

# RI S I N G T O T H E C H A L L E N G E

Report based on the Annual Review Meeting of the  
UNDP HIV AND DEVELOPMENT PROGRAMME  
SOUTH & SOUTH WEST ASIA  
19<sup>th</sup> March 2001

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# Foreword

The UNDP project on HIV and Development in South and Southwest Asia was launched in 1999 with the overall objective of raising awareness and understanding of the development causes and consequences of the HIV epidemic. The project has been working in partnership with government, bilateral and multilateral agencies, and civil society organisations including the media and the private sector.

The project, has offered a platform for the countries of the region to collaborate and complement each other in creating conditions to lessen the vulnerability of the region to the spread of HIV/AIDS.

The Project currently in Phase I, will end on Dec.31, 2001, to move to Phase II, in the year 2002, following participatory processes of formulation. In the light of this, it is timely to take stock of the *experience* gained and the lessons learned during this Phase I, to facilitate effective learning, planning and going to scale in the future.

The progress of the project activities, the priority areas, the opportunities and challenges were shared and discussed by Government and civil society partners in the region at a formal Review Meeting held on the 19 of March 2001. Progress of activities from ongoing pilot projects and an assessment of the built in monitoring systems in the project were also discussed at the review meeting.

This report highlights the findings, comments, suggestions, priorities and concerns which were put forth in the review exercise, and which are indicative of the emerging status and the future directions of the project.

The report also attempts to document some of the innovative processes and lessons learned, with examples that provide an insight into the project and its activities.

Sonam Yangchen Rana,  
Regional Programme Co-ordinator  
UNDP HIV and Development Project  
for South and Southwest Asia

# Reiterating the Context:

Over five million people in South and Southwest Asia are reportedly living with HIV/AIDS despite the fact that the region is considered as being in the early phase of the epidemic with many countries showing low levels of HIV. Surveillance capacities in the region are weak and getting accurate data is difficult. Many HIV positive people succumb to opportunistic diseases without having been identified as HIV positive, while others do not reveal their status due to the stigma and discrimination associated with virus.

The UNDP SSWA project on HIV and Development, recognising the developmental challenges posed by the rapid spread of HIV, emphasises the need to address the developmental causes and consequences of the epidemic, and place people at the centre of the analysis.

The project is committed to supporting activities that:

- Strengthen regional co-operation;
- Focus on trans-border issues;
- Emphasise multi-sectoral and participatory methodologies;
- Include participation of people living with HIV and AIDS, and community empowerment;
- Promote networking and partnerships;
- Strengthen national and regional capacity building;
- Give special attention to gender considerations;
- Encourage learning, advocacy and results oriented approaches.

The priority is on governance, gender, livelihoods, legal and ethical issues and HIV together with facilitating an supportive environment for strengthened partnerships with governments and civil society organisations, including people living with HIV/AIDS.

Emphasis is given to supporting the legal and social protection of HIV positive people, and promoting responses based on compassion and an understanding of the circumstances of those affected.

Recognising the fact that the HIV/AIDS epidemic has its foundation in the structural characteristics of economies, societies and development at large, UNDP has stressed that in order to be effective, policy and programmes on HIV/AIDS must go beyond the public health sector.

The Regional Project on HIV/AIDS and Development supports pilot initiatives aimed at deepening understanding of the linkages between HIV/AIDS and development related conditions. The focus is on finding do-able models and solutions, in close co- operation with partners and stakeholders in the participating countries of the region.

Launched in 1999 the project has made significant headway in initiating innovative responses providing useful lessons and has gained considerable, knowledge and experience on HIV and Development issues.

## Project Features

Developing Models

Strengthening Knowledge

Pilot Projects

Advocacy

Informed Analysis

People-Centred Approach

Multi-sectoral response

Networking and Partnerships

Research/Data

Gender/HIV Nexus

Regional Collaboration

Poverty/HIV Nexus

Participatory approaches

Community Empowerment

Learning, Results Orientation

National and Regional Capacity Building

Resource Mobilisation

Rights-based and Gender sensitive response

Greater Involvement of People Living with HIV/AIDS

# Time for consolidation

To reflect on the project's efforts to promote regional co-operation by working together to share experiences and develop common platforms, an Annual Review Meeting was held in March 2001.

The Review Meeting took stock of the progress with key partners representing select governments and civil society organisations and HIV focal points from participating countries. The deliberations brought out the common areas of concern and the new areas needing attention.

## **Some concerns of the partner countries as expressed during the Review Meeting:**

**Bhutan:** Initiatives addressing cross border issues are of utmost importance and need to be addressed.

**India:** Inter-ministerial co-operation is needed to address trafficking and HIV/AIDS. The Ministry of Women needs to be brought on board. Behavior change and provision of services (condoms, SCD treatment etc) should go together with awareness raising.

**Nepal:** Addressing the issue of trafficking required intervention programmes at both the points of origin and destination. Concerned governments need to come together. UN agencies should play the role of facilitators to bring them together to talk and address the issue.

**SriLanka:** Necessary lobbying needs to be undertaken to encourage government-to-government talks on the problems relating to migration. Avenues for safe mobility of migrants need to be explored and implemented.

**Bangladesh:** Information dissemination and information campaigns are not enough to achieve behaviour change. Long term strategies that impact behaviour change need to be designed and implemented.

**Pakistan:** It is important not to victimise the survivors of trafficking; measures need to be taken collectively by neighbouring countries where trans border trafficking is an issue

**Iran:** The government is actively considering harm reduction as a strategy to reduce drug use related HIV risk.

## The strength of collaboration:

The UNDP HIV-SSWA project works in collaboration with governments and other UN agencies and many civil society organisations in addressing the epidemic. Efforts are required to establish stronger links with the private sector. The review exercise clearly brought out that besides the common goals towards which all the participating agencies work, they also each have their own specialised areas which bring added value to any regional collaboration – including health, labour, women and gender, and human rights.

It is this spirit of collaboration, from which the Project draws its strength for a holistic approach to address the issue of HIV/AIDS.

## **What UN partners at the Review Meeting had to say:**

**UNFPA** - Development problems and challenges increase due to HIV/AIDS. An emphasis is needed on youth.

**WHO** - WHO will continue to focus on the health sector - STD management and prevention and HIV surveillance and continue to assist the National AIDS Programme. This is the technical strength brought by WHO to any collaborative programme. Surveillance needs to be expanded to include STDs. This data and information would be an essential input into advocacy activities for all partner organisations.

**UNAIDS** - The UNDP SSWA project has been able to put development issues like migration and livelihoods on HIV/AIDS prevention strategy agendas. There is a need to pay attention to the existing scenario including resource gaps, smooth fund flow mechanisms, and political will. We need to aim for a minimum 65% outcome in behaviour change.

**UNIFEM** - Focusses on the issues relating to gender rights of women, empowerment and governance. A regional approach to the problem is strategic and addressing trafficking as an issue will contribute to reducing the vulnerability of women and mitigate the spread of the virus.

**UNDP** - Poverty alleviation programmes have tremendous scope for mainstreaming HIV activities. Given that over half of the world's population lives in this region, small differences in rates can make a dramatic difference to the absolute numbers of people infected and to the potential impact of the HIV epidemic. Development programmes in the Asia region need to prioritise HIV.

**ILO:** Initiatives addressing HIV in the world of work are important in containing the epidemic.

## Issues for priority attention:

During the regional review partners reaffirmed issues that need to be addressed in the larger development context of the South and Southwest Asian region. The issues needing prioritisation were stated as follows:

- A multi-pronged response that would range from providing access to cheaper drugs and 100% condom use to strengthening of national policies and political will
- Understanding the links between the spread of the epidemic and critical development indicators
- Integration of HIV prevention strategies into programmes designed to improve the socio-economic situation of people and poverty alleviation programmes
- Human rights and gender issues to be kept at the core of all interventions
- Strengthening and involving women's movements and integrating HIV/AIDS in their programmes
- Strengthening research and studies on migration and its links with the spread of HIV/AIDS to facilitate and strengthened responses
- Concerted multi- sectoral efforts to control and prevent trafficking of girls and young women and their vulnerability to HIV/AIDS
- Addressing drug use and scaling up harm reduction programmes
- Bridging resource gaps

# Meeting the challenge

The HIV-SSWA Project has been active in advocating for policies that effectively address the development context of the HIV epidemic and generate the will to translate strategies into operational programmes, reinforcing UNDP's commitment towards sustainable development and putting people at the centre of the analysis.

## **Priorities for the UNDP HIV/AIDS Regional Project:**

- Advocacy
- Capacity building
- Human rights framework and gender perspectives
- Greater involvement of people living with HIV
- Addressing trans-border issues
- Special assistance to countries of high vulnerability
- Collaboration and strengthening of country programmes

The following 4 key roles for the UNDP regional project in this regard were defined as:

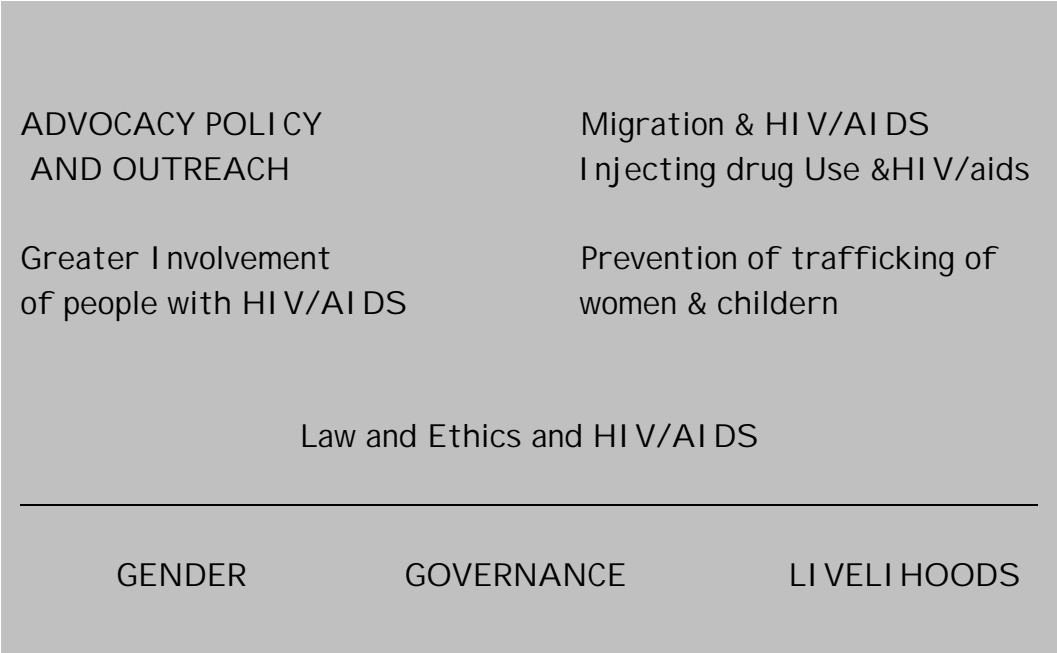
- Facilitating experience sharing and partnership building across the region
- Supporting pilot projects, within and between countries, as models to inform policy and generate support for scaling-up.
- Advocacy at regional and country levels.
- Facilitating resource mobilisation for partnership initiatives.

To meet these priorities, a multi-sectoral project focus and a multi-pronged project package, on a pilot basis, was launched in the partner countries. The critical areas for intervention have been:

- Strengthening legal and ethical responses to HIV/AIDS(Law and Ethics)
- Greater involvement of people living with AIDS (GIPA)
- Promoting safe mobility to prevent HIV/AIDS
- Prevention of trafficking of women and girls and HIV/AIDS
- Drug use, livelihoods and communities
- Policy advocacy and outreach

Gender, Governance, Livelihoods and Policy Advocacy are the common themes running through all these activities.

### HIV/AIDS DEVELOPMENT SAMPLING



## Positive trends pave the way:

The efforts of the SSWA project have laid a firm platform to take off towards the future. Some of the key elements of activity over the last three years are:

- Innovative pilot initiatives undertaken in the different countries
- Functional networking among partners at regional level
- Inter government and inter agency support facilitated
- Strategic inputs into and support for national programmes
- Resource mobilisation from donors bearing positive results
- The rights based approach and development concerns of the project finding reflection in country level activities
- A multi-sectoral response and a focus towards mainstreaming of HIV illustrated

## The regional approach, an added strength:

HIV/AIDS does not respect borders. It is a challenge facing all countries in the region. There is tremendous value added to each country's independent strategy and prevention planning if common concerns and issues that require a collaborative approach are jointly addressed using a regional facility that provides for a sharing of experiences and of lessons learnt. The experience of a regional approach has confirmed that:

- capacity building efforts can be more comprehensive and holistic with regional reinforcement
- agencies from different countries are able to contribute their specific areas of strength in addressing a common area - e.g. the pilot projects on trafficking of women and girls include NGOs belonging to different countries of the region, supporting different aspects of the response, such as rescue, rehabilitation, skills training etc.
- participants from different countries draw strength from one another and skill and knowledge gaps are reduced through a regional approach
- finding responses to complex trans-border issues becomes more realistic when the region discusses and plans together.

## Migration and HIV/AIDS

Migration is an important freedom and for many people in the region is an important survival strategy. Strategies to address the HIV/AIDS vulnerability of mobile populations need to aim at the prevention of HIV/AIDS and not prevention of the mobility itself, so that all adults who want to migrate can do so safely. There is also a need to recognise the importance of reintegration of returnees including rehabilitation for the survivors of trafficking.

Migration in itself does not make people vulnerable to HIV/AIDS but the situations they face in the process, in particular the separation from families and regular sexual partners, often for extended periods, compounded by discrimination, poverty, exploitation and marginalisation, create conditions where they are more susceptible to exposure to the virus.

### **Major concerns:**

- Research and documentation needs strengthening in order to guide project implementation and policy development – participatory action research can be an effective methodology for this
- Community level activities need to be promoted and strengthened for pre-departure awareness, reintegration and support to families
- Formal pre-departure training programmes need to be established for migrant workers, and post-arrival and reintegration programmes can also be helpful
- HIV/AIDS concerns need to be integrated with larger efforts addressing the working and living conditions of workers and their rights
- Wherever testing of migrant workers takes place it should be with adequate pre and post test counselling

## The SSWA Project recognises that:

- Well-informed workers, of any sex, working in environments which acknowledge their human dignity, protect their safety and provide decent conditions and access to medical facilities, will be in a better position to make choices which reduce their vulnerability to HIV.

## What has been done:

- A network developed of partners in five countries and at the regional level actively addressing migration and HIV/AIDS
- Consultations, including workshops, on HIV/AIDS and migrant workers conducted, led by:
  - India:** *National Forum for Migrant Workers' Rights*
  - Nepal:** *Nepal Institute of Development*
  - Pakistan:** *Lawyers for Human Rights and Legal Aid, (LHRLA)*
  - Sri Lanka:** *South Asia People's Solidarity*
- Facilitation of participation from the region in an Asia-wide summit on programmes for migrant workers organised by *CARAM Asia* in September 2000
- *Regional Strategy Planning Retreat* on reducing the HIV/AIDS vulnerability of migrant workers, in Sri Lanka in Jan.2001
- *Regional workshop on Migration and HIV/AIDS*, in June 2001, in New Delhi
- HIV/AIDS awareness creating event in an industrial area of Delhi held to mark *International Migrants' Day*, 18<sup>th</sup> December, in partnership with trade unions and NGOs
- Publication produced consolidating the outcomes of the consultative process
- A framework for a regional strategy developed on the basis of the consultations and shared with governments and other UN agencies

### **Regional Migration and HIV/AIDS Strategy Retreat**

The aim of the workshop was to further define the strategies for country and regional level interventions, and generate an understanding of common issues and concerns across the region as well as specific country contexts. Participants included government and civil society representatives from five countries, as well as resource persons from UNDP, IOM, UNAIDS, ACILS and CARAM Asia.

**Country Presentations reflected the concerns and suggestions of each country**  
**Bangladesh:**

Four important elements were identified:

- Information campaigns in source areas.
- National/international resource sharing.
- Pre-departure orientation at the beginning of the migration process and not just immediately before departure.
- Skill and language training
- Counselling for HIV protection and safer sex

**India:**

The presentation focussed on migration of 3D workers (workers in dirty, dangerous and demeaning work) to Gulf countries, and the lack of regularisation of the departure process which largely takes place through private recruiting agents. Most migration is resulting from structural causes related to poverty and gender. While efforts should be made to create livelihood opportunities for people at home, there is also a need for simultaneously creating a safe environment for those wanting to exercise their right to migrate in search of work.

**Nepal:** The paper offered a typology of different migration destinations based on the resources available to the migrant. Migration is a process starting from the village. A migration counselling centre in Kathmandu could be useful. There needs to be some mechanism for India and Nepal to work together on migration across the open border. The UNDP JIT (Joint Intervention on Trafficking) in Nepal will help facilitate safe migration.

**Pakistan:** Information is provided to migrant workers before departure by the port authority, but a more integrated effort is required. Sensitisation programmes are also required for recruiting agents. An information centre for migrant workers is needed as a resource and focal point.

**Sri Lanka:** The presentations covered both Sri Lanka's well established mechanisms for the protection of migrant workers and issues of concern which NGOs working with migrant workers have identified. Pre-departure training programmes are being constantly reviewed and HIV components have been introduced. Community level activities and inclusion of spouses can strengthen outreach and pre-departure programmes. The government of Sri Lanka takes a positive attitude to the migration of women, while being aware of the areas in which support and protection are necessary.

Under a pilot project supported by UNDP HIV-SSWA the South Asian Research and Development Initiative (SARDI) will work with partners across the region to build the capacity of these NGOs to work with trade unions to address the HIV vulnerability of migrant workers where they work and where they live. A process for information and experience sharing across the region is integral to the project. Key NGO partners in the initiative include:

- Social Awareness and Voluntary Education (SAVE), (Tamil Nadu, India);
- Nirman (Mumbai, India);
- Working Women Support Centre (WWSC) (Karachi, Pakistan); and
- Jana Setha Sahana Foundation (JSSF), (Biyagama, Sri Lanka).

UNDP HIV-SSWA and CARAM-Asia have developed a multi-site initiative aimed at reducing the HIV/AIDS vulnerability of prospective migrant workers in their source communities. The methodology has already been implemented in Bangladesh, by SHI SUK. Through Participatory Action Research initiatives in India, Nepal and Pakistan, and Sri Lanka, undertaken by local community based organisations, the aim is to understand more deeply the reasons why people migrate, and how the process of migration makes them vulnerable. This research will result in information sharing programmes with communities, community based organisations, government agencies, NGOs and the private sector, through a regional network in South Asia of key stakeholders working with migrant workers and HIV/AIDS issues.

## **Human Trafficking & HIV /AIDS:**

Trafficking is a gender issue with a human rights dimension. The same socio-economic factors which make women and girls vulnerable to HIV/AIDS also make them vulnerable to trafficking. The HIV vulnerability of women and girls lies in the lack of control over their sexual circumstances. This is particularly true of those who are trafficked, whether they are trafficked into sex work or other types of work in which they are subject to exploitation and abuse. Responses to trafficking include the facilitation of safe mobility through awareness and advocacy and involvement of CBOs.

### **Major challenges to be met:**

- Implementation of effective policies and laws that criminalise the traffickers not the trafficked
- Creation of an environment for empowering the vulnerable groups to protect themselves against trafficking and against HIV
- Inter-government dialogue to address the issues jointly and generation of political will to address the issue, supported by documentation and research for better understanding of the situation and its implications
- Better networking of the civil society agencies working in the different countries and different sectors to address the issue of trafficking effectively
- Mobilisation of communities to prevent trafficking, including schools and other institutions
- Effective rehabilitation programmes giving women control over their own lives
- Care and support for returnees, including those who are HIV positive

### **The work to date:**

- Five pilot projects on trans-border interventions are being supported by the SSWA project addressing rescue, repatriation, and rehabilitation, as well as community mobilisation for prevention and safe mobility, and cross-border workshops
- Development of a regional framework for action together with other UN agencies and NGOs
- Technical support in the development of national programmes to address trafficking in Nepal and India

- *Consultation on Prevention of Human Trafficking and HIV/AIDS* with NGOs from India, 30<sup>th</sup> November 2000, New Delhi, towards strengthening national action on trafficking and HIV/AIDS in view of expertise and knowledge that has been developed at regional level

***Prevention of Trafficking of women and girls and HIV/AIDS - pilot projects***

The HIV-SSWA programme on Prevention of HIV and Trafficking currently has five implementing partners in India, Nepal and Bangladesh, and Sri Lanka. The agencies have direct links in rescue and repatriation and the projects are complementary to each other. The lessons learned from them will be analysed comprehensively for future programming and scaling up and for advocacy purposes.

**India:**

***STOP (Stop Trafficking, Oppression and Protection of Children and Women), New Delhi*** - the main focus of the project is to develop a model in the field of rescue, repatriation and reintegration and a solid information base on source areas and routes. The project is actively rescuing and repatriating minor girls to Nepal and Bangladesh, conducting outreach for prevention in slum and rural communities, and mapping high-risk areas for trafficking. A quarterly email newsletter has been launched and three brain-storming sessions on trafficking have been held, with government, NGOs and the media.

***Society for Sustainable Human Development (SHDSA), Calcutta, West Bengal*** - the focus is on empowering sex worker communities to resist the trafficking of underage girls into sex work, identifying women and girls who have been trafficked and providing them with care and support through peer workers and links with service provision agencies, and choice based reintegration.

**Nepal:**

***MAITI Nepal*** - This project addresses HIV/AIDS and trans-border trafficking of children and women through awareness, advocacy, prevention, protection, and rehabilitation. Community mobilisation against trafficking is being carried out through volunteers in co-ordination with a wide range of community leaders and local authorities. The project has held training workshops, awareness programmes in schools in Sindhupalchowk and Chitawan, and community sensitisation in Adarash

Gaidakot. A cross-border workshop was held in April. Rescued girls are being trained and absorbed into local employment e.g. bakeries.

**WOREC (Women's Rehabilitation Center)** - The aim is to prevent HIV/AIDS and trafficking in women and children by providing relevant information, education and support to the concerned community members, leaders and governmental authorities in the targeted areas of Morang, Dhanusha, Makawanpur, Nuwakot and Nawalparasi. Self-help groups have been formed in some of the districts, a baseline survey is being conducted and a transit center to provide emergency assistance has been established, at which skills training is being given to at risk girls.

***Bangladesh:***

**CARE Bangladesh** - This partnership aims to combat the forced entry of women and girls into sex work through both trans border (Bangladesh-India) and internal trafficking. The project works in partnership with local organisations and with the participation of sex workers and their organisations to prevent the entry of trafficked girls and women into sex work, and provide for care and support and reintegration. Two networking and training workshops have been and a baseline survey is being conducted in source areas.

***Sri Lanka:***

**Organisation for Protection of Social Environment (OPSE)** - A study is being conducted to assess patterns of trafficking and vulnerability through a survey with women and children in rehabilitation centres.

## A country situation: Nepal

Girls from at least 26 districts of Nepal are being trafficked, and trafficking of girls from urban areas is also on the increase now. Destinations are the big metro cities in India like Mumbai, extending to Hong Kong and the Gulf Countries. Trafficking is a lucrative business. By spending Rs. 5000 - 6,000, traffickers stand to gain Rs. 30,000 - 50,000 per transaction. Key players range from all sections of the social structure including families, businesses, authorities and others.

A study was conducted with 140 returnee girls of which:

- 36% were found to be HIV+
- 9% were suffering from Hepatitis B
- 29% had contracted syphilis.

Girls were suffering from multiple diseases like AIDS, STDs, Hepatitis B, TB, and diabetes, in addition to mental stress and torture. Returnees are considered a public health hazard by people in Nepal which makes it difficult for them to get back into society. More often than not the girls go back to sex work if they are unable to get other work or employment.

One of the solutions could be to address the issue with intervention programmes at both the points of origin and destination. Countries affected must come together. UN agencies can play a role in facilitating trans-border and regional co-operation.

*As reported by Maiti, Nepal at the Review Meeting*

## Law and Ethics and HIV/AIDS: Mapping Exercise

An important initiative of the HIV-SSWA project is a mapping of policies, ethics, laws and judicial pronouncements in four countries, with a view to facilitating the structuring of rights based and gender sensitive HIV/AIDS policy and law.

This regional initiative covering India, Bangladesh, Sri Lanka and Nepal is aimed at achieving critical analysis and a thorough understanding of the premise of existing policies laws, ethical guidelines and judicial decisions, directly or indirectly affecting HIV/AIDS

### **A regional sharing process:**

The first consultation meeting was held on 26 July 2000 in New Delhi. The lead researchers from all the partner organisations met together and deliberated on objectives and expected outcomes of the proposed mapping exercise, and issues related to operationalisation of the research.

As a follow up of the meeting Project Management Committees were formed in each country consisting of people who are concerned with the cause of HIV/AIDS and PLWHA's.

The second partner consultation meeting was held in Kathmandu, 13/14 November 2000, to share the experience to date, further define the methodology and plan the next phase of the research.

The methodology developed consisted of:

- Participatory Stakeholder consultations
- Collection of empirical data
- Mapping exercise- primarily with a view to clearly bring out a proposed legal reform agenda

TILEM hosted a training in the methodology for research associates from the four partner organisations in January 2001, and the third meeting of partners in May.

## What has been done:

- A replicable methodology has been developed for mapping of laws, stakeholder consultations and empirical evidence collection
- The comprehensive mapping exercise has been undertaken in each country
- Ten stakeholder consultations have been held in India, three in each of the other countries
- Empirical research study/data collection undertaken
- Three regional meetings of project partners held
- Local Management Committees meet regularly in each country.
- Six publications and a high level regional advocacy workshop are planned at the end of the mapping exercise

## Consultations

The consultations conducted in the four countries were as follows:

**Bangladesh** - Sex workers, Doctors and hospital administrators, Sexual minorities

**India** - Doctors, Nurses, Judges, Lawyers, Police and Prison authorities, Students, Women, Media, NGOs, Sexual Minorities, Trade Unions and PLWHAs

**Nepal** - Doctors and hospital administrators, NGOs and Sex Workers

**Sri Lanka** - NGOs, Doctors and hospital administrators, Migrant workers

**India:** the lead agency for the initiative regionally and in India is the *Institute of Law and Ethics in Medicine, National Law School of India University, Bangalore*, which also leads the Technical Resource Group on Law, Ethics and Human Rights convened by the National AIDS Control Organisation (NACO). In this capacity 10 stakeholder consultation meetings have been conducted to understand the complexities and constraints faced by different groups in their experience of the HIV/AIDS epidemic, as well as individual in depth interviews for empirical evidence collection and a detailed mapping of laws and judicial pronouncements analysing their implications for vulnerability and discrimination.

**Bangladesh:** the exercise in Bangladesh has been led by the *Institutional Development of Human Rights in Bangladesh (IDRB)* project of the Ministry of Law and Justice. The emphasis of the three consultations and the empirical evidence collection was on understanding the human rights context of the epidemic, particularly in a conservative society where taboo and superstition still pivot the beliefs of many people. The project is unusual in giving voice to groups such as sex workers and sexual minorities who are faceless and unheard in society.

**Nepal:** the lead agency in Nepal is the *Forum for Women, Law and Development*, which has stressed the gender focus in the research. The mapping exercise, backed by three consultations and in-depth interviews, has underscored the special HIV vulnerability of women linked to their lack of legal status in society, and lack of protection against violence and suppression.

**Sri Lanka:** *the Centre for Policy Alternatives* which has led the research has emphasised the importance of incorporating the issues around the rights of people living with HIV/AIDS into the broader human rights discourse. The study has included a consultation with migrant workers, the majority of whom are women, and a special focus on female sexuality in the context of a situation of prolonged conflict, and the implications for HIV/AIDS vulnerability.

## Greater Involvement of people Living with HIV/AIDS (GIPA)

HIV/AIDS in South Asia has been characterised by denial and fear, and stigmatisation of HIV positive people.

Despite the acceptance of the principles of GIPA at a global level, it has been extremely difficult for organisations of persons living with HIV/AIDS (PLWHA) to put them into practice in this region.

### The challenges:

- Reducing the stigma associated with HIV/AIDS
- Ending human rights violations against PLWHA
- Drafting guidelines related to HIV and Law and Ethics that protect the rights of PLWHA
- Work with the media to change the attitudes relating to HIV reporting that contribute to discriminating practices against PLWHA
- Providing information about life after HIV infection, particularly for people in rural areas

*All over the world HIV and AIDS are having a profound impact, bringing out the best and the worst in people. They trigger the best when people group together in solidarity to combat denial by government, community and individuals, and to offer support and care to people living with HIV and AIDS. They bring out the worst when individuals are stigmatised and ostracised by their loved ones, their families and their communities, and discriminated against individually as well as institutionally. - UNAIDS*

The UNDP HIV-SSWA project has initiated a Small Grants Project, which aims to *Enable meaningful Participation and Greater Involvement of People living with HIV AIDS in the response to HIV/AIDS in South Asia*. The participating countries are Bangladesh, India, Pakistan, Nepal and Sri Lanka. The project is being co-ordinated by SAHARA, India and the regional Steering Committee.

The Steering Committee members are:

**Bangladesh:** Mr. Ahmed Ilias, Executive Director, Al-Falah Bangladesh

**India:** Mr. Elango Ram Chander, Treasurer, INP+

**Nepal:** Dr. Rajendra Bhadar, B.P. Memorial foundation

**Pakistan:** Mr. Shouket Ali, Director, PAPS

**Sri Lanka:** Dr. Kamalika Abeyaratne, Chairperson, AIDS Coalition

The Steering Committee will play a crucial role in development, implementation and monitoring of the programmes.

### **What has been done:**

The first phase of the project involved:

- Stocktaking of existing situations and experiences of the PLWHA groups, networks and organisations in India, Nepal, Pakistan and Sri Lanka, undertaken by:

**Bangladesh** -HIV/AIDS & STD Alliance Bangladesh (HASAB)

**India**- SAHARA

**Nepal**- Consultant, working with PRERNA and other organisations

**Pakistan**- Pakistan AIDS Prevention Society (PAPS)

**Sri Lanka**- AIDS Coalition

- A Sub- regional start-up workshop on the Greater Involvement of People with HIV/AIDS (GIPA) in Delhi in May 2001, co-ordinated by Sahara. The workshop was attended by representatives of PLWHA groups from all five countries, and identified common needs and problems of PLWHA across the region. Criteria for selection of proposals for capacity building activities were defined.
- Proposals on capacity building were submitted for approval by the Steering Committee against mutually agreed guidelines and criteria, to be implemented as part of the second phase of the project.
- 17 small capacity building initiatives are currently being implemented by selected partners in Bangladesh, India, Nepal, Pakistan and Sri Lanka.

The final phase of the project will provide documentation of models for good practice and lessons learned analysing the results of the activities carried out. It will draw up plans for future action to strengthen GIPA and reduce stigma and discrimination of people living with HIV and AIDS in South Asia.

### Sharing an Example of an HIV + network

Positive women's network (PWN+) is a self-help organisation of women living with HIV based in Chennai, India. It was initiated in 1988 and is managed by HIV positive women. PWN+ is committed to providing services to women infected and affected by HIV. With a membership of over 80 women living with HIV/AIDS (WLHA) from four southern states of India, PWN+ is perhaps the only one of its kind in India and the region. PWN+ has seven members in its governing board, with five of them as office bearers.

Its goal is to create an enabling environment for women living with HIV through various activities that foster self help and to improve their quality of life as a network promoting a sense of belonging and togetherness. PWN+ aims to raise the skills of WLHA in order to achieve economic stability to take care of themselves. It advocates for key issues related to women and HIV, including rights of positive widows.

#### **Need:**

From past experience and interaction with WLHA the organisation has found that the most pressing concerns of WLHA are health care, stigma, discrimination and family support. Lack of livelihoods and financial support is a key concern. PWN+ has identified many women who are either deserted or widowed. The needs of these women are more urgent as they are doubly vulnerable. These women lack the skill and confidence to face the world.

#### **Key Activities:**

PWN+ supports various activities including training, advocacy, networking, counselling, initiating self-help groups of WLHA, development of sensitive IEC materials, and organising support group meetings. A drop in centre is run in Chennai. All of these activities are carried out with the help with volunteers. PWN+ intends to implement a pilot project for the WLHA under the HIV-SSWA GIPA initiative. PWN+ collaborates with INP+ and other positive people's groups.

# Drug Use, Livelihoods and Communities

Drug use is an important aspect of the spread of the HIV/AIDS epidemic in Asia. The rise in drug abuse in the region is linked with development issues including increasing uncertainty about livelihoods, rapid urbanisation, mobility of populations and the lack of a social safety net. At the same time innovative responses across the region are involving communities in reducing both drug-related harm and the associated stigma and discrimination.

## The concerns:

- Injecting drug use causes the most vulnerable situation for HIV infection through sharing needles and syringes
- Non drug-using sex partners, spouses and children are at risk of HIV infection through sexual relations and vertical transmission

## Responding to the challenge:

- The UNDP HIV-SSWA project is in the process of dialogue with potential partners for defining a multi-country framework addressing with drug use and HIV/AIDS. As a step in this process a special session on *Drug Related HIV Risk, Livelihoods and Communities in Asia* was organised at the International Harm Reduction Conference, April 2001 in New Delhi, in collaboration with the SEA HIV and Development Project.

This session brought together researchers and practitioners from Bangladesh, India, Indonesia, Iran, Myanmar, Nepal, and Thailand to share knowledge and experience with each other and the global participants at the conference. A publication has been brought out entitled *Drug Related Harm, Livelihoods and Communities in Asia* based on the proceedings of the session and additional research.

Key issues and findings include:

- Migrants can seek consolation with drugs either because of the painful and dehumanising conditions of work and living, or because of lack of employment opportunities and disillusionment of their hopes for a better future for themselves and their family left behind. The issue of IDU and HIV is thus directly linked to UNDP's concern with livelihoods and vulnerability.
- Routes of drugs and mobility in border areas increase communities' vulnerability to drugs. Drug trafficking is becoming a source of income in remote areas where livelihood opportunities are lacking; drug use increases poverty as people become dependant on drugs, destroying their ability to work because of health problems associated with drug use, including HIV.
- Detoxification, abstinence and harm reduction strategies have been applied in the region to combat drug use. However, to make such initiatives and strategies effective it is important to work with one of the main causes for both entering into drug use and relapses of ex-drug users namely lack of livelihoods.
- Some programmes of excellence in the region have targetted these issues by linking traditional drug rehabilitation programmes with comprehensive income generating initiatives including skills building, micro credit and marketing, not only considering the drug user but also the family and communities at large.

# Policy Advocacy and OUTREACH and HIV/AIDS

UNDP HIV-SSWA Project recognises the urgent need for informed and vigorous advocacy on the development and human rights implications of the HIV/AIDS epidemic, with an emphasis on the social and economic conditions which heighten the vulnerability of people, and the stigmatisation and marginalisation of HIV positive people.

Linking HIV/AIDS related indicators to development and poverty alleviation indicators will provide a significant tool for advocacy as well as strategic direction for action.

## **The Challenge:**

- Advocating for change in national and regional policies
- Advocating for greater media attention and sensitivity
- Capacity building of various stakeholders including civil society, private partners and the media to understand the larger consequences of the epidemic
- Sensitising policy makers to the implications of development programmes in the context of the complexities of the social and economic causes and consequences of the epidemic

## **The Media Initiative:**

Recognising the sensitivities of the issue at hand, the media initiative has been an intensive exercise to bring together key media players, decision makers, such as editors of national daily newspapers and larger media groups, in the participating countries.

As part of the regional media initiative, national level consultations have been held in India, Bangladesh, Nepal, Sri Lanka and are scheduled in Bhutan and Pakistan. A regional workshop will also be held to bring together the findings and recommendations from the country consultations, and establish a regional network of journalists committed to reporting sensitively on HIV/AIDS in the development context.

## Media Consultation in India

### Concerns of editors:

- ◆ Media's pre-occupation with a different kind of journalism deters it from bringing an issue like HIV/AIDS to centre-stage.
- ◆ Media is event-oriented rather than issue-oriented resulting in inconsistencies in coverage.
- ◆ Disparate issues, comments and facts are juxtaposed for the sake of good copy

### Concerns of HIV positive groups:

- ◆ Exaggerated facts and sensationalised reports create despair and fear among those affected by the epidemic.
- ◆ Lack of trust results between media and those living with the epidemic.
- ◆ General lack of awareness results in stigma and discrimination.
- ◆ Use of inappropriate terminology leads to misconceptions.
- ◆ Lack of a regulatory body to look into instances of discrimination and stigma.

### Concerns of HIV and Development agencies:

There is a rapid spread of the epidemic, resulting, in part, from:

- ◆ Conditions in which people are not empowered to protect themselves from infection
- ◆ General lack of conviction and awareness of the magnitude of the problem.
- ◆ Insufficient resources and ineffective prevention programmes

### Concerns of media practitioners:

- ◆ Lack of epidemiological data and adequate information
- ◆ Difficult deadlines that leave no time for researching, re-checking of facts or for obtaining informed consent from persons featured
- ◆ Editorial priorities and decisions prevail

## **Human Development Report for South Asia, special edition on HIV/AIDS**

This special advocacy and information tool is being prepared in partnership with the Human Development Resource Centre UNDP, India and UNAIDS. The methodology for preparation of the report includes an Advisory Board of eminent thinkers and practitioners, a panel of experts and primary research conducted specifically for the report by CSOs. A special contribution of the report will be the development of indicators for stigma and discrimination.

### **Digital Radio Broadcasting initiative: Pilot project for empowering women and girls**

This pilot project for empowering women and girls in poor communities through information delivery and dialogue to address HIV AIDS and development needs, is a result of a partnership between Equal Access, an NGO in the US, and UNDP.

The digital technology enables broadcasts to reach communities that have little or no access to available channels for information dissemination due to lack of infrastructure like absence of electricity or telephone lines or even due to inaccessible or difficult geographical terrain.

In partnership with the wider Digital Broadcast Project pilot projects in India and Nepal have been implemented. The pilot districts in the two countries were selected on the basis of high mobility of people in search of better livelihood options, low status of women and their vulnerability to being trafficked, low literacy rates, poor infrastructure, high prevalence of IDU, and good existing networks at the grass root level to develop and broadcast important HIV related messages.

## Reflecting on the processes – the Nepal way

The pre-pilot programme in Nepal for the Digital Broadcast Initiative showed some very encouraging results that will be built into the pilot programme implementation over eighteen months in Nepal and India. As part of the pre-pilot a baseline study was conducted in three districts Kabhre, Chitwan and Makwanpur in Nepal.

The Baseline Study in Nepal consisted of an appraisal of the existing media, programming and outreach, generating an understanding of the community's communication and expression needs, and assessing the responsiveness and readiness of the existing administrative-development-welfare machinery at the district and local levels.

It was found that the rural people who participated in the baseline study were not embarrassed while talking about the issues with an outsider, but they do not discuss these topics among themselves. The study also suggested that communities do not perceive themselves as being vulnerable to the HIV epidemic and that HIV is not a priority issue. This threw up a challenge to the content developers to create a programme that would interest the communities as well as generate a need to understand and respond to HIV and to perceive it as their problem rather than an issue that did not merit their attention.

### **Community Perceptions as indicated by the study:**

- Priority issues are poverty, unemployment, education, drinking water and domestic violence and HIV/AIDS is not a priority
- Within rural communities people rarely discuss HIV/AIDS among themselves
- The community cannot relate to the topic of HIV/AIDS
- There is a general trend of communities being overly dependent on outsiders for solutions to all their problems.

### **Responses:**

There is a need to initiate community discussions on HIV/AIDS. Messages must be developed to evoke the concern of the community about HIV/AIDS and designed to help people relate to issues around HIV/AIDS. Messages must also be designed to help empower the community to cope with HIV/AIDS.

Following the baseline study two stakeholder meetings were held and a content development workshop which generated the framework for the pilot radio programmes. The framework suggested a magazine programme of half-hour duration with a drama component. The content team created a character as well as a thematic hook for the programming the programme was titled *Lets talk straight*.

### **Using an issue based icon**

There are many issues surrounding HIV/AIDS, which make communicating about it and finding solutions to the associated problems difficult. One is the communication gap between sexual partners, between parents and children and within the community itself. Therefore, the underlying theme of the whole programme series will be to bridge the existing communication gap.

To encourage people to talk and to capture the dreams of the community the programme development group decided to create an identity for the programme which would encourage the following approaches:

- Let us talk about what we are afraid of
- Let us be direct

### **Using a character based icon**

To capture the audience's interest the programme will have a central character. Since the primary target audience of the program is rural women the character icon will be a woman called Thuldidi, or everyone's "big sister".

## **Events and Outreach**

Consultations and participatory processes have been inbuilt in all project initiatives. In addition to activities organised across the region under the specific focus areas, advocacy and outreach includes:

- Satellite Workshop *Micro-Finance and HIV/AIDS: Building Partnerships* at the Asia Pacific Region International Summit on Micro-Credit, New Delhi, 3<sup>rd</sup> February, 2001
- Participation in numerous workshops, meetings and events organised by government, civil society organisations, research institutes, media, private sector and others as resource persons or discussants, to advocate for HIV and Development issues, e.g. **National Conference on Human Rights and HIV/AIDS**, organised by the National Commission on Human Rights in New Delhi, 24-25 November 2000

- Annual Review Meeting, *with a wide range of government and civil society partners*, 19<sup>th</sup> March 2001, New Delhi and UNDP HIV/AIDS Focal Points Meeting for SSWA, 20 March 2001, New Delhi
- *Building Partnerships for Strengthened responses to HIV and Development*, a Civil Society Workshop, 19-21 September 2001, New Delhi, with key civil society partners to strategise for the second phase of the project and devise indicators for monitoring and evaluation
- 6<sup>th</sup> ICAAP- a satellite symposium entitled *Rights, gender and HIV: Lessons learned from South Asia*, and support to speakers on migration, and access to treatment drugs
- Regional Public Hearing on Human Trafficking and HIV/AIDS, Nepal, November 2001 in order to deepen understanding at policy levels and in the general public regarding the magnitude and complexity of the situation in the region
- Visit by Mrs. Nane Annan, to project partners working on the trafficking of women and children and HIV/AIDS care and support (STOP, and SAHARA), during the visit of the Secretary General to Delhi in March 2001, and by Mrs. Trish Malloch Brown during the visit of the UNDP Administrator in February 2001.

**Creation of channels** for sharing of information and experience with government and civil Society partners in the region include:

- Regular newsletter 'Update'
- The SSWA project web site, *aidsouthasia.undp.org.in*
- Publications, reports and issues papers
- Information Kit
- Database of experts and agencies in the region

## Moving ahead

The Annual Review Meeting was an important step in reflecting on the achievements of the lessons learned and the challenges around development and HIV/AIDS demanding regional responses at the start of the new millenium. The momentum built around the programme and lessons learned and experiences must not be lost. Working in a participatory manner involving government and civil society representatives from different sectors, UN partners and experts from the region the UNDP HIV and Development Regional Project can continue to serve as a useful resource for the region and the countries involved in rising to the challenges posed by the HIV/AIDS epidemic.