without any constraints concerning parental or partner consent.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

4. What is the minimum legal age for accessing abortions without parental and partner consent?

Although abortion is not legal under the penal code of 1948, under the general principles of criminal legislation, abortion is permitted to save the life of the pregnant woman on grounds of necessity. Thus, in practice, both the legal and medical professions consider abortion performed to save the life of the woman to be legal in the Dominican Republic.

United Nations - Abortion policies - A Global Review (Website, Date accessed 23/8/2007)
<http://www.un.org/esa/population/publications/abortion/profiles.htm>

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

HIV testing is only mandatory and allowed, under Dominican law, for pregnant girls and women. No other population group is required to be tested. Nevertheless, many employers carry out HIV tests when employing new personnel, without consent and without informing them. Being the tourism and private sector the ones that more commonly employ these methods. The Dominican AIDS law (law 55-93) contains sanctions against companies which submit their employees to this kind of tests without previous employee consent and without carrying out the official protocol of pre and post counselling HIV testing.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

6. Is there any legislation that specifically addresses gender-based violence?

There is a Domestic Violence law with penalties for rape, incest, sexual aggression and other forms of domestic violence. A new Violence and Prevention and Attention Unit was created in 2006 with 13 offices around the capital Santo Domingo resulting in more women now able to lodge complaints about Domestic Violence. These are however only available for women living in and around Santo Domingo.

U.S State Department – Global Health – AIDS – Dominican Republic
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/domrepbrief.pdf
(Website, date accessed 23/8/2007)

However in 2000 the 4th cause of death for women was domestic violence

Human Rights Watch – A test of Inequality : Discrimination against women living with HIV in the Dominican Republic –
<http://hrw.org/reports/2004/dr0704/3.htm>

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

Yes, in 1995 an AIDS Law (5593) was introduced dealing with HIV/AIDS ***

World Bank - DR prevention and AIDS control -
<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20221525~pagePK:116743~piPK:36693~theSitePK:4607,00.html> (Website, date accessed 23/8/2007)

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

The AIDS Law prohibits the use of HIV testing to screen employees or for medical services unrelated to the disease, however in practice HIV positive people (in particular women) are often discriminated against, being fired from their jobs, denied adequate health care or even not being employed because of their HIV status.

U.S State Department – Global Health – AIDS – Dominican Republic
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/domrepbrief.pdf
(Website, date accessed 23/8/2007)

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

Sex work is legal although there are prohibitions against sex with minors and it is illegal for a third party to derive financial gain from prostitution.

U.S State Department – Global Health – AIDS – Dominican Republic
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/domrepbrief.pdf
(Website, date accessed 23/8/2007)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

In the D. R. There isn't any legal framework that contains provisions for harm reduction methods for injecting drug users. Needles are accessible to all the population in any local pharmacy and without any restrictions.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Discussion questions:

- Which areas of SRH and HIV/AIDS responses are legislated for?
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?
- Is there any specific legislation for marginalised and vulnerable groups¹? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?
- To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 2: POLICY PROVISION
(national policies, protocols, guidelines, etc)

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

Yes – promoting full prevention services, access to treatment and care and support and improvement of quality of life.

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015

http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

The current plan does not list young women and girls as a vulnerable group within the strategy framework but does note that girls, boys and adolescents are vulnerable, as well as sex workers and women. Specific vulnerable groups for target are military, prisoners and those in Bateyes. (mainly Haitian immigrant workers on sugar cane plantations)

It does however note within the strategy number 3 focus on prevention, that girls boys and adolescents in schools must be targeted with IEC and note that one focus action point is to implement holistic sexual and reproductive health programmes for boys, girls and adolescents, in and out of school and other priority groups. (3.3)

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015

http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

¹

Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

Yes it addresses the needs of the military, prisoners and those living in Bayetes

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

Although quality is mentioned several times, there is no specific reference to confidentiality. Sensitisation workshops on stigma and discrimination however will be undertaken for health workers.

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

15. Does the national policy on VCT address the needs of girls and young women?

Not specifically, although strengthening and implementing current free VCT is listed as a strategy for the general population.

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

16. Does the national protocol for antenatal care include an optional HIV test?

Promoting free testing for STIs and HIV in for pregnant women is listed as a strategy as well as public campaigns to promote the benefits of VCT. (see question 5)

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

Strengthening the national programme on vertical transmission is a main line of action under strategy 3 of the National Plan but there is no specific mention of targets or numbers.

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

The Tourism Ministry supported establishment of a joint venture between COPRESIDA and the National Hotel and Restaurant Association (ASONAHORES), following the experience with the Punta Cana Hotel Complex, whose implementation is progressing well.

Patricio V. Marquez and Luis Emilio Montalvo - July 2004 DOMINICAN REPUBLIC HIV/AIDS Prevention And Control Project Initial Results
[http://wbIn0018.worldbank.org/LAC/lacinfoclient.nsf/6f1c77f445edaa6585256746007718fe/2ebecd4ca900c36b85256ee5004cdec1/\\$FILE/Apr04_49_HIV_DR_EN.pdf](http://wbIn0018.worldbank.org/LAC/lacinfoclient.nsf/6f1c77f445edaa6585256746007718fe/2ebecd4ca900c36b85256ee5004cdec1/$FILE/Apr04_49_HIV_DR_EN.pdf) (Website, date accessed 28/8/2007)

Young women are often affected as they work in the tourism sector, however still criticism about the way they are treated.

HRW Human Rights Watch – A test of Inequality : Discrimination against women living with HIV in the Dominican Republic –
<http://hrw.org/reports/2004/dr0704/3.htm>

19. Is HIV prevention within the official national curriculum for both girls and boys?

Secondary schools are required to provide sex education for students thirteen years and older. In recent years the most commonly used textbook in public schools is a book republished in 2002 by the Presidential AIDS Council: *Learning is Living*.⁴⁵ Though this book includes explicit information on the correct use of condoms, it fails to address the barriers that impede consistent use of condoms, especially for women. The book wrongly announces that “the vast majority of those who are sexually active use condoms,” and continues: “some men don’t like to use [condoms], principally because they don’t want to look bad in the eyes of women.”⁴⁶ It also wrongly states that condom use is necessary only for “dangerous” persons such as sex workers, men who have sex with men, and unfaithful husbands.⁴⁷ The book presents marital sex as the safest HIV prevention option—after abstinence—and counsels that the wives of unfaithful husbands “should be strong and demand that their husbands use condoms,” while failing to recognize that women in many cases may be unable to demand condom use for fear of violence or for fear of being thought unfaithful themselves.⁴⁸

Human Rights Watch – A test of Inequality : Discrimination against women living with HIV in the Dominican Republic –
<http://hrw.org/reports/2004/dr0704/3.htm>

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Yes in the D. R. the key national data on HIV/AIDS, such as prevalence, is routinely disaggregated according to age and gender. Every 5 years a national health survey is conducted (ENDESA). This survey provides disaggregated information regarding different aspects of HIV/ AIDS, such as gender, prevalence and other demographic factors.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Discussion questions:

- **To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?**
- **To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?**
- **To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?**
- **What does school-based sex education cover? Does it help to build young people’s confidence and skills, as well as knowledge?**
- **To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or ‘blaming’ specific groups for HIV/AIDS?**
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- **To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?**
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- **What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?**
- **Overall, how are relevant policies applied in practice? What are the ‘real life’ experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?**

- How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES² (number of programmes, scale, range, etc)

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

The website of COPRESIDA and virtual library offers information for all. There is a documentation centre open from 8am – 6pm Monday to Friday

COPRESIDA, Press Section (Website, date accessed 31/8/2007)
<http://www.copresida.gov.do>

22. How many SRH clinics or outlets are there in the country?

There are an estimated 90 public maternal-infantile healthcare services all around the country. On the other hand, there are approximately 30 private or NGO SRH service providers disseminated in the different provinces. Nevertheless, at the moment we are not in the capacity to quantify the exact number of SRH services in the country. There are about 80 public and private sector providers which offer some form of SRH services (some clinics offer condoms others only information, etc.).

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

23. At how many service points is VCT available, including for young women and girls?

Currently there are 110 service points where VCT are available, including for young women and girls.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Insufficient access to confidential HIV testing.

OHCHR - The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) - *Human Rights Resolution 2005/84 (21 April 2005) Written Submission by the UNADS secretariat - December 2006*
UNAIDS <http://www.ohchr.org/english/issues/hiv/docs/unads.doc>
(Website, date accessed 31/8/2007)

24. Are male and female condoms available in the country?

There is policy to make male condoms accessible to all, especially youth.

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date accessed 28/8/2007)

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

There is policy to make more free testing available to all and to test all pregnant women

Consejo Presidencial del SIDA - 2007 - Plan - Plan Estratégico Nacional (PEN) para la Prevención y el Control de las ITS y el VIH/SIDA 2007-2015
http://www.copresida.gov.do/downloads/Vol4_POB_2007-2008.pdf (Website, date

² (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

accessed 28/8/2007)

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

All 12 mother and child health sites around the country are equipped with PMTCT facilities
US Centre for Disease Control Preventing Mother-to-Child HIV Transmission in a Developing Country.

The Dominican Republic Experience January 27, 2004
<http://www.thebody.com/content/world/art26804.html>

27. At how many service points are harm reduction services for injecting drug users available?

There are no service points available for harm reduction services for drug users in the country at this time.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys

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The two PLHIV networks (REDOVIH and ASOLSIDA) carry out specific projects aimed towards training and providing girls and young people living with HIV/AIDS with prevention activities. Nevertheless there is no official national program with that objective.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

29. At how many service points are ARVs available to people living with HIV/AIDS?

There were 20 comprehensive HIV/AIDS treatment centres in September 2005 and plans to build another 16. Currently, as of 2007, there is a network of 55, private, NGO, and public, service points (Integral Care Units) spread out in all the country.

International Treatment Preparedness Coalition (ITPC) - November 2005 – Missing the Target : A report on HIV/AIDS treatment access from the frontlines
<http://www.aidstreatmentaccess.org/itpcfinal.pdf>

Despite receiving sufficient international funding, nearly 70 per cent of all people requiring antiretroviral treatment in the Dominican Republic did not receive it.

Amnesty International - Report 2007 - Dominican Republic
<http://thereport.amnesty.org/eng/Regions/Americas/Dominican-Republic>

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

Support groups for young women and girls are provided by PLHIV network NGOs. The Integral care units (private and public) also offer prevention services as well as support groups.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Discussion questions:

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond 'ABC' strategies? Do programmes cover social issues (e.g. early marriage)?**
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
- **To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?**

- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention 'commodities' (e.g. condoms)? How are they distributed?**
 - **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
 - **Overall, what does the availability of HIV prevention services mean in practice? What are the 'real life' experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
 - **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

Yes, they are.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

Doctors in all government hospitals in all fields are reluctant to treat HIV positive people, including girls and young women. This is partly due to lack of materials such as sterile gloves and clean water.

Amnesty International, Poor and HIV-positive in the Dominican Republic, May 2006 monthly magazine, (Website, date accessed 15/10/2007)
<http://web.amnesty.org/wire/May2006/HIV>

33. Are VCT services free for girls and young women?

No, only pregnant girls and women receive cost free VCT services. The rest of the populations have to pay approximately US\$ 8 per HIV test, both in the private and public laboratories.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

34. Are approximately equal numbers of females and males accessing VCT services?

Since pregnant women and girls receive mandatory testing, cost free, there are more females accessing VCT services. This doesn't mean that there is gender biased focus, it's a question of access due to the cost of the HIV test.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

35. Are STI treatment and counseling services free for all girls and young women?

There are some STI clinics that provide free treatment and prevention for all population groups. Nevertheless the public sector has less access than NGO service providers.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

issues.)

36. Are condoms free for girls and young women within government SRH services?

Yes they are cost free when the centres have supplies available. Nevertheless, only male condoms are accessible.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

37. Are ARVs free for all girls and young women living with HIV/AIDS?

In 2005 it was noted that access to ARVs has been limited due to incapacity of government. Policies are in place but apparent lack of political will at the highest level has stopped GFATM funding from really increasing access to ARVs. This is the case for both young women and girls and the general public, however in a society where young women and girls have limited access to economic resources, they are unable to access private services to a greater extent than men.

Eugene Schiff, Agua Buena Human Rights Association, Dominican Republic 'Missing the Target – A report on HIV/AIDS treatment access from the frontlines'

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

Women we interviewed told us that doctors and other health professionals released their HIV test results to spouses, family members, neighbors, friends, or others, without their knowledge or authorization.

Human Rights Watch found that medical and other personnel at both public and private hospitals often released confidential HIV test results without the authorization or even knowledge of the tested individual.

Human Rights Watch – A test of Inequality : Discrimination against women living with HIV in the Dominican Republic –

<http://hrw.org/reports/2004/dr0704/3.htm>

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

No there is not any official or systematic training programs aimed towards the key health workers at SHR clinics.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

Yes, but not in a systematic manner. There have been government media campaigns that are directed towards prevention issues for girls and youth every once in a while.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Discussion questions:

Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

What are the cultural norms around prioritizing females and males for health care?

To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)**

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

Ratified in 11th July 1991

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

CEDAW – Ratified 2nd October 1982

CCM – Acceded 8th October 1964

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

Yes there is a women's strategic alliance, composed of 15 NGO that work towards placing gender and HIV issues in the national Council on AIDS. Unfortunately, at the moment the alliance's role and the representation inside the Council is very weak.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Participatory Strategic Planning Sparks New Commitment to HIV/AIDS Prevention and Care in the Dominican Republic. A highly participatory, carefully structured strategic planning process is involving Dominicans from all sectors of society and every part of the country in a community-based national response to HIV/AIDS. Communities have been asked to develop their own plans although it is unclear whether young women and girls have been intimately involve in these processes

Family Health International - Participatory Strategic Planning Sparks New Commitment to HIV/AIDS Prevention and Care in the Dominican Republic

http://www.fhi.org/en/hivaids/pub/archive/articles/ioh/ioh21/part_strat_plan_new_commit_hiv_pre_v_care_dr.htm

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

Consejo Presidencial del SIDA (COPRESIDA) is the Presidential Council on AIDS in the Dominican Republic. The Council is run by the Ministry of Health and and is part of the Executive Branch of the government. COPRESIDA's mission is to reduce the risks, vulnerability to, and impact of HIV/AIDS in the Dominican Republic through the coordinated development and implementation of policies which incorporate multi-sectorial partners.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

Since the previous administration, one representative of each of the two PLHIV networks is working inside the National Council. These work on different PLHIV human rights issues and on improving their access to integral care.

University of South Florida – International Partners in the Dominican Republic
http://www.hsc.usf.edu/medicine/ia/partners_dominican.htm#copresida

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

Young people in the Dominican Republic, Egypt and Panama drafted advocacy action plans to rally support for HIV prevention as part of the UNFPA supported Global Youth Partners Initiative.

UNFPA – Annual Report – Confronting the HIV/AIDS Crisis -
<http://www.unfpa.org/about/report/2004/hiv.html>

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

There are several women's NGO that have traditionally advocated and work with the promotion of sexual and reproductive rights of girls and young women in the Dominican Republic. These groups and coalitions have recently been carrying out a campaign for the decriminalization of abortion in our legal codes.

Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

Women's groups only recently began forming part of the National Response against HIV/AIDS. But now many women's NGOs and groups have begun incorporating HIV/AIDS issues in their projects and agendas. The National women's strategic alliance against HIV/AIDS, working with the National Council also advocates for more effective prevention programs from government.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young

people, including girls and young women?

ASOLSIDA and Redovih are the two national network for people living with HIV. Both of them have youth groups working along with them. ASOLSIDA also has a group of women living with HIV, which work with HIV-gender issues.

El CaribeCDN - <http://www.cdn.com.do/>

48. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

ASOLSIDA and Redovih, the two national network for people living with HIV, carry out projects aimed towards building capacity and providing employment as well micro financial programs.

Nevertheless, the government does not provide any of these programs.

(Information provided by in-country consultant from Consortium of NGOs working on health issues.)

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

Adonis Polanco, an HIV/AIDS activist, received anonymous death threats, apparently because of his outspoken criticism of the government's failure to provide adequate treatment for people living with HIV/AIDS in his local community in the town of Boca Chica.

Amnesty International – Report 2007 (website, date accessed 31/8/2007)
<http://thereport.amnesty.org/eng/Regions/Americas/Dominican-Republic>

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**
- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
- **Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?**

Since 1997, two NGOs—the Dominican Association for Family Well-being (Profamilia) and the Dominican Institute for Integrated Development—have been working to expand sexual education and reproductive health services to adolescents. Working in 36 neighbourhoods surrounding the capital, and three smaller cities, the groups use peer education and counselling to make young people more aware of the health risks of unprotected sex.

The project, supported by UNFPA, encourages teens to postpone their first sexual encounter or to maintain a faithful relationship with one partner. Since 1997, training has been provided to over 350 teenagers who volunteer their time to talk to other teens about sex and STDs. They even provide contraceptives to teens who have parental consent. Since the work started, demand has increased for services and expanded into schools, churches and community centres. Nearly 9,000 young people have received information and services, and 90 doctors, nurses and psychologists from the Ministry of Health have received training in integrated adolescent health care.

UNFPA - State of the World Population - Youth: At Risk and in Need of Information and Services <http://www.unfpa.org/swp/1999/newsfeature2.htm>

- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within**

committees, management groups, etc?

- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PART 2:
IN-COUNTRY RESEARCH**

FOCUS GROUP DISCUSSIONS

Age group: 14-19 years

Number of participants: 9

Date: 10th October 2007

Area: Instituto Nacional de la Salud, Dominican Republic (Urban area).

Profile of participants: This was a group of twelve (12) adolescent and young woman, with the following composition: one (1) was HIV positive, one (1) HIV negative untested, one (1) unmarried with couple, one (3) in school, eight (9) out of the school, one (1) pregnant, one (2) has children, one (1) sex worker, and one (1) in conditions of vulnerability. This focal group was carried out at the office of the National Institute of the Health located in Santo Domingo. The National Health Institute (INSALUD) is a network of 74 health related NGO, which promotes and advocates for effective public policies in health as well as serves as liaison to its member organizations in the relationship between public and the non-profit health sector. It has a long term experience working in HIV/AIDS, especially in social mobilization and home based care for PLHIV.

Prevention component: Availability of services

1. In Santo Domingo, the capital city of the Dominican Republic, there are several centres that offer prevention services where people can find information, condoms, STI treatment and HIV test. Of the above mentioned centres, those of mayor geographic access are: The Red Cross, "Hospital del Almirante" and in the "Hospital de la Marina de Guerra" (military hospital). In addition, there are clinics and schools directed by nuns who provide education and materials on HIV prevention, focused on the protection of children, adolescents and women. HIV testing is not available in all healthcare centres, only in the maternity hospitals and only for pregnant women, but it is unavailable for the general population. Tests are free for pregnant women, but it costs approximately RD\$200 Dominican pesos (US\$7.00) for the rest of the population, so it is not so readily accessible for everyone that needs or demands testing.
2. According to the participants, most of the teenagers and young men know about HIV and STI, but even so they don't use condoms as a safe sex practice and they refuse to negotiate it with women. In spite of the fact that different STI and the HIV educational programs directed to men and women in their communities are carried out, the behaviour modifications required to support young women's prevention needs are not achieved. Participant's expressions: *"The "machista" culture reinforces men's behaviour of not using condoms; this is why Dominican men don't like to use condoms". "Most men know that they are infected, but nevertheless they offer things (money, betterment) to women". "And many women, because they are so needy, accept these proposals. That is why we women have to protect ourselves and not surrender to their tricks".*
3. The participants suggested that a training and continuing education centre in the communities, highly specialized in the subject of STI and HIV, where educational and prevention materials can be acquired. Continuous educational programs concerning early pregnancy prevention, HIV, STI in schools. A readily accessible center for HIV testing with information aimed towards young people.

Prevention component: Accessibility of services

4. In the use of prevention services, most of the participants expressed that their experience had been acceptable, but with certain limitations. These services are offered by adults, which makes it uncomfortable for most young people. They wish that these services could be provided by young people, mainly women, in order to attain more openness and integration. The main sources of provision of these services are limited; only in some centres and schools in the community. A few of the participants informed that they have found information on HIV/ AIDS prevention through the Internet. And even so they would like it to be more tailored to fit their needs as young people.

5. Large barriers concerning access to prevention services in their communities were expressed by the participants. Even though they are cost free, they are far from the communities and transportation, mainly for young women, is more difficult because they don't earn money. The majority of these services are provided by private centres and NGOs. In some places, there are community programs which include home based visits, facilitating access all the more to these services. Another barrier is the lack of centres where free HIV testing can be obtained, because these are only available without cost for pregnant women.
6. Participant's expressed that in order for prevention services to be more accessible, they must integrate young people in offering support and information. Besides, establishing home based visiting programs would facilitate access even more, because many young women and teenage girls are not in school; they are housewives and they stay home all day long. It's even more difficult if a young woman is HIV positive, because she feels the stigma and discrimination from the personnel working at the centres. This why it is vital to promote confidentiality in these healthcare and prevention services.

Prevention component 1: Participation and Rights

7. Participant's answered that these exist; in some communities talks and seminars concerning HIV prevention are offered for the general population. These initiatives are carried out thanks to certain projects that include these activities, but they are not permanent or systematic. The Civil Defence, the Marines and some schools offer educational encounters on the subject of STI and HIV prevention and provide condoms and family planning programs. Participant's expressions: *"I belong to an institution in "Sabana Perdida" where many conferences for boys, girls and adolescents have been carried out. Because of these courses their have been great achievements concerning the information level in HIV prevention and the correct use of condoms, as well as early pregnancy prevention. We also follow up on the needs of some HIV positive girls in the community"*.
8. Participant's suggested the following:
 - o Programs directed towards forming young leaders or leader educators for active work with the community and schools.
 - o Free HIV testing centres, where information and education is provided as well. PLHIV assistance programs which would guarantee their nutritional needs (food supplies) and financial assistance due to level of poverty in which they live in.
 - o Programs aimed towards young women so we can protect ourselves and demand our sexual and reproductive rights.
 - o Programs directed towards reducing stigma and discrimination against HIV/AIDS in the community.

Participant's expression "It would be very encouraging for me to have this kind of programs because there are many infected men and women who do not expose their condition and harm the people with whom they are. If we have less infected people in the surroundings where we live, less people will be infected".

Prevention component 1: Legal provision

9. The participants expressed that they were unaware of the existence of laws on how children and young women could protect themselves from HIV. Nonetheless, they did recognize the existence of laws that prohibit marriage of minors and abortions. They said that they are aware of the existence of a law which protects minors when they are HIV positive; where guidance and resources should be provided as well as the way they could better live with their condition. Participant's expressions: *"There are laws, but as all the laws of our country they are not enforced or fulfilled. For example, it is prohibited to carry out an abortion on a minor, but the doctor who does it is not put in jail"*.

Prevention component 1: Policy Provision

10. The participants informed that some schools sporadically offer educational conferences for young people about pregnancy, STI and HIV. However, all the schools do not count with formal programs. There is evidently a lack of programs that

integrate sexual and reproductive health of adolescents and young women as a priority. **Participant's expressions:** *"In school I was taught many things, mainly that you can't tell that a person has AIDS by looking at their faces, and you cannot acquire AIDS from greeting a person or speaking to them". "In order to get infected with AIDS you must have had unprotected sex". I acquired HIV from my mother, through mother to child transmission. "I have lived in the "Casa Rosada" (home for HIV positive children) and there I learned that we should never have sex without a condom, although there are men who say they don't like using them because they are very uncomfortable". "I attended a conference at school where they taught me that its not right to have sexual relations at an early age, because we don't have the appropriate information concerning the diseases we can acquire, also about the pregnancy, and also they told me that if you are going to have sexual relations you must protect your self with a condom".*

11. The participants expressed the need for stable sex education programs in schools and in their communities that include: STI, HIV/AIDS, sexual and reproductive rights, focused on adolescent and young women. Many of them belong to Catholic Church groups in their communities where they have never been exposed to talk about sex or STIs. They suggested programs aimed towards sensitizing the church about sex education and HIV, which could be included in their sermons, so that people would better understand that it is a life condition; that they are capable of living a full life with the necessary treatment; that they should be recognized as PLHIV in order for others to sympathize with them as fellow human beings who deserve to be taken into consideration. They also suggested social mobilisation programs to reduce stigma and discrimination, home based visits and education, especially directed towards PLHIV in order to teach them how to live with HIV and to make them feel part of the community. **Participant's expressions:** *"We should pay more attention to them, go more often to their houses (PLHIV), and carry out more workshops". "The real killer is discrimination towards people, because this makes them feel that they are the worse thing in the world, that they are not worthy of coexisting with others". "But infected people are like other people, they can speak, they can feel, simply they are infected with the HIV, it is necessary to make them feel like a normal person". "The government should provide more and better institutions, instead of investing money in the new subway".*

Summary 12

- o Educational campaigns to reduce stigma and discrimination, with messages directed towards promoting sexual and reproductive rights of girls and young women.
- o A greater amount of Integrated Care Units for PLHIV should be established in hospitals, where communities can receive not only healthcare services but also prevention and health promotion facilities. Especially because there are serodiscordant couples which attend their regular check-ups and require information and condoms for their seronegative partners.
- o More centres which provide counselling for HIV testing to the general population as well as free tests should be established.
- o The inclusion of permanent sex education teaching programs in the public and private school system along with the promotion of women's sexual and reproductive rights.
- o Creation of community centres where youth can feel welcome and receive information and education from their peers. The provision of condoms and contraceptive methods in several centres of the community, not only in the health centres, for the purpose of making these supplies readily accessible to the young population.
- o More community based prevention and education programs that include home-based visits in order to reach all the population in need, even those young housewives that aren't in the school system.
- o Promotion of change concerning misguiding cultural beliefs regarding HIV/AIDS, in order to eliminate taboos and myths about sexuality and transmit straightforward messages to youth.

FOCUS GROUP DISCUSSION

Age group: 20-25 years

Number of participants: 12

Date: 4th October 2007

Area: La Romana, Dominican Republic (Rural area).

Profile of participants: This was a group of twelve (12) young women. Nine (9) were Dominican and three (3) were Haitians. Four (4) of them are in-school, whilst eight (8) are out of school, eight (8) had children, six (6) of these are HIV positive, six (6) HIV negative/untested, three (3) were pregnant, four (4) married and seven (7) unmarried and two (2) of these women were sex-workers. The focus group discussion was carried out at the "Grupo Paloma's" offices, located at La Romana,, province located in the eastern region of the Dominican Republic. Grupo Paloma is a Non Governmental Organization (NGO) of PLHIV, working in HIV prevention, health promotion, social mobilization, education and support to PLHIV. It's aim is contribute to improve the PLHIV's quality of life, through actions that guarantee PLHIV's human's rights.

Prevention component: Availability of Services

- 1. What kinds of HIV prevention services exist at your community for girls and young woman?** Participants answered that there are only three (3) centres that provide condoms and educational material to the local population. One of them. "Grupo Paloma" (NGO) has a support group named "Grupo Joven", which provides information about HIV and STI, giving condoms and information about opportunistic diseases related with HIV/AIDS. They often conduct meetings, requested by many different groups and institutions, to talk about these issues. Their main target populations are teenagers and young woman with whom they develop educational and empowerment programs to deal with the use of the condoms and sexual and reproductive rights. But these centres are not capable of covering the needs of information and resources needed by the entire population, especially youth
- 2.** Participants said that about 3 out of 10 men and 6 out of 10 women in their communities have knowledge related to HIV. While children have little knowledge, unless they have some family member or friend that works at a health centre who could instruct them about HIV. Participant's expressions: *"As a HIV positive mother I recognize that many PLHIV parents sometimes feel reticent about giving their children information about HIV, because they are in denial regarding their own condition and because they do not want to be stigmatized and discriminated by their own family"*. They mentioned some community initiatives, aimed towards girls, teenagers and young woman which are carried out by the PLHIV groups in order to provide them with information about HIV/AIDS prevention. Nevertheless, these are not performed by the local health centres, but rather by the local NGOs that work with these issues. *" HIV positive mothers which are not integrated in the support groups and don't receive the appropriate guidance are normally afraid to face their condition and are not capable of educating their children; but most of the ones which are attending the support groups lose their fear and are able to educate their children and provide them with self confidence."*
- 3.** The participants expressed the need to promote the implementation of permanent educational programs and services for youth at the community level directed towards young people, HIV positive or negative. These programs should supply free condoms, as well as provide clear and simple information about HIV and STIs prevention and care. Additionally, they suggested the implementation of programs that promote integral care services where the individuals know where he/she can request an HIV test or when they receive a positive test result where they can find help. Participant's expressions: *"We need venues where we can meet to talk about the HIV and STI prevention topics, because most of the young people 15 or more years old are not protecting themselves. This is due to the fact that their mothers tell them to protect themselves, but don't tell them how to do it or where they can go to find help"*. Participants suggested that more media, television and radio campaigns were

necessary in order to provide families with information about HIV and STIs prevention. Educational material in Creole should be accessible for young Haitian women which are in great need of these services. Participant's expressions: *"If we had access to more open information services, both women and men would know how to take care of themselves, and woman would begin to demand protection from men"*.

Prevention component: Accessibility of services

4. Participant's feel that their experience using HIV prevention services has been normal. Nevertheless these services were provided solely by community NGOs. On the other hand government public services are very poor, mostly non existent and in few cases being of difficult access. Another big barrier or breach evidenced is the limited geographical access to the provincial hospital, due to how distant it is from some communities. People, especially adolescent and young women do not have enough money to pay for transportation. Nevertheless, in the community NGOs the problem of access has been solved by including provisions for transportation costs within their HIV prevention mobilization programs for people with very limited resources, especially young people and PLHIV. This avoids that they miss their medical appointments in which they receive their antiretroviral drugs (ARVs), obtain supplies such as condoms and participate in educational encounters. Another mentioned barrier was the lack of laboratory monitoring tests (viral load) available to PLHIV receiving ARVs. This type of test is carried out exclusively in the hospital and being that it is the only place where they're performed; the geographical access limits the population that goes to take samples regularly.
5. The lack of healthcare providers whom are sensitized and knowledgeable about HIV prevention and services is one of the mayor barriers expressed by the participants. Participant's expressions: *"At the health centre there are providers that lack sensitivity or consideration towards their patients and disregard them, mostly youth who demand STI and HIV health care services and supplies, such as condoms and information"*. *"Pregnant women are mistreated by the doctors, mainly when they are young and Haitian"*.
6. According to the participants, HIV prevention and health care services are perceived as inaccessible, due to the lack of humanization of the personnel working in health care centres. The participants believe that government authorities must design more effective ways of assessing the manner in which providers offer information, treatment and supplies to the population that require them; respecting their human rights and rights to proper healthcare, especially for children, youth and young women. In the public governmental area there are no prevention services that guarantee a trouble-free access to adolescent and young woman. Nevertheless, they claim that the services provided by community NGOs that are mainly directed towards girls, adolescents and young woman are more individualized and offer a high degree of confidentiality. In addition, programs designed for women's needs are offered for PLHIV and to others according to their different ages. Confidentiality is an essential factor that allows a prevention service to be readily accessible, because young woman feel comfortable asking for HIV/STIs information, condoms, contraceptive methods and guidance even regarding healthier life styles when they are PLHIV. Besides, most of the women interviewed expressed the need that unmarried young woman or women without a stable couple feel comfortable approaching these services. Participant's expressions: *"In the public hospital health care providers and personnel make comments regarding the HIV positive condition of pregnant and unmarried woman and consequently these women have been victim of discrimination and stigma in their communities"*.

Prevention component: Participation and Rights

7. Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve. Participants expressed that "Grupo Paloma" is the only organization which carries out prevention activities directed to the general population. This is the only group that has developed- and currently develops -projects aimed towards educating about basic HIV information, forms of transmission, prevention methods and stigma and discrimination issues. Additionally, they provide

awareness regarding PLHIV's human rights, through education about the laws that protect PLHIV in the D.R. (law 55-93 on HIV/AIDS). Participant's expressions: *"We have achieved providing part of our population with knowledge regarding HIV. We have lessened the fear of involvement with PLHIV and provided the young population of the communities where we work with understanding and sensitivity; creating solidarity networks of young people in favour of HIV and the AIDS prevention"*.

8. Participants recommended programs directed towards young people with educational materials regarding, pregnancy, contraceptive methods, STI, HIV and AIDS using youthful language. As well as:
 - o Programs that provide support to unmarried pregnant young women, where they can obtain information and guidance, including materials in Creole for Haitian women.
 - o The existence of programs in the public schools that educate about sex and STI, and activities that involve parents and couples.
 - o A government program which would provide support for existing programs, with funds that would guarantee sustainability when external funding (from donors) is no longer available.

Prevention component: Legal Provision

9. The participants have little or no knowledge regarding laws that prohibits women or girls having an abortion. Furthermore, they do not know of any law that bans girls from receiving prevention services without their parents consent. However, they know about a law that prohibits young girls from getting married and they know about the law concerning HIV/AIDS (law 55-93). Participant's expressions: *"Here there are no laws for the protection of women. "We only know a little about the family violence law; which isn't enforced anyway". "PLHIV should become more empowered in order to pressure the enforcement HIV/AIDS law". "The existence of PLHIV networks has been important in the process of bringing awareness to some companies regarding the existence of organizations that defend PLHIVs rights; there have been community mobilisation efforts in favour of the enforcement of the HIV/AIDS law"*.

Prevention component: Policy Provision

10. The vast majority of the participants expressed that when they were in public schools they heard nothing concerning the topic. But, currently sex education is being provided in some private schools. Nevertheless, in the public school system sex education is provided in an informal manner and irregularly, not as a program. A great gap exists between the quality of sex education being imparted in private schools compared with that of public schools. These programmes are focused mainly on sexual relationships, neither on HIV nor on STI prevention. This is due to the fact that most of the schools in the community (the Roman) are Catholic, and the priests/nuns are against the use of condoms, the others ones, are Evangelical schools and they do not speak about prevention just about abstinence.
11. Insure that the HIV/AIDS law is enforced. Punish those who break it. Promote spaces where NGO government, local clubs and churches can participate, so that the population can access adequate information concerning HIV/AIDS. Healthcare providers should be educated in HIV/AIDS/STI so they can offer proper and more humanized services. Educational programs aimed towards the general population in order for them to reduce their fears regarding HIV/AIDS. Participant's expressions: *"Because of these fears my family does not know that my little girl and I have HIV. "They think that we have leukemia". "If they found out, we would be discriminated, stigmatized and rejected by our own family, in spite of me being a community educator"*.

Summary 12.

- o Develop information programs to be aired on radio and/or television, in order to provide HIV/AIDS education especially directed towards adolescent girls and young women.

- The government agencies should provide access to information concerning HIV prevention aimed towards girls, adolescents, young women, in schools, sport clubs and churches
- Availability of methods which would allow mothers (or parents) to educate their children. For example, community educators should visit each home in his/her community and distribute information to parents in order for them to count with the necessary tools to educate their children adequately.
- Educational materials should be elaborated in a creative manner, including images those that are illiterate and in Creole for the Haitian population, especially for women.
- The government should have a provision of resources (financial) so that prevention and healthcare programs can be maintained even after external sources of financing are not available.
- Community programs centred on women and their sexual and reproductive rights.
- Healthcare centres for young women where they can find a place that provides them with support and confidentiality.
- The government should promote and enforce laws that protect girls and young women, as well as information related to these laws to the general public.
- In the provision of services, promote agreements between the NGO and Government so that the communities that are far from hospitals can receive prevention and healthcare services through the communitarian NGOs.
- Sex education programs in the public school system.
- Establishment of centres that provide support for HIV pregnant teenagers.

**ONE-TO-ONE-INTERVIEW
AIDS PEER EDUCATOR
Date of the Interview: 8 October, 2007**

What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why?

The impression on the situation of the prevention of HIV in girls and young women is that it has gotten worse. There exist neither national plans nor proposals that integrate the prevention towards women as a priority. There is no security or protection for girls and women, they are the most infected and affected every day and the ones that have less access to information and to prevention methods. *"Government institutions involved in HIV and STI prevention are working in other areas; they practically never make forceful recommendations in those programs of how a person must protect themselves, which means that the information is not being received as it should in Dominican Republic".*

Prevention component 1: Legal provision

2. The interviewee said that there are numerous laws, but the authorities are not regulating and they are no sanctions for the ones that don't comply with them. There are laws on abortion and marriage among minors, but none are directed to the prevention of HIV in girls and young women. *"70% of the girls who go to health centres are adolescents and that's why laws are needed to protect this population".*

3. He feels that there is no difference if girls are in or out of school, married or unmarried, or living with or without living with HIV or not, it affects the entire female population, since there are no laws that protect and provide security or support to any young woman or adolescent in a vulnerability conditions. *"Girls often start having sexual relations at an early age. 85% of adolescent who have children correspond to unwanted pregnancies, have no access to sex education or have any prevention methods available; much less laws that protect them".*

4. According to the interviewee the government must carry out a process of revision and updating of laws, taking into consideration women's needs in the process of transformation.

Prevention component 2: policy provision

5. There are no policies or protocols that guarantee HIV prevention services directed towards girls and young women. *"I don't know exactly what to say, I do not know if there are, but I do not see them working, because every time the situation is worse"*.

6. The Interviewee responded that there is no formal sex education in schools or in most households in the country. There is a demonstrated lack of national government programs aimed towards educating young people in schools or through the mass media; much less directed towards women. *"It is a cultural problem, people do not talk about sexuality or of STI, not in the schools or in the families; there are no opportunities for young people to learn in their communities how to protect themselves correctly and where to go to look for information; the situation is much worse concerning and young women"*.

7. *"The formulation of preventive programs with national coverage which would be spread through media and advertising spots, where listeners and viewers can learn about the use of the condom, sexual and reproductive rights of the women, STI, HIV and AIDS"*.

Prevention component 3: Availability of services

8. He recognized the existence of institutions which offer prevention services, but the offer is limited, mainly because it is up to the government or some agency to send them condoms and educational materials. This often leads to the lack of availability of the necessary supplies. There is no availability of feminine condoms; only masculine condoms are distributed. *"There must be some mechanism that provides free or low cost condoms, both male and female, for the population and the provision of these through distribution in centres with easy access; and where people can be educated on the proper use, especially girls and young women who must negotiate the use of condoms with their partners"*.

9. *I don't know; there isn't any; I do not see it.*

10. *I have not seen anything, there is no work being done on the matter. Every day I meet young boys and men who say they do not like using condoms for different reasons; because they do not feel pleasure; they don't perceive it this way; they prefer to take the risk and not use a condom; which means that the work to empower that person to use the condom to preserve life is not being done; by not having that channel of information, what happens is that girls are much more vulnerable and at risk of infection, by both HIV and STI.*

11. Today prevention programs directed to the general population prevail; the information offered is not specific for the younger generation. Permanent educational programs for young people need to be established, especially directed towards girls, adolescents and young women, so that they can find out regarding their sexual and reproductive rights, negotiation of the use of the condom, on STI – HIV and how to treat them, and the availability of HIV testing at no cost.

Prevention services 4: Accessibility of services

12. Numerous barriers are prevalent that make it difficult for girls and young women to gain access to services. Some of the barriers are the absence of information about the existence of these services, as well as the cost of transportation for this population to gain access. Actions must be taken to inform through local and national media about the services, using means such as the internet that is commonly used by young people and having young personnel offering services. Also, encouraging the installation of community educational centres near the population.

13. *They are easier; they do not differ in any type of characteristics. Only on some occasions, women living with HIV, due to the lack of confidentiality on the part of the health personnel, are exposed to discrimination and stigma and prefer not to go to these centres, where information and inputs such as condoms are offered.*

14. *They play an important role at the moment women have to negotiate the use of the condom with their partners, and if he's sensitized and informed there is a certain degree of guarantee of protection and prevention for the women. Programs directed to women must integrate men.*

15. *What I said earlier, massive information, a lot more advertisement, creating more preventive programs directed to young people, with youth-friendly language and images for girls; centres attended by young people, publishing of magazines, and that the local newspapers include lists of places where a person with STI can go.*

Prevention component 5: Participation and rights

16. He responded that the laws exist but there is no commitment on the part of the authorities to enforce as well as assuming their role in applying them.

17. In the absence of national policies and protocols that protect girls and young women, what remains is the intention of a National Response which tries to include human rights issues, including those of women living with HIV; nevertheless this does not guarantee that these are complied.

18. The participation of women is growing every day, but women should be included at all levels including the ones from the community and rural areas, who are the ones that mostly lack the resources necessary to access prevention services.

19. Well, as I said previously, preparing preventive programs, trying to modify education in each school or centre so that there is more talk about HIV. At the university level there should be a specific subject assigned to HIV/STI prevention, so that everyone, in a direct manner, has the possibility to receive information and protect themselves.

Summary

20.

- Permanent educational programs directed to young people, especially on women's sexual and reproductive rights.
- Information spread through mass media campaigns.
- Prevention programs and formation that integrate the boy child, adolescents and young men, so that they can better understand their role in women's HIV/STI prevention.
- Include women leaders of rural areas in the decision making process of prevention policies and protocols for girls, adolescents and young women.
- Reduce geographical access barriers and breaches, by installing community information and education services in which peers are the ones whom offer these services.

ONE-TO-ONE-INTERVIEW
PLHIV NATIONAL NETWORK
Date of the Interview: 12 October, 2007

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why?

The opinion from this interviewee is that there is not enough information about prevention available for girls and women and that the Government should increase their efforts to spread the information on prevention at the national level for this population. Quote: *"My impression regarding the topic of HIV prevention is that there is a need to continue working harder with the issue of information regarding the prevention of HIV so it can reach all girls and women in the country... the government needs to demonstrate political will and give priority to this issue so that girls and women can obtain adequate information at the national level"*.

Prevention component 1: Legal provision

2. The informant believes that very little has been done about it and the main reason for this has to do with the involvement of the Catholic Church. Quote: *"With regards to the legislation there is a lot to be done yet; abortion at the moment is still being condemned and this hinders human development in our nation. For example, what women's groups are advocating for at the moment is that women who have been raped and become pregnant are permitted to have abortions. However, political parties have assured the Catholic Church that they are not going to permit the legalization of any kind of abortion. There is not a position for the benefit of the community... if sex work is legal, which it is not in the DR; then bills have to be passed in this sense."*

3. The informant refers mainly to the lack of visibility of girls in the HIV/AIDS law, the vertical transmission service for the women who live with HIV and the lack of education in SRH.

Quote: *"In the case of the aids law 55-93, which has been scheduled to be reformed for a long time, because it must be reformed, girls and women are not mentioned anywhere in this law. Inside or outside of the schools, this is another issue, the educational centers in the country don't have sexual and reproductive health programs established or defined... The government should assume a state policy. Also, the opportunities for those living in the rural areas are different, as are those for the girls and women living with HIV, whether or not the pregnant women should be obliged to have an HIV test, and I think yes, that they should do it so that the baby is healthy when its born".*

4. The informant refers specifically to the AIDS law which doesn't mention children, and adolescents. Quote: *"The AIDS law (55-93) needs to be totally changed, or maybe some new issues need to be introduced as well".*

Prevention component 2: policy provision

5. The informant refers to women who live with HIV but not about the prevention protocols. Quote: *"There is a norm, a protocol for the reduction of the mother to child transmission and it's very clear that pregnant women are being tested so that there is a process to safeguard the baby in case the mother is HIV positive, but this is not being complied with The program is in place, nevertheless they are permitting that pregnant HIV mothers give birth in the usual way without the necessary treatment".*

6. The ideas promoted by the church have a lot to do with the lack of sexual and reproductive education in the country. Quote: *"They really receive nothing, this is a topic that it's not talked about, I don't know if churches have had a lot to do with this, it needs to be conveyed that this is a necessity. There isn't a clear policy that takes this topic in account that works with the real needs of boys, girls and adolescents".*

7. The interviewee doesn't refer to any law or protocol. Quote: *"The would have to redesign the educational curriculum so that at the primary and academic level the topic of HIV is openly discussed in the educational environment; in a general sense, we should abolish obsolete laws, I don't think that new laws are needed, we already have a lot of laws, instead we need to make them better and update them".*

Prevention component 3: Availability of services

8. Because this informant is an activist he/she has a lot of important observations and critiques about the services offered to the population. Quote: *"In terms of the services, the condoms are really not available, a lot of times the supply of male condoms runs out, and the female condoms are not even thought about... the female condom is recent and there also needs to be an empowerment of the female population and even of the males, so that they are willing to use the female condom, I think work needs to be done with both males and females, it's importance needs to be promoted. Information and treatment for sexual transmitted infections, these services are at very specific points, this units of service should be inserted in all places where there is health treatment. Counseling and voluntary testing, is very important that the number of people who are infected with HIV is revealed; also there is a deficiency in terms of the quality of counseling in the DR.. The topic of the ARV is very difficult because the pediatric ARVs are not available in the country, what most children receive are doses, more work space is needed for the work to be done with children. In the case of adults, the ARV issue is of adherence because some may want to adhere to the treatment and others may not, so this needs to be studied; the integral attention really should be integral, the medications need to be available at all time. Another point relates to services for PLHIV, for example the laboratory costs are high and there is no guarantee in terms of the quality of the service and of the ARV meds to prevent HIV transmission"*

9. The interviewee refers only to the mother to child transmission prevention services for infected mothers. Quote: *"These services are not very individualized, there are some general services, the attention offered to the HIV positive woman is very quick and it doesn't meet all the quality requirements which are needed for them to be really useful.*

10. The informant has a very objective view concerning the need for both sexes to receive correct sexual education and information. Quote: *"It's really the same case for boys and men and of course it affects greatly the girls and women, if we don't have boys and young men with capacity and knowledge, including information about the HIV prevention, then it's going to have a negative repercussion for girls and women. There should be equality in the services for them to have a positive effect, you don't accomplish anything if you only work with women and not with men; specially in this type of society, because if women had the*

power to convince men in the topic of sexuality it would be different, specially in terms of infection of HIV, where 90% of the cases are due to sexual relations”.

11. In this case the informant doesn't refer to the prevention of re-infection, but rather about the prevention in the general population. Quote: *“The sexual and reproductive health services should be increased, not just have them in very specific places, instead there should be a unit to work on this topic in every health center, maybe even in the schools there could be a department that is in charge of the information regarding sexual and reproductive health”.*

Prevention services 4: Accessibility of services

12. Regarding this question the informant makes a very objective analysis of the different aspects of the services offered in the country. Quote: *“The cost of the services; many times people don't use them because they don't have money, or due to the lack of confidentiality of the services; the hours in which they are available are very short. The attitude of the people who offer the services is not very healthy, because they feel they are superior. The attitude of the service personnel is important, the way they treat us is the most important thing. The parent's and friends' attitudes has a great influence, because if a parent doesn't permit his kids to talk about HIV or sexuality in his/her household then that becomes an obstacle, the best place to talk about sexuality is at home. Current trends also play a part, if you are doing or not doing what is currently trendy; sexuality is also a right, it's important that the parents talk with their kids and they should build on this value and respond to things we have in the environment”.*

Prevention services 4: Accessibility of services

13. The informant didn't give a clear response. Quote: *“I wouldn't know what to tell you, because there could be other factors that have an impact on that, it's somewhat complex, but I don't think they are harder, maybe it's about adapting the educational program for that population group”.*

14. It seems that this question was not correctly interpreted by the informant. Quote: *“The important role that it could play is to influence the modification of behavior in boys and men”.*

15. In this topic the informant refers to one priority: education. Quote: *“Maybe it should be expanded more at the national level, make it more viable for them, make them understand its importance; there is a lot of education and promotion that needs to take place”.*

Prevention component 5: Participation and rights

16. The response from the informant is clear regarding the commitments that the country adheres to and doesn't fulfill. Quote: *“Very weak, the international commissions in terms of rights, we need to work more so that these international commitments are met, right now the DR is signatory of many of them but doesn't fulfill them”.*

17. The informant was emphatic in recognizing that the response to the HIV issues is circumstantial. Quote: *“I don't know if the answer being given right now is due to political will or if it's a response based on a financial commitment that needs to be fulfilled, the answer doesn't seem based on human rights, but on other circumstances”.*

18. The informant recognizes that girls as such are not directly involved. Quote: *“In the national strategic Plan against HIV/AIDS in one way or the other all the key stakeholders were called upon and all of the organizations that work with girls and women were represented. The participation of the country in the country coordinating mechanism of the Global Fund to fight AIDS, Tuberculosis and Malaria, where there is a representation of PLHIV, which is a woman, she is there as a PLHIV to defend the interests of the PLHIV people”.*

Prevention component 5: Participation and rights

19. The key word for the informant is involvement. Quote: *“I think that the needs of this population should be defined so that then it's possible to create structures that permit work to be done as well as their involvement, because people need to be involved, they have things to contribute, the experience of what they see in day-to-day life has an added value that is sometimes not recognized”.*

Summary

20. The actions/activities proposed by the informant are oriented in terms of improving the law and making the country assume its commitments with international organisms. Quote: *"We should take into account the legislative (legal) aspect. Laws need to be improved so that they can cause repercussions regarding HIV in girls and young women. There needs to be political will, there should be a Government/state plan in place, a plan that is sustainable no matter who is in charge. The government and the donors have to be activated in this sense. I think we should be more demanding, in terms of budget, and that everyone assumes their responsibility, because with regards to HIV and AIDS everything is being financed with loans and international donations, and this could collapse at any moment, when there are no more loans or donations"*.

ONE-TO-ONE-INTERVIEW
GIRLS AND WOMEN SERVICES PROVIDERS
Date of the Interview: 09October, 2007

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why? The opinion of the interviewee was that the general situation of HIV prevention amongst girls and young women is improving. *"Work is being done in conjunction with several sectors of the Civil Society and the Government to develop a National Response from the country for this epidemic"*.

Prevention component 1: Legal provision

2. She emphasizes the existence of some laws with weak implementation and at the same time the lack of many others in favor of Sexual and Reproductive Rights of girls and young women. She comments that none of the existing laws promote an improvement that would guarantee the prevention of HIV for girls and young women. It seems evident to this person, as well, that there is a lack of commitment on the part of the authorities in making sure the laws are obeyed and a lack of knowledge from the general public. *"This is the area where we have a lot of work ahead of us; here is where we should put the most emphasis and our legal system is still weak and we do not demand their enforcement. This is work that's progressing slowly and we women should demand it more powerfully"*.

3. The response is geared towards quoting the different factors that make girls and young women vulnerable, those related with the lack of laws that reduce the breach and mitigate the factors such as poverty, unfairness and gender inequality, the lack of services geared toward women and their needs and the lack of educational programs. *"Not having adequate sex education, poverty, and gender equity"*.

4. The interviewee referred as important *"An adequate sex education, free distribution with more access to prevention methods, such as condom; including the feminine type, and also the legalization of abortion"*.

Prevention component 2: policy provision

5. The opinion of the person surveyed was oriented towards the need of a National Policy, Norms, programs and protocols from a gender perspective as well as attention from the Human Rights point of view. *"It should be a policy that propels the rights of the girls and women in the prevention of HIV, that increases quality coverage, which means, a government policy that promotes the transformation of the existing strategies and programs"*.

6. The response described the inexistence of an official sexual-affective program where girls and young women receive information about the prevention of HIV. Quote: *"A program from the school system should be implemented and institutionalized, but we have had a lot of resistance; there have been attempts from civil society organizations and institutions that work in this area, but there has always been interference from stakeholders who don't agree and right now the sex education that is being offered is mainly biological and physiologically oriented and not from the human rights point of view as well as adequate sexual information and the reality is that our youth gets to the university level without any knowledge"*

7. The interviewee expressed the need of a National Program of Affective-Sexual education, developed from the Human Rights and Gender perspectives. Quote: *"Promoting a transformation of the curriculum in public and private universities, as well as in the basic and intermediate levels of education"*.

Prevention component 3: Availability of services

8. The response confirms the existence of public prevention services geared towards the general population and not specialized for girls and young women. There are no national programs designed from the needs of the girls and young women in the official sector, meanwhile there are several women's organizations that implement integral programs to educate girls and young women, including the provision of condoms. Quote: *In the DR there is a network of Integral Attention Units that contain a community promotion and service component, for PLHIV and their families, and there has been reinforcement of the healthcare programs for adolescents with HIV. Nonetheless, a national prevention program focused on the needs of girls and young women doesn't exist"*.

9. The interviewee comments that the existing services that focus on young women are being offered from the non governmental sector, and that these work based on the peculiarities of the female population; adolescents in schools, the pregnant teenagers, Haitian immigrants and women living with HIV. *"There is a lack of these services from the official sector, which means that the coverage is very low because there is really not a state policy in place that promotes these programs"*.

10. The interviewee didn't give a response to the question alleging ignorance.

11. The response was geared towards the development of national prevention programs focused on girls and young women, with a focus on the Human Rights, including Sexual and Reproductive Rights of women as a priority. Quote: *"I suggest working directly women in conditions of vulnerability, qualification, continue offering them information, a component of sensitization for the free access to HIV testing, in order for them to know their condition(HIV+ OR HIV-), I'm a believer in integral services/ attention"*.

Prevention services 4: Accessibility of services

12. The interviewee emphasized two great barriers: one, is the geographical barrier that limits the access to the services, due to how distance these are from the communities that require them; the other is the confidentiality barrier. Quote: *"In the rural areas there is very limited access to prevention services, there are really no existing programs, and because of the level of poverty they don't travel to their healthcare center. The confidentiality of the girls, women and above all the stigma and discrimination keep them from attending the nearby centers, they prefer to go to the NGOs located in other communities rather than using the public services"*.

13. The interviewee expressed: *"It's very hard for women who live with HIV because of the stigma and discrimination that are victim of. The condition of being young females and in the most vulnerable stage makes it even more difficult"*.

14. The interviewee considers a priority the incorporation of the male figure in all the prevention programs directed to women. Quote: *"The burden is easier to carry between two"*.

15. The pivotal actions described by the interviewee were Public Policies in favor of prevention initiatives directed toward women, the design of national strategies and programs for prevention and promotion based on the needs of women and social mobilization of the community in favor of these programs. Quote: *"We should develop strategies for a promotion and prevention program and at the same time promote mobilization from below, integrating all sectors"*.

Prevention component 5: Participation and rights

16. The interviewee ratified the existence of a number of commissions and international agreements that the country is signatory and compromised with, but that only the organizations of the civil society which carry out political activism and advocacy make the Government fulfil their agreements. *"We have a law against violence, we have the boys/girls and adolescents code (minor's legal code), we have all these conventions that have been ratified by the country and only the civil society possesses the weapons to negotiate and promote them through advocacy so they be enforced and fulfilled"*.

17. The response emphasizes the lack of visible and impacting work on the part of the authorities that coordinate the National Response. Also the lack of Public Policies that advocate the rights of girls and young women is evident. The Civil Society plays an important role in the social mobilization and advocacy in favour of these policies being formulated and complied with.

18. The interviewee expressed that numerous women's organizations exist that are enrolled in the decision making process, but that the role of girls in these spaces is very limited.

19. The interviewee suggested: Identifying groups that work with girls and women, sensitize and empower them; promote the development of networks of women and girls within the communities; encourage the creation of organized groups of women and promote the incorporation of women and girls in the regional development committees at the national level as figures of importance within those spaces.

Summary

20. – Establishment of National Prevention Programs from carried out from the public sector focused on the needs of girls and women.

- Creation of committees for regional development with the active participation of girls and women.

- Promote the creation of Solidarity Networks of Women and of Women's Organizations to carry out training and empowerment activities.

- Formulation and enforcement of Public Policies on HIV/AIDS based on Human Rights and from a gender perspective.

ONE-TO-ONE-INTERVIEW
UNFPA HIV PROGRAMME OFFICER
Date of the Interview: 15 October, 2007

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why?

The program officer interviewed oriented her response to differentiate the handling of the prevention between girls and young women. She expressed that prevention programs exist which contain a gender approach are very limited and weak. Furthermore, prevention programs directed to children who are vulnerable and living with HIV are even weaker and limited. The national program for the reduction of mother to child transmission is an example of the weaknesses of the system. Quote: *"Only about 30% of HIV positive pregnant women complete the treatment for the MTC transmission"*. There is the will expressed on the part of the authorities to incorporate children as one of the priorities in the National AIDS Plan, as well as the strengthening of the *MTC transmission* program. But nevertheless, HIV and gender issues are not made visible and the incorporation of a gender focus in all the plans has not been achieved by the authorities and decision makers (COPRESIDA and the Secretariat of Women's Affairs). Civil Society Organizations have certain leadership in this topic; promoting and demanding authorities to give a response to the needs of the women, by means of proposing policy change and HIV prevention programs from a gender approach.

Prevention component 1: Legal provision

2. She emphasized that there are numerous laws directed to HIV prevention, as for Example the AIDS law (55-93) and several others which are indirectly related to HIV prevention. But none has as its principal objective or topic the sexual and reproductive rights of the women, because they address the general population without a gender approach. *"Concerning laws for women and young people in the case of AIDS and sexual and reproductive health, we really do not have much to give, we do not have very much"*.

3. The interviewee speaks of a legal framework should establish equality and equity for the general population. Nevertheless, there are conditions that convey greater vulnerability to the population of girls and young women, limiting their access to prevention services. These conditions are living with HIV/AIDS, sex workers and in the case of single women the access is even more limited than married women or those having a stable partner. There are other factors that add on to the stigma and discrimination of which they are victim, such as

domestic violence Quote: *" I believe that it is fundamental that the law articulate or relate HIV and women. Dominican laws do not favor women living with HIV/AIDS. Married women have other kind of rights that permits them to access prevention means and services. On the contrary, single women and sex workers, being that it is not a legal (sex work), are submitted to discrimination and this is aggravated because of their condition as HIV+. All these factors contribute to creating more difficulties for them to access better means of protection".*

Prevention component 1: Legal provision

4. Sexual and reproductive health and abortion are basic topics regarding women and HIV positive women. With these positive women there is the issue of rape, where laws are not necessarily enforced or favour women's protection, besides other laws that are detrimental to women.. Quote: *"It is necessary to modify the penal code and also some laws related to the women's possession of land. Apart from the legal realm is the topic of policies; there are many Dominican policies that limit women in the work force and the access to better and more economic resources, I believe that those are of the things must necessarily be changed."*

Prevention component 2: policy provision

5. There aren't any official policies regarding condom supply and provision in the country. In reference to pre and post test counselling there have been work done on standards, norms and protocols. Nevertheless, counselling procedures should take in account differences between men and women in regards to HIV. Information, education and communication strategies (IEC) directed towards population of young women with a mayor gender approach are lacking. IEC strategies are directed towards vulnerable populations but with a traditional focus. Quote: *"Therefore there is really no information, education and communication strategy or a policy for the different populations with this perspective and that surely affects the general response against HIV/AIDS."*

6. The informant raises the point that an official disposition exists towards the implementation of an affective-sexual educational program in the public school system, but with many incoherencies in its definition and implementation. Quote: *"They are working with myths and taboos of HIV/AIDS and SRH, as well as the human rights of youth. There are certain efforts being made in middle education (intermediate), but there are many limitations. I believe this is one of the reasons that there are so many teenage pregnancies and young women are the most affected."*

7. The interviewee believes political will is necessary in order to define policies which can guarantee and promote sexual and reproductive rights. Quote: *"In the Dominican Youth Law some revisions are due to be made but mostly the issue is how we can apply them. There is a need for more will on the part of decision makers, even more then just writing documents (laws and policies) that later simply aren't applied."*

Prevention component 3: Availability of services

8. The informant explains that there is general access to the masculine condom, but not the feminine one. The feminine condom is limited and provided only to sex workers. In regards to information on STI and HIV, there are programs and services but they are insufficient. In reference to pre and post test counselling although it, exists major coverage is required. Quote: *"There is a lack of information and treatment concerning STI; young women and girls have little knowledge about what they should do or where they can go. ... It is important for people to know where to go, there are good programs at this moment, but they continue to remain too limited. The counselling pre and post test and the services of drugs for vertical transmission are beginning now to be quite successful but there needs to be greater coverage. Services exist but it is necessary to improve their quality."*

9. Services for girls and women as such do not exist. Quote: *"What does exist are services integral care units where women and men can go, some maybe young, but not in a specialized way, no. I believe a local NGO (Colectiva Mujer y Salud) dedicated to working with woman and health has been setting up a program which will be dedicated exclusively to providing services to women; but a general public program does not exist."*

10. The interviewee spoke about the lack of information services directed to young women. Quote: *" Well, programs directed towards young women are crucial in this moment, but at*

the same time help should be provided to those women who are the most affected; to guarantee their protection. I do not see that there is a policy defined or carried out by the National Council on Aids (responsible for the national response), directed towards strengthening youth organizations that work with young people or particular works with men, or to promote this work with children, which implies that the country is very limited”.

11. There are no services orientated directly to women and their prevention. Quote: “There isn’t a special women’s approach, or a gender perspective in these services. We need to strengthen prevention with a more strategic approach that will be successful for the women and that this approach be expanded geographically; it is one of the biggest limitations as is the coverage of healthcare services. Women need a special care just because she’s a woman”.

Prevention services 4: Accessibility of services

12. Two fundamental elements stand out in this response: stigma and discrimination and the fear of being stigmatized by the health care personnel. Quote: “Women that are in a relationship are afraid to go look for services. Quote:” Another topic is healthcare providers’ discriminatory treatment and attitudes towards HIV+ women. Also, women still believe that if they became infected with HIV, it’s because they were not cautious enough, chaste and pure; that makes them more apprehensive towards looking for help and having to expose themselves to a third party which would know about their condition”.

13. The informant makes differentiation between the particularities of women in relation to access to prevention information and services. She says that it is easy for young unmarried men, who maintain sexual relationships with multiple partners, to access condoms. Whereas, it is very difficult for women, especially young women without a stable partner, to access prevention methods and services, apart from the fact that they do not possess the tools to negotiate the use of the condom. Concerning HIV positive women, access is very difficult and even more if they are married because of the stigma and the discrimination to which they are submitted to in these services. Quote: “It is easier to give information to a young man who is not married, who has several sexual partners and uses the condom, because the messages are more at hand. Contrary to young woman who has a partner cannot negotiate that her husband uses the condom... It is also easier for those girls who still have not initiated their sexual life, for those AIDS is not a concern because they understand that they are not at risk”. “

14. The interviewee believes that the responsibility of improving services is a matter for both men and women. Quote: “Men as well as women are responsible, because this world is of two. While we have young boys and children who have other ways of thinking, especially about couple relationships, in that same measure this improves their quality of life and prolongs their life span.”

15. The informant emphasizes that it is necessary to develop actions that correspond with the reality of the needs of the population in the country. Quote: “Service have to be more user-friendly for the women. Girls don’t feel comfortable talking with mixed groups and often services are provided without taking into account the need of the audience, so based on this, it is possible to identify a better program”.

Prevention component 5: Participation and rights

16. The informant refers to the intention of applying protocols: Quote: “Its all about applying them, there are a lot of people involved, but we are still short; indicators are available. The millennium development goals of 2010 are being worked on, but greater commitments are needed.”

17. The informant’s response recognizes that human rights are applied in an unequal manner. Quote: *There are audiences (population groups) whose rights are recognized more than others.*

18. The interviewee identifies the existence of representation, but not of real participation. Furthermore policies are not sustainable in the midst of so many political changes and replacement of authorities, the example being that the population based approach that the previous administration of COPRESIDA had assumed, was abandoned. Quote: *They are supposedly in some committees, but is this real? There should be a legitimate representation of youth in the Global Fund’s Country coordinating mechanism. Participation at the highest level of decision making is very limited. In the previous administration the structure of the*

presidential Council on AIDS was being modified in order to incorporate these different population groups. But that was done away with when the pas Director of COPRESIDA was replaced by another one for political reasons. There is no National Strategy that guarantees continuity of processes. Civil society must be vigilant and demand that good plans survive each administration.

19. The informant makes emphasis in supporting the empowerment of the young female population. Quote: "Supporting them so they can achieve real leadership and qualification. They need more organization and knowledge on their rights, more openness and participation on the part of organizations that are working in public policies."

Summary

- Public Policies, National Strategies and prevention Programs that promote Sexual Rights and Reproductive Rights of girls and young women, designed on the basis of the requirements of the different population groups and especially of girls and young women.
- Reassess the AIDS law, because it does not address the girls and women population.
- Establish a network of information services for the prevention and for healthcare services specialized for girls and women with easy access to the population and that guarantees confidentiality.
- Promote investigations which assess the binomial HIV and violence against woman.

ONE-TO-ONE-INTERVIEW
UNICEF HIV/AIDS PROGRAMME OFFICER
Date of the Interview: 15 October, 2007

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why?

The interviewee believes that efforts have been made to work on HIV prevention in the Dominican Republic, in a fragmented manner and with greater force from the NGOs. The state's participation has been limited. It's demonstrated that there is a lack of governmental programs for HIV prevention for girls and young women at the national (rural and urban) level. And clearly these prevention programs which have been carried out in the country have not had a gender perspective; have not been constructed or strengthened with that differentiation in mind, since it is not the same to work HIV prevention with adult men than with girls and young women. "Apparently, it is a hypothesis, according to the reports from sentinel surveillance, the epidemic of the HIV is concentrated in the population groups of young people and woman; females are the most affected. These are important elements at the moment of defining strategies and when developing programs directed to girls and young women. I believe that in this sense, prevention programs in the country and particularly those being developed from government health institution have a great challenge".

Prevention component 1: Legal provision

2. The interviewee emphasized, that the non fulfilment of the law 136-03, which dictates that a girl who becomes pregnant, by any circumstances, must not be expelled from school contributes towards the deterioration of prevention for girls and women, because it limits their access to prevention services and the means to protect themselves. The knowledge of this legal framework makes them more vulnerable. Quote: "Legally the country has this disposition and others, but parents, girls and adolescents do not know about them and therefore do not demand their rights".

3. In the response you can observe the absence in the country of a judicial framework and mechanisms to enforce laws that guarantee human rights of girls and young women, which places them in a situation of high vulnerability to diverse factors: "The vulnerability to HIV increases if a girl is out of the school, she is more vulnerable than the one that is in school, because she's exposed to other factors that promote HIV transmission." "Women do not have much ability to negotiate the use of condoms, in some cases if she demands it she

may be submitted to domestic violence. These are conditions that cause her to be more vulnerable, and that make the transmission of the HIV much easier”.

4. Interviewee's quote: "There are a number of laws and regulations; for example the AIDS law (law 55-93) the one that protects children, and adolescents (law136-03) and the law against domestic violence (law24-97), I believe that what's missing are mechanisms for them to be implemented, in order for those barriers to be eliminated so women or adolescents can make use of their rights. More than laws what we need is enforcement mechanisms”.

Prevention component 2: policy provision

5. The interviewee thinks that stigma and discrimination associated with the HIV and the lack of policies and/or protocols that regulate the quality of the service provision causes girls and the young women's access to prevention to deteriorate; restricting the access to this group of preventive methods and application of HIV tests; prevents young pregnant women living with HIV to receive the full protocol of ARVs which prevents mother to child transmission. There are numerous protocols and limited policies regarding the prevention of the HIV; the existence of them does not guarantee that they are fulfilled. "Coordinating mechanisms within the health sector reform process in order to guarantee the quality of health services are not established. In other words there are protocols and policies, but more than often they are not fulfilled”.

6. The interviewee recognizes that there is a government affective - sexual educational program directed towards intermediate and secondary schools, but very limited at basic level. "It is necessary to evaluate if it has been an effective program and if it has had any impact, specifically if the youth has come out of these programs with the information, skills and abilities to be able to relate with each other and protect themselves effectively”.

7. See response in question number five (5).

Prevention component 3: Availability of services

8. The interviewee responds that there are integral health units for adolescents, addressing pregnancy, but not for girls and young women prevention in general. We should strengthen the counselling and voluntary testing services; promote these services so that women and girls know that they exist in hospitals. Quote: "It is necessary to place more services especially for girls and young women; emphasizing the work on how to build on their life skills”.

9. The interviewee understands that there are healthcare units which exclusively address health issues. There are no government provided services for HIV prevention for girls and young women.. The interviewee emphasized the need to promote specialized programs according to the women's age, incorporating a more integrated focus; healthcare, psychological and emotional support with special attention on girls who are being sexually exploited. Quote: "Reinforce that these adolescents are not sexual workers, they are abused and sexually exploited girls, services for them must be developed; a clinic of STI or an integral healthcare services unit when they are HIV positive. That requires a differentiated approach towards sex worker's needs, psychological support. She is a victim and there is a perpetrator who must be punished by the law. It's necessary to incorporate specialized health services for girls, and young women”.

10. "The services are for everyone, it is necessary to work a little more on everything that implies the construction of gender”.

11. The same answer as the previously question.

Prevention services 4: Accessibility of services

12." The main barriers to HIV prevention of girls and young women are the cost of the services, the location of these services, the lack of privacy and the fear that confidentiality is broken by health professionals. The issue of confidentiality is a priority and the most visible barrier, young people do not feel safe or confident to seek or demand these services, mostly because they are offered by adults. Another big barrier is the absence of information about the services, the population of adolescents and young women do not know that they exist”.

13. *“Preventive services are easily accessible by girls and young women who attend schools; however the access is difficult for those outside of schools. It is necessary to define a national strategy that approaches girls and young women out of the school”.*

14. The interview says *“I do not believe that they play any role so far”.*

15. It is the interviewee’s opinion that work must be done to strengthen prevention programs, develop them under gender specificity and particularities. They must define mechanisms that guarantee confidentiality, promote these services, giving them an integral approach, incorporating psychological support, mechanisms for girls who are sexually abused; improve and strengthen services that are specialized for them. Quote: *“This is a vulnerable population which is highly exposed to HIV just like drug users; services must be adapted to the kind of problem that we are starting to see coming”.*

Prevention component 5: Participation and rights

16. The answer was oriented towards pointing out that as a result of international conventions diverse laws have been formulated to comply with the agreements the government assumed, but that they have been limited in their implementation and promotion. This is the reason why the international commissions have been left as educative tools and for sensitization on girls and women’s right in some sectors of Dominican society. A collective conscience has not been created on the rights of each woman, girl and adolescent, and decision makers have not defined mechanisms to enforce these laws and comply with these commitments. *“Only a few sectors of society have knowledge regarding which of these international agreements and commissions are in the laws. Creating awareness concerning human rights is part of the culture of a society. A situation of violation of these rights against children; a battered women or girl, should produce everyone’s indignation in other words passing from yellow press to collective awareness.”*

17. The interviewee emphasized that the National Response to HIV/AIDS in Dominican Republic is conditioned by changes in the political structures of the government. She recognizes the incorporation of a human rights approach. The gender approach is limited as well as the national AIDS policies which incorporate sexual and reproductive rights of girls and young women in the prevention of HIV. *“The national response, coordinated by the authorities of the previous administration was organized using a population based approach to the epidemic. The different community organizations joined together according to what they worked for in what they called “alliances”. Before this there were no organizations that worked with women or children and adolescents (in HIV/AIDS issues). Currently they do exist but they must be strengthened.*

18. *“There is no active participation of girls and young women in decision making areas. Only the network of PLHIV belongs to those spaces”.*

19. The interviewee believes that priority actions should be aimed towards giving girls and women support so that they become more involved in decision making regarding national level AIDS policies; strengthening their active participation.

20. Summary

- Developing a national strategy and program for the prevention of HIV/AIDS that differentiates population and gender groups (women, men, sex workers, etc) and according to their life cycle (young, elderly etc.). More work should be done, with a human and sexual and reproductive rights approach for women and girls, through the government authorities and decision makers (COPRESIDA, DIGECITTS)

- Programs with an integral approach directed towards PLHIV in order to guarantee a longer survival rate.

- Promote actions that will guarantee PLHIV to receive benefits from the National Family Plan.

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why?

The informant speaks about the lack of public funding for the prevention programs aimed towards young people, and that there are no programs directed to girls and or young women, but rather for the whole population, without distinction. The existence of funds which come from external sources exclusively contributes to deteriorate HIV prevention, and at the same time does not contribute to the sustainability of prevention initiatives and programs. Quote: *"There are no public funds available for HIV prevention, we only count with external donor funds, such as the Global Fund donation and there aren't any specific programs for boys and girls. There is a precarious situation in relation to the HIV prevention in boys and girls."*

Prevention component 1: Legal provision

2. In opinion of the informant Dominican laws are not orientated towards HIV prevention in girls and young women. In the legal framework of the laws that protect children and adolescents, is determined by prejudices of a religious and moral nature. The topics of abortion, teenage pregnancy, sexual violations to minors and sexual work in minors are topics of provide very little protection and it is lacking in aspects such as the prevention of the HIV in girls and young women. Consequences of early pregnancies or HIV infections, is not clearly tackled in any law. Quote: *"There is great weakness in the public policies and legal framework; because they have been approved nevertheless they have no budget assigned to them."*

3. The informant says that there are no public policies or laws in favour of girls and young women which promote HIV prevention. The lack of these laws and policies does not promote sexual and reproductive rights among this group and makes them more vulnerable same ones and there application promotes the not guarantee regarding the sexual and reproductive rights making the girls and young women vulnerable to the HIV, at the same time there is no visibility to the commitment on the part of the government towards this population. Quote: *"There are no children's programs in the country, so that means that the legal framework does not guarantee a suitable protection for girls and young women"*.

4. It refers to the law 14-94 that creates the code for the protection of children; girls and adolescents has to be modified in order to incorporate aspects of sexual and reproductive rights for girls and young women. The DR possesses high rates of teenage pregnancies in adolescents therefore regulations should be directed towards the protection and education of girls and young women. A solid program of sex education must exist, focalized on boys and girls. Quote: *"In the children's and adolescent law there have to be provisions and actions to protect this population; a budgetary investment is needed, it is necessary to create a legal framework and a modification in the law that criminalizes abortion, where women are discriminated; the law that exists at present is inequitable."*

Prevention component 2: policy provision

5. He refers to public policies in general, not associated with specific cases. Public Policies are established without financial availability and without the functional structure which will allow its proper implementation, and then these become non-functional. Quote: *"The central government, the local municipal authorities do not demonstrate political responsibility, even though they have a percentage which should be invested in the municipalities to advance programs that improve the healthcare services and attention for children, it is necessary to have a focalized program"*.

6. The informant emphasizes the lack of sex education programs in the public school system. Quote: *"The programs that exist are inconsistent. The Ministry of Education has approved the topic of sex education in schools, but they are applying it very timidly due to the pressure from the Catholic Church; There is need of the establishment of public policies and a series of norms in schools, so that they have access to adapted information with regard to the topic of HIV-AIDS."*

7. The informant believes that the modification of several laws would contribute to improve prevention and protection of girls and young women. Among these is the law on AIDS (55-93) which must incorporate as a priority sexual and reproductive rights of girls and women, as well as the law that protects children and adolescents. The specificities related to girls and young women should be considered based on their vulnerability and their needs. At the same time the domestic violence law and the penal code in the subject of the permitting abortion in cases of incest and rape of girls and young women. Quote: *"Public policies are urgently needed for those specific population groups and inside the framework of the topic of mitigation of poverty the social programs have to be articulated. Specific actions directed for groups of young women and girls particularly exhibited in tourist areas. The traffic and sexual exploitation law, just as the law prohibits infantile labour/ work, have to be checked in terms of the defencelessness that exists among girls and young women. There has to be a comprehensive review and public policies must be established related to the topic of HIV, the early pregnancy and the consequences of HIV in girls and young women."*

Prevention component 3: Availability of services

8. The interviewee explains that the programs do not exist or are excluding, because there is a lack of infantile (pediatric) ARV that the programs do not exist or that they are exclusive, such as the lack of infantile ARV, the absence of programs that promote research in those population sub-groups (girls and young women). The lack of sex education programs in the schools, the absence in programs focalize specifically for children and girls; the lack of commitment on the part of the authorities to guarantee financial investment from the public treasury in the topic of the prevention and attention of the HIV for children, girls and young women. In this sense, there has to be more discussion and formulation of policies, from the public arena and from the civil society which will convey importance and priority to the prevention and attention of HIV with a human rights approach.

9. The interviewee refers to the lack of programs that are focalizes on girls and there principal spaces of vulnerability. He mentions the lack of services focalized and taking in account the peculiarities and specificities of the girls and women group. There aren't official programs of prevention of the HIV directed to girls, adolescents and young women who are in sexual work field. The migratory reality in the Dominican Republic is a factor that necessarily must be addressed at the moment strategies are being defined aimed towards girls and young women, because there are no official programs that promote access to prevention services specifically for Haitian girls and women. This makes them more vulnerable to HIV, which also is aggravated with discrimination and the language barrier. Quotes: *"In the case of the migrant population, in general there is a big migration of adult men and a large migration of adult women. There isn't such a big amount of migration of girls, nevertheless when you go to the border you realize that there are girls exposed and that there is no specific program focalized on them"*.

10. The informant recognizes the lack of prevention information aimed towards children and young men, but not to the way this affects girls and young women directly. Quotes: *"It is clear that there is a lack of opportune, suitable and specific information for these groups. These populations have limited access to protection programs. If you want to do research regarding this specific population, you are not going to find sufficient inputs, because the problem is seriously ignored."*

11. National programs of promotion and education are desperately needed for the correct use of the condom, focalized on the adolescents and youth population, A system of social distribution of the condom must be created and principally in the Batey communities. It is necessary to have programs on sex education focused on sexual and reproductive rights and the inclusion of the feminine condoms to the system of national distribution. Quotes: *"Girls need to be empowered and educated so that they could make opportune decisions in relation to the use of the condoms. This can not be left to men's choice. The consequence and the investment a girl being infected must necessarily be evaluated in the system of health. There are exclusions; a disregard to women in general with no cost free provision of the feminine condom on the market and donor agencies do not encourage these programs either."*

Prevention services 4: Accessibility of services

12. The informant makes an objective opinion regarding all the existing barriers for the protection and prevention in the feminine population. In the DR there is a demonstrated and big cultural barrier and a vision of morality that harms women, encouraging the "machista" culture; this in turn creates a barrier that generates stigma and discrimination. There is an inequitable vision and disrespect towards the sexual rights of women on this topic and in consequence generates a barrier for accessing protection methods and services. Quotes: *"The programs are not focalized on giving response to the risk and vulnerability of girls and young women, the approaches come from the moral and ethical point of view and not from the point of view of protection or of their sexual and reproductive rights; that generates a barrier."* Another big barrier is the geographical one, the service centres are not near the communities, which forces girls to depend on their mothers or tutors to gain access to them. Addition the lack of economic resources of the majority of the women in the rural area makes them depend on their couple.

13. The informant believes that there is a greater degree of difficulty in the access to services of prevention for girls, since they depend on adults to receive these services. Likewise there exists a marked difference between young married and unmarried women. The stigma and discrimination associated with STI prevention methods prevents women without stable partners from gaining access to the same programs. It becomes another barrier the lack of a financial program, which provides resources to girls and young women so that they are able to transport themselves to the nearby services; these must depend on men. Quote: *"If the woman is not married it is going to be worse and if she is out of the school this will increase the levels of discrimination and consequently she will be excluded from accessing the services"*.

14. He believes that if these programs integrate boys and young men, they will feel compromised with the sexual and reproductive rights of girls and young women. They would think of them as equals and will view the topic of protection differently; from a gender approach. Quote: *"It is necessary to provide them with knowledge, they have to be sensitization in order to achieve behaviour modification; specific effort related to the topic of equity of gender in children and young men has to be made"*.

15. The interviewee emphasizes the need of the existence of a program that has to be focalized towards the health care personnel and to address the topic of stigma with sufficiently broad approach, with sufficient depth, and also work with the health personnel's attitudes and behaviour. It is necessary to work this topic with parents, since the same have to understand HIV prevention in another dimension. School need To improve their programs so that teachers and faculty can detect at once if girls are exposed. Programs directed to teachers, parents and friends that can understand this issue inside the community.

Prevention services 5: Participation and Rights

16. The informant admits that a legal framework exists in the country in order to fulfil these international commitments, but little political will exists for the application of the laws and its regulations. Quote: *"There is a serious problem with the personnel of our justice system; both with judges and with district attorneys there is an absence of sensitization programs. The school of the magistracy that exists in the country, it has to have specific programs related not only to the application and the conventions, if not also it is necessary to see the topic of the attitude of personnel in the judicial system; they are mostly men and there is evidence of negative attitudes and discriminatory decisions and a lot of prejudice"*.

17. Although the national response was defined in a participatory way around vulnerable groups, they must be provided with real representations. Quote: *"I feel that there is a weakness in the response, a response that was once very participatory. The fact that there are no groups of children, but instead these are represented by adults and that there are not many youth organizations in this age level; I believe that there is a weakness in the national response related to this topic"*.

18. The informant admits that there is a certain level of participation in the Country Coordinating Mechanism (Global Fund) of young people but not of the women's groups. Quote: *"There is a youth group from the National Youth network that has been integrated as part of the CCM. It is very interesting in relation to the topic, that this mechanism does not have a gender representation, it is serious, because we have clear feminisation of the epidemic; girls and young women are victims of a greater prevalence of HIV infection"*.

19. The most important thing is to recognize the importance of this population for the topic of HIV prevention. Quotes: *"I believe that the first thing we must do is to recognize it as an*

existing group; as a high risk and a vulnerable group. Promote their leading participation in making educational materials and specific decisions.

Summary

20. Key actions must be focused on these specific populations (girls and young women). Research must be performed in order to identify the principal needs. Work on the sensitization of the health personnel in order to achieve non discriminatory treatment. Prevention and healthcare service programs aimed specifically towards the Haitian girl and young women. Create national public policies and improve the legal framework in favour of Dominican and Haitian girls and women.

ONE-TO-ONE-INTERVIEW
IPPF MEMBER PROFAMILIA
Date of the Interview: 11 October, 2007

1. What is your impression about the general situation of HIV prevention for girls and young women in Dominican Republic? Are things getting better or worse and why? The interviewee responded that the national prevention strategies are not focused at this time in raising the awareness of the girls, adolescents and young women, that the sexual education regarding the use of condoms is very weak. The authorities are presently focused in strengthening the integral attention and that has cut down the prevention actions geared towards the population. *"The situation goes in detriment of the power to negotiate of our young women, there should be prevention efforts with a great focus on women and on the education through messages that can reach all of the young people and empower women so that they can negotiate".*

Prevention component 1: Legal provision

2. The opinion of the interviewee was that there are no existing laws that guarantee the sexual and reproductive rights of girls and young women; an HIV and AIDS law exists with a focus on human rights but it still has breaches as far as the gender perspective. Abortion is penalized, thus impeding the free choice of women with regards to their own physical and mental wellbeing, and also, after a woman is raped she doesn't receive the support or therapeutic prophylaxis so that she can protect herself from HIV. Sexual work is illegal, which hinders the ability of these women to having access to prevention and attention centers, because of the stigma and discrimination. *"Because there are no laws that promote sexual education, a lack of permanent sexual education programs offered by the government, that include HIV prevention, pregnancy, the use of condoms or any other prevention method, then the sexual and reproductive rights of women, girls and boys are not being promoted. There needs to be an empowerment of women and the acknowledgment of their sexual and reproductive rights".*

3. The interviewee expressed that because of the lack of laws that advocate for sexual and reproductive rights of women and that integrate the prevention aspects of HIV, the noncompliance and lack of respect for the existing laws, and especially those regarding HIV and AIDS, make the population very vulnerable, especially the girls, adolescents and young women. This hampers their ability gain knowledge and demand their rights. *"If you don't know your rights, you can't empower yourself. It makes it difficult to assert and demand your rights for safe sex, for information and education about sexuality, HIV and other STI; it limits the access to products and services such as condoms, medical assistance and support. The level of discrimination with regards to the implementation of the law is elevated".*

4. *"For me it's not about abolishment, amplification or modification, it's about implementation; the law concerning AIDS exists and has it's weaknesses, some aspects need to be revised and reinforced, the civil society and other sectors need to be involved, the law needs to be divulged and implemented so that people know their rights and are able to demand them".*

Prevention component 2: policy provision

5. The interviewee responded that there should be promotion of public policies and that from these should follow the norms and protocols for sexual and reproductive education, human rights and the inclusion HIV and STDs in the curriculum of basic and middle education at the national level. *"education on sexual and reproductive health has to become a principal axis in public and private schools as well as incorporating HIV and STI in formal and informal education"*.

6. *"Basically it's exactly that, here none of this is dealt with, instead the government should promote public policies in favor of the inclusion of sexual education"*.

7. *"A principal axis for all the schools. If you are not able to get youth to use condoms starting from their first sexual encounter, it's difficult that they will use them later on"*.

Prevention component 3: Availability of services

8. The response from the interviewee was centered on the fact that in this country various prevention programs exist. Being the NGO programs the ones with the greatest offer and demand. PROFAMILIA possesses an educational program for youth in regards to HIV, AIDS and STI. Also, they offer services to pregnant women that live with HIV and they are handled under the ARV scheme of combined triple therapy, *"We implement a measure that is not widely used in the country; the national protocol only offers the Nevirapine scheme for pregnant woman. However, we have a very superior treatment plan in which there is follow-up treatment from 28 week of pregnancy with triple therapy, and this increases the probability of the baby not being infected"*. Profamilia also provides counselling and voluntary HIV testing services for pregnant women at no cost. This service has been established in all the maternity hospitals in the country. Condoms are available and they are sold at very low cost and in some community centers and NGO they are free.

9. *"For HIV positive woman it's about secondary prevention, she needs to be educated to always use condoms and carry out a healthy lifestyle. HIV prevention programs are directed to all, without difference. There is a lack of a gender perspective in the national programs and protocols"*.

10. *"If you didn't provide enough guidance to men and young men, then the negotiation for the girls, adolescents and young women is minimal"*.

11. *"A national information and education program at the school level, one that crosses through various subjects and where there are provided with messages that make young women and young men stop and reflect upon what's happening; where they can be continuously receive updated information and learn how to protect themselves."*

Prevention services 4: Accessibility of services

12. The informant expressed that the barriers that are commonly affecting the accessibility to services are: the lack of information on how to find the service; the geographical accessibility to the services, some centres are very far; and a present day barrier is the lack of communication between parents and their children. There are no services at the national level that specialize in the youth population or in providing special attention for young women. There is only what some NGO offer but that isn't generalized for the whole country. *"PROFAMILIA has a program where young men and women provide medical assistance for youth, but at the national level there are no public services. The youth doesn't like to have contact with adults, and then there is a need to find them accessibility to youth friendly services, but more than anything, to let them know where the services are"*.

13. The opinion of the interviewee was that there exist differences for girls and women, according to their characteristics. For women PLHIV free access to the prevention and healthcare services is made difficult because of the stigma and discrimination they live under, and because of the lack of confidentiality of the healthcare services and specially the public ones. Pregnant young woman that is in school is stigmatised and also expelled from her school. Access for the single young women who require prevention services where they can be provided with condoms is even more difficult. *"The messages that you give to an adolescent shouldn't be the same as those you give to an adult, because of their age. Our adolescents are becoming pregnant very early, a lot of them are HIV positive, and they should be given access to services, orientation, so that they know where those services are"*.

14. The interviewee pointed at the importance of the role of boys and young men in the prevention of HIV in girls and young women, because in the present programs they are not being taken in account.

15. *"The first thing is that National Policy should be created under commitment from the Government. There is not enough accessibility for the girls and young women to prevention services, they don't know they exist, then they should be created based on their needs and they should be kept informed".*

Prevention component 5: Participation and rights

16. *"I would say that we have advanced, but there is still a lot left to do, because women are still being mistreated, and when we go out of the country to the Seminars and Conferences we claim that laws are being enforced".*

17. *"The national response is really more focused on the integrated healthcare services and is focused on what HIV is. We could say that there is a weakness with regards to the sexual and reproductive rights, it would be very important to advance if we could win the next Global Fund round, to see if it could be incorporated as a principal issue in each of the proposals".*

18. The interviewee expressed that the MCP is composed of several institutions that include young people, like SESPAS and COPRESIDA. He claims not to know their functions.

19. The interviewee expressed that the actions that should be prioritized are the creation of work/employment programs at the community level; permanent educational programs in schools; strategies that integrate the religious sector and strategies that guarantee the maintenance and sustainability of the programs. *"Girls and boys should become empowered with regards to their own sexual and reproductive health, but based on what HIV is, I think that there is a lot of work to be done in the communities, we have been focused too much at the institutional level but if you work at the community level you empower the community and they take care of themselves, the community leaders should be involved in the process and the network of PLHIV as well".*

Summary 20.

- o Educational programs with the goal to empower our youth.
- o Affective sexual programs at the private and public school system.
- o Effective communication strategies through the mass media (radio, television, internet and any other media of nationally coverage).
- o Formulation and implementation of public policies, as well as norms and protocols with a human rights focus, specially sexual and reproductive rights of girls and young women, similar to the prevention of HIV.
- o Empowerment of the girls and young women population by letting them know their own rights and duties.
- o Service centers that provide assistance based on the needs of girls and young women.
- o Establishment of integral healthcare attention and prevention services at the community level, where the youth can find information, and where services are provided by their peers and not by adults.
- o Sustainability so that when external funds and projects end we know how to demand and survive with nationally provided funding in dealing with HIV/AIDS.