IN A LIFE
ACCESS TO PARTNERSHIPS

access = life
Our Vision

IPPF envisages a world in which all women, men and young people have access to the information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place.

Our Mission

- IPPF aims to improve the quality of life of individuals by campaigning for sexual and reproductive health and rights through advocacy and services, especially for poor and vulnerable people.
- We defend the right of all young people to enjoy their sexual lives free from ill-health, unwanted pregnancy, violence and discrimination.
- We support a woman’s right to choose to terminate her pregnancy legally and safely.
- We strive to eliminate STIs and reduce the spread and impact of HIV/AIDS.

Our core values

- IPPF believes that sexual and reproductive rights should be guaranteed for everyone because they are internationally recognized basic human rights.
- We are committed to gender equality, and to eliminating the discrimination which threatens individual well-being and leads to the widespread violation of health and human rights, particularly those of young women.
- We value diversity and especially emphasize the participation of young people and people living with HIV/AIDS in our governance and in our programmes.
- We consider the spirit of volunteerism to be central to achieving our mandate and advancing our cause.
- We are committed to working in partnership with communities, governments, other organizations and donors.
ACCESS TO PARTNERSHIPS

Introduction

The International Planned Parenthood Federation (IPPF) and its Member Associations work to mainstream HIV/AIDS into its sexual and reproductive health policies, programmes and practices. Following a rights-based approach, we work to remove the barriers that make people vulnerable to HIV/AIDS, reduce societal and individual stigma and discrimination, and provide access to information and prevention and care services.

Access to partnership, as well as advocacy and capacity-building based on partnership, is what makes access to HIV/AIDS information, prevention, care and support a possibility for every woman, man and young person. Above all else, IPPF’s role in the fight against HIV/AIDS is to advocate for access to information, prevention and care in every person’s life, to make access a reality when we can, and when we cannot, to partner with and build the capacity of others who can.

IPPF campaigns locally, regionally and internationally for the recognition of sexual and reproductive rights in the global response to HIV/AIDS. IPPF Member Associations advocate in the communities and countries where they work to build decision-maker and stakeholder support for HIV/AIDS programmes and the integration of HIV/AIDS into sexual and reproductive health. Globally, IPPF works to influence HIV/AIDS-related policy on issues such as access to care, treatment and family planning services for HIV-positive mothers, fighting stigma against orphans and vulnerable children.

Through country-specific and regional training, IPPF builds the capacity of Member Associations and other partners to integrate HIV/AIDS information and services into the sexual and reproductive health services they already provide. IPPF’s 149 Member Associations deliver information and services to people in over 180 countries, and IPPF capitalizes on this network by strengthening Member Associations’ HIV/AIDS capabilities in all of those countries. In turn, Member Associations build the capacity of partner organizations to deliver integrated HIV/AIDS and sexual and reproductive health services, and build the capacity of the marginalized, vulnerable and socially-excluded to participate in programmes meeting their needs.

Strategic partnerships within countries, and internationally, give greater numbers of people access to integrated HIV/AIDS and sexual and reproductive health services. Partnerships with organizations and institutions that reach specific populations or work in countries where IPPF does not have a presence greatly expand the number of people who have access to information and services. And by creating alliances with networks that reach the most vulnerable, including people living with HIV, IPPF ensures that the sexual and reproductive rights of these populations are respected.

Access to advocacy, capacity-building and partnerships cements the integrated delivery of HIV/AIDS information, prevention, care and support. The following pages tell how our Member Associations have used advocacy, capacity-building and partnerships to bring information and services into the lives of women, men and young people. From advocating for sexuality education in schools in India to partnering with NGOs in the Balkans to prevent HIV among marginalized young people, IPPF provides access to partnerships that gives more people more choices for health, that are indeed ‘access to life.’

Photo: IPPFEN/Rod Shone
Advocating for Sexuality Education for Young People
Family Planning Association of India (FPAI)

Shampa is a schoolteacher at a private school in Mohali. While most of the other staff at her school do not like to talk about HIV/AIDS, she knows that the young people to whom she teaches science need to know more about HIV/AIDS and how they can protect themselves. But when the topic of integrating HIV/AIDS education into the school curriculum comes up at staff meetings, most staff say things like, ‘this will take away time from teaching important subject matter’. “Yet what subject could be more important for young people than HIV/AIDS?” says Shampa.

With an estimated four million of its billion people infected with HIV, India has the largest number of HIV-infected people in the South and South East Asia region.
According to UNAIDS, HIV is firmly embedded in India’s general population and is now rapidly spreading into rural areas previously thought to be relatively untouched by the epidemic. Each year the country adds an alarming 500,000 new infections among young people.

Studies and field experience provide evidence of the early onset of sexual activity and low levels of HIV/AIDS awareness among young people. Condom use is limited due to ignorance of the role they play in preventing sexually transmitted infections (STIs) and HIV. Although in principle both the government and technical authorities have developed a preventative health education programme, in practice this is not being implemented at state level. In response, the Family Planning Association of India (FPAI) implemented the project, ‘Advocacy for creating an enabling environment for implementing adolescent education with special emphasis on STI/HIV/AIDS prevention.’

The aim was to advocate to politicians, government officials of education and health departments at the Block and District levels, teachers, opinion-leaders, concerned NGOs and parent groups about the urgent need for educating adolescents on sexual and reproductive health issues including sexually transmitted infections (STI) and HIV prevention.

The FPAI branch in Mohali focused on three private and seven government schools and concentrated its advocacy efforts on district education authorities, school and college principals, teachers and parents. The Kolkatta branch implemented the project in 12 schools and worked with members of the local government including six Gram Panchayats (government bodies at the village level).

At both locations, advocacy meetings with politicians, principals, teachers and parents helped create a consensus on the unquestionable need to address adolescent sexual and reproductive health issues. Though initially hesitant, the teachers and parents subsequently agreed that the subject should be incorporated into the existing school curriculum.

Both branches collected existing educational and training materials. The Mohali branch used the training package developed for teachers on adolescent reproductive health and HIV/AIDS by the National Council for Education Research and Training (NCERT), New Delhi, while Kolkatta used the training package developed by NCERT on HIV/AIDS. Existing curricula from grade eight onwards were reviewed and it was decided that teachers of the Life Sciences could take an additional class and talk about STI/HIV/AIDS prevention along with their regular syllabus. Subsequently, selected teachers from participating schools were trained, after which Action Plans were drawn up detailing how they intended to address the issues in class. The media, especially in Kolkatta, gave positive support to project activities, greatly boosting advocacy efforts among the Panchayats.

The project has sensitized politicians, education authorities, principals, teachers and parents to the urgency of educating young people about HIV/AIDS and sexual and reproductive health. Despite initial resistance from teachers, who felt ‘it was an additional burden on them,’ as well as parents, the response was encouraging. A total of 55 teachers from 21 rural and urban, private and government schools including ‘madrasas’ (Muslim

**IN BRIEF:**

**Raising HIV/AIDS Awareness through Community Advocacy**

**Myanmar Maternal and Child Welfare Association (MMCWA)**

The Tamu and Muse Districts in Myanmar are gateways to China in the east and India in the west. There are many stops along the highway that links east and west Myanmar, and the incidence of HIV is particularly high in this area. The Myanmar Maternal and Child Welfare Association (MMCWA) facilitated two HIV/AIDS advocacy workshops in the Tamu and Muse Districts. The 149 participants included district administrative leaders, departmental heads and representatives from communities.

MMCWA educated decision-makers about HIV/AIDS in order to build support for HIV/AIDS prevention programmes in these communities. Further training was also offered to people in wards and village tracts in order to develop advocacy skills and community participation strategies. 5,000 booklets and 5,000 pamphlets on HIV/AIDS were produced and distributed throughout the community as well. Local authorities were very enthusiastic about disseminating HIV/AIDS knowledge to people in wards and villages. The community is aware of the importance of HIV prevention, especially for vulnerable populations.

MMCWA has been able to network with the District Peace and Development Council, the Township Health Office, the Department of Information, hotels, the Fire Brigade, the Red Cross Society, the Department of Health and other organizations. This networking has helped MMCWA disseminate information about HIV/AIDS and sexual and reproductive health, and set up activities including World AIDS day festivities and a blood donation society. Because of the advocacy workshops, the District Peace and Development Council is encouraging townships, wards and villages to take further action.
schools) were trained to include HIV/AIDS prevention education as part of classroom teaching. In Mohali, students were involved in street plays, slogan writing and other activities that also served as evaluation tools. School authorities in both locations shared a desire to take the programme forward and request comprehensive training of their teachers in sexuality education, HIV/AIDS prevention issues and counselling skills. Addressing this request would institutionalize project gains and make possible replication of the model programme in other schools. The project was able to generate urgency and consensus to provide HIV/AIDS and sexuality education to students, and also trained teachers to introduce these components in the classroom.

Since the FPAL project started holding advocacy meetings with teachers, principals and parents in her school, Shampa has seen the number of staff who support integrating HIV/AIDS education into school syllabi increase, slowly but steadily. Shampa was selected to be trained on integrating HIV/AIDS into her science classes, and she looks forward to being able to make a difference not only in her students’ intellectual lives, but in their personal health as well.

### EU Advocacy on HIV/AIDS, Orphans and Vulnerable Children

**International Planned Parenthood Federation (IPPF) European Network**

IPPF’s European Network (IPPF EN), through its participation in CONCORD, the European NGO Confederation for Relief and Development, contributed to a statement entitled ‘HIV/AIDS and Orphans and Vulnerable Children: A Challenge for Development in the ACP.’ The statement is a joint effort from several HIV/AIDS, children, development and sexual and reproductive health NGOs, including Save the Children, Marie Stopes, Action Aid, Help Age International, Stop AIDS Alliance, World Vision, Supply Initiative, Plan and IPPF EN. It was presented to the ACP [African, Caribbean and Pacific States] and EU [European Union] Council of Ministers held in May, 2004, in Gaborone, Botswana.

While recognizing the wide-ranging consequences of the problem of HIV/AIDS and acknowledging the recent work of the ACP and EU on HIV/AIDS, the statement focuses on the impact and relation between HIV/AIDS and orphans and vulnerable children. In many countries, there is little appreciation for the magnitude of the problems related to orphans and children made vulnerable by HIV/AIDS. Children’s lack of political influence and an audible voice is one of the major hurdles to protecting their interests. European and ACP countries have signed up to a number of commitments that are key to addressing the issue and its wider impact on poverty. These include first and foremost the Millennium Development Goals, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and the ACP and EU’s own framework for cooperation – the Cotonou Agreement. The EU also recently adopted the Dublin Declaration, which calls for an accelerated implementation of the provisions of UNGASS on HIV/AIDS relating to orphans and girls and boys affected by HIV/AIDS.

But an ACP-EU Joint Parliamentary Assembly resolution on poverty-related diseases and reproductive health in ACP States points out that the three Millennium Development Goals directly related to reducing child mortality, improving maternal health, and combating and preventing HIV/AIDS are the ones least likely to be achieved by the target year of 2015. The resolution puts forward a number of demands for ACP and EU states, including full integration of sexual and reproductive health and the prevention of infectious diseases in children into their development policies.

The statement puts forward a number of proposals to advance the implementation of the aforementioned demands. IPPF EN successfully advocated for emphasizing sexual and reproductive health and rights issues in the statement – highlighting the importance of sexual and reproductive health services, the need to prioritize treatment and care for HIV-positive mothers, and the necessity of programmes that combat discrimination towards orphans and vulnerable children affected by HIV/AIDS. IPPF EN now hopes that this statement will be given greater consideration at the ACP-EU Council.

### HIV/AIDS and the Irish Presidency

**Irish Family Planning Association (IFPA) and IPPF.**

One of the biggest events of Ireland’s European presidency, a two-day conference on HIV/AIDS, took place 23–24 February 2004 in Dublin, hosted by the development division of the Department of Foreign Affairs and chaired by the Minister of State for Development Cooperation and Human Rights, Mr Tom Kitt. The Irish Family Planning Association (IFPA) and IPPF played a key role in ensuring that sexual and reproductive health was included in the declaration that resulted from the conference.

Entitled ‘Breaking the Barriers – the Fight against HIV/AIDS in Europe and Central Asia,’ the ministerial-level conference was attended by some 55 health and
development ministers from European and Central Asian governments, representatives from ten UN agencies and prominent guest speakers. There were four panel discussions around the themes of Leadership, Partnership, Prevention and Living with HIV/AIDS. The conference concluded with the adoption of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, featuring 33 specific targets or goals.

At the start of the European Presidency the IFPA worked closely with the Irish National Development NGO Platform, Dóchas, in the development of their HIV/AIDS policy for the Presidency. The three specific tasks of the policy included the demand that leadership be shown on moving forward the International Conference on Population and Development (ICPD) Programme of Action.

Meanwhile IPPF European Network issued a more focused letter that Member Associations were asked to forward to both the Irish Government and their own Government.

Representatives from IFPA and IPPF attended the conference and worked with the UNFPA representatives and members of the Irish All Party Interest Group on Sexual and Reproductive Health Rights, Population and Development to ensure that sexual and reproductive health were kept to the fore in the Declaration and the Conference proceedings.

The final draft of the Declaration recognizes the importance of sexual and reproductive health care and sexuality education in the fight against the pandemic and reaffirms the Programme of Action of ICPD (1994) and of ICPD+5 (1999) as well as the Beijing Platform for Action (1995 and 2000).

Additional to this major achievement, the final text of the Dublin Declaration on HIV/AIDS contains also most of the points on which IPPF had lobbied, including acknowledging the rapid escalation of the epidemic among young people and the importance to young people of universal access to education; recognizing the need to combat stigma and discrimination of people living with HIV/AIDS; making sure that the persons most vulnerable to HIV/AIDS can access prevention programmes; reaffirming the importance of availability of condoms; recognizing the importance of male involvement in prevention; and recognizing that success in the fight against HIV/AIDS is linked to the fight against sexually transmitted infections.

The Irish Presidency intends to introduce the Dublin Declaration at the Informal Council of European Development Ministers in June 2004 and to have it recognized as an official EU Council document.

Photo: IPPFEN/Madina Sarsembayeva/Tajik Refugees
Anthony is a 19-year-old peer educator working with the Youth Advocacy Movement of the Jamaica Family Planning Association (JFPA). He has been a peer educator for three years. When he first started, he would talk to his friends at school and in the community about HIV/AIDS and sexual and reproductive health, and refer them to the clinic for counselling services. Now that he is a member of the Youth Advocacy Movement, he also talks with the Jamaica Family Planning Association about what’s going on outside the clinic with young people. He and the other members of the Youth Advocacy Movement (YAM) work with the Jamaica Family Planning Association to make sure that their services truly meet the needs of young people.
Almost half of the population of the Caribbean is under the age of 20. The English-speaking Caribbean countries have high levels of sexual activity among adolescents, contributing to elevated adolescent pregnancy rates and the spread of sexually transmitted infections (STIs) and HIV throughout the region. The heterosexual epidemic of HIV infection in the Caribbean is fuelled by the combination of early sexual activity, unprotected sex with multiple partners, and power imbalances among some adolescent girls who have older male partners.

IPPF’s Western Hemisphere Region (IPPF/WHR) has a network of 15 Member Associations in the Eastern Caribbean that provide sexual and reproductive health information and services, each one of which has a youth arm, or a Youth Advocacy Movement (YAM). The YAMs are a model of youth participation in youth-oriented programmes and assist the Member Association in shaping and implementing youth-focused directives. The YAMs were set up to strengthen youth leadership, create a regional voice, increase access to sexual and reproductive health services among youth, and contribute to a growing understanding of the sexual and reproductive rights of Caribbean youth among parents and decision-makers through effective use of the media.

Because of the growing concern about HIV infection rates in the Caribbean over the past few years, a number of programmes have been re-designed to address these pressing needs.

The Youth Advocacy Movement in Grenada is a small but vibrant body that constantly seeks ways to promote adolescent sexual and reproductive health, especially HIV/AIDS prevention. YAM members have visited secondary schools to show videos and conduct discussion groups among students and teachers. At a Global Youth Community Day activity, the Grenada YAM designed and produced a banner and fliers with funds from local businesses to increase awareness of HIV/AIDS. YAM members distributed hundreds of the corresponding flyers in their communities and along the beachfront to passers-by during the Carnival celebrations in August. After several training sessions on HIV/AIDS, YAM members have engaged in counselling their peers and parents. As a follow-up to the YAM Regional Camp held this summer, YAM members established links with HOPEPALS, a group of PLWAs, in order to discuss risks, and share first-hand information on HIV/AIDS.

Members of the YAM in Guyana, sponsored by the Guyana Responsible Parenthood Association (GRPA), work in collaboration with governmental and civil organizations to commemorate national and international events such as World AIDS Day via exhibitions, marches and other forms of outreach. For these and other events, YAM members actively produce educational materials for a variety of audiences, occasionally using original songs and their own photos to personalize the messages. GRPA also runs a Youth Centre where the YAM operates a toll-free telephone hotline exclusively for youth, providing counselling on any sexual and reproductive health issue, including HIV/AIDS. One of the more innovative activities is known as ‘Peer Helping,’ implemented via the USAID-funded Guyana STI/HIV/AIDS Youth Project. These outreach activities focus on changing risk-taking behaviour through HIV/AIDS counselling and peer education training for minibus drivers and conductors, populations considered to engage in riskier sexual practices.

In Jamaica the Youth Advocacy Movement, comprised of 45 adolescent peer and community educators, brings vital information on HIV prevention to adolescents in urban and rural areas of the country. YAM Jamaica participates in health and career fairs, peer educator trainings by the

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**IN BRIEF:**

**Capacity-Building and Mobilization of Youth NGOs**

**Family Planning Association of Pakistan (FPAP)**

The Family Planning Association of Pakistan (FPAP) works to strengthen HIV/AIDS awareness and prevention. FPAP extends its reach to a greater number and broader variety of young people in 14 locations throughout Pakistan by establishing links with 50 other NGOs that have regular contact with youth. The capacity of these organizations is developed through sensitization meetings and training of trainers. Youth Master Trainers then train a group of young people in communities to become peer educators who provide information and distribute condoms to young people, and also refer them to FPAP services. Specific advocacy activities target religious leaders and hard-to-reach groups like out-of-school young women.

The project has had numerous successes since it started in September 2002. 50 participants from 25 NGOs took part in six workshops on HIV/AIDS resulting in the development of training manuals and teaching aids in Urdu covering peer education techniques, counselling, client referral and other issues. A three-day workshop took place for 80 youth NGO staff members to develop their skills as Master Trainers. These Master Trainers have already trained 30 young people to be peer educators with the support of FPAP, and these peer educators are now carrying out activities with other young people. In addition, the capacity of five of FPAP’s Youth Resource Centres has been strengthened by the provision of training and logistical support for HIV/AIDS activities.
IN BRIEF:
Capacity-Building for Social and Health Professionals
Federación de Planificación Familiar de España, Spain

Federación de Planificación Familiar de España builds the capacity of social and health professionals and communities to provide HIV/AIDS and sexual and reproductive health services. Capacity-building seminars have been held throughout Spain focusing on HIV prevention for women, young people, immigrants, drug users and other vulnerable populations.

A national seminar was held on ‘Preventing the Transmission of HIV/AIDS: Specific Groups, Particular Needs – Immigrants, Youth, Injecting Drug Users.’ The seminar was targeted at social and health professionals who are aware of the dangers inherent in the transmission of HIV and to those who, due to their work, are in contact with vulnerable population groups. The seminar was attended by representatives of the Health and Consumers Ministry (National Plan on AIDS), National Health College, City Council of Madrid, the Ombudsman for Children, the Director of the Barcelona Youth Contraception Centre, the Family Planning Association and members of NGOs working in drug-related fields. A booklet was published including the presentations made during the seminar.

The Member Association also conducted seminars for social and health professionals in three autonomous communities; Madrid, Catalonia and Extremadura, on ‘Preventing the Transmission of HIV/AIDS in Women.’ The characteristics of HIV transmission in women were discussed in order to improve the competence of professionals in dealing with the needs, circumstances and expectations of women.

The Federation also made training seminars available for women from vulnerable populations. The aim was to foster self-esteem in women in order to facilitate the negotiation of safer sex practices with their partners. These seminars were held in the Autonomous communities of Madrid, Castilla-La Mancha and Extremadura.

Jamaica Family Planning Association (FAMPLAN) and site visits to places like the Windsor Girls’ Home, Richmond Farm Prison and Hill Top Correctional Facilities for Juveniles. Inmates and officers in Jamaica’s correctional facilities are also affected by the scourge of HIV/AIDS and thus eager to learn more about the dynamics of the infection. FAMPLAN and YAM Jamaica continue to network with governmental organizations and NGOs to reach the public with services as well as information about community, youth and church groups. Clients are referred to the Jamaica AIDS Support for free testing and HIV/AIDS counselling. The YAM members refer members of their school, church and local community to FAMPLAN Jamaica and its clinics for counselling and training on certain aspects of HIV/AIDS.
“...our needs were taken into consideration and now we know that we have the right to enjoy our sexuality.”

Reaching Young People in the Balkans through International Partnership
International Planned Parenthood Federation (IPPF) European Network

Tamara is a 19-year-old woman in Nis, Serbia, who lives with a disability. Like all young people, she needs information and services on sexual and reproductive health. And like many young people in the Balkans, she has difficulty accessing sexual and reproductive health services that meet her needs.

As the Balkan region emerges from the chaos of the past 10 years and undergoes dramatic change in political, economic and social systems, there are new opportunities to bring HIV/AIDS and sexual and reproductive health services to vulnerable young people. However, the health care infrastructure has been weakened by the recent upheaval, and there is also a growing risk of a serious HIV/AIDS epidemic in the region in coming years.
IPPF IN A LIFE

**IN BRIEF:**
**Forging a Network to Fight the International AIDS Epidemic**
Foreningen Sex og Samfund, Denmark

In 2003 the Danish Aidsnet established its own secretariat and website, www.aidsnet.dk. Aidsnet is a network consisting of 18 Danish development organizations, HIV/AIDS organizations and research institutions.

The secretariat was established at the Danish Member Association, Foreningen Sex og Samfund. The Member Association also holds the chairmanship and is active in the three working groups of the network. The objective of the network is to enhance the effectiveness of the Danish contribution to the international fight against HIV/AIDS, which is done through the systematic collection of knowledge, exchange of best practices and development of methods. Aidsnet is an important network for the Member Association, because it constitutes a forum where the connection between family planning and HIV/AIDS prevention can be made visible.

IPPF’s European Network (IPPF EN) Regional Office partnered with three well-established Member Associations in Albania, Bulgaria and Romania to jointly execute an HIV/AIDS prevention programme in Balkan countries where IPPF is not present. IPPF EN Regional Office and the three Member Associations identified NGOs that could implement the project in Serbia and Montenegro, Macedonia, Croatia and the UN-administered area of Kosovo, and furthered its efforts towards east-to-east co-operation by working with a Member Association in Bosnia and Herzegovina.

IPPF EN relied on the ideas and creativity of young people to ensure that even the most vulnerable and marginalized youth in the Balkans have access to sexual and reproductive health services. The initiative followed a rights-based approach to sexual and reproductive health, introducing people in the region to the IPPF Charter on Sexual and Reproductive Rights and framing sexuality and health issues as rights to which all people, including young people, are entitled. It created a new standard for youth-to-youth sexual and reproductive health and rights education by confronting prejudice and discrimination among peer educators – something that most peer education programmes do not address. It also provided effective methods for supporting and fortifying youth-oriented NGOs over the long-term in the Balkan region, offering a model for NGO sustainability.

Throughout the Balkans a combination of factors contribute to the rapid spread of HIV/AIDS, including an increase in early sexual intercourse, sporadic contraceptive use, a growing population of people younger than 25 years of age, dislocation resulting from war, an increase in injecting drug use, and a decline in health services and status due to war and political instability. Young people have the fastest-growing rates of HIV and sexually transmitted infections (STIs).

As a result of the breakdown of the communist system and subsequent war in the project countries, there is now a generation of children, adolescents and young people who belong to vulnerable and socially-excluded groups. They are young people living with HIV, sex workers, injecting drug users, males who have sex with males, displaced or refugee young people, disabled and minority youth; and they all need sexual and reproductive services just as much, and perhaps even more, than their peers living in more mainstream environments. The needs of young people from these vulnerable and socially-excluded groups are often different from those of the average young person. Even more significantly, people who belong to vulnerable or socially-excluded groups face an additional burden when it comes to getting their sexual and reproductive health needs met: the prejudices and assumptions of the people who deliver information and services. Even among trained educators and especially peer educators, prejudice clearly exists. The impact of prejudice on sexual and reproductive health provision and HIV prevention prompted IPPF EN and its partners to challenge the prejudices and assumptions of peer educators in order to improve access to information and services for marginalized youth. This is a new approach in the field of youth education training, and the results have implications that extend far beyond the project region.

Young people, particularly the most vulnerable and socially-excluded, were the primary focus of the project as well as the primary actors in the project, which promoted youth-for-youth strategies and relied on the commitment of young people as peer educators. Because of this focus, activities included regional and national workshops about youth-related topics, peer education in high schools, outreach work with socially-excluded youth, and development of informative training materials and advocacy initiatives that target socially-excluded populations. Crucial to the success of the project was participation by a variety of individuals and organizations at all levels, including local and national authorities, government representatives, policy-makers, other NGOs and the media.

IPPF EN developed a Peer Education Handbook for providing sexual and reproductive health information to young people from vulnerable and socially-excluded groups, a unique tool with methods and insight for
working effectively with these groups. Additionally, IPPF EN organized two provocative workshops for peer educators that included experiential activities designed to help participants recognize their own personal prejudice and discrimination towards marginalized groups and explore opportunities for growth.

The project placed HIV prevention and support for people living with HIV/AIDS at the heart of sexual and reproductive health and rights, focusing on life-cycle experiences of the person and their community rather than the disease and the fear of death. “YYIC made a brochure about contraception for people with disabilities,” said Tamara. “For the first time, our needs were taken into consideration and now we know that we have the right to enjoy our sexuality.”

Partnering with the Military to Bring Sexual and Reproductive Health to Soldiers
Lebanon Family Planning Association (LFPA)

A military officer in the Lebanese Army called the Lebanon Family Planning Association (LFPA) one day to express his gratitude for the Member Association’s work to increase access to sexual and reproductive health information and services, especially within military institutions. He didn’t give his name; he just wanted to document his case as a show of gratitude and concern for those who helped him. When he was a first-year soldier trainee, he said, he had engaged in some unsafe sexual activities. He worried afterwards about catching a sexually transmitted infection (STI), but he wanted to preserve his ‘male image’ among his colleagues. Later he attended one of LFPA’s lectures on STIs and HIV/AIDS and found it very informative, especially since he had gotten very little sexual and reproductive health information at school and heard conflicting information from his peers. He called LFPA’s hotline so he could get information without having to reveal his identity, and later accessed confidential sexual and reproductive health services at the military dispensary.

The Lebanese Family Planning Association (LFPA) has been working in partnership with the Lebanese Army since 1975 to raise awareness about sexual and reproductive health services and provide family planning services at one army clinic in Saida. The military community is the largest organized male community in Lebanon, composed of men of all socio-economic and educational backgrounds who are all particularly vulnerable to STIs and HIV/AIDS. The military is large, vulnerable and easy to reach. Through a combination of training to army clinic staff, advocacy to army officers and outreach to soldiers and military students, LFPA is able to promote HIV prevention and sexual and reproductive health among a broad male community.

During the war these activities were suspended, until 1992 when cooperation between LFPA and the Army was reactivated and services were provided again in Saida along with new services at a clinic in Beirut. Since 1998, LFPA has implemented a multipurpose project involving the Army as a whole and encompassing training, awareness-raising, services and publications.

LFPA builds the Army’s capacity to deliver sexual and reproductive health information and services. Sexual and reproductive health services in clinics at 11 army barracks countrywide were strengthened through a series of training sessions that reached 141 medical doctors and army chiefs. The training sessions discussed HIV/AIDS, STIs and male involvement in sexual and reproductive health. In turn, the medical doctors trained by the LFPA disseminated the information they had acquired to other medical staff, such as male and female nurses working in military clinics. LFPA also targeted senior army officers with sexual and reproductive health trainings in order to disseminate this knowledge to other military personnel under their command. Pre- and post-training tests given to officers and doctors who attended LFPA’s trainings consistently reflect a change in attitude, especially for controversial subjects such as gender and women’s issues.

LFPA receives a large number of calls on its hotline from young Army personnel, demonstrating that this is a population in need. LFPA targets the 1,500 23-29 year-old men from all over the country who attend the military academy in Beirut with sexual and reproductive health information. By learning about issues such as male responsibility and the sexual health rights of young people while they are at the academy, they can then take this information back to the soldiers under their command when they are dispatched throughout the country at the end of their course. LFPA also conducted awareness raising campaigns for 17,000 army recruits, aged 18-22, in Warwar (Beirut) and Araman (North) on STI and HIV/AIDS prevention as well as other sexual health issues. Army recruits’ year of military service is a critical opportunity to reach these young men, after which many go back into civil society to pursue regular jobs and are no longer easily reached.

LFPA’s partnership with the Lebanese Army puts it in touch with young men from all socioeconomic backgrounds and all parts of Lebanon. By strengthening clinical services in army clinics, training officers and doctors, and building awareness of army recruits, LFPA gives all of these men access to HIV/AIDS and sexual and reproductive health information and services.
The Dawn of New Positive Leadership
International Planned Parenthood Federation (IPPF)

IPPF and the Network of African People Living With HIV/AIDS (NAP+) held a workshop, ‘Listening to our Sexual Voices,’ during the 11th International Conference for People Living With HIV/AIDS that took place in Kampala, Uganda, 26-30 October 2003. The conference, entitled ‘The Dawn of New Positive Leadership’, focused on the development of leadership skills for people living with HIV and AIDS so that they can determine how HIV and AIDS are addressed in their own countries.

The objectives of the workshop were to identify specific sexual and reproductive needs for men and women living with HIV and AIDS, prioritize these needs according to country contexts and make recommendations for areas of improvement, expansion and action for family planning associations at the national level.

The workshop was convened to answer the question of whether the sexual and reproductive health needs of HIV-positive people are different from those of HIV-negative people. It looked at the most important sexual and reproductive health needs for both women and men living with AIDS, how these needs are being addressed, and what the gaps are in addressing those needs. Opportunities were explored for expanding and scaling up family planning associations’ activities in order to meet those needs, as well as ways for NAP+ to mainstream sexual and reproductive health into its current strategy.

Men living with AIDS identified their leading sexual and reproductive health needs to be companionship and love, medication and health, education and awareness for male contraception including vasectomy, sexual and reproductive health resources, and the freedom and enabling environment to exercise their sexuality. They suggested solutions such as sexual and reproductive health education and counselling targeting men, male-friendly reproductive health services, and provision of medical services including treatment of sexually transmitted infections and anti-retroviral therapy.

Women living with AIDS said that their leading sexual and reproductive health needs were empowerment and life skills, sex and sexuality education, the need for protection and sex options, counselling and testing and information on safe motherhood, and information on contraceptives relevant for women living with HIV. They suggested solutions including facilitating sexual life education through national associations of people living with HIV and family planning associations, integration of sexual education for people living with HIV into all care and support programmes, media campaigns to sensitize people living with HIV about sexual and reproductive health, and the need to mainstream sexual and reproductive health in the current NAP+ strategic document.

Action Plan for Addressing the Sexual and Reproductive Health Needs of HIV Positive People:

1. Mainstream sexual and reproductive health in the NAP+ strategic plan and facilitate sexual and reproductive health activities at the national level.
2. Empower people living with HIV with sexual and reproductive health life skills and build their capacity to advocate for inclusion of sexual and reproductive health programmes into all HIV and AIDS interventions.
3. Sensitize communities on the importance of sexual and reproductive health issues for people living with HIV.
4. Mobilize communities through rallies, drama, support groups, media, and religious groups.
5. Hold training-of-trainers to train people living with HIV on sexual and reproductive health issues pertinent to their health.
6. Make reproductive health services including safe abortions available for women living with HIV/AIDS.
7. Mobilize resources to support mainstreaming of sexual and reproductive health programmes for people living with HIV into existing HIV/AIDS care and support programmes.
8. Build the partnership between NAP+ and IPPF to scale up and enhance sexual and reproductive health services for people living with HIV at national and regional levels.
9. Reach marginalized groups who suffer the effects of stigma, including refugees and sexual minorities in Africa.
10. Develop ‘people living with HIV-friendly’ sexual and reproductive health services to reduce stigma and discrimination associated with the disease/epidemic.
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The International Planned Parenthood Federation (IPPF) is a global network of Member Associations in 149 countries and the world’s foremost voluntary, non-governmental provider and advocate of sexual and reproductive health and rights.

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