



# The Japan Trust Fund

Bridging the gap between  
information and services





### 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.

## Bridging the gap between information and services

Africa labours under the strain of the largest HIV epidemic in the world, with infection rates in several countries reaching above 30 per cent of the general population, disproportionately concentrated in the Sub-Saharan region. In some areas the epidemic is stabilising, in others it is stagnating, but only in very few areas are infection rates going down. It is this sustained high prevalence that poses significant challenges to Africa.

These challenges not only arise from the high infection rate amongst the general population, but also the pattern of infection. Women, especially young girls between 15-24, carry a disproportionately high burden, both from infection and from the responsibility of caring for others. The stigma surrounding HIV/AIDS also acts as a powerful barrier to accessing prevention, treatment and care.

Recognising the severity of the epidemic, the Japan Trust Fund for HIV/AIDS (JTF) was established in 2000 within the International Planned Parenthood Federation (IPPF) to support HIV prevention programmes in its Member Associations in Asia and Africa. It is funded entirely by the Government of Japan, and during this time has made funding

available to support 43 projects in twenty three countries across the Africa region.

The JTF focuses on three broad themes: integrating prevention with care and support; working with vulnerable groups; and targeting young people. The projects funded by JTF vary enormously in scope and content, and are driven both by the requirements of each country and the sub-regional variations in the epidemic. It is this diversity in approach that makes joint IPPF and JTF projects so successful and relevant to the specific needs of people in Africa.

A specific area in which the JTF programme responds is in bridging the gap between information and services. The JTF programme not only provides information for behaviour change, but also links information with services, ensuring the most vulnerable populations can access a wide range of HIV prevention and care services. A central focus of the JTF programme is to reach those people most vulnerable to HIV infection, in particular young women and girls, young people who are out of school and people living with HIV/AIDS. There are many barriers that inhibit access to services, including societal views, legal barriers or factors such as being unable to afford transport that would allow them to access services. This bridging of the gap between vulnerable populations and the services and information needed to prevent infection and access care is essential to controlling the epidemic in Africa.

### Projects

#### Kenya

##### Promoting youth friendly VCT services in Kisumu district

The HIV epidemic in Africa places a heavy burden on young people, which they can be ill-equipped to cope with. Younger generations often do not have the resources or skills to access HIV prevention services and information. Moreover, stigma and discrimination against young people remains, and mainstream services are often not perceived as 'youth friendly' or aimed at the specific needs of young people.

In addressing this, The Family Planning Association of Kenya (FPAK) involved young people in the design and implementation of a project that targeted their peers. This project used various methods and activities to provide youth friendly Voluntary Counselling and Testing (VCT) services, including peer youth

educators, a youth information desk at the FPAK clinic in Kisumu, condom promotion and distribution and the formation of a 'yes club', a post-test support group for HIV positive young people.

The impact on the target population was phenomenal: more than 4,000 young people were reached with information on AIDS. Radio and TV provided the most attractive methods of communication, with many attending video screenings on VCT and HIV/AIDS prevention. Many revisited the project site to engage in other activities and talk to the peer educators.

The project's success is due to the friendly and accessible environment the clinic provided for young people. A total of 1,800 adolescents and young adults received VCT services, and over 1,000 accessed Sexual and Reproductive Health (SRH) services. This was helped by the 'yes club' providing psychosocial support and

creating a friendly social circle, free of stigma and discrimination, where young people could share their experiences, develop life skills and also help change negative perceptions towards people in their age group; ensuring that positive attitudes towards young people are passed on to future generations.

#### Mozambique

##### Reduction of stigma and discrimination against People Living with HIV/AIDS (PLWHA) in the mining community of Magude

Stigma and discrimination are a frequent reaction to the HIV/AIDS epidemic. This can not only make individuals' lives emotionally and socially difficult, but also hinders wider attempts to prevent, treat and care for people, especially those living with HIV.

A project run by the IPPF Member Association in



Mozambique (Associação Moçambicana para o Desenvolvimento da Família - AMODEFA) aimed to improve the quality of life of those affected and infected by HIV/AIDS. It focused on reducing stigma and discrimination among miners and their families in the Magude district of Maputo Province, Mozambique. The major activities were home based care, information, education and communication activities (IEC), community mobilisation and education sessions, training and sensitization, condom distribution and a referral service to the local health unit.

By reaching community leaders with activities to raise HIV/AIDS awareness, AMODEFA challenged social and cultural attitudes towards HIV positive people. They also worked with local advocates to reach the affected community by organising educational activities and distributing condoms. Volunteers, nurses and householders were trained in counselling and home based care. Delivering home based care kits was an essential component of the programme, providing people living with HIV with basic care in their homes and bringing dignity to many people suffering from the disease.

The combination of training for staff and volunteers, and sensitisation and mobilization

of the community lead to increased awareness and knowledge of HIV/AIDS. This in turn, has contributed to reducing stigma and discrimination in the mining community. As people became more aware of different prevention strategies and how the virus is transmitted they became more friendly and close to people living with HIV/AIDS (PLWHAs). In turn, PLWHAs received more support from families, friends and the community.

## Uganda

### **Bridging the gap: HIV/AIDS prevention for at risk and hard-to-reach young people in Iganga district, Uganda**

Uganda is widely seen as a positive example of a country managing to reduce the size of its AIDS epidemic. Despite this commendable success the prevalence rate is still high, and stagnating, at 6.5 per cent. This stagnation is most prominent among vulnerable populations, such as urban and rural young people who are involved in transient trades and are out of school.

This situation led the Family Planning Association of Uganda (FPAU) to implement a project to bridge the gap to information and services for these vulnerable populations.

The project focused on the Iganga district, an area with a large transient trade population that is crossed by busy travel routes like the Great North Road and Trans Africa Highway. Activities focused on increasing the knowledge in the area of safer sex practices, and correspondingly, to increase the number of clients who utilize HIV/AIDS prevention products and related services.

FPAU spread messages through radio programme and video shows, held talks in worksites, and distributed information and materials in the local language. Peer educators were also given bicycles to allow them to cover a broader geographical area and reach a greater number of people. Places where young people involved in transient trades specifically meet – such as market places, trading centres and taxi parks – were targeted with outreach events.

The success in communicating messages and information led to the intended outcome; an increase in the number of clients using HIV/AIDS services. 600 people underwent VCT and 800 people were tested for STIs. There were also over 2,000 referrals made to the FPAU clinic. In addition, there was a significant increase in the demand for condoms – from

an average 500 condoms per month before the project started, to 2,500 condoms a month after sensitization workshops, climbing further to 25,000 condoms a month after the training of peer educators. In total, almost 150,000 condoms were distributed within the lifetime of the project.

## Ghana

### **STI and HIV/AIDS prevention among prison inmates in Kumasi central prisons**

The impact of HIV varies amongst different populations; with each group facing different factors that can increase vulnerability to infection. Prisons are the setting for several factors that increase the vulnerability to HIV of the populations housed there, including: drug use, peer pressure, the risk of rape or sexual harassment and the relationships this can force people into to protect themselves, as well as wider societal views of prison inmates that can lead to their marginalization.

The Planned Parenthood Association of Ghana (PPAG) brought prevention and care to prisons in the Kumasi region of Ghana. The project sought to expand access to services such as STI treatment and VCT, with the specific

goal of increasing knowledge of HIV/AIDS and reducing incidence of STIs among young prison inmates.

The project built the capacity of prison officers to implement projects, as well as increased access to STI and VCT services for young prison inmates. A range of activities were used to aid in advocating for the SRH rights of these young prisoners. Services were provided through prison and PPAG staff, but also involved the prisoners themselves, using drama and peer educators amongst the prisoners to encourage the spread of information on SRH issues. The success of this could be seen with the inmates counselling each other on the issues they faced.

The project provided services to an under-served and marginalized section of the population, with 66 people receiving treatment for STIs and 107 people testing for HIV, with inmates continuing to request testing services. Several inmates who tested positive have been enrolled on anti-retroviral therapy at the local hospital, with the prison authorities guaranteeing the prisoners would comply with the regime in the face of some opposition from the hospital. The project has been instrumental in raising HIV awareness, not just amongst inmates, but the whole prison establishment, leading to a change in perceptions and attitudes towards PLWHAs.

## Where is JTF working?

### JTF is active throughout Asia and Africa

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- 1 Botswana: Botshelo Ke Mpho (Life is a gift) Video production for IEC materials
  - 2 Botswana: Advocacy directed towards education authorities and community leaders for incorporating HIV/AIDS prevention activities in schools in Kanye, Botswana
  - 3 Burundi: Reduction of transmission of HIV and STIs in Bujumbura, Gitaga and Ngozi
  - 4 Cameroon: Youth AIDS Media (the YAM project)
  - 5 Cameroon: Youth Aids Positive Behaviour (YAPoB Project)
  - 6 Cote D'Ivoire: Fidel and Abstinence: Fidelity and Abstinence among the youth
  - 7 Cote D'Ivoire: Advocacy for STI/HIV/AIDS prevention among taxi drivers in Abobo communes
  - 8 Eritrea: Advocacy for HIV/AIDS prevention for Ground Force Commanders at the Sawa National Service Training Center
  - 9 Eritrea: Reduce barriers to condom use
  - 10 Ethiopia: Advocacy for HIV/AIDS prevention among factory workers in Nazareth
  - 11 Gambia: Advocacy for HIV/AIDS prevention for bank employees
  - 12 Ghana: Strengthening HIV/AIDS Voluntary Counselling and Testing (VCT) Services within PPAG
  - 13 Ghana: Advocacy for STI/HIV/AIDS prevention among prison inmates in Kumasi central
  - 14 Kenya: Promotion of Positive Behaviour Change among the youth
  - 15 Kenya: Expansion of VCT and STI services
  - 16 Kenya: Advocacy directed towards Ministry of Education Officials and parents to support peer youth education on HIV/AIDS in Upper Primary Schools in Nakuru
  - 17 Kenya: Promoting youth friendly VCT services
  - 18 Kenya: Voluntary Counselling and testing for the 'Jua Kali' Community
  - 19 Lesotho: Women fighting HIV/AIDS: Promoting the female condom
  - 20 Liberia: Advocacy Initiative for Policy Makers and Opinion Leaders on HIV/AIDS Prevention and Control in Liberia
  - 21 Madagascar: Prevention and treatment of STIs and reduction of stigma and discrimination against PLWHA
  - 22 Malawi: Preventing HIV and STIs among the youth in Lilongwe city, Ta Chiseka and Ta Tsabango
  - 23 Malawi: Reaching out to the youth in the market place
  - 24 Malawi: Promoting STI treatment seeking behaviour amongst young people aged 15-24
  - 25 Mozambique: Reduction of stigma and discrimination against PLWHA amongst miners and households
  - 26 Namibia: Prevention of HIV/AIDS/STIs among youth in and out of school and women of childbearing age in Amusati Region
  - 27 Nigeria: Private sector initiative for HIV/AIDS prevention in Nigeria
  - 28 Rwanda: Prevention of HIV/AIDS/STIs in the main prisons of Rwanda in relation with GACACA Jurisdictions
  - 29 Rwanda: HIV/AIDS prevention for Rwanda prisoners
  - 30 Seychelles: HIV/AIDS and STI Prevention and Control among the Youth in Mahe
  - 31 South Africa: Implementation and advocacy plan for small, medium and microenterprises (SMMEs) in the Gauteng and Kwa Zulu Natal provinces
  - 32 Tanzania: Behaviour Change Communication for HIV/AIDS prevention among young people
  - 33 Tanzania: Fighting against STI/HIV/AIDS social stigma through strengthening prevention and care
  - 34 Tanzania: Advocacy for youth HIV/AIDS Voluntary and Counselling
  - 35 Uganda: Care and support for HIV/AIDS and STIs infected and affected youths involved in transient trade in Mbarara Municipality
  - 36 Uganda: Bridging the gap: HIV/AIDS prevention for at risk and hard to reach young people in Iganga district
  - 37 Uganda: Advocacy for supportive attitudes towards condom use for STD and HIV/AIDS prevention amongst religious leader in Mityana sub-district Uganda
  - 38 Zambia: Advocacy for HIV/AIDS prevention among Zambian young people in Lusaka and Kabwe
  - 39 Zambia: HIV/AIDS prevention among Zambian Youth
  - 40 Zimbabwe: Sphihlhaus Clinic: Voluntary Counselling and Testing centre
  - 41 RO: Regional capacity building for improved service delivery by selected Member Associations
  - 42 RO: Capacity building for effective response to HIV/AIDS pandemic
  - 43 RO: Competency development and capacity building on HIV/AIDS advocacy within IPPF Africa region

Our sincere thanks goes to the Government of Japan, the IPPF Africa Regional Office and its Member Associations

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Published in November 2005 by  
 International Planned  
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The International Planned Parenthood Federation (IPPF) is a global network of 149 Member Associations working in 183 countries, and the world's foremost voluntary, non-governmental provider and advocate of sexual and reproductive health and rights.