



Children and HIV and AIDS newsletter



September 10 2009

IN THIS ISSUE

IN THE SPOTLIGHT

- Life-Skills Based Education PLUS in ESARO

FROM PARTNERS

- Text to Change
- GNP+

FROM THE REGIONS

- MENA: Yemen & Sudan
- WCARO: Mali
- CEE/CIS: Ukraine
- TACRO: Haiti & the Dominican Republic, Honduras
- ESARO: Kenya
- EAPRO

NEW REPORTS & UPDATES

- HIV transmission in intimate partner relationships in Asia
- A Strategic Approach: HIV & AIDS and Education
- HIV and education in emergencies- feedback requested
- Consultation on HIV Prevention among Most-at-Risk Adolescents - Geneva, 2-4 September 2009
- A note on the role of schools in prevention, care and support
- Top 10 resources for prevention

Dear Colleagues,

This issue of the newsletter is dedicated to the 3rd P: prevention of infections. As researchers look for the factors that 'lift' the prevention response, diligent operational research, or the measurement and assessment of a programme's impact in real-world settings will propel clinical evidence into action in the field, and spur replication. The Life Skills Education PLUS model, Sisters to Sisters, being piloted in ESAR, holds that potential- a solid use of evidence on who is at risk and when risk is greatest has guided the design of the curriculum, the selection of the target group and the choice of programme educators.

Evidence tying violence within relationships with increased risk of STIs was the focus of a study in Swaziland, supported by Jama Gulaid and the country office ([click here to view](#)). The study found that a third of the girls interviewed had experienced an act of sexual violence before they turned 18, and the first act was likely

to be committed by men or boys already known to the girl. Findings in similar studies point to clear actions that can reduce the risk of violence and STIs, linked to HIV, like making the school environment a safer place for girls and making the health sector more responsive to the immediate disease prevention and treatment needs of girls.

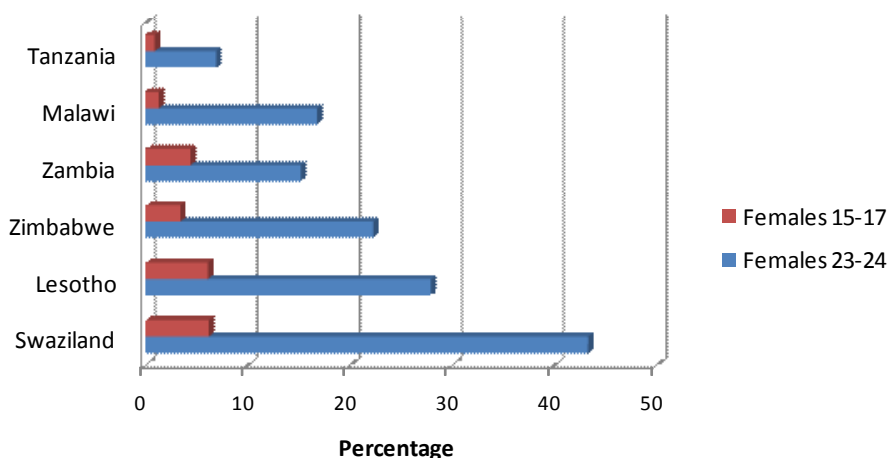
I am sorry to say a strong advocate for the prevention of HIV among adolescents and young people, Diane Widdus, will be retiring from UNICEF at the end of the month. Please join me in wishing her and her husband Roy all the best.

Her post will be filled by the very capable Susan Kasedde, formerly UNAIDS Regional Adviser for East and Southern Africa. She joins us in the beginning of November.

- Jimmy

In the Spotlight: Evidence informing action: Life-Skills Based Education PLUS in ESARO

Female HIV Prevalence - Age Band



In countries throughout southern Africa, girls and young women between the ages of 15 and 24 are 2 to 4.5 times more likely to be infected with HIV than males of the same age. Multiple concurrent partnerships, inter-generational sex, transactional sex and gender-based violence are all implicated as risk factors in the region.

The State of the Evidence
Demographic and Health Surveys (DHS) data shows around a 6% HIV prevalence among adolescent girls (15-17) in Lesotho and Swaziland; among 23 to 24 year olds, this figure jumps to nearly 30% and over 40% respectively. Although similar side by side comparisons of prevalence among these age groups have not yet been made for Botswana, Namibia, and South Africa, it is expected that data from these

countries will reflect similar patterns.

This jump in prevalence partially reflects the increased proportion of girls that become sexually active with age; their individual risk of infection though, is clearly linked to the types, numbers, and context of the relationships they have.

This finding stands in stark contrast to the simplistic message to ‘abstain till marriage’, which does not recognize that:

- condom use is often very low and inconsistent within regular relationships
- sexual intercourse is much more frequent in these types of relationships
- these relationships are often-times concurrent, providing a much wider sexual network for transmission of the virus.

Current DHS data clearly demonstrates that older male partners have higher levels of HIV prevalence and that a substantial age differential in relationships increases the risk of HIV infection among young women. Within age-disparate relationships, both male and female partners are more likely to maintain concurrent partnerships. Current evidence also indicates that many young women actively seek concurrent and age disparate relationships; motivations range from meeting basic needs to securing desired goods.

The Gap in the Response

A review of UNICEF-supported, ministry-led HIV prevention interventions (their “life-skills” interventions), as well as recent technical assistance reviews, has shown that the current response needs to be strengthened.

- The content and the implementation by teachers (and peers) is not of sufficient quality, focus and intensity to increase young peoples’ self efficacy around the key behaviours which are leading to new HIV

infections

- due to the need to make these programmes acceptable to communities and governments, content has been diluted
- efforts to include older adolescents who are beginning to initiate sexual behaviours have been sidelined in favor of reaching out to younger children. Specific activities for girls and boys are difficult to find.
- There are also challenges related to teachers’ roles and capacities to deliver the interventions

Proof of Concept

In response, Malawi, Tanzania and Namibia (with Botswana, Lesotho and Swaziland exploring alternative approaches), plan to design and implement a life skills PLUS package called Sisters to Sisters (S2S), focused on girls 15-17 years of age.

For the ‘proof of concept’ phase, Malawi has selected 3 “learning districts” for operational research. Female peer counsellors (big sisters) supported by young female health workers are to be trained and then deliver the intervention over 2 – 4 days of intensive, girls-only participatory sessions. There will be two versions - a standard (16 hours) and an intensive (24 hour) package. They will both focus on five key HIV transmission and prevention behaviours and be designed to:

1. increase skills and capacity to delay penetrative sexual intercourse;
2. affect attitudes, skills and capacities around correct and consistent condom use, including improving negotiating and condom use skills;
3. increase skills and capacity to recognize risk from serial and concurrent sexual partnerships and reduce both the practice and risk within such partnerships;
4. increase skills and capacity to recognize the risk from age-disparate relationships, to exercise agency within such relationships

and reduce harm and transmission risk in such relationships;

5. improve attitudes and increase skills and capacity to access and utilize sexual health services, such as HIV counselling and testing services.

Progress

Data is being gathered in Malawi, and four working groups have been established.

- The logistics working group, led by the Ministry of Education (MOE), is responsible for designing and organizing the S2S implementation model.
- The second working group, with support from the regional office and an international consultant, will develop the core S2S PLUS modules.
- The working group on research is responsible for designing and employing a behavioural questionnaire around the five core behaviours in order to show attribution.
- A forth working group is developing a set of standard social mobilization activities which will be implemented in the school catchment areas prior to and after the life skills camp intervention.

Next Steps

After the proof of concept phase, the agreement is to scale up the most effective life skills PLUS approach as a standard life skills camp programme in Malawi, which can be organized by the MOE and run by key partners. S2S is envisioned to become an annual event in Malawi; given that there are just over 143,000 girls (15-17) in schools and 300,000+ out of schools –reaching 80% of all girls (15-17) in Malawi within a one week period is possible.

For more information, contact Rick Olson at rolson@unicef.org.

From Partners: Text to Change: Encouraging testing via SMS

3.9 and 1.3 per cent of Uganda’s young women and men (ages 15-24) are living with HIV, yet only around a third of all young people have comprehensive knowledge about HIV. 90 per cent of Ugandan adolescents aged 12–19 live in rural areas and have difficulty getting information and education on HIV and AIDS (Uganda household survey 2004).

Teachers and mass media are most often sought for information on HIV and AIDS; however, educational programmes

contain information that is no longer relevant, many children don’t have access to schools and current programmes are not taking young people’s needs into account.

About TTC

Educational programmes on HIV and AIDS in Uganda are not taking advantage of the fastest growing communication tool, the mobile phone. 25% of Ugandans own a mobile phone and the Ugandan government estimates that 80%

have access to a mobile phone through friends and family. One million mobile phones are being added each week in the continent.

Dutch NGO Text to Change (TTC), realizing the tremendous potential of cell phones, decided to use it as an educational tool on health, though when it began in 2007, there were no case studies or proofs of concept on text message-based health education programmes.

With the support of mobile phone experts, infectious diseases professionals and software developers, TTC launched a pilot that informed subsequent decisions on cultural and technical aspects of the programme, as well as the financial model. TTC is supported by major Ugandan mobile providers, the Dutch Ministry of Foreign Affairs, FC Barcelona and other partners.

The programme uses SMS to challenge mobile phone users on their HIV and AIDS knowledge; refers users to testing sites; and gathers their sex, age and location data. Participants of these free multiple choice quizzes, or mobile phone based health programmes (mHealth), maintain their anonymity and receive a confirmation or correction SMS after submitting their answers. TTC refers participants to local test centers and reimburses them their test costs if they leave their mobile phone number so TTC can measure their testing uptake. Mobile phone minutes and soccer shirts are offered as incentives for participating.

Findings and Results

More than 50,000 people in Uganda have participated in the Text to Change quizzes in 2009 alone; in localities where TTC is active, test centers have measured an uptake of 35% in the number of people going in for a HIV test.

Analysis reveals that 60% of participants have basic knowledge on HIV and AIDS, with an average age of 19; 45% of participants are female. While general knowledge appears to be relatively high, correct knowledge about HIV testing is the biggest challenge: 60% of the participants believe a HIV test is not accurate. 45% of the participants also believe a child is not at risk of becoming HIV positive if exposed to HIV during gestation or delivery.

Next steps

In order to expand its reach, Text to Change is creating bigger SMS campaigns in Uganda on HIV and AIDS and has expanded to Kenya and Tanzania. Text to Change will also expand its health focus beyond HIV and AIDS,

and is developing innovative mobile phone software with the Open Mobile Consortium, anticipating advances in voice response systems, mobile internet and data gathering in developing countries. TTC hopes to strengthen its programmes by setting up partnerships with Ministries of Health and Information, Communications and Technologies, NGOs and private companies in the coming years.

For more information, contact Hajo van Beijma at hvanbeijma@texttochange.com



Prize winner in Arua, Uganda 2009

From Partners: GNP+: Positive Health, Dignity and Prevention

'Positive Health, Dignity and Prevention,' a right-based approach to supporting the health and wellbeing of people living with HIV, was the focus of the International Technical Consultation on 'Positive Prevention' held in Tunisia in April 2009.

Organised by the Global Network of People living with HIV (GNP+) and the Joint United Nations Programme on AIDS (UNAIDS), networks of people living with HIV, civil society organisations, country programme implementers, as well as development, multilateral, UN and donor agencies all met to develop the concept and define its principles.

Positive Health, Dignity and Prevention replaces earlier thinking on 'positive prevention' or 'prevention with people living with HIV', which focused primarily on preventing new HIV infections. Broader in its scope, it moves away from the idea of laying blame on HIV positive people; it offers an opportunity to link HIV prevention and treatment with the promotion of rights for people living with HIV.

Key elements of Positive Health, Dignity and Prevention include health promotion; treatment access; sexual and reproductive health and rights; prevention of transmission of HIV and other sexually transmitted infections (STIs); protec-

tion of human rights, including stigma and discrimination reduction; gender equality; social and economic support; and the empowerment of people living with HIV.

Makoti Edwin, a young Project Coordinator at YCI-T in Tanzania, regularly participates in radio call-in shows which provide information and education about HIV and the sexual and reproductive health and rights of people living with HIV in a personal and accessible way. He acknowledges that sharing personal information in a public forum is not always easy, and that discussing complex issues such as 'positive prevention' is challenging, but said that it was important to "help other people, especially young people, know the facts about [HIV] and take measures to protect oneself from acquiring infections, and how to take care of oneself if you are living with HIV."

Makoti recommends that networks of people living with HIV work with the media to deliver advocacy messages, and that civil society, the public sector and donor and UN agencies commit resources to promote media training for young people living with HIV to be able to respond to negative and inaccurate media coverage; to communicate positive health promotion messages; and to ensure that the voices of people living with HIV, including young people, are part of their communication messages on Positive Health, Dignity and Prevention.

GNP+ and UNAIDS consider this new paradigm important for their work with young people. By bolstering the health and wellness of young people living with HIV – through health promotion, economic and social

Young people living with HIV enter into relationships, have sex, and bear children. Doing so safely is key to maintaining their own health, and that of their partners and

families. GNP+, UNAIDS and partners have released a [Guidance Package on Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV](#) to help policymakers, programme managers, health professionals, donors, and advocates better understand the specific steps that must be taken to support the sexual and reproductive health and rights of HIV positive

people. It makes 12 recommendations, which encompass – and, in many cases, cut across – changes that must be made in health services, in the policy and legal arena, and in advocacy efforts.

support, etc. – the response will raise the quality of life of young people living with HIV, which, in turn, will contribute to the health and wellbeing of their partners, families and communities.

At the International Technical Consultation, people living with HIV identified important principles and values to guide the work of stakeholders:

- People living with HIV must be leaders in the design, programming, implementation, research, monitoring and evaluation of all programmes and policies affecting us.
- A human rights approach is the foundation of Positive Health, Dignity and Prevention.
- Preventing HIV transmission is a shared responsibility of all individuals irrespective of HIV status.
- Sexual and reproductive health and rights must be recognised and exercised by everyone regardless of HIV status.

They stated that Positive Health, Dignity and Prevention:

- Requires a supportive and protective legal and policy environment

free of stigma and discrimination.

- Should promote holistic health and wellness, including equitable access to voluntary HIV testing, treatment, care and support services.
- Must improve and maintain the health and wellbeing of people living with HIV, which, in turn, contributes to the health and wellbeing of their partners, families and communities.
- Should include addressing psychosocial, economic, educational and socio-cultural vulnerabilities, gender and sexuality.
- Should be responsive to the needs of key populations and should respect and be tailored to specific contexts and the diversity among people living with HIV.

The Consultation cemented the consensus that protective laws that ensure non-discrimination, reduce stigma, and change harmful gender norms are part and parcel of PHDP. It was agreed that legislation must enable HIV-positive individuals to protect themselves and others- not through fear, but through

empowerment and with dignity.

Next steps

The Consultation is part of an ongoing process of reinforcing the leadership role of people living with HIV in Positive Health, Dignity and Prevention.

GNP + is discussing with UNICEF how to take forward Positive Health, Dignity and Prevention from the perspective of young people. Updates will be shared through the newsletter. Further consultations at regional level and with key populations are also planned in order to establish a common understanding of Positive Health, Dignity and Prevention and provide guidance in developing policies and programmes globally.

Further information about Positive Health, Dignity and Prevention and the consultation in Tunisia is available at www.gnpplus.net, or contact GNP + directly at info@gnpplus.net.

For information on young people living with HIV, contact Pierre Robert at probert@unicef.org.

From the regions: MENA: Yemen: Preventing HIV among young people in conservative settings

Summary

Young men having sex with men (MSM), young males and females involved in sex work and female dancers working in night clubs are among the most-at-risk young people in Aden, a city of about 800,000 people in Yemen. Vulnerable young people include returnees (those expelled from Saudi Arabia during the first Gulf War), refugees, street children, and marginalized young people. Most-at-risk as well as vulnerable groups are the focus of community-based interventions, because many young people from poor and conservative settings, where pre-marital and extra-marital sexual activity has detrimental legal and social consequences, are also at risk.

Prior to establishing interventions, UNICEF conducted a baseline survey among out-of-school young people in four targeted communities of Aden. The survey revealed that knowledge on modes of prevention was only 28.5%, and that high levels of stigma existed against People living with HIV or AIDS (PLWHA).

In May 2005, the HIV prevention programme began by developing an enabling environment- advocacy sessions with religious leaders, local councils, district directors, and traditional leaders, which focused on the importance of es-

tablishing young people-led community-based interventions- were conducted.

The second step was building partnerships with community-based organizations and NGOs through training programmes focusing on HIV prevention and on the right of adolescents and youth to have access to gender-sensitive information and services.

This was followed by creating community committees consisting of representatives of local councils, NGOs, CBOs, and the National AIDS Programme. These community committees selected community outreach focal points and youth-peer educators from vulnerable groups, while ensuring that at least 50% were girls.

Outreach activities were conducted in the homes of most-at-risk groups, especially during Qat chewing sessions, in motels, hotels, beauty parlours, bus stops, and Qat markets. Outreach aimed to equip the hard to reach youth with necessary prevention information.

Findings

A follow-up quantitative and qualitative survey was conducted in October 2008. Knowledge on condoms as a mode of HIV prevention increased in target com-

munities from 28.5% to 42.2%. Attitudes towards PLWHA have also significantly improved compared to 2005. In 2008, 83% believed that the government should treat PLWHA, compared to 55.5% in 2005.

The qualitative study revealed that MSM trained as peer educators have reduced their high-risk sexual behaviour through consistent use of condoms, by reducing the number of partners, and frequent utilization of VCT services. Vulnerable youth trained as peer educators have stated that life-skills education has greatly increased their self esteem, assertive behaviour and negotiation skills.

Lessons Learned

The study also revealed that root causes related to poor living conditions, unemployment, lack of youth and girl-friendly leisure options at the community level, and poor child protection systems and social safety nets, have to be tackled to ensure sustained improvements in the prevention response.

For more information, contact Buthaina Al-Iryani at baliryani@unicef.org.

From the Regions: WCARO: Mali: Youth researching youth

The first West African study conducted and analyzed by young people concluded successfully in Mali last year. Young people came together to discuss taboo issues including sexuality, disease transmission, violence, abuse and risk, and develop a human rights framework to assess vulnerability and risk factors contributing to HIV infection- a remarkable achievement in a country where the rights of children and young people are reluctantly recognized and they have little say in the decisions that affect their lives. Furthermore, issues of sexuality are taboo in what is a predominantly Muslim country, and those who choose not to fulfil traditional roles (gender, religious, class) are highly stigmatised.

About the Research Initiative

Five 18-year olds - 2 males and 3 females - received a one-week intensive training from a survey specialist who was assisted by a HIV positive woman. These young people learned the human rights approach to programming, simple qualitative research techniques, data analysis and fieldwork, as well as practical exercises to better understand the meaning of discrimination, stigmatization and social exclusion. They then became trainers of other young people who were selected from a variety of backgrounds, including regional children's parliaments, schools and vulnerable groups, including those living with HIV. One of the aims of the exercise was to understand the commonalities and differences within regions and across socio-economic levels. These young people were subsequently asked

to conduct interviews and focus group discussions with their peers.

Results and findings

A total of 600 youth participated in the analysis in different roles – as interviewers, interviewees, and mappers of places with a high level of risk of HIV transmission. Young people also participated in a Steering Committee that provided feedback on the study design at the outset, and were able to review and analyse information collected for decision-making following the data gathering stage.

The study targeted groups of young people relevant to the epidemic as identified in the National Strategic Plan for HIV/AIDS 2006-2010, such as migratory young people (mainly among the "peuls" ethnic group), street children, sex workers and men having sex with men (MSM). This study revealed previously unidentified at-risk populations: injecting drug users, ambulatory vendors, female domestic servants and new categories of migrants (young boys and girls leaving their village alone for the city or transiting Mali from the neighboring countries to Europe).

As a follow-up to the study, young people were asked to map those places in their neighborhood or in their city where they felt they were at risk of rape and/or sexual violence. Those places included local beaches, train & bus stations and night clubs. These and other findings are now being used to revise the National Plan of Action for Youth, as well

as to develop a new National Strategic Framework for HIV/AIDS for the period of 2011-2014 and sector-specific Strategic Plans with various Ministries.

Task Forces were established in the six provinces studied, and are composed of representatives from each of the vulnerable groups identified in the study. The Task Force members were trained on reproductive health topics and provided with tools to work as peer educators.

The lessons learned from this process include:

- Recognition by duty bearers at various levels of the importance of youth participation in studies that target them (participatory action research);
- Young people's knowledge and understanding of their own reality was validated, which is significant given the conservative nature of the society;
- UNICEF's convening role is required in order to ensure that meaningful, non-stigmatizing dialogue and understanding between governmental representatives, community members and young people occurs;
- Behaviour change in a country with a very strong attachment to its system of values and traditions takes time, but is possible; and,
- The real importance of evidence-based planning and programming

For more information, contact Ralph Midy at rmidy@unicef.org.

Arming young military men with HIV knowledge: a programme update from MENA: Sudan

Background

A survey conducted by the Sudan National AIDS Control Programme (SNAP) in 2004 revealed an estimated HIV prevalence among university students of 1.1%. The survey also revealed relatively high knowledge of modes of transmission, but low knowledge of means of prevention, high levels of stigma and discrimination, as well as misconceptions (i.e. 27% believed that HIV could be transmitted through eating with an infected person and 61% would not buy food from a food seller living with HIV.)

In 2009, UNICEF, in cooperation with SNAP, the Ministry of Defense and the Ministry of Social Welfare embarked on a journey to raise awareness about HIV and AIDS within the 6-week long service training camps scattered throughout North Sudan that all young men are required to attend.

The programme commenced with the training of social workers, made available by the Ministry of Social Welfare in the 15 northern states of Sudan. These social workers were trained in inter-personal communication skills- they are currently working in over 50 camps to provide information to over 30,000 young males. The information is given through group or one-to-one discussions, games, plays, etc.

Preliminary findings from pre and post assessments show an increase in knowledge among these young males. In certain camps, information is being linked to services- SNAP is making mobile VCCT services as well.

For more information, contact Severine Leonardi at sleonardi@unicef.org.

From the Regions: CEE/CIS: Ukraine: MARA in need of immediate access to HIV prevention services and social support

Ukraine has the fastest growing HIV epidemic in Europe. Although it is widely known that most HIV cases are registered among young Ukrainians, accurate age and sex-disaggregated data on HIV risk among adolescents and young people is still needed for informed programme planning, advocacy and policy decision-making on the local, regional and national levels.

To address these and related HIV programming issues, UNICEF Ukraine, in partnership with the Ukrainian Institute of Social Research; the London School of Hygiene & Tropical Medicine; the Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) Regional Office; the Ministry of Family, Youth and Sport; and State Social Service for Family, Children and Youth, conducted seven research studies in 2007-2008. The final report entitled "[Most at Risk Adolescents: the evidence base for strengthening the HIV response in Ukraine](#)," released in June 2009, provides reliable information about the factors pertaining to adolescents' vulnerability to HIV and about the risk behaviours of children and adolescents who live or work on the streets. It also offers an overview of policy and legislation on the provision of health and social services to most-at-risk children and adolescents and provides information about the social and demographic characteristics of this group. This was the first such comprehensive research endeavour among MARA ever carried out in the Ukraine- its findings and recommendations will serve as a foundation for the government and civil society to develop a set of actions to strengthen the domestic HIV response.

Findings

The majority of the boys aged 15 to 19 in Ukraine who officially registered as living with HIV contracted it through injecting drug use (65 per cent). Most of the HIV-positive girls of the same age contracted the infection through unprotected heterosexual contacts (89 per cent).

Due to a lack of knowledge about HIV and AIDS (only 9 per cent of young people living or working on the streets have correct knowledge about HIV and AIDS), unprotected sex and injecting drug use, MARA are more exposed to HIV infection than other groups. 18 per cent of all female commercial sex workers (CSWs),

6 per cent of injecting drug users (IDUs) and 12 per cent of males who have sex with males (MSM) are 14-19 years old adolescents. Compounding their heightened vulnerability, they do not have access to HIV prevention services- the majority of existing programmes target adults. Only about 30 per cent of adolescent IDUs reported having been reached by HIV prevention programmes and 28 per cent of adolescent CSWs reported being covered by peer-driven interventions. Only 14 per cent of adolescent IDUs and 24 per cent of adolescent MSM had taken HIV tests in the past 12 months and know their results.

Existing social policies concerning housing, employment and social security benefits fail to balance out the social, psychological and health-related problems that especially vulnerable adolescents (EVA) and MARA boys and girls face due to neglect, violence, deprivation and/or psychological distress. Ukraine's social and health care sectors are underfunded and lack political leadership. The results have been insufficient response capacity and facilities and institutions that languish in poor condition. Other factors that hinder provision of even a minimum package of high-quality services to MARA and EVA are the over-centralisation and over-specialisation of prevention and treatment services, the vertical service structure and a profusion of service access barriers.

The report recommends that safe behavioral practices can only come about through the removal of legislative and normative barriers to service delivery and access. It also advises that the multi-sectoral response can be improved through the inclusion of MARA in decision-making processes,

alongside government and civil society stakeholders. Further development of the base of evidence on MARA will enhance the deployment of prevention services tailored to MARA's varied needs. These processes will establish a strategic framework for operational planning at the service-provider level, for capacity-building, for resource mobilisation and for implementing innovative and evidence-based service models for MARA in Ukraine.

Results and Next Steps

The findings have spread widely in Ukraine and generated much discussion, mainly during national and subnational multisectoral stakeholder meetings, but also during international conferences. The project developed a list of core indicators, some of which have already been integrated into the MoFYS' sectoral M&E system on children (DevInfo data base). This has strengthened national monitoring.

This article was jointly prepared by Svetlana Ancker and Olena Sakovych. For further information, please contact Olena Sakovych at osakovych@unicef.org.



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From the Regions: TACRO: Haiti and the Dominican Republic: Building a shared future



Dajabón and Wanamant are two border communities that link Dominican Republic and Haiti, known for their continuous stream of people and their busy commercial activity. The general HIV prevalence in the Dominican Republic is about 1%, though it can be over 5% in some demographic segments. The prevalence in Haiti is 2.2%, the highest in Latin America. An important segment of the population that travels between these two countries is children who work in activities related to product sales and domestic service.

UNICEF's response

Catholic Relief Services, with the technical and financial support of UNICEF-Dominican Republic, implements the

cross-border project “Niños, Niñas y Adolescentes trabajamos por un futuro compartido” (Children and adolescents work for a shared future) in both municipalities. Within the project, an initial assessment is done to measure knowledge, sexual behavior and risk perceptions on HIV and AIDS among children and adolescents in both communities.

Initial findings

264 students between 10 and 18 years of age were interviewed. The findings suggest that 36% of the interviewees started their sex life when they were 10 years old or before, and that 12% of them were initiated in a forced or compulsory way. 62% of the interviewees knew somebody living with HIV or AIDS; 15% of those known persons were close relatives and 30% were close friends. Contrary to assumption, 59% and 35% of the interviewees said that they didn't have any risk or had a very low risk of contracting HIV respectively.

Results

A total of 4,540 children and adolescents

participated in different training and awareness activities for more knowledge about HIV and AIDS, to learn the risk factors and to sensitize participants to stigma and discrimination associated with HIV and AIDS. Of the participants, 80 community trainers in 8 schools on both sides of the border were trained. They created 2 street theater groups in Creole and Spanish for the purpose of performing on market days.

An evaluation done three years into the project's implementation has demonstrated higher levels of knowledge among children and adolescents in school. Moving beyond being passive listeners, participants have developed education activities with community groups to increase access to information by children and adolescents who are not attending school and those who are more vulnerable to infection. Additionally, participant risk perception increased, especially among adolescents on the Haitian side. This is a very positive sign, given that the information they typically receive is insufficient and incorrect, all of which contribute to poor decision-making skills that are more influenced by violence, lack of self-esteem, economic vulnerability and labour exploitation.

For more information, contact Sara Menendez at smenendez@unicef.org.

THE ROLE OF SCHOOLS IN PREVENTION, CARE AND SUPPORT

Within UNICEF, life skills-based HIV education in schools is an issue that cuts across programmes. It contributes to Focus Area 2 on child-centred, gender-sensitive and age-appropriate life skills-based HIV education learning, and to Focus Area 3 on increasing access to and use of gender-sensitive prevention information, skills and services. Key partners include the UNAIDS IATT on HIV and Education, led by UNESCO at the global level, which in its 2009 revised strategic approach calls upon the education sector to contribute to a comprehensive response to HIV and AIDS by two sets of objectives: 1) prevention of HIV infection by reducing vulnerability through protection and empowerment, and reducing individual risk-taking; 2) mitigation of the impact that HIV and AIDS has on individuals' lives and their communities/nations.

In all cases, specific actions that form a comprehensive plan can be determined and prioritized by considering the type of epidemiologic scenario in question. In generalized and hyper-endemic HIV & AIDS scenarios, the centrality of school-based efforts to reach young people is without debate. A broad set of actions need to be put in place by the Education Sector in these scenarios:

- Comprehensive Education Sector responses to HIV and AIDS that are evidence-based and coordinated with national HIV plans, and with HIV strategically mainstreamed in national education sector policies.
- A combination prevention approach applied to education sector responses that combine: i) issues of learners and staff infected, affected and most-at risk; ii) gender-sensitive life skills-based HIV education to address stigma, prevent infection, and increase help seeking behaviours; iii) enabling and protective learning environments; iv) linkages to external services.
- Formal interventions that constructively align learning outcomes through formal curricula, learning/teaching methodologies through in-service teacher training, and assessment of learning outcomes through national examinations.
- Extra-curricular and non-formal interventions that complement the formal school curricula, with a particular focus on children and adolescents, in and out of schools, who are identified as being especially vulnerable or at greater risk with regard to specific content area.

To read about strategic approaches to HIV and Education within national responses, click [here](#). For more information, contact Anna Maria Hoffmann at amhoffmann@unicef.org.

Increasing adherence and quality services through youth friendly clinics: a programme update from Haiti



A model of care

Since 2006, UNICEF Haiti has been supporting a clinic for adolescents, a welcoming space for young people and adolescents to get counselling, treatment and care for HIV and AIDS, or other sexually transmitted infections (STIs). This clinic is the only health institution in Haiti that specifically caters to young people; its multi-disciplinary team has been specially trained to deliver preventive services, treatment and care for young people (13-19 years old) affected by HIV or AIDS.

In addition to counseling, testing and treatment for HIV and other STIs, the clinic also offers the services of a dermatologist, psychologist and social assistant, among others, and has created a referral system with three major hospitals specializing in paediatric HIV treatment with ARV.

The clinic also offers transportation compensation, pre-paid phone cards for communication with clinic staff, intensive and comprehensive educational sessions, leisure activities to promote networking, promote self-confidence and build positive life-skills among the young people receiving services.

Results

More than 5,000 adolescents have used the facilities; 100 new adolescents have joined each year and begun and maintained treatment regimens. Since the clinic's opening, treatment adherence has increased from 12% to 70%.

For more information, contact Mireille Tribie at mtribie@unicef.org.

From the Regions: TACRO: Honduras: Expanding youth-friendly services

Honduras has the highest HIV rate in Latin America and the Caribbean region, with a 1.5% prevalence in the general population. Two of every three cases reported are among 20-39 year olds, indicating that many people are becoming infected during adolescence.

Already faced by a lack of information about HIV and extensive social pressure to engage in behaviours dictated by the group, taboos about speaking about sex make it even more difficult for young people to prevent early non-desired pregnancies and sexually transmitted infections. Parents, teachers and health staff are an essential part of the equation to increase access to information and quality services and build the self-confidence of young people to fully realize their potential.

Begun in 1993, UNICEF Honduras supports the COMVIDA programs, which offers adolescent pregnancy prevention services and provides alternative choices for young people. The main components of the programs are the creation of youth organizations, the provision of education, training and counseling services, institutional coordination through community networks and counseling of young people for inclusion in the labour market.

Activities and services include:

- Consulting with young people about their recreational pastimes and supporting them to establish constructive options
- Identifying and organizing youth leaders to lead youth groups within their own neighborhoods or communities
- Designing collaborative training programs for youth leaders to be held during school vacations
- Furnishing and equipping training centers for young people
- Organizing youth drama groups
-

Status of the Programme and Next Steps

The Project, a reflection of Honduran public policy, employs a decentralized model of care that strengthens local government capacities, health services and promotes local ownership. It is another step in the effort to achieve the objectives of UNFPA/UNICEF cooperation in Honduras to promote the sexual and reproductive rights of adolescents and young people and their inclusion in the development of local agendas for HIV prevention and maternal mortality reduction.

The programme has recently been reinforced by a 5-year agreement, signed with Canadian Cooperation. Supported by UNICEF, the COMVIDA projects will be consolidated in a further 16 municipalities, reaching a total of 33. UNFPA will also continue its support to 7 localities where youth friendly services are already in place and will help to establish new youth-friendly services in another 12 municipalities.

For more information, contact Javier Rodriguez (jrodriguez@unicef.org) or Hector Espinal (hespinal@unicef.org).



From the Regions: ESARO: Kenya: “Stepping up” HIV prevention through “Stepping Stones Plus”

Eliminating stigma and discrimination while ‘stepping up’ HIV prevention is the aim of the supplementary Stepping Stones module for 2008-2009, produced by UNICEF Kenya, with technical assistance from the regional office. The new module promotes positive care and support practices and full participation of HIV- positive people in the HIV response.

About Stepping Stones

Stepping Stones was originally developed in Uganda in 1992 to assist users in understanding the multiple factors in HIV transmission and risk reduction. Since then, the brand has been widely used in Africa, Asia, the Pacific, Europe and Latin America. The new module includes the following sections:

Community dialogue on HIV prevention:

This section provides starting points for community dialogue around various aspects of HIV, including risk assessment, supporting health care staff to support the community, HIV and community interconnectedness, sexual networking, sharing information with sexual partners, hearing the perspectives of orphans and vulnerable children, and working with religious leaders to support HIV positive people. The exercise is intended to promote care and support among partners, families and the wider community for HIV prevention, and to expose the participant to multiple perspectives on the subjects.

Prevention of mother-to-child transmission of HIV: Recognizing the numerous steps involved in the uptake of PMTCT services, UNICEF Kenya developed a module that would help members of the community understand the connection among the four main prongs of PMTCT, which include primary prevention of HIV infection, preventing unintended pregnancies among HIV infected women, preventing HIV transmission from infected women to their children, and providing care and support for infected mothers, children and their families. Exercises in the module address issues around care for all pregnant women, regardless of HIV status, and support of HIV positive women in the PMTCT process in order to overcome stigma and discrimination. The session also tackles some common misconceptions on the right of HIV positive women to have children, the pros and cons of couples testing, male involvement in PMTCT uptake, care and support for HIV positive women and infant weaning practices.

HIV prevention among young people:

The module focuses on how to promote primary HIV prevention, especially among adolescents and young people. It covers issues like unplanned pregnancy and access by young people to youth friendly health services. Part of the rationale for the exercise is the need to respond adequately with non-judgmental information, skills and services for young

people, within the context of an enabling and protective environment. The session explores how teenagers could become positive and not even look ill, personal responsibility in not transmitting HIV to the younger generation, especially girls and issues of age-disparate sexual relations.

Male circumcision (MC): This section explores attitudes to male circumcision in various communities, sets to rest confusion with female circumcision, outlines the principles involved in neonatal circumcision and explains the science of the 60% protective effect, with rationale drawn from recent MC Randomized Controlled Trials.

Correct and consistent condom use:

This exercise contributes to improved and consistent male and female condom use. The session contains role plays and demonstrations on condom use. While recognizing some challenges in terms of access to female condoms and misconceptions that the female condom could disappear within women, the exercise contains valuable field information from women who have used it for penetrative sex, and who found that it was quite ‘natural’ and that latex allergies were not an issue.

This article was written by Adebayo Fayoyin. For more information contact Chris Ouma at couma@unicef.org or visit www.stepsstonesfeedback.org.

From the Regions: EAPRO: Highlights from ICAAP 2009

The 9th International Congress on AIDS in Asia and the Pacific (ICAAP), held on 11th August 2009 in Bali, Indonesia, covered a range of topics- UNICEF delegates offered highlights from the following symposium:

Symposium: “Falling through the cracks: addressing the reproductive health needs of FSWs”

Presenter Rajendara Naik, SANGRAM: Children of sex workers are marginalized at school. The discrimination they face often leads to low motivation and low self-esteem, which translates into poor academic grades. Even following the successful completion of school, they have few educational prospects or employment opportunities. NGO Sangram encourages young people to become

active members of their school communities. For instance, daughters of sex workers who have successfully completed school now teach other sex workers' children in the same school; boys enrol in peer education programmes on advocating safe sexual practices.

Presenter Glen Mola: As dual protection addresses both unplanned pregnancy and sexually transmitted infections (STIs), each strategy has distinct advantages and disadvantages. However experts recognize that determining appropriate dual protection messages depends on assessing individuals' separate risks of unplanned pregnancy and HIV/STIs and then determining how effectively various contraceptive methods reduce those risks. Therefore promoting only condoms may not be adequate es-

pecially given that there is also an issue of poor availability of condoms. Dr. Mola highlighted the fact that this strategy must also target the clientele of FSWs.

Female condoms are a workable option, though not easily available; intrauterine devices (IUDs) which offer safe and reversible long-term contraception, requiring little effort on the part of users once they are inserted. IUDs are however not widely used in many countries because of reluctance among users and health providers, or a lack of supplies and adequate trained staff to educate the users.

This report was shared by Sangeeta Sran Kaur. To learn more, visit <http://www.icaap9.org/vmc.php>

New Reports

HIV transmission in intimate partner relationships in Asia

A new report by UNAIDS, its Cosponsors and civil society partners, examines the issue of married or in long-term relationships women who are at risk of HIV infection due to their partners' high-risk behaviours.

The report also offers 4 key recommendations for action. To learn more, visit: http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090811_IntimatePartners.asp

A Strategic Approach: HIV & AIDS and Education

This publication provides a strategic vision of the critically important role that education plays in addressing HIV and AIDS. It targets decision-makers and practitioners in the education sector, as well as colleagues who work on HIV and AIDS responses in other sectors.

Electronic copies available at: <http://unesdoc.unesco.org/images/0016/001627/162723e.pdf>

Updates

HIV and education in emergencies- your feedback requested

The Inter-Agency Network for Education in Emergencies (INEE)/ IATT Task Team, led by UNICEF, is finalizing a toolkit on mainstreaming HIV in education responses in emergencies.

The toolkit provides modules on: providing enabling and protective learning environments which includes information and tools on gender, violence and psychosocial support; basic water and sanitation interventions; access to HIV-related services; and learning and teaching of life skills-based HIV education.

The toolkit will be field tested in the coming months in order to use feedback from education officers to guide programming during emergencies. If you are interested in field testing, please contact Anna Maria Hoffmann at amhoffmann@unicef.org.

Consultation on Strategic Information and HIV Prevention among Most-at-Risk Adolescents Geneva, 2-4 September 2009

The consultation is an information-exchange opportunity across regions on country-level data collection experiences with most at risk adolescents. The aim is to identify ways to use strategic information to improve HIV prevention with MARA and ways to build support for MARA programming among decision makers. Actionable steps will be identified by meeting participants to move data collection and research forward to policy and implementation.

Stay tuned for further updates.

Top 10 Resources

- [Condoms and HIV prevention \(UNAIDS, 2009\)](#)
- [Global Guidance on HIV and Young People. Inter-Agency Task Team on Young People 2008 \[link to entire package\]](#)
 - » [Overview of HIV Interventions for Young People](#)
 - » [HIV Interventions for Most-at-risk Young People](#)
 - » [HIV Interventions for Young People in Humanitarian Emergencies](#)
 - » [Community-based HIV interventions for Young People](#)
 - » [HIV Interventions for Young People in the Education Sector](#)
 - » [HIV Interventions for Young People in the Health Sector](#)
 - » [HIV Interventions for Young People in the Workplace](#)
- [Addressing the vulnerability of young women and girls to stop the HIV epidemic in Southern Africa. UNAIDS 2008](#)
- [Responding to HIV prevention needs of adolescents and young people in Asia: Towards cost-effective policies and programmes. UNICEF, UNFPA, UNESCO May 2007](#)
- [Practical Guidelines for Intensifying HIV prevention: Towards Universal Access. UNAIDS 2007](#)
- [Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries. Inter-Agency Task Team on Young People 2006](#)
- [Accelerating HIV prevention programming with and for most-at-risk adolescents: Lessons learned from the first global Technical Support Group. Kiev, Ukraine 24 – 26 July, 2006](#)
- [At the crossroads: Accelerating youth access to HIV/AIDS interventions. WHO, UNAIDS, UNFPA and UNICEF 2004](#)
- [HIV Prevention in the Era of Expanded Treatment Access. Global HIV Prevention Working Group, June 2004](#)
- [Young People Speak Out: Meeting our Rights to HIV Prevention and Care: Access for All -- Bangkok Youth Report. UNICEF 2004](#)



This prevention issue is all about learning from the evidence, being open to doing things differently and striving, with partners, to get the right combination of prevention interventions in place. A combination approach needs to promote the scale up of a mixture of interventions including

- Biomedical: directed to individuals to decrease risk, eg.
- Condoms, harm reduction, STI treatment
- Behavioural: directed to individuals and their environments to decrease risk and vulnerability, eg. Information and life skills-base education through schools and community based organizations, changing social norms through the media.
- Social and Structural: directed to individuals and their environment to decrease vulnerability, increasing school provisions, enrolment and retention; increasing access to livelihoods; decreasing discrimination and marginalization; changing policies, legislation and social norms.

What's helpful and highly encouraging is that there is an extensive network of people - young and old with the range of talents, expertise and experience needed - who care about preventing adolescents from becoming HIV positive, and are motivated to keep tackling evidence-informed prevention. Likewise, there is stronger understanding of the links between prevention and making sure that the young people who are living with HIV also have the prevention, treatment, care and psychosocial support to which they have a right. Critical new work is also underway to better address linking primary prevention among young people and PMTCT. It's been my privilege to be part of the prevention coalition and see first hand the tremendous work going on in the field and the growing focus on HIV prevention with adolescents in UNICEF and with partners. I'll wrap up my tenure with UNICEF at the end of September, and would like to express my admiration for all the prevention work and my encouragement for you to keep at it!

Best wishes,

Diane Widdus

Senior Advisor, Prevention of infections among adolescents and young people

Global Events

SEPTEMBER 7-10
SEARO Regional Committee - Kathmandu, Nepal

SEPTEMBER 14-17
EURO Regional Committee - Copenhagen, Denmark

SEPTEMBER 14-18
Executive Board Sessions: Second Regular Session - New York, USA

SEPTEMBER 21-25
WPRO Regional Committee - Hong Kong

SEPTEMBER 28-30
First international conference in Africa on Family based care for children - Nairobi, Kenya

SEPTEMBER 28- OCTOBER 02
AMRO/PAHO Regional Committee - Washington, DC, USA

OCTOBER 5-9
Symposium: Strengthening Capacity of Civil Society and Government to Work with Men and Boys on Gender-Based Violence and HIV - Johannesburg, South Africa

OCTOBER 29
32nd Meeting of the Committee of Cosponsoring Organizations (CCO) - New York, NY

NOVEMBER 9 -11
2nd International Meeting: Innovations and Progress in Healthcare for Women Prevention, Screening and Risk Prediction in Women's Health - London, UK

For the 2009 calendar of global events, [click here](#).

ABOUT THE NEWSLETTER

This newsletter was created to facilitate the exchange of knowledge and information around Children and HIV/AIDS within UNICEF. The opinions of reports, websites or other materials cited, referred to or linked to in this newsletter are solely the opinions of the authors and do not represent the views of UNICEF.

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