The Japan Trust Fund

Bridging the gap between information and services
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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.

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.

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...
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sensitisation and mobilization

for staff and volunteers, and

the disease.

many people suffering from

homes and bringing dignity to

HIV with basic care in their

providing people living with

component of the programme,

care kits was an essential
care. Delivering home based

in counselling and home based

and householders were trained

activities and distributing

reach the affected community

worked with local advocates to

HIV positive people. They also

stigma and discrimination

AIDS. It focused on reducing

affected and infected by HIV/

prevalence rate is still high,

this commendable success the

knowledge of HIV/AIDS.

increased awareness and

of the community lead to

and discrimination in the mining

As people became

more aware of different

and how the virus is transmitted

they became more friendly

close and 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

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 Abstinea: Fidelity and Abstinence among the youth
7. Cote d’Ivoire: Advocacy for STI/ HIV/AIDS prevention among taxi drivers in Abobo communes
9. Eritrea: Reduce barriers to condom use
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
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
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
40. Zimbabwe: Sphilhaus 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: Community development and capacity building on HIV/AIDS advocacy within IPPF Africa region

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