IPPF

Window into a world

HIV risk and vulnerability

JAPAN
Official Development Assistance

“My dream has come true and my family is now complete.”

Genevieve, 38, living with HIV, Yaoundé, Cameroon

Window into a world

HIV risk and vulnerability

“HIV stigma frightens me and makes me feel vulnerable about my job.”

Bansi, 32, man who has sex with men, Mumbai, India

Foreword

from the Ministry of Foreign Affairs of Japan

This year, Japan hosts two major international conferences, the Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako Summit. 2008 is also the mid-point year in our effort for the achievement of the Millennium Development Goals by 2015.

At this crucial diplomatic juncture, the Government of Japan is calling on the international community for action to further improve global health. It is anticipated that discussions will take place on health (focusing on Africa at TICAD IV and taking on global health in the G8 Hokkaido Toyako Summit) and will be translated into a concrete framework for action to be shared by all.

Comprehensive interventions are essential to solve health problems faced by millions around the world today. These interventions include health system strengthening, particularly training and retaining the necessary human resources, promoting maternal, newborn and child health, as well as addressing specific disease challenges.

I would like to emphasize the importance of the 'human security' perspective, which Japan promotes in considering the future direction of our joint effort to achieve the Millennium Development Goals. The concept of human security focuses on protecting individuals from a wide range of serious threats to human survival, life and dignity and enabling them to realize their potential. In the health sector, this concept will be interpreted as actions aimed at protecting each individual's health as well as emphasis on the need to strengthen health systems by building the capacity of individuals and communities. The Government of Japan will advance its international cooperation by taking an 'all participatory approach' based on the human security concept; Japan is committed to work with recipient countries, other donors, international organizations, civil society and non-governmental organizations.

Sexual and reproductive health, which is the International Planned Parenthood Federation's main area of work, is closely related not only to Millennium Development Goal 3 (Promoting Gender Equality) and Goal 5 (Improving Maternal Health) but also to Millennium Development Goal 4 (Improving Child Health) and Goal 6 (HIV and AIDS, malaria and other diseases).

The Government of Japan appreciates and actively supports IPPF's activities in these areas. The IPPF Japan Trust Fund for HIV, which was established within IPPF in 2000, has achieved lasting results in controlling HIV and AIDS and addressing wider health-related issues in Asia and Africa through close collaboration between IPPF's grassroots network and the Government of Japan.

This colourful publication shows an impressive selection of IPPF's activities through its Member Associations supported by the Japan Trust Fund. I hope this publication will shed some light on these vitally important issues for both experts and the general public, and will help people to better understand and be informed in our response to HIV and AIDS.

Takeshi Osuga

Director, Global Issues Cooperation Division, International Cooperation Bureau

Foreword

from the International Planned Parenthood Federation

Statistical data about HIV paint a challenging picture: the sheer scale and dimensions of the challenge continue to shock and disturb. But the human faces behind the statistics tell an even more powerful story – and put the spotlight on the everyday lives and realities of people living with and confronting HIV.

The IPPF Japan Trust Fund for HIV was established in 2000 to assist IPPF Member Associations to build their capacity and enable them to carry out effective, innovative and comprehensive HIV programmes. IPPF Japan Trust Fund projects are distinctive: they build on, learn from and share lessons gained in the field; they are innovative, flexible, community-based and people-centred; they specifically target vulnerable and at risk populations; they are rights-based; and they naturally integrate HIV into sexual and reproductive health and rights programmes.

By turns, the photographs in this journal are educational and enlightening, explicit and enigmatic, moving and disturbing, beautiful and optimistic. This glimpse into a handful of lives paints a picture of life, love, learning and living with HIV. They provide a window into a world that is often neglected or hidden from our sight – a world of men and women who are particularly vulnerable to or at risk of HIV.

We see a series of bold projects reaching out to women and men who are marginalized, vulnerable, socially excluded and under-served. We see just how formidable a challenge it is to address deeply ingrained HIV myths, stereotypes, stigma and discrimination.

The images within the pages of this journal bear witness to our work. Our projects are breaking down barriers; meeting challenges with innovation; breaking the conspiracy of silence; building community participation and ownership; liberating people from the taboos of the past; giving people living with HIV opportunities to define their own agenda; and empowering people to take control of their own destinies.

We hope that these pictures – depicting lives in five countries in Africa and Asia – will remind us all of the very personal nature of this most human of epidemics.

Dr Gill Greer

Director-General, International Planned Parenthood Federation

Introduction

It seems absolutely unimaginable that 33.2 million people were estimated to be living with HIV in 2007, that 2.5 million became newly infected and that 2.1 million people died of AIDS.

There were an estimated 1.7 million new HIV infections in sub-Saharan Africa in 2007 – the region that remains most severely affected. An estimated 22.5 million people living with HIV – or 68 per cent of the global total – are in sub-Saharan Africa. Eight countries in this region now account for almost one-third of all new HIV infections and AIDS deaths globally.[1] The statistics by themselves are enough to take my breath away.

I have visited four IPPF Japan Trust Fund project sites. In every country, I personally witnessed vitally important activities supported by the Fund, and know that the Fund is a positive initiative for local communities and local people to realize their potential. This is the aid that embodies the concept of 'human security' at the heart of Japan's official development assistance, one of the main pillars of Japan's diplomacy, in the countries where it is most needed.

In Uganda, one of the countries I have been privileged to visit, the number of people living with HIV is estimated at one million.

For people living in remote rural areas of Uganda, there is very limited access to even the most basic health services, including voluntary HIV counselling and testing. Reproductive Health Uganda, IPPF's Member Association, is working under extremely difficult conditions to fill the health care gap by implementing community-based sexual and reproductive health services.

There are so many stories to hear and see and tell. And while each one is different, they all tell of human strength and invaluable mutual support.

Monica is a woman living with HIV. The Association linked 29-year-old Monica with other people living with HIV in her local community, and provided her with counselling and support services.

Monica has now become a Reproductive Health Uganda volunteer and is able to talk of her own experiences to help educate local people about how to prevent and live with HIV. She is taking a role in changing the way the local community understands HIV, and by doing so her life has also changed. "By taking part in the Association's community-based activity, I became aware of my own role to play in my village. Access to antiretroviral treatment for others has become easier now as well."

Monica is not alone any more. She was supported and empowered by the Member Association and she now thinks and lives positively. This wasn't always the case. Behind Monica's simple thatched hut she shows me four graves. The gravestone has four names: Daniel (30), a girl who died at the age of six months, and two boys who died at the age of one and eight months respectively.

After her husband's death, Monica found out that she was HIV positive. She is now concerned about her surviving children and asks "If I die, they will become orphans. How can they survive without me?" Monica tells me that for a long time she had no one to whom she could confide her worries and fears, no one she could consult with or rely on. This was made worse by the stigma that still surrounds HIV.

This photo journal illuminates five Japan Trust Fund projects in Africa and Asia. In **Cameroon**, we see the stark realities of stigma and discrimination, and how important life decisions are influenced by a positive HIV diagnosis – getting support from family and community, starting a relationship, planning a family. In **India**, we see the challenges and stigma faced by men who have sex with men in a country where homosexual behaviour is illegal and where men's sexual health needs are sidelined. In **Kenya**, we see that basic services such as voluntary HIV counselling and testing, and treatment for opportunistic infections, are financially out of reach for many people in the informal sector. In **Nepal**, we are vividly reminded of the challenges facing many female sex workers. Their rights are undermined by society because of stigma, their health-seeking behaviour is low, and they are extremely vulnerable to HIV infection as well as gender-based discrimination. In **Uganda**, we see the importance of ensuring that young women and girls in particular have access to sexual and reproductive health services.[2]

This photo journal showcases a collection of photographs that highlight the real lives of people who have been touched through projects supported by the IPPF Japan Trust Fund. The focus is on vulnerable and at risk people, living in marginalized communities in some of the world's most impoverished countries. I hope they give readers an opportunity to understand the reality of people's lives. It is stories like Monica's and everyone depicted in these photos that touch the hearts and minds of all of us. I feel strongly that collectively – in communities, countries and continents across the world – we must share a common belief that together we can address the challenges posed by HIV.

Tomonari Takao
Journalist, Mainichi Shimbun

Cameroon

Daring to dream: people living with HIV

In Cameroon, we see the stark realities of HIV-related stigma and discrimination, and how important life decisions are influenced by a positive HIV diagnosis – getting support from family and community, starting a relationship, planning a family.

The sexual and reproductive health and rights of people living with HIV have been neglected for far too long. After a positive diagnosis, many people have often been advised to abstain from sexual activity or given other inappropriate information about their sexual and reproductive health and rights. In addition, despite living longer and healthier lives (because of increased access to antiretroviral therapy), many HIV positive women have been encouraged not to have children.

HIV-related stigma and discrimination are unarguably the most important barriers faced by people living with HIV and this, in turn, reduces their chances of seeking and receiving appropriate care and support when they need it. In Cameroon, a recent survey showed that only 9 per cent of women and 19 per cent of men have a tolerant attitude towards people living with HIV,[3] demonstrating that there is clearly much work to do to address and reduce stigma and discrimination against people living with HIV.

The consequences of this prejudice and lack of knowledge are especially severe when service providers are not prepared to acknowledge or effectively address the needs of people who are HIV positive. This is a double-edged problem: service providers do not know enough about the subject and, to compound this, tend to be very judgemental about people living with HIV. Both these factors jeopardize the quality of sexual and reproductive health care, reduce access to appropriate services and increase the vulnerability of people who are HIV positive.

As the nature of the epidemic evolves, the responses also need to be adjusted. The increased number of young people living with HIV is demanding a different response to their evolving needs.

The following images show the celebration of life by HIV positive people in Cameroon. By promoting the rights of people living with HIV, the Member Association has empowered HIV positive people to once again dare to dream. Their aspirations and desires to get married, plan a family and create a better future for themselves and their families are presented in the pages that follow.

The number of people living with HIV in Cameroon is estimated at 510,000 and the national average HIV prevalence rate in adults aged 15 to 49 is 5.4 per cent.[4]

This project – A Way Out: Sexual and Reproductive Health of People Living with HIV – is supported by the IPPF Japan Trust Fund and implemented by IPPF's Member Association, the Cameroon National Association For Family Welfare.


NIDO
NIDO
NIDO

Genevieve

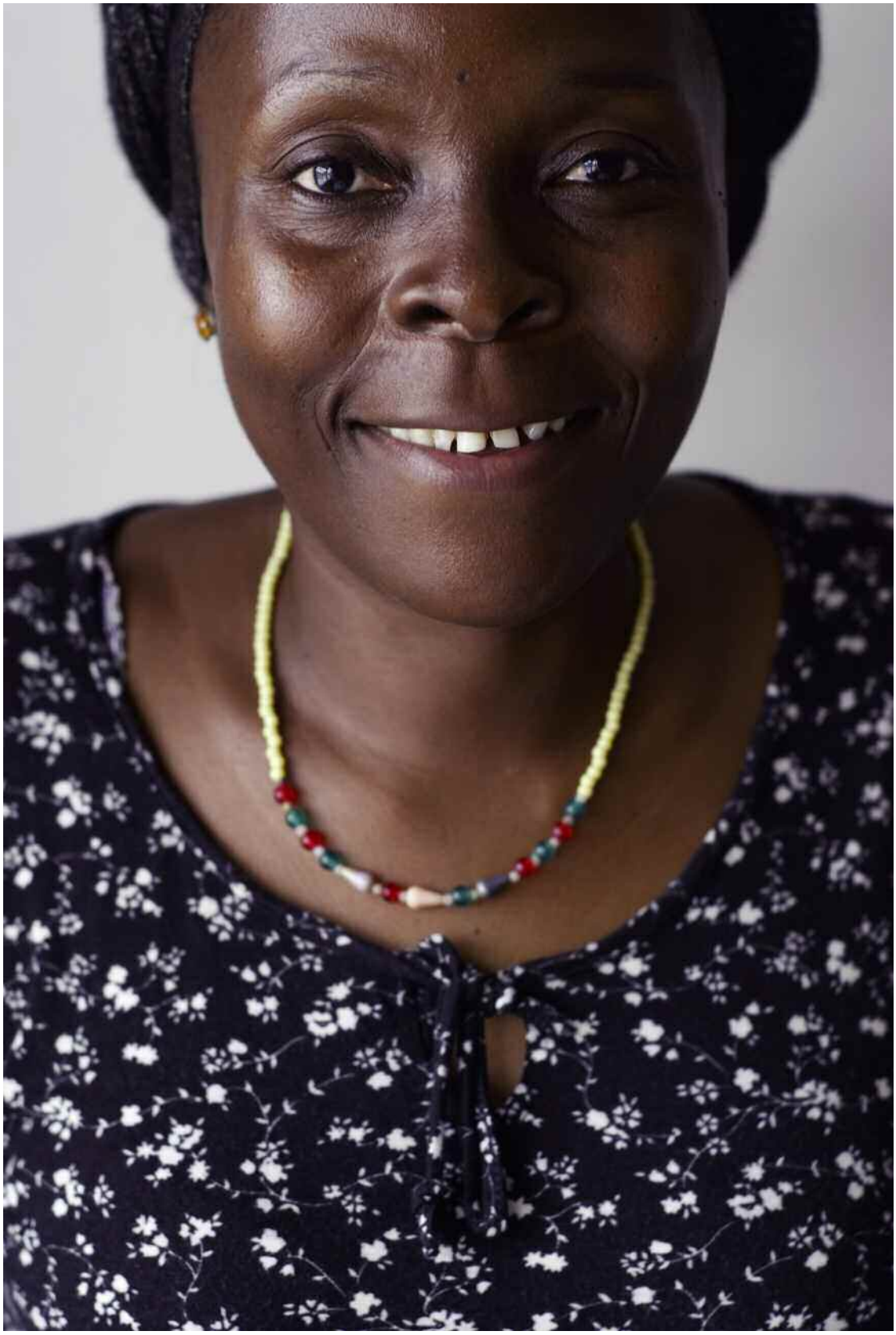
Speaking from personal experience, Genevieve can now actively encourage people who are HIV positive to realize that they too can have a partner, enjoy sex, have a healthy baby and live a healthy family life.

Genevieve is 38 years old and was diagnosed with HIV in 1998 after the birth of her second child. She has been married for 20 years to her husband who is nine years older. They live in Yaoundé.

Both Genevieve and her husband could not believe that they were HIV positive and this put an enormous amount of strain on their marriage. The advice they received at the time was to stop having sex. At her lowest ebb, Genevieve felt angry and sometimes felt like walking out of her marriage.

In 2000 she decided to volunteer for an HIV project, combining a peer education role with her role as mother and housewife, while also continuing her studies. At that time she had two children, but dearly wanted to have more. This dream has come true and her family is now complete with the birth of her fourth child, Gloria, at the beginning of 2008.

She has become a woman at ease with her own sexuality, so much so that she now teaches about sexual and reproductive health at various centres where she has an educational role as well as directing her peers to service delivery points for health check-ups and contraception. In addition, Genevieve can see that her counselling and encouragement give other women the courage and support to believe that they can be mothers too, despite their HIV status.



Nathalie

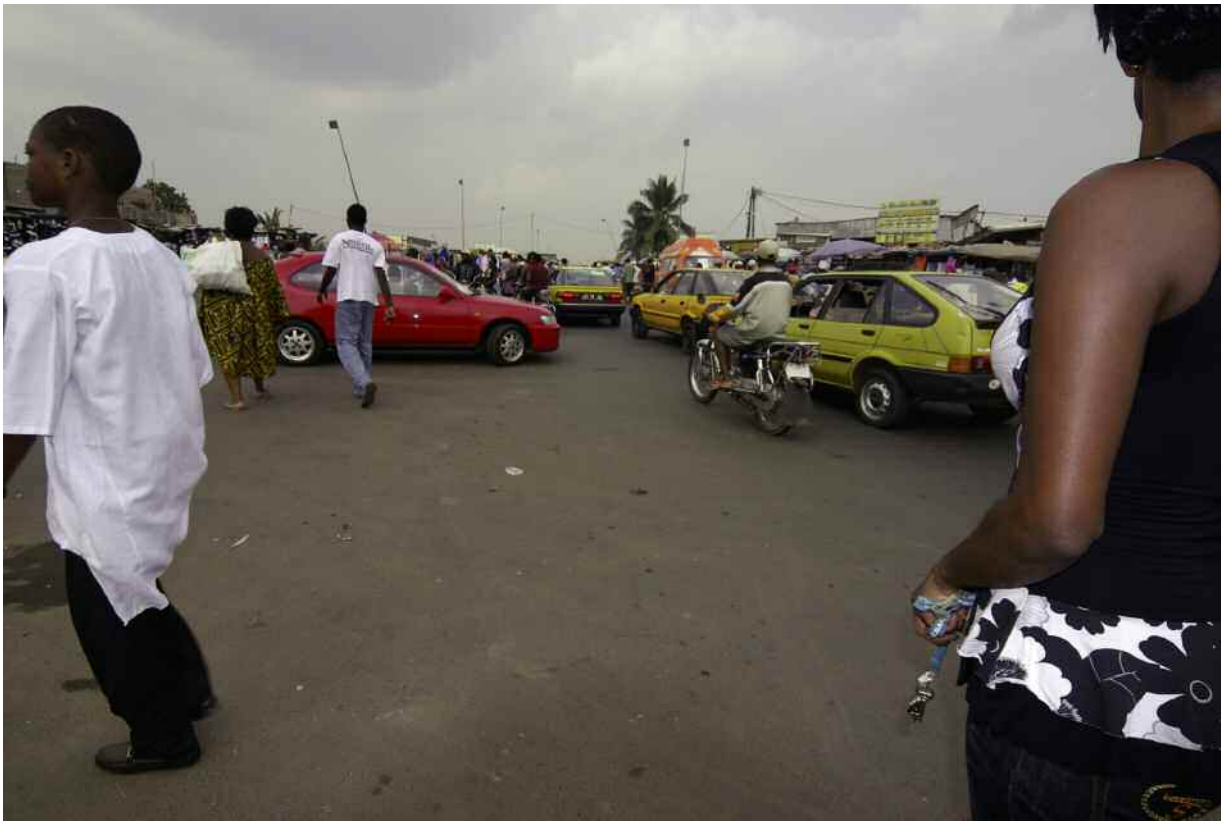
Nathalie* is 25. She is very engaged and involved in running and conducting many meetings and education activities. Even though she is very active and visible in her community, she did not want her face to be photographed.

She is a psychosocial counsellor and discovered her status in 2006 when she went for a test with her husband-to-be. They discovered that she was HIV positive and that he was negative. He did not believe the test and continued to ask Nathalie to marry him. After taking a second test, which confirmed her positive status, she ended the relationship.

She is studying law and living with her elder sister and her family in a typical estate in Douala which is owned by the government.

Nathalie says that receiving appropriate information and regular testing for sexually transmitted infections are important. She says that she has a healthy sex life. She uses condoms regularly and does not feel that they reduce sexual pleasure. She now knows that it is possible for her to have a husband and a healthy baby – something that in the past she considered impossible.

* Name changed.



India

Beyond the bias: men who have sex with men

In India, we see the challenges and stigma faced by men who have sex with men in a country where homosexual behaviour is illegal and where men's sexual health needs are frequently sidelined.

It is difficult to define the population of men who have sex with men in India. Male to male sexual behaviour exists in several different forms. Some men are comfortable with their sexual identity and being identified as gay or homosexual. For others, it is their gendered identity as hijras that defines their sexual behaviour. Families used to hand over one son to the hijra community as an offering to the gods. They would then be castrated and made to wear a sari, becoming half man, half woman. In contemporary India, most hijras are not castrated, and many men who have sex with men transform themselves into 'fake' hijras – often wearing heavy make-up and saris to attract clients.

A conspiracy of silence about male to male sexual behaviour means that there is no public debate on the sexual health needs and rights of men who have sex with men – many of whom do not identify either as homosexuals or hijras and are in heterosexual marriages. Alongside this are the high levels of stigma and discrimination experienced by men who have sex with men, compelling them to conceal their sexual activity, and engage in at risk behaviour, and restricting them from asserting their sexual identity in public. This also limits many men from accessing health services, denying themselves access to vital information and critical prevention, treatment and care services.

The following pages portray the daily lives of men in Mumbai, some living double lives, others entering sex work as a way to earn additional income for their families and children. In India, men who have sex with men do not necessarily see themselves as homosexuals and, although most charge for sex, they do not see themselves as sex workers. The denial of their existence in society gives them little option but to meet in hostile places such as public toilets, rough parks and, most commonly, along the railway tracks. This reality is reflected in the fact that the names of all individuals who appear in this chapter have been changed. Despite ingrained societal attitudes, the Member Association took up the initiative to address the sexual health needs of men who have sex with men.

The number of people living with HIV in India is estimated at 5,700,000 and the national average HIV prevalence rate in adults aged 15 to 49 is 0.9 per cent.[5] HIV prevalence in men who have sex with men is estimated at 9.6 per cent in Mumbai.[6]

This project – Creating Friendly Spaces for Men Who Have Sex With Men in Family Planning Association of India Clinics – is supported by the IPPF Japan Trust Fund and implemented by IPPF's Member Association, the Family Planning Association of India.

Bansi

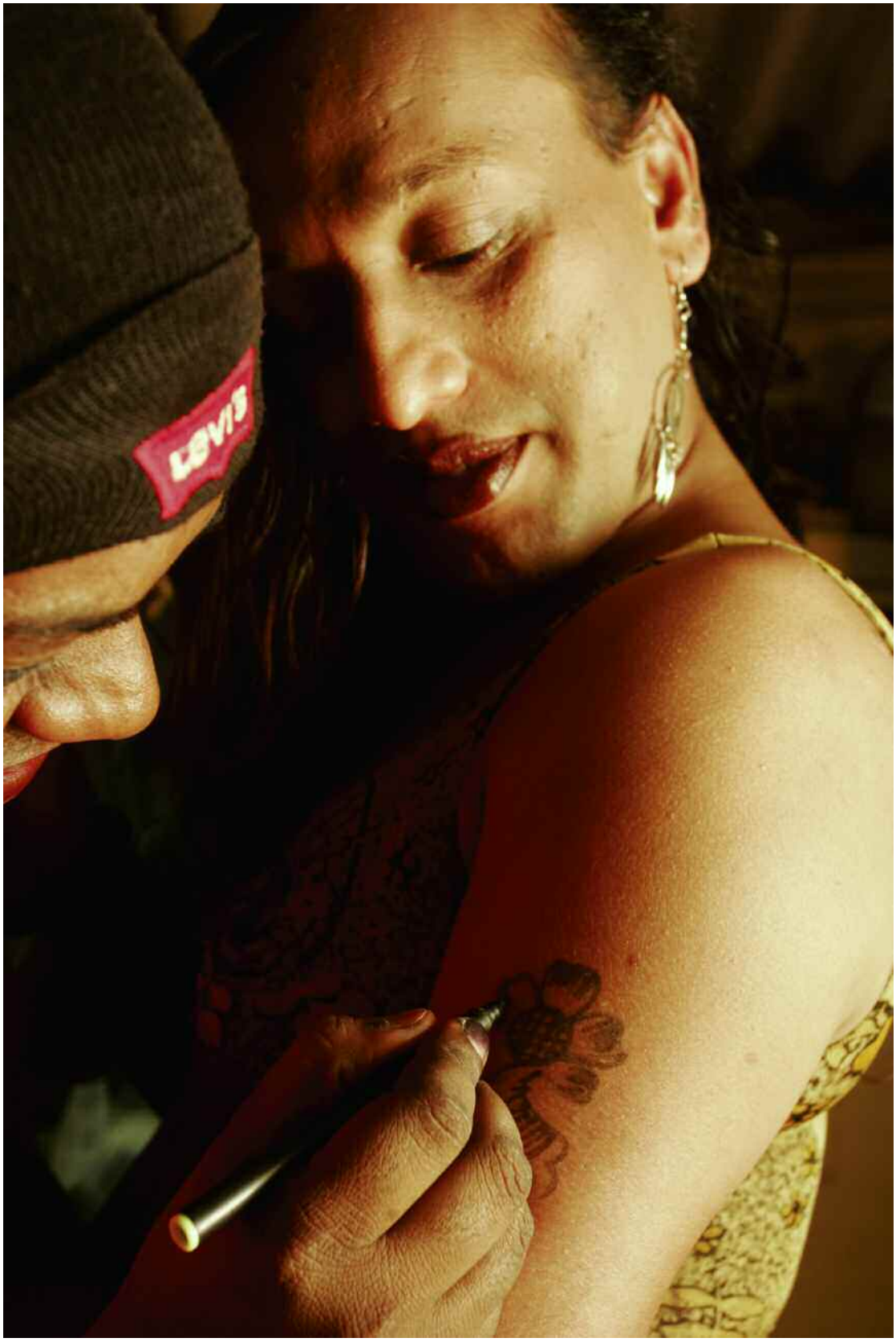
Bansi, 32, is a husband and a father. He is HIV positive. During the week he works as a sexual health fieldworker and at weekends he has sex with men for money along the railway tracks in Mumbai.

Bansi's mother-in-law, Suchita, has always been one of his closest friends. Although she always knew of his homosexuality, she told him "I know you like men, but obviously your sexual reproduction organ works. My daughter thinks you are very attractive and handsome. She is not that beautiful, so why don't you marry her?"

The family does not encourage him to stop his sexual activity as he has always fulfilled his role as a husband and father and brings in money to meet their needs.

Bansi found out that he was HIV positive three years ago. Until then, neither he nor his family had heard about HIV or AIDS. Although the family is very supportive and caring, they keep Bansi's illness a secret. The stigma frightens him, and makes him feel vulnerable about his job. For the last two years he has been working for a non-governmental organization that supports men who have sex with men. His role as a fieldworker is to provide information in the community about sexually transmitted infections.

Bansi is very popular in his local community. Having an open-minded mother-in-law helps, but the fact that Bansi has taken up his role as husband and father means that no one talks about him being a man who has sex with men – a reflection perhaps on how Indian culture perceives homosexuality.


Levi's


BORN
STRONG

Amrit/Rupali

With his make-up and sari – living as a 'fake' hijra since the age of 15 – during the days he is Amrit, and during the nights he becomes Rupali.

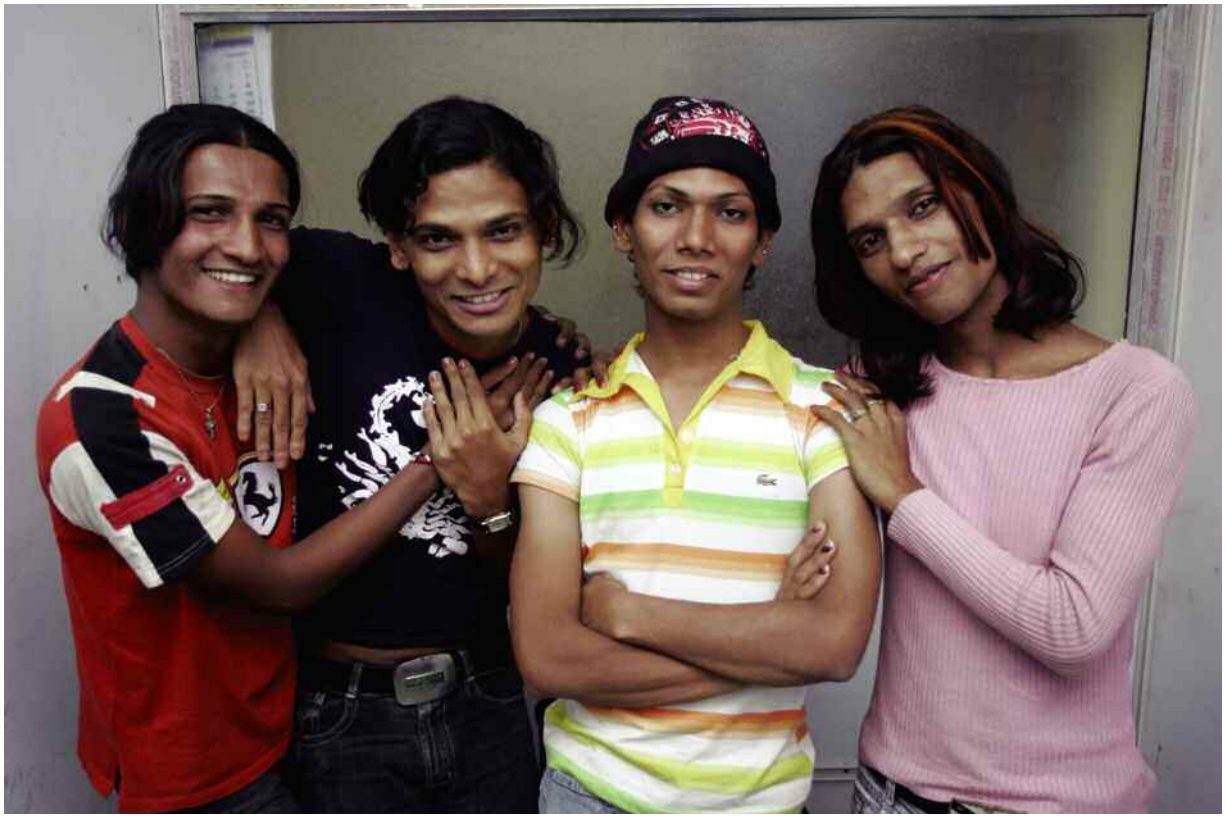
Amrit, 30, has been living a double life since he was a teenager. He used to earn his living as an Indian classical dancer and would sometimes have sex with clients at his dance club. He is very aware of the value of money and has very strong self-esteem. "I always use condoms and one hour with me costs from 3,000 rupees [approximately $75]," he explains.

However, three years ago he became involved with a non-governmental organization and started to work in the community during the day distributing condoms and teaching people about HIV prevention. From working as a sexual health fieldworker, the organization then invited him to become a permanent member of staff and promoted him to the role of counsellor for men who have sex with men.

Amrit is very happy with his professional upgrade and no longer dances in the evenings, although he still likes to take part in the occasional dance competition.

All members of the family know about his sexual orientation and are very comfortable with it. However, Amrit is very concerned about his image within the community and never dresses up as a woman in front of his family and neighbours, especially now that he has got his job as a counsellor.

With the money he earns, he helps with the household expenses and likes to spend some on jewellery and saris.



Kenya

Community inroads: informal sector workers

In Kenya, we see that basic services such as voluntary HIV counselling and testing, and treatment for opportunistic infections, are financially out of reach for many workers in the informal sector. This is despite evidence that people who know their HIV status are empowered to make decisions about their health, lifestyle, relationships and safer sex practices.

The 'Jua Kali' – or artisans working under the hot sun – are informal sector workers and small-scale traders. They live and work in Mathare Valley, the second biggest slum in Nairobi, on the eastern part of the central business district of the city. Almost 300,000 people live within an area of three square miles. The Kenyan government does not officially recognize the existence of Mathare so this means that health care for the slum dwellers rests largely on non-governmental organizations.

Most Jua Kali artisans live below one US dollar a day. Their living conditions are poor with a majority of the families sharing single rooms. Seeking health care or getting treatment from the public hospital is not a priority when there are more urgent needs to be met. Most people in this community do not know their HIV status and tend to go to hospital only when the disease is at an advanced level.

Morbidity among HIV positive people in the community makes treatment monitoring and care at home essential, a vital role in such a resource-constrained community.

The images that follow show the journey taken by local people to increase health awareness in their community. With the assistance of the Member Association and the commitment of local people, community members have been enabled to take an active role to motivate their peers to seek health care and change behaviours that could put them at risk of HIV infection.

The number of people living with HIV in Kenya is estimated at 1,300,000 and the national average HIV prevalence rate in adults aged 15 to 49 is 6.1 per cent.[7]

This project – Intensifying Voluntary Counselling and Testing and Opportunistic Infections Treatment for the 'Jua Kali' Community – is supported by the IPPF Japan Trust Fund and implemented by IPPF's Member Association, Family Health Options Kenya.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EL.

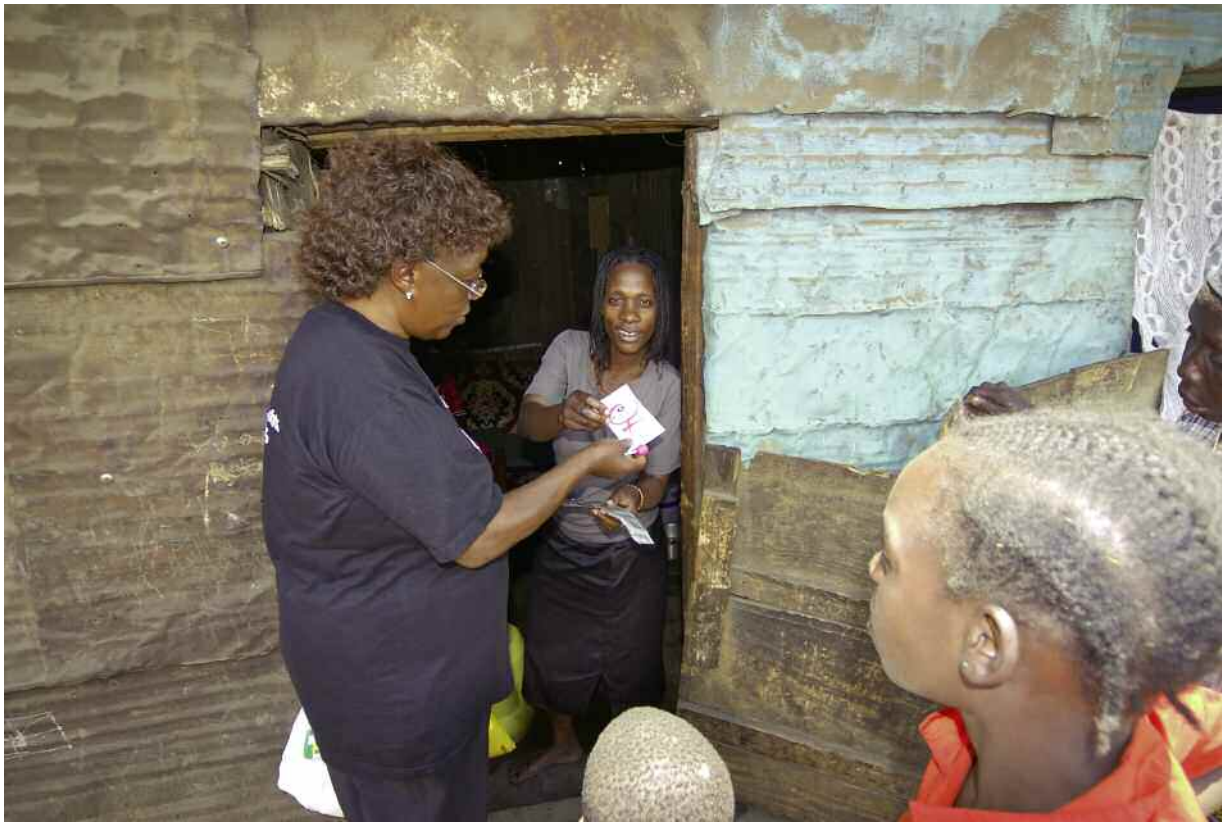

MWASHUKA

Bilal

Bilal, 22, is a peer youth educator, working with the Jua Kali artisans. He now sees a significant decrease in levels of stigma and discrimination against people living with HIV in the Jua Kali community. He is passionate about continuing his work, and in particular wants to see more community-based interventions so that the gains that have been made do not stagnate or regress.

The artisans have little time outside their work to seek health care, but this is being addressed by bringing a mobile health unit into the community. Mobile voluntary counselling and testing sessions are proving excellent opportunities to share accurate information about HIV. Bilal reports that Jua Kali artisans are increasingly accessing voluntary counselling and testing services.

Bilal is unequivocal about his personal motivation and the value of the work he is doing. "I believe in helping people to improve the quality of their lives through accessing health care services. In return, I get exposure to, and experience in, handling various issues within the informal sector set-up. I am passionate about sharing the information that I have regarding HIV because it has benefited me and I would like others to benefit as well. As I interact with community members, I get to understand their perception of HIV and this always presents me with an opportunity to dispel any myths and misconceptions and give the facts to them."




Tujenge
Yetu!

Hassan

Hassan is 44, married with four children between the ages of 7 and 14. An enigmatic and animated man, he is a home-based caregiver and is training to be a counsellor. He dreams that his children can live their lives successfully – and live without HIV.

Hassan's wife and children no longer live with him and have moved to Mombasa (where he is from) to live with his mother. They are HIV negative. However, he discovered that he was HIV positive in 2006 when his health deteriorated very badly. He had become extremely weak. He says that he looked like a skeleton and half his face was blistering up with herpes zoster.

Susan, who is a home-based caregiver, started to visit him regularly when he was very ill. She brought food and gave him the encouragement to pick up his life. He also got treatment at a clinic where the drugs supplied helped get him back on his feet.

He is very excited about being able to tell people about the benefits of counselling and testing. He tells people that if he had had a chance to be tested earlier he might still have the sight in his right eye and still have the driving job that he enjoyed. There is stigma about HIV in the place where he lives and people are very fearful of being tested. Hassan goes about his day very passionately as he is committed to helping his neighbours access health services easily. He says that even if people are positive they can still lead a fulfilling life and that he is living proof of that.


PEMBE

Nepal

Exposing injustice: sex workers

In Nepal, we see how, for a variety of reasons, many women enter the sex work trade. Their rights are undermined by society, their health-seeking behaviour is low, and they are extremely vulnerable to HIV infection as well as gender-based discrimination.

In Nepal, the exchange of sex for goods was traditionally part of local customs and religion that later forced young girls into the sex trade. With socio-cultural changes, sex work has become more commercialized and is now part of the network of restaurants, massage parlours and hotels in major cities and urban centres.

The Badi community is nomadic. They face discrimination throughout rural Nepalese society, and for a long time were not even considered citizens. They are victims of sustained and ingrained discrimination in Nepalese society and they suffer from lack of opportunities.

Many of the young Badi girls have few, if any, options other than sex work. Many are tempted to have intercourse without protection as clients are often prepared to pay double for sex without a condom. Some Badi girls leave for Mumbai as part of the sex trade, and others are lured there by sex traffickers. However, years later these young women and girls often return to their communities, weak with HIV-related complications.

Young women and girls now want to resist entering the sex trade and dream of better opportunities and access to employment. Vocational training, skills development and micro-finance are key strategies that will empower sex workers. These directly help them to diversify their source of income and reduce their dependence on income from the sex trade.

The photographs portray Badi women in a rural area in western Nepal. They show members of the Badi community in Mudha – a highway village of clay houses and makeshift tents set up by the roadside. Sex workers wait outside their homes for passing customers who are travelling along the main highway between east and west Nepal. Badi women hang around with little to occupy themselves while waiting for passing clients, playing cards to relax and pass the daylight hours. Peer educators play a vital role in linking the Member Association's services to the Badi community. As practising sex workers themselves, they are accepted within the sex work community and therefore offer other women advice as equals.

The number of people living with HIV in Nepal is estimated at 75,000 and the national average HIV prevalence rate in adults aged 15 to 49 is 0.5 per cent.[8]

This project – Sexually Transmitted Infection and HIV Prevention Among Female Sex Workers in Conflict Prone Districts of Western and Far Western Nepal – is supported by the IPPF Japan Trust Fund and implemented by IPPF's Member Association, the Family Planning Association of Nepal.


WEL - COME TO YOU PLEASE

Shyama

Shyama, 55, worked as a sex worker for 17 years, and also as a dancer and entertainer. Her mother was nomadic and earned a living as an entertainer.

However, she prefers to erase the past. "I had very bad times when people would abuse and harass me. I spent all my life being teased, hearing that I was worthless and a cheap prostitute. If one man can be bad and aggressive towards a woman, can you imagine hundreds of them?"

Now trained as a peer worker with the Member Association, Shyama runs many training sessions.

Shyama received a loan of 8,000 rupees (approximately $127) from the Association which she invested in one pig and one goat. "I like farming. I like to see the offspring and transform them into profit." Just one year later, she now has eight goats, and the pig she bought for 700 rupees (approximately $11) is worth more than 10,000 rupees (approximately $159).

"Despite our reputation, the Family Planning Association of Nepal trusted us and offered a loan without any requirement of deposit. This helped me to change my life."

Shanti

Shanti, 38, is married and has four children. She used to be a sex worker but for the past two years she has been employed as a peer worker and counsellor in her community.

Her life as a sex worker was a secret she kept from her family, so she knows first-hand about the difficulties and insecurities that sex workers face. "It is hard when you are desperate for money to buy food for the children and alternative work is not available. There are many cases of women that have become widows and are ignored by society. They become sex workers as a consequence."

Shanti gives condom demonstrations to members of her community and her message reaches even the most vulnerable and hidden of sex workers. "I try with my job to advise them on how to prevent sexually transmitted infections and often tell them to choose their clients wisely, so that they can be sure that the customers are going to wear condoms."

In 2007, Shanti received a loan from the Member Association's micro-credit programme and invested in a bar and grocery store. Her husband is helping her run the business which creates profits of 500 rupees (approximately $8) a day. The extra money helps Shanti with her son's education at art college.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Uganda

Getting the balance right: young women and girls

In Uganda, we see how young women and girls are not adequately reached with HIV prevention, care and support programmes.

Despite the levelling off of HIV prevalence in Uganda in recent years, the rate is still disproportionately high among young women and girls aged 15–24. There are many factors that make young women particularly vulnerable to HIV infection. Early marriage, economic and gender disparities, and the difficulties involved in negotiating condom use with partners have been attributed as key reasons for the increased rates of infection in young women. Other factors associated with increased vulnerability include lack of opportunities to pursue education or develop further skills.

In Uganda, there are multiple social, practical and financial barriers to girls and young women accessing services, including judgemental attitudes of health care providers, parents and other community members; the stigma associated with HIV; inadequate youth-friendly services as well as the distance to services and the cost of transport; the cost of prescription drugs; and the lack of privacy and confidentiality at service outlets. Traditional attitudes towards women and girls play a part too. Many of these barriers particularly affect girls and women in rural areas.

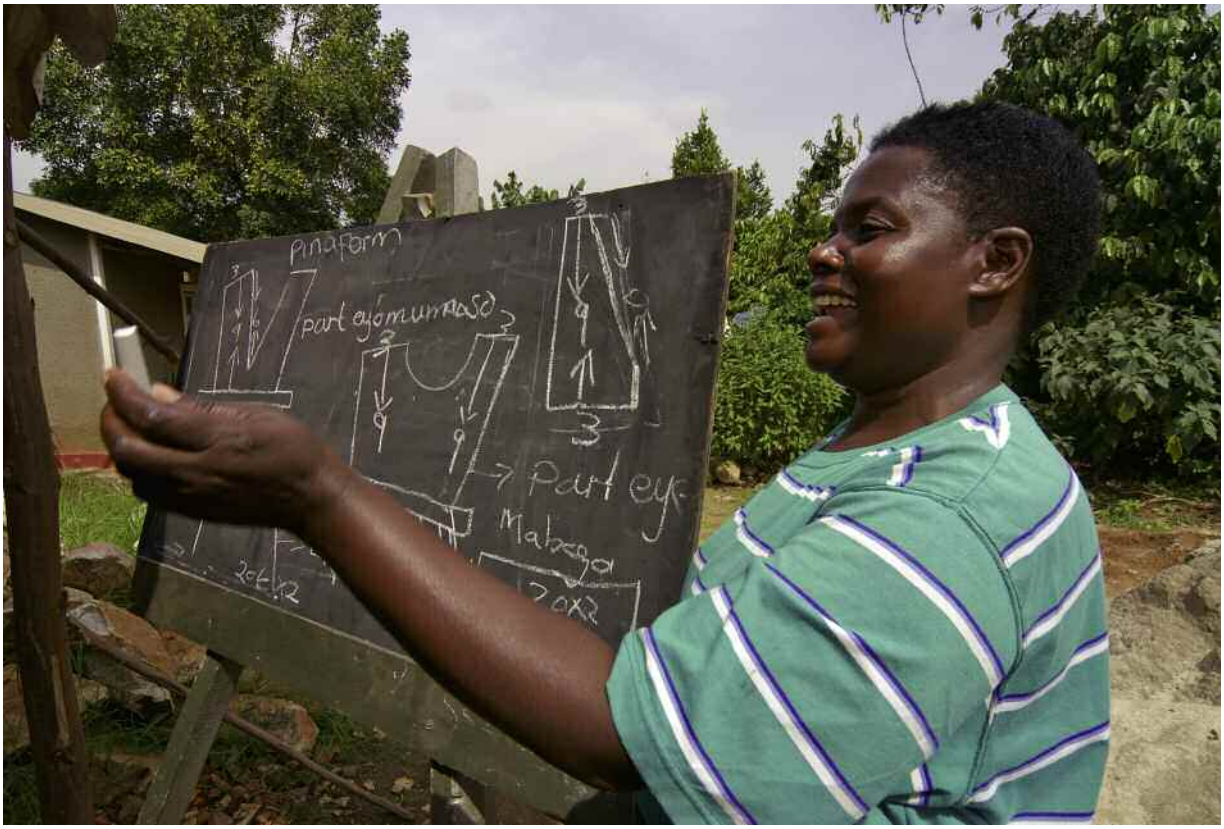
Young women who are exchanging sex for money or goods are a hidden, underground and stigmatized group. Yet, for many young women and girls, this kind of transactional sex is the only way they can make a living or gain some level of economic independence.

Addressing the needs of young women and girls demands very specific strategies. In addition to providing adequate information and services, a comprehensive response to HIV must also include sustainability initiatives that can create livelihood opportunities for marginalized young women and girls. Examples include income generation activities, skills development and micro-credit opportunities.[9]

The stories portrayed here illustrate how community-based interventions that are going beyond HIV information and services play a critical role in reducing HIV vulnerability. Getting the balance right in addressing comprehensive HIV programming for young women and girls requires a new way of doing business. The Member Association fostered peer education as a way to ensure that young women and girls – irrespective of their behaviour, lifestyle or HIV status – were equipped to better manage in a world with HIV.

The number of people living with HIV in Uganda is estimated at 1,000,000 and the national average HIV prevalence rate in adults aged 15 to 49 is 6.7 per cent.[10]

This project – Breaking the Ice: HIV Prevention Among Vulnerable Young Women Involved in Sex Work – is supported by the IPPF Japan Trust Fund and implemented by IPPF's Member Association, Reproductive Health Uganda.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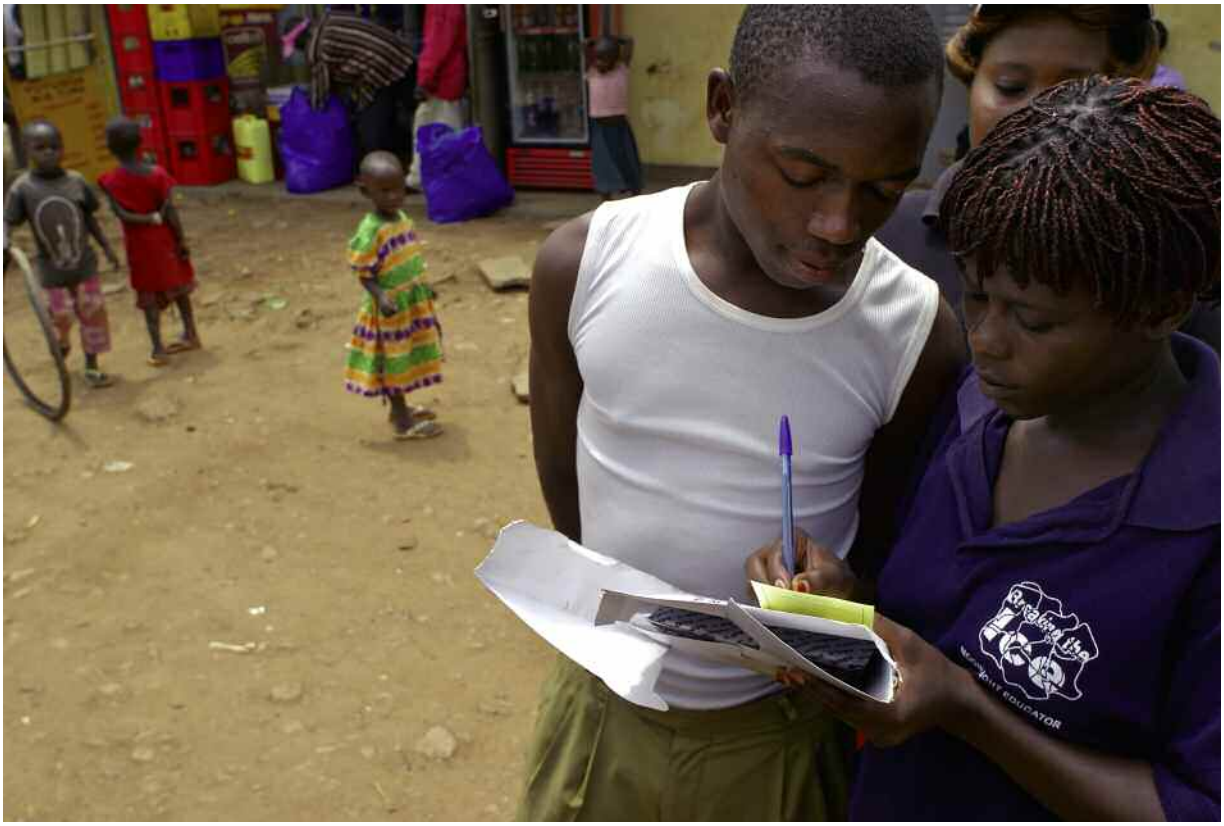
Edith

In Uganda, many young women engage in some form of transactional sex. Preferring to be known as 'moonlight stars' many have not been adequately reached with HIV prevention, care and support programmes. However, peer education is playing a vital role in changing this.

A group gathers together in a hot and secluded corner of Bwaise slum in Kawempe division. Edith is a former moonlight star who facilitates regular home-based focus group discussions with other moonlight stars in the slum.

Street-based mobile services offer voluntary HIV counselling and testing to moonlight stars as well as other members of the community. Edith has recently been trained to become a peer educator and she is now providing condom education for clients as well as other girls and young women. She says "Although my present income level is lower than before, I feel better now. I am now free from fear of violence and [HIV] transmission."

Community-level discussions also take place in the marketplace to pass information to men too. Sometimes these discussions attract the attention of many passers-by, including women and children. There are also congregation points for moonlight stars as well as a makeshift club and drinking den run by a pimp: these provide opportunities to meet people and offer counselling and information to peers and clients. Edith feels proud that she is able to contribute to her community and offer support to her peers.




MOON LIGHT
EDUCATOR

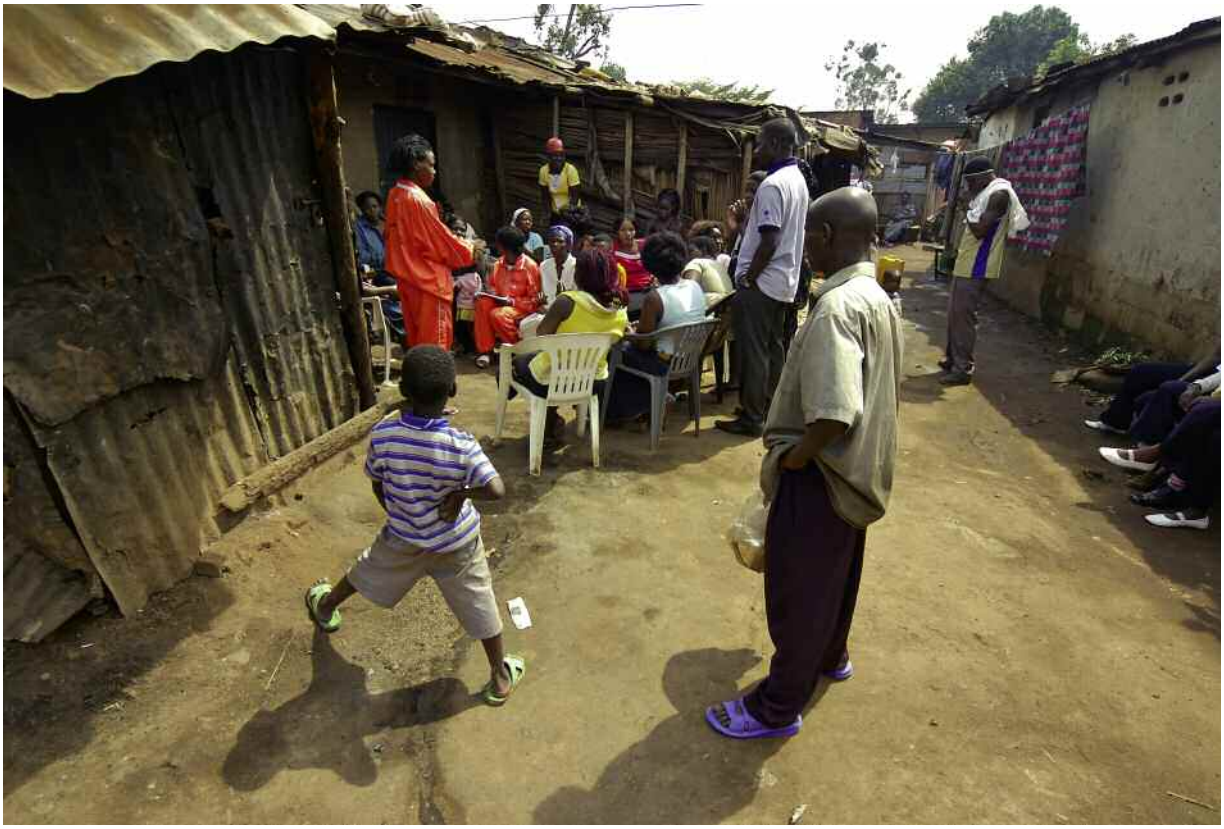
Claire

Sexual and reproductive health services, condoms and training opportunities for female sex workers are important – they help to reduce the social and cultural barriers that impede access to services for vulnerable young women working on the streets and in the hotels of Kampala. Claire, 25, a young moonlight star, plays an active role in her community as a peer educator.

"Our biggest problem is violence from men, including men in uniform such as police. We used to be isolated and we did not have a place to talk about our problems. Now we are getting organized and there are already 60 peer educators trained to be able to provide support to each other. We meet regularly and share our experiences. We are now discussing how to act on this problem together.

"I visit local people's houses one by one and give them information about HIV prevention and other health services available at the clinic, and if necessary refer them to the clinic.

"It is important we receive appropriate information and health services in places near where we live. This is particularly good for me and for my children since I do not have the means to attend the hospital regularly."




MOON LIGHT
EDUCATOR

About the IPPF Japan Trust Fund for HIV

The IPPF Japan Trust Fund for HIV (JTF) was established in 2000 to support and realize the goals of Japan's Okinawa Infectious Disease Initiative. The aim of the Fund is to assist IPPF Member Associations, working individually or as a group, to strengthen their institutional capacity and managerial skills, enabling them to carry out effective and innovative HIV prevention programmes.

In 2006 JTF adopted a new framework for action that is in keeping with the goals of IPPF's Strategic Framework. The aims of the IPPF Japan Trust Fund are:

- to reduce the global incidence of HIV and AIDS and promote the full protection of the rights of people infected and affected by HIV and AIDS
- to increase public awareness of the partnership between IPPF and Japan under JTF in order to respond to human security challenges, including HIV and AIDS

Between the establishment of the JTF in 2000 and the end of 2007, 39 Member Associations in Africa and Asia received support from the Fund to implement a total of 103 projects. The breadth and scope of the Fund is evident in its global reach and the array of projects. From reaching out to vulnerable groups such as sex workers in Vietnam and Ethiopia or men who have sex with men in Cambodia and China to the provision of comprehensive services to young people in Malawi and Papua New Guinea. From reducing the stigma faced by people living with HIV in Mozambique to expanding the provision of voluntary counselling and testing in Rwanda and Ghana.

Cameroon

Project title: A Way Out: Sexual and Reproductive Health of People Living with HIV
Run by: Cameroon National Association For Family Welfare
Duration: Two years (1 June 2007 to 31 May 2009)
Sites: Yaoundé and Douala

Aims of the project

- To reduce morbidity caused by poor sexual and reproductive health and opportunistic infection problems among 3,000 people living with HIV in Yaoundé and Douala.
- To increase the use of sexual and reproductive health services by people living with HIV.
- To address and reduce stigma and discrimination against people living with HIV.

In a snapshot

Supported by the IPPF Japan Trust Fund, this project addresses the sexual and reproductive health needs of people living with HIV, making services accessible and reducing stigma and discrimination.

People living with HIV are not always well-informed about their sexual and reproductive health and rights: they may not have received appropriate information about safer sexual practices, and how to live a healthy life to protect themselves and others from sexually transmitted infections.

At the same time, service providers also lack adequate knowledge as well as displaying judgemental attitudes towards those who are HIV positive. This has led to an increasing number of unwanted pregnancies, gynaecological-obstetrical complications, genital cancer, clandestine and high risk abortions, and lack of access to services for the prevention of mother-to-child HIV transmission.

Achievements in focus

Friendly spaces have been created in which people living with HIV can relax, be themselves, and talk openly with other people living with HIV. These spaces also serve as venues for monthly support groups led by psychosocial counsellors.

Open door activities offer a mix of leisure activities and high quality services. Activities include voluntary counselling and testing for HIV, education talks, indoor games, and free medical and gynaecological consultations. These activities increase access, and allow the clinics to register, test and treat more people.

Free consultations are organized monthly. Peer counsellors and community relay agents are used to spread the word and have proved to be a very effective way of increasing service take-up, especially through a new network of mobile clinics.

The two IPPF Member Association clinics involved promote themselves as a **one-stop service** to clients – a non-judgemental service offered irrespective of HIV status, sex or age. This open approach is encouraging use of the service by people living with HIV.

Project profiles

India

Project title: Creating Friendly Spaces for Men Who Have Sex With Men in Family Planning Association of India Clinics

Run by: Family Planning Association of India

Duration: One year (1 May 2006 to 30 April 2007)

Site: Mumbai

Aims of the project

- To contribute to the reduction of HIV incidence among the most vulnerable populations.
- To protect the rights of people living with and affected by HIV.
- To reach out to men who have sex with men, integrating their sexual and reproductive health needs and rights into the Member Association's programmes and services.

In a snapshot

Supported by the IPPF Japan Trust Fund, this project addresses HIV vulnerability, reaching out to men who have sex with men, and identifying and meeting their sexual health needs.

Homosexual behaviour is illegal in India. The provision of sexual and reproductive health services to men living in Mumbai highlights the challenges and stigma faced by men who have sex with men.

Achievements in focus

The starting point was to initiate a **process of change** in the Member Association to enable it to integrate HIV within its sexual and reproductive health services by building the capacity of staff and volunteers, and by making clinics friendly to men who have sex with men.

Orientation sessions encouraged staff and volunteers to **explore their attitudes** towards homosexuality: confronting issues such as condemnation and tolerance, and morality and stereotypes helped them to review their own biases, get clarification of myths and misconceptions, and develop positive attitudes to providing services to people who are most in need of them. Staff and volunteers started looking at men who have sex with men as a group that needed access to services.

A common understanding developed that the **stigma associated with homosexuality** compels men to conceal the fact that they are sexually active with men, resulting in denying themselves access to vital information and critical prevention and treatment services.

The Member Association developed a protocol for offering services to men who have sex with men. Its **clinical model of good practice** includes procedures for meeting and greeting clients, confidential consultations, taking a case history without value judgement, risk assessment, providing condoms and lubricants with safer sex information, treatment for sexually transmitted infections, and referral for voluntary HIV counselling and testing.

Kenya

Project title: Intensifying Voluntary Counselling and Testing and Opportunistic Infections Treatment for the 'Jua Kali' Community

Run by: Family Health Options Kenya

Duration: Two years (1 May 2006 to 30 April 2008)

Site: Nairobi

Aims of the project

- To contribute to improvement of the quality of life among the Jua Kali.
- To increase access to comprehensive HIV care among the Jua Kali: promoting and providing voluntary HIV testing and counselling, psychosocial support and treatment for opportunistic infections for those who are HIV positive.

In a snapshot

Supported by the IPPF Japan Trust Fund, this project seeks out and reaches out to people working in the informal sector, promoting and providing support and treatment for HIV infection.

The project targets people working in the informal sector: this includes hawkers, mechanics and those working in the transport industry.

Testing is the only way that people who are HIV positive can access early treatment for opportunistic infections and timely antiretroviral therapy. This can avert morbidity and mortality associated with late treatment interventions. However, this group has low income and poor health-seeking behaviour.

Achievements in focus

Programmes aimed at reducing infections and AIDS-related deaths have rarely recognized the need to involve people living with HIV. In many cases, people living with HIV have only been treated as recipients of sympathy and handouts – a perception that has done little to **challenge stigma and discrimination**. The Jua Kali project has deviated from this trend. It trains people living with HIV as peer educators and home-based care workers, and they are making significant inroads into the community.

The **peer educators** offer nutritional support and advice on healthy living. They refer people for voluntary counselling and testing, and advocate against stigma and discrimination. Peer educators also refer people to hospitals for antiretroviral therapy, and help make sure that they adhere to treatment.

The role of **home-based care** is essential in poor and marginalized communities such as the target population of this project. Trained home-based care workers monitor treatment and enable people to access appropriate health care, aiming to reduce morbidity among HIV positive people in the community. They are giving hope and support to those living with HIV – their peers.

Nepal

Project title: Sexually Transmitted Infection and HIV Prevention Among Female Sex Workers in Conflict Prone Districts of Western and Far Western Nepal

Run by: Family Planning Association of Nepal

Duration: Two years (1 April 2006 to 31 March 2008)

Sites: Banke, Chitwan, Dang and Kailali

Aims of the project

- To improve the sexual and reproductive health status of female sex workers and their clients.
- To empower female sex workers through outreach programmes.
- To identify strategies for vocational training, skill development and income generation.

In a snapshot

Supported by the IPPF Japan Trust Fund, this project empowers sex workers to improve their sexual and reproductive health, redressing the balance by challenging gender-based discrimination and exploitation.

Badi women are traditional dancers who have been engaged in sex work. Economic insecurity causes many women to join the profession; the same insecurity compels many sex workers to avoid safer sex.

Achievements in focus

Community-based events help to **advocate for the rights** of sex workers. They help major players in the community to understand that sex workers are subject to injustice and violence, and stigma and discrimination, and that their rights need protection.

Project activities aim to **raise awareness** about sexually transmitted infections and HIV. Debates with religious leaders make them aware of HIV transmission and prevention, and that everyone in the community should be motivated to practice safer sex.

Skill development training and micro-finance plans are key activities underpinning the project. These directly help female sex workers towards additional **income-generating activities**. This reduces their dependence on income from the sex trade and, in turn, brings about a reduction in their risk of HIV infection. The skill development training builds confidence among the women and motivates them to achieve their goals.

Most sex workers had never visited a health care centre for a routine check-up and, through fear of exposing their trade, most remained hidden. A sexually transmitted infection clinic and mobile health services set up for the project focus on the target group and are successful in **empowering and encouraging** women. Behavioural changes among female sex workers towards safer sex mean that they now come forward for general health checks, including screening and treatment for sexually transmitted infections.

Uganda

Project title: Breaking the Ice: HIV Prevention Among Vulnerable Young Women Involved in Sex Work

Run by: Reproductive Health Uganda

Duration: Two years (1 June 2007 to 31 May 2009)

Site: Kampala

Aims of the project

- To reduce HIV prevalence while guaranteeing the full protection of rights of people living with and affected by HIV.
- To enhance and increase access to HIV-related services, particularly voluntary counselling and testing for vulnerable groups such as sex workers.
- To reduce social and cultural barriers which may deter sex workers from accessing services.

In a snapshot

Supported by the IPPF Japan Trust Fund, this project aims to prevent HIV infection among vulnerable sex workers by increasing access to voluntary counselling and testing.

The objective is to reduce the barriers that make access to services difficult for young women working on the streets and in the hotels of Kampala. For many young women, sex work is the only way they can make a living.

Achievements in focus

Successful **awareness raising** – bringing to the entire nation the plight of sex workers as a specially vulnerable group with high HIV prevalence and unique sexual health needs – has been a crucial project achievement. This **advocacy** role led the Ministry of Health to offer the project 20,000 condoms and 500 emergency contraceptive kits.

A **mobilization network for peer education** activities, run and managed by moonlight stars and pimps, is another key achievement. More than 350 homes of moonlight stars are used as venues to conduct peer learning sessions and distribute condoms. The project has trained 60 moonlight stars: an important part of their role is to mobilize their peers to use services offered at the project's drop-in centre.

The project runs a weekly outreach session offering **voluntary HIV counselling and testing**.

Referral networks with two health centres now offer antiretroviral therapy. The project also has a referral network with the police to manage criminal and assault cases against moonlight stars, including child neglect.

Health talks for men at worksites are an important project component. Discussions, led by trained peer educator sex workers and trained pimps, cover topics such as gender roles, decision making, stereotypes, male involvement, family planning, HIV and sexually transmitted infections.

A word from the photographers

The photos in this journal of Cameroon, Kenya and Uganda are by freelance photographer, Neil Thomas. The photos of India and Nepal are by freelance photographer, Peter Caton.

"I grew up in Kenya, a country that just screams out to be photographed. I love the instant impact of a great photo. A great image for me ignites the imagination, goes beyond the image itself, and takes me into a world and space where I can enquire and learn. This is what I try to achieve with my photography, where a single image can move people, make them laugh, make them cry or inspire them to take action. Photography for me is also about reverence – for people and for culture."

Neil Thomas

"It was a real pleasure to photograph in India and Nepal, especially the men who have sex with men community in Mumbai. The courage individuals showed in allowing me into their lives was particularly touching. They were all taking great risks in allowing me to follow them through their day to day living, any local suspicion of male to male activity would ostracize them from Indian society. The men I met live in a secret world. Maybe they saw me as a voice to the outside world, a form of expression."

Peter Caton

Endnotes

1 UNAIDS (2007) Global HIV prevalence has levelled off; AIDS is among the leading causes of death globally and remains the primary cause of death in Africa, Press release, 20 November 2007.

2 IPPF, UNFPA, Young Positives and Global Coalition on Women and AIDS (2007) *Make it Matter: 10 Key Advocacy Messages to Prevent HIV in Girls and Young Women,* www.ippf.org/en/Resources/Guides-toolkits/Make+it+matter.htm

3 DHS Cameroon (2004) www.measuredhs.com/pubs/pdf/FR163/15chapitre15.pdf

4 UNAIDS *2007 AIDS Epidemic Update*, www.unaids.org

5 Ibid.

6 Solomon S, Chakraborty A, D'Souza Yepthomi R and Detels R (2004) A review of the HIV epidemic in India, *AIDS Education and Prevention*, 16(a), pp155–169.

7 UNAIDS *2007 AIDS Epidemic Update*, www.unaids.org

8 Ibid.

9 IPPF, UNFPA and Young Positives (2006) *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention*, www.ippf.org/en/Resources/Reports-reviews/Change+Choice+and+Power.htm

10 UNAIDS *2007 AIDS Epidemic Update*, www.unaids.org

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Photos by: Neil Thomas (Cameroon, Kenya and Uganda) and Peter Caton (India and Nepal).

Edited by www.portfoliopublishing.com
Designed by Heidi Baker

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A special thanks to Tomonari Takao of the Mainichi Shimbun and all those whose stories, words and pictures feature in this photo journal.

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

About IPPF and HIV

The goal of IPPF's work in HIV and AIDS is to reduce the global incidence of HIV and to protect the rights of people infected and affected by HIV and AIDS. We are working to:

- reduce the social, religious, cultural, legal, political and economic barriers that make people vulnerable to HIV
- increase access to interventions for the prevention of sexually transmitted infections and HIV and AIDS through integrated, gender-sensitive sexual and reproductive health programmes
- increase access to care, support and treatment for people infected and support for those affected by HIV and AIDS
- strengthen the programmatic and policy linkages between sexual and reproductive health and HIV and AIDS

The number of IPPF's Member Associations providing HIV-related services continues to grow. Critically this includes efforts to increase access to voluntary counselling and testing, as well as to improve its quality.

IPPF would like to express its sincere appreciation to the Government of Japan for its continued support of IPPF and its Member Associations through the Japan Trust Fund.

IPPF

From choice, a world of possibilities

“I can now stand by my principles and make conscious decisions about my life and my sexuality. I can stand behind my words.”

Lucie, living with HIV, Douala, Cameroon

This photo journal highlights five projects by IPPF Member Associations in Cameroon, India, Kenya, Nepal and Uganda, which are funded by the IPPF Japan Trust Fund for HIV. It seeks to show the human face – and tell the human stories – behind the global HIV statistics. They provide a window into a world that is often neglected or hidden from our sight.

We aim to highlight real-life stories about the everyday experiences of people from vulnerable populations who have been accessing information and sexual and reproductive health services; to increase awareness about how vulnerable and marginalized groups are less likely to access information and services that can help reduce their vulnerability to HIV; and to demonstrate how a comprehensive response to HIV should also include sustainability initiatives that can create livelihood opportunities for marginalized groups.

JAPAN
Official Development Assistance

access=life