BRIGHTER LIFE FOR ALL

Advocacy Strategy for Adolescent and Young People Living with HIV in Uganda 2015-2017

ROBERT CARR FUND for civil society networks

NOPE Building Capacities, Changing Lives

aca Africa Capacity Alliance

UNYPA

FEDERATION OF WOMEN LAWYERS HAKI ZA AKINA MAMA FIDA KENYA

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Definition of Terms and Phrases

In order to have a common interpretation the following Key words/phrases have been utilized; these phrases have been derived variously from the usages and general application across the world. In this case they mean as expressed below:

- **Adolescent:** Person aged 10 to 19 years
- **Child:** Under the UN Convention on the Rights of the Child, 1989, a child is a person under 18 years of age, unless under domestic law the child reaches majority at an earlier age.
- **Constituency:** a group or people, often with similar backgrounds, ties, interests, and priorities, which is represented on a decision-making body. Representatives are often elected by the entire group, but they may also be selected through other mechanisms (by appointment, for example).
- **Discrimination:** The unfair and unjust treatment of an individual based on his or her real or perceived HIV status. Both Stigma and discrimination breach fundamental human rights and can occur at a number of different levels, including economic, institutional, political, psychological, and social levels.
- **Gatekeeper:** The person who controls access to information or services within a community. For example, the person within a group or community who makes the final decision as to whether to allow the SRHR services to the youth/adolescents. The task of gatekeeping entails making judgments about issues affecting members of group or community.
- **Stakeholder/stakeholder group:** individuals or organizations that have a vested interest in HIV prevention, quality health for Young People Living with HIV and youth in general. Key stakeholders in this context include YPLHIV and their families and communities; CSOs in the HIV & AIDS field; Heath Service(s) providers, public health policymakers.
- **Stigma:** According to UNAIDS, it as a "process of devaluation" of people either living with or associated with HIV and AIDS.
- **Tokenism:** refers primarily to policies and practices that make only symbolic efforts, to effect change or inclusion. For instance this might include inviting YPLHIV to participate in a meeting when they cannot speak the working language. This may outwardly give the impression that those organizing the meeting are making an effort to consult with YPLHIV, but in reality YPLHIV are invited to be 'seen and not heard'.
- **Young person:** This is used contextually and tends to refer to person aged 10 – 24 years.
- **Youth:** is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group. The UN, for statistical consistency across regions, defines 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. However, most countries including Uganda use the definition given in the African Youth Charter where "youth" means "every person between the ages of 15 and 35 years".

Acronyms

AIDS: Acquired Immune Deficiency Syndrome
ALHIV: Adolescents Living with HIV
ART: Antiretroviral Therapy
ARV: Antiretroviral
CBO: Community-Based Organization
CBV: Community-Based Volunteer
FP: Family Planning
HIV: Human Immunodeficiency Virus
IEC: Information, Education and Communication
MoH: Ministry of Health
NGOs: Non-Governmental Organizations
NSP: National Strategic Plan
PLHIV: People Living with HIV
SRH: Sexual and Reproductive Health
SRHR: Sexual and Reproductive Health and Rights
STI: Sexually Transmitted Infections
TASO: The AIDS Support Organization
UAC: Uganda AIDS Commission
UNFPA: United Nations Fund for Population Activities
WHO: World Health Organization
YPLHIV: Young People Living with HIV

Foreword:

The Ugandan National HIV/AIDS Strategic Plan 2011/12-2014/15 sets a target of 30% reduction in the new infections by 2015. To achieve this ambitious goal, the plan prioritize addressing stigma and discrimination by envisioning "A Uganda where new HIV infections are rare, and where everyone, regardless of age, gender, ethnicity or socioeconomic status has uninterrupted access to high quality and effective HIV prevention services free from stigma and discrimination"

Uganda, like many African countries in the Sub-Sahara region has experienced a growing population of adolescents and youth who are living with HIV but with minimal prevention and treatment efforts. The Uganda government, development partners, the civil society organizations and communities must therefore rally together to change the tide and end adolescent and youth AIDS.

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This Advocacy Strategy focuses on reducing barriers facing Adolescents and Youth Living with HIV for improved quality of life. It emphasizes three interlinked objectives to 1) promote positive and dignified lives for AYLHIV free from stigma and discrimination; 2) enhance access to psychosocial support services; 3) increase access and utilization of friendly comprehensive package of services; and 4) improve Positive Health, Dignity and Prevention (PHDP). This holistic approach will ensure an equitable HIV response that ensures no adolescent/youth is left behind.

This advocacy strategy recognizes the centrality of a multi-sectoral response to HIV among adolescents and youth in Uganda and outlines roles and expected actions from different sectors and actors. While the strategy has been developed by civil society organizations and networks of youth infected and affected, it is hoped that the Ugandan Government through the Ugandan AIDS Commission will take a leading role in the co-ordination and governance structure to lead the campaign to end Adolescent and Youth AIDS. It will be incumbent upon the actors to increase and sustain financing for HIV services and stigma reduction as a priority for the tide to change among this inadequately served population.

I therefore thank all the stakeholders involved in the process led by UNYPA, Robert Carr civil society Network Fund for the funding through Africa Capacity Alliance. I believe the strategy will contribute to the progress made so far through decades of hard work; unity of purpose, courage and commitment towards ending the AIDS pandemic among the adolescents and youth.

Signed:

Philip Waweru Mbugua
Executive Director-Nope

Acknowledgement

The development and production of Brighter Life for All Advocacy Strategy to Increase Access to Quality Health Services for Adolescents and Young People Living with HIV in Uganda was realized as a result of the effort of many stakeholders. We wish to acknowledge that the process was made possible through the funding from Robert Carr Civil Society Fund under the project Capacity Building for Inadequately Served Populations (CB4ISP) that came through the African Capacity Alliance (ACA).

Special thanks to all the members of the national stakeholder forum who gave invaluable contribution to the process. In appreciate the Ministry of Health and Uganda AIDS Commission whose strategies and other documents were reviewed from the outset as background to context of HIV response and programming in Uganda. Their presence in the national forums is also highly appreciated; the other organizations and Institutions who provided technical directions include MARIESTOPES, MARPS NETWORK, FXB, LMB, AIDS Information Centre, WAFC, NTC KALIRO, GHFAI, Reachout Mbuya, UYP, IN UG, MEDIA Impact FM, and Media Record TV.

Alex Hafasha was instrumental in mobilizing various university student leaders under the auspices of the Generation Free of HIV/AIDS Awareness Initiative (GFHAI). The students provided eye opening perspectives about the HIV scenario from their perspective and the interventions utilized.

The Uganda Network of Young People Living with HIV&AIDS (UNYPA) provided tremendous support and mobilized the adolescents and Youth across the country through the network. Additionally, UNYPA under the leadership of Jacqueline Alesi, provided facilitators and space to conduct consultative forums with various participants.

We wish to thank the team from National Organization of Peer Educators (NOPE) who led the initial consultations with Key Informants, and youth and adolescents living with HIV. Teddy Namugambe coordinated the mobilization as team leader in Uganda. Peter Onyancha and Job Akuno provided technical leadership.

Jacquelyne Alesi
Director -UNYPA

The Process of Developing the Strategy

The Process of Developing the Strategy

This document is the product of numerous consultations and input of young people living with HIV (YPLHIV), the Ministry of Health, Uganda AIDS Commission, Civil Society Organizations, and Adolescents in and out of school, Advocacy experts and behavioral scientists. A complete list of some key participants has been attached in the annexes.

Forty Adolescents and young People Living with HIV were consulted using structured questionnaire and responses consolidated to inform the strategy. The YPLHIV provided additional anecdotes expressing the stigma environment and wished that the narratives are shared to all duty bearers or decision makers. They also identified aspects that should target the YPLHIV themselves, health service providers, policy makers and the general public. Another team of selected student leaders from across 4 universities (Kambogo University, Kampala International University, Kampala University, and Makerere) were also interviewed.

There were key informant interviews (KII) conducted with technical officer from various CSOs ((including AIDS Information Center (AIC); Uganda Network of Young People Living with HIV (UNYPA); Generation Free of HIV & AIDS Awareness Initiative (GFHAI); MARPS Uganda; and FXB Uganda)), Ministry of Health, Uganda AIDS Commission, Behavioral Science academics and Youth Leaders.

Finally, there was a national working group that was put in place comprising of individuals from diverse backgrounds. The team provided feedback to each draft that was sent out and made invaluable reviews towards the final product.

There was literature review including World Health Organization (WHO) HIV treatment Guidelines 2013, UNAIDS Global Report, 2013; National HIV & AIDS Strategic Plan 2011/12 – 2014/15; National HIV Prevention Strategy 2011-2015; HIV and AIDS Uganda Country Progress Report, 2013; and A Guide to YPLHIV Involvement in Country Coordinating Mechanisms; Sexual and Reproductive Health Needs of adolescents Perinatally infected with HIV in Uganda, 2008.

> **"When I went to class, to my shock all my tablets were displayed like a criminal exhibit at the chalkboard by the teacher and then taken in front of the whole assembly for students. I was then called to the front and asked to respond to the question, "What are these?" I felt extremely humiliated; I can't put it in words. It was terrible. I felt distressed. I called my guardian and stayed home for a period of 5 months after which I then changed schools."**
>
> *- A Young YPLHIV*

Background and Context of Adolescents and Young People Living with HIV

Background and Context of Adolescents and Young People Living with HIV

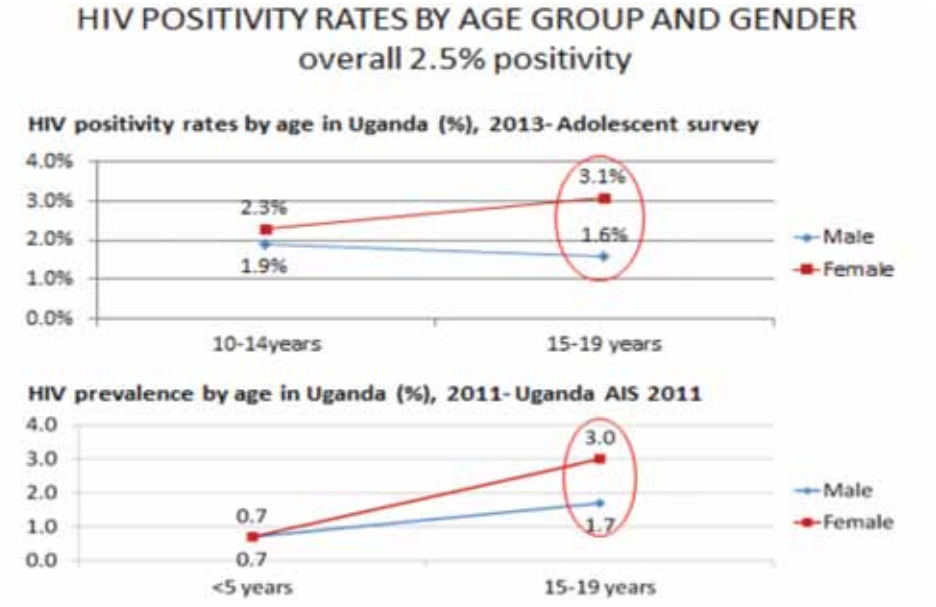
The HIV prevalence in Uganda has ranged between 6-7% in the general population for the past 10 years, though recent reports have indicated that there is a rise in the prevalence rates i.e. proportion of Ugandans, age 15-49, who are infected has risen and now stands at 7.3% (and even higher in women at 8.3%), up from 6.4% in the 2004-05 survey. The estimated number of new infections has been rising steadily: from 124,000 in 2009; 128,000 in 2010; to now 130,000 in 2012.

The National target is to have a 30% reduction in the new infections by 2015 according to the National HIV/AIDS Strategic Plan 2011/12-2014/15. To achieve this, the National HIV/AIDS Strategic Plan has prioritized addressing stigma and discrimination by envisioning "A Uganda where new HIV infections are rare, and where everyone, regardless of age, gender, ethnicity or socioeconomic status has uninterrupted access to high quality and effective HIV prevention services free from stigma and discrimination"

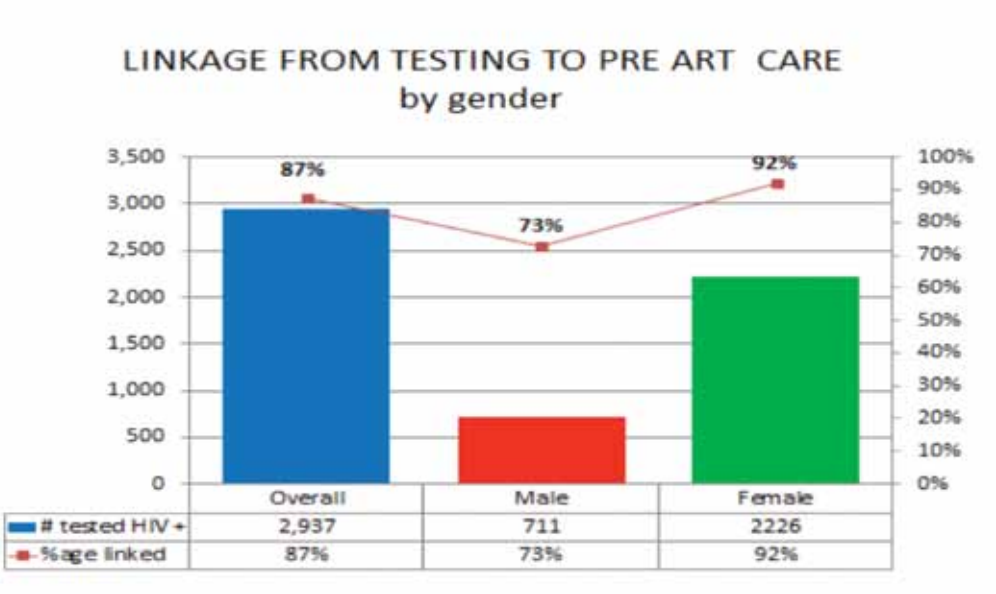
The Uganda AIDS Indicator Survey 2011 suggests that stigma and discrimination still remain as major barriers to achieving an AIDS Free Generation in the country. There is evidence that stigma reduction improves health outcomes for PLHIV and their partners. A study conducted among HIV-infected men and women who were clients of The AIDS Support Organization (TASO) to determine the social predictors of disclosure as well as to explore and describe the process, experiences and outcomes related to disclosure revealed that disclosure of HIV serostatus to sexual partners supports risk reduction and facilitates access to prevention and care services for People Living with HIV/AIDS.

According to the report, The People Living with HIV Stigma Index (2013), stigma is still prevalent, though its manifestation and continuum has changed from widespread social exclusion as was the case before advent of antiretroviral therapy. The commonest forms of stigma and discrimination are gossip 60% (666) followed by verbal harassment, insults and or threats 37% (411). The Uganda findings are consistent with findings from other African countries that have recently rolled out the PLHIV Stigma Index. Social exclusion is still prevalent at different levels, for instance exclusion at social gathering was reported at 16%, at religious functions; 7% and at family activities; 10% within the last 12 months of the survey.

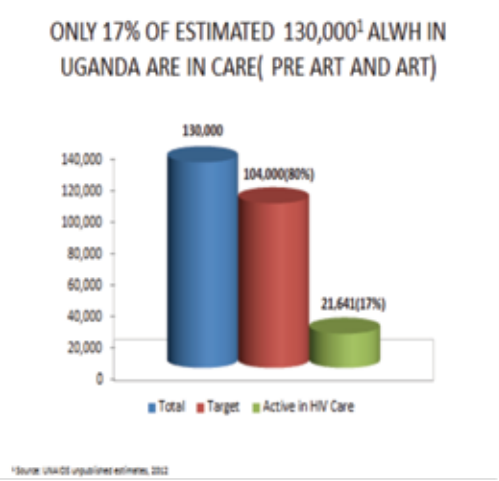
While there has been gains made in the response to HIV and stigma reduction in the general population, the Ugandan young population, with one quarter being made up of adolescents (MOH, 2000) has not received as much attention. The tables below best represent the situation of HIV and AIDS response among the adolescents and youth living with HIV in Uganda.

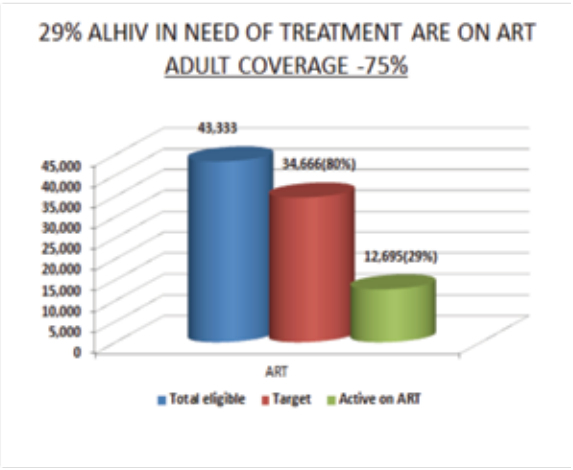


There is an obvious trend of female adolescents getting into care with very low enrolment into care by male counterparts as the table below depicts:-



Worse still, overall enrolment into care remains largely insignificant among the ALWHIV.





There is very low enrollment and adherence by youth to ART programs, which point to a greater need to reverse the trends. This will require shifts both in terms of service delivery as well as policy guidelines. More importantly, there will be greater need for community mobilization to address the behavioral and demand side targeted at stigma and discrimination reduction.

Challenges to YPLHIV Programming:

Perinatally infected	Acquired HIV during adolescence
More likely to be in advanced stages of HIV	Earlier stages of HIV
More likely to have opportunistic infections	Fewer opportunistic infections
More likely to not be on first-line drugs and in need of complex ART regimens	Less likely to need ART or more likely to be on First-line regimens
Higher risks of complications during pregnancy	Lower risks of complications during pregnancy
Higher mortality rates	Lower mortality rates
Less likely to know HIV status, although may have been on treatment for longer periods	If accessing HIV-related services, likely to know their status
More likely to have experienced multiples losses related to HIV (parents, siblings, etc.)	More likely to lack familial, clinical, and social support systems
Higher risk of long-term chronic diseases early in life	Higher risk of long-term chronic diseases later in life
Experience stigma early on in life: in family, at healthcare settings, schools, etc.	Experience stigma later, usually post-diagnosis but exacerbated by social stigma related to drug use, sex work or sex between men and repressive laws/ legal environments if they practice any of these behaviours

Adapted from USAID & PEPFAR, Transitioning of Care and other Services for Adolescents Living with HIV in Sub Saharan Africa, Technical brief, 2012.

Rationale and Justification

Rationale and Justification

The Sexual and Reproductive Health Needs of Adolescents Perinatally Infected with HIV in Uganda (Population Council, 2008) identifies the needs and recommendation to better the quality of life of YPLHIV with deep analysis of the situations. The recommendation can be summarized as follows: Strengthen preventive services; Make pregnancy safer for HIV positive adolescents; Involve parents to openly discuss sexuality; Re-orient service providers/ counselors; Establish transition clinics; Strengthen support groups; Improve life skills for HIV positive adolescents to - understand their sexuality as they grow, practically deal with the identity of being HIV positive at an early age and negotiate vital aspects of their lives, especially disclosing their status, enjoy positive lifestyles and avoid undesired consequences such as unintended pregnancies and infection of others, and make informed choices and balance responsibility with sexual and reproductive desires. Presently, the same concerns are strongly expressed by YPLHIV several years later.

This points out for the need to initiate and implement advocacy interventions at multiple levels and with multiple players to address the gaps. It is presently instructive that HIV should NOT be barrier to living quality life. The premise for this advocacy strategy is to ensure that all young people access quality health services and opportunity to realize their full potential. A lot of literature, corroborated by interviews by Young People Living with HIV describes the need to step up efforts to support better health service delivery to YPLHIV and create a more supportive environment for dignified life.

Some key policy gaps identified from literature include:

Policy gaps

Area	Present policies	Policy gaps
HIV testing	HCT policy; Age of assent is 12 yrs, no parental consent	"Assent" but means "consent" yet minors Testing in schools, No guidelines
Linkage to care	HCT policy emphasizes support for adolescents after testing	No guidelines
Psychosocial support	HCT policy addresses disclosure of results to adolescents	supporting adherence to ART, disclosure of HIV status to others, transition to adult care
HIV in schools	SRH issues(School Health policy) HIV prevention (PIASCY prog)	HIV testing at school, support for ALHIV in school, stigma, adherence support
SRH	National Policy Guidelines and Service Standards for SRH and Rights; Contraceptive use for adolescents, dual protection, adols a priority in ANC, SGBV	Little focus on ALHIV; Rights and responsibilities of ALHIV regarding sexual partners, positive prevention

Advocacy Directions

Advocacy Directions

General Objective: To reduce barriers facing ALHIV/YLHIV for improved quality of life.

Specific Objectives:

1. To promote positive and dignified lives for YLHIV/ALWHIV free from Stigma and Discrimination
2. To enhance access to Psychosocial Support Services for YLWHIV and ALWHIV
3. To increase access and utilization of friendly comprehensive package of services by YPLHIV/ALWHIV.
4. To improve positive health, dignity and prevention among ALWHIV/YPLHIV.

The Issues

The Issues

It Identifies the Priority areas affecting YPLHIV and responses that will be appropriate to address the issues. The recommendations deduced from literature reviews, suggestions of adolescents, doctors, nurses, social workers and caregivers, among other people who interact with the context on a day-to-day basis. Noticeably the most dominant yet devastating concern is the high levels of stigma and discrimination in health facilities, communities, schools and families. This has ramifications that lead to many young people living with HIV, their families and partners missing out essential treatment, care, support and prevention. Consequently, this results in preventable morbidity and mortality. There are several but related issues that have been summarized into the following four for advocacy:

1) High levels of stigma and Discrimination
2) Inadequate Comprehensive Psychosocial Support Services
3) Services that are not friendly to YPLHIV
4) Social and behavioral factors among YPLHIV.

The table below discusses the various manifestations of the issues and the programmatic implication.

> **"When I went for medication, the nurse asked me, "Do you have a boyfriend" and said yes. She went on, "Is he HIV positive or negative?" to which I told her he was negative. After that she raised her voice and started admonishing me, "So you want to kill the innocent young man…" She went on reprimanding without asking how we were relating, until other people turned to listen in**
>
> *– A Young YPLHIV narrates her story when she visited a clinic in Kampala*

Issues	Manifestation and Programmatic Implication
Stigma and Discrimination	• The conservative religious leaders are hesitant to give support; especially those who believe that HIV infection is God's response to promiscuity and that provision of any support is support to sexual immorality. • Negative by Peers who insist that the YPLHIV are a constituent group of individuals who lived their lives recklessly. • The YPLHIV are also sexually active and seldom want to disclose their statuses to their sexual partner(s) • Unlike other young people YPLHIV are not often free to determine where to live hence end up living where they are discriminated. • HIV negative people think that YPLHIV deserve their condition and that they should be avoided. • Being stigmatized by colleagues, workmates and fellow students which cause resentment to the HIV positive adolescent. • Weak Representation of YPLHIV at Decision Making Forums like the CCM.
Inadequate Comprehensive psychosocial Support Services	• Lack of familial and psychosocial social support • Unavailable or inconsistent access to Health Care including health insurance and incumbent risks of inadvertent parental disclosure of the youth's HIV infection status if parental health insurance is used. • Treatment needs remain unmet and young people face particular barriers to access treatment. The needs of young people living with HIV & AIDS are "underestimated and largely unmet". • Because HIV-positive young people may have weakened immune systems, co-infections with tuberculosis or malaria can threaten their health. • Impatience from health care providers; some doctors generally harass patients and demonstrate an "I don't care" attitude. • There are few psychosocial support opportunities and those that are available are known to few • Anti-AIDS clubs are not well structured and do not have the capacity to deal with the needs of the YPLHIV. • The YPLHIV want to get married and be guided and accepted in society but they lack the structures to facilitate that process • Parents do not talk freely about positive living, contraception, FP, protection of others from HIV infection and how to have a healthy life. • Psychosocial support groups do not provide for livelihood and economic empowerment for YPLHIV. There is little or inadequate resources available for such an interventions.

Health Services not Friendly to YPLHIV	• Poor communication between the Health Service Providers and youth especially at referral sites outside of the ART Clinics. • Insensitivity to cultural and gender issues around health services delivery, (*like male providers screening for cancer among young girls; age appropriateness; patronizing attitudes by elderly providers*). • Inadequate facilities for youth in the health centers or lack of youth corners in some of the centers. • Violations of the YPLHIV rights (Eg coerced sterilization, cruelty and rudeness) • No confidentiality since the health centers are used by both adults and the youth. • Expensive medication. That is lack of proper basic needs mostly in finances with our daily lives. For example transport to health centers and the high cost on laboratory tests when one is not working. • Exploitation by the health workers forcing the youth to disclose their status when not ready • Disinformation and misinformation by service providers including issues about Sexual and Reproductive Health and medication. • Lack of other services such as cervical cancer screening, family planning in the health centers. There are also some HIV services lacking like viral load testing, drug resistance and nutritional supplements for adolescents. • Low uptake and utilization of health services, including enrollment and retention on treatment by boys and young men.
Social and behavioral factors among YPLHIV	• Lack of or inadequate information on treatment (misconceptions around treatment literacy) • Poor adherence and defaulting to medication due to personal or situational factors. • Inability by YPLHIV to afford nutrition and other commodities that affect their well-being. • Disclosure challenges • Lack of social and life skills that increases vulnerabilities. • Engaging in risky behaviors including unprotected sex and drug use and abuse. • Less targeted interventions for boys and young men

The Approaches for various audiences/ Expanded

The Approaches for various audiences/Expanded

Policy Makers/implementers/leadership of the Private Sector

Approaches are to enable the policy makers to appreciate comprehensively the situations/ issues of the young people living with HIV and the varying contexts that promote vulnerabilities and the consequences of silence.

a. Policy Briefs, Position papers

b. Breakfast meetings, High Tea meetings

c. Round table and face to face meeting

d. Fact Sheets, Posters, and Brochures

e. Popular versions of exiting guidelines/standards (The National Youth Policy; School Health Policy; the Uganda National Plan for eMTCT; National SRH/HIV Linkages and Integration strategy; National Condom Strategy 2013-2015; National Comprehensive Condom Programming Strategy; Leadership Advocacy Strategy on HIV and AIDS; and Guidelines for HIV & AIDS Coordination at Decentralized levels in Uganda, 2013)

The Civil Society Organization

Ensure that guidelines, policies are developed; in the cases where guidelines exist, utilize techniques that will improve dissemination to the relevant stakeholder while using effective channels. The CSO community should further mobilize resources and create relevant forums that are relevant for dissemination of information.

Young People Living with HIV

The focus will be building their capacity so that they understand their rights and their roles etc

a. Trainings (Human rights, stigma, self -determination, participation in policy development, fighting stigma, peer support, development of position papers)

b. Expert talks/interviews (the experts include those in the areas of: health, law, constitution, behavior, stakeholder engagement, career, presentation skills, etc)

c. FGDs (among YPLHIV to discuss key issues and various approaches, developing position papers, reviewing existing guidelines etc)

Local Communities

There will be community wide actions that will present anti-stigma and discrimination messages.

a. Advocacy Dialogues (the issues to be discussed include PHDP, Stigma and discrimination, Human rights for YPLHIV, role of communities, the law and its implication, supportive environment, need for knowledge of HIV status, Care and Support, resource mobilization.)

b. Radio programs (the issues to be discussed include PHDP, Stigma and discrimination, Human rights for YPLHIV, role of communities, the law and its implication, supportive environment, need for knowledge of HIV status, Care and Support, resource mobilization.)

c. Community theatre (scripts for community participation in supporting YPLHIV, Simulation of the law and enforcement, identify key dramatic moments that empower YPLHIV)

d. Audio-visual materials (Develop and involve IEC/BCC committees to approve materials; circulate them in social media – twitter, facebook, whatsapp,)

e. Social media debates (sustain dialogues and utilize the forums to develop position papers, and make presentations)

f. Barazas: (the issues to be discussed include PHDP, Stigma and discrimination, Human rights for YPLHIV, role of communities, the law and its implication, supportive environment, need for knowledge of HIV status, Care and Support, resource mobilization.)

g. Posters and leaflets

Media (Electronic and Print)

Various approaches can make the use media for advocacy quite effective. The rationale is to ensure a wide coverage and a sense of feedback from the community. The approaches will include the following:

a. Press Briefings (provide air time for the press items)

b. Opinion Editorials and features (increase participation of YPLHIV and CSO to develop thematic Op Ed; utilize popular papers to maximize on readership)

c. Radio talks (identify radio stations that have wide coverage and uses local dialects, utilize prime time to discuss matters affecting YPLHIV systematically)

d. TV production (Identify popular stations with wide coverage and utilize features and documentaries, with the subjects on Human Rights, Stigma, Law, The plight of YPLHIV, Knowledge of HIV status, the role of each stakeholder in HIV prevention, religious perspective in the face of fighting stigma and shaping attitudes, incorporate some of the major stories the bulletins)

e. Media awards (The award is developed for journalists who provide anti-stigma message, provision of accurate information about living positively, and developing stories from an innovative perspective; This will involve YPLHIV and CBOs/NGOs in the HIV industry)

f. Field trip (Conduct field visits to areas of high prevalence and develop human interest stories)

g. Electronic newsletter (This will provide regular updates on HIV interventions, success stories, innovations, emerging issues, stories on indicting stigma)

Social Media utilisation

There will be social media strategy that utilizes new media including:

a. Websites (CSOs in HIV prevention, Development partners, Ministry of Health, UAC, University websites, judiciary and police sites)

b. Blogs (views posted and responses strategically developed and include expert opinion)

c. Twitter, whatsapp, facebook(views posted and responses strategically developed and Conduct systematic campaign; also include expert opinion)

Uganda Advocacy Strategy Implementation Plan

Uganda Advocacy Strategy Implementation Plan

OVERALL STRATEGY GOAL
To reduce barriers facing ALHIV/YLHIV for improved quality of life.

Strategy Objectives	Outcome	Lead Agency/ Other agencies	Indicative Activities	Indicators	Time-frames	$$$
1. To promote positive and dignified lives for YLHIV/ALWHIV free from Stigma and Discrimination	• Caring and sensitive environment for YPLHIV where they are treated with dignity and respect • Increased accessibility of Health Services including Mobile ART Clinic • Increased confidence in services due to confidentiality and privacy. • Increased availability of health centers that provide YPLHIV friendly services • Increased comprehensiveness of all related services in a single facility (viral load, CD4, Family Planning, STI screening, Cervical Cancer screening, IEC materials, guidelines, PSS, General Counseling) • Meaningful involvement of persons living with HIV (MIPA) • Strengthened integration of TB/HIV and SRHR information and services.		• Prepare Position papers • Hold meetings with MoH and UAC • Hold Annual conference on the responses to the needs of YPLHIV in Uganda • Hold bi-annual meetings with donors of responses to the needs of YPLHIV in Uganda • Develop/Disseminate Policy on integrated service provision at facility level • Quarterly Opinion Editorials on quality of services • IEC and advocacy material development • Training for the Health Care providers on Positive Health Dignity and Prevention (PHDP) • Disseminate guidelines for PHDP addressing sexual transmission of HIV among YPLHIV. • MoH and UAC to develop an effective distribution plan for existing IEC material. • Develop a comprehensive package for HIV literacy to include issues of prevention, care and treatment, as well as to the rights of YPLHIV • Develop schools and higher learning institutions to be centers for integrated service delivery	• # of position papers submitted • # of meetings held with MoH &UAC • Annual conference held • # of bi-annual meetings with donors held • Policy on integrated service provision at facility level • # of opinion editorials conducted • # of IEC advocacy materials developed & disseminated • # of HCPs trained on PHDP • # of PHDP guidelines dissemination forums conducted • A distribution plan for IEC materials • A comprehensive package for HIV literacy • # of schools and higher learning institutions labeled centers for integrated service delivery		

Strategy Objectives	Outcome	Lead Agency/ Other agencies	Indicative Activities	Indicators	Time-frames	$$$
2. To enhance access to Psychosocial Support Services for YLWHIV and ALWHIV	• Reduced discrimination and stigma directed at PLHIV. • Increased protection of right to confidentiality and privacy of YPLHIV • Supportive environment created for assisted and self-disclosure. • Promotion of Human Rights Based Approach to policies and program for YPLHIV. • Enhanced capacity to respond adequately when rights are violated • Stronger Representation of YPLHIV at Decision Making Forums like the CCM • Safer learning environments for learners living with HIV created • Document and share the best practices and lessons learnt in stigma and discrimination reduction.		• Mass media campaign with all people participating regardless of their HIV status • Develop IEC materials which will educate the YPLHIV about "Human Rights information" they should be equipped with • Build the capacity of Anti-AIDS Action Clubs to provide adequate information to students and the general public • Organize national NGO forum • Disseminate Peer Education standards, guidelines and strengthen the component that deals with Stigma and discrimination • Hold TV and Radio shows that demonstrate the adverse effects of stigma and discrimination • Award journalist who deliver on the fight against stigma and discrimination • Disseminate the People Living with HIV Stigma Index Report, 2013 • Develop an annual bulletin that expresses the stigma index in Uganda • Organize trainings for Trainer of Trainings on handling stigma • Train YPLHIV networks/organizations on how to deal with stigma • Document the stories of stigma and discrimination and the damaging consequences. • Publicize cases of prosecution on the basis of forced disclosure, discrimination, breach of confidentiality, and violence on the account of ones sero-positive status.	• # of mass media campaigns conducted • # of IEC materials developed on human rights • # of Anti-AIDS Action Clubs whose capacity is enhanced • # of stakeholders participating in the national NGO forum • # of peer education standards dissemination forums conducted • # of TV and Radio shows conducted • # of People Living with HIV Stigma Index dissemination forums conducted • # of bulletins on stigma index in Uganda • # of TOTs trained on handling stigma • # of YPLHIV networks/ organizations trained • # of stories on stigma and discrimination disseminated • # of cases of prosecution cases publicized		

Strategy Objectives	Outcome	Lead Agency/ Other agencies	Indicative Activities	Indicators	Time-frames	$$$
			• Train YPLHIV to know the procedures when their rights are violated • Identify and advertise pro-bono legal team that will support the YPLHIV at district levels or even lower levels • Enforce anti-discrimination to prevent drop-out frequencies and increase retention. • Promote knowledge of HIV status through systematic campaigns involving high spirited networks of young people living with HIV in the academic institutions. • Promote effective referrals and document success stories	• # of YPLHIV trained on procedures when rights are violated • Functional Pro-bono legal team • Proportion of PEs retained • # of campaigns held in academic institutions • # of effective referrals conducted • # of success stories documented		
3. To increase access and utilization of friendly comprehensive package of services by YPLHIV/ALWHIV.	• Adoption of safer behavioral practices to avoid infections or reinfection • Increased self-efficacy and response efficacy • Improved treatment literacy and drug adherence • Improved positive health and dignity prevention practices • Increased access to adequate, accurate and appropriate health information • Increased access and utilization of health services • Improved psychosocial support		• Capacity Building for YPLHIV to embrace behavioral practices that do not expose them to reinfection • Champions that promote anti-self-stigma communication • Participate in Radio and TV programs that promote specific behavioral practices for better and dignified living • Development of IEC materials that promote dignity • Develop and disseminate case stories of participation of YPLHIV in self-actualization and nation building • Expand networks of YPLHIV for increased participation • Social Media Actions that promote messages • Build the capacity of Health Facilities to deliver PHDP	• # of YPLHIV reached with capacity building on behavioral practices • # of champions promoting anti-self-stigma communication • # of Radio and TV programs conducted • # of IEC materials on dignity developed and dissemination • # of case stories disseminated • # of YPLHIV enrolled/reached • # of social media actions • # of health facilities able to deliver PHDP		

Strategy Objectives	Outcome	Lead Agency/ Other agencies	Indicative Activities	Indicators	Time-frames	$$$
1. To increase access and utilization of friendly comprehensive package of services by YPLHIV/ALWHIV.	• Operationalization of youth and SRHR policies at district level. Eg the adolescent health policy. • Implementation of the PHDP as expressed in the National HIV Prevention Strategy • Integration of gender-based violence in the PHDP and Psychosocial Service Package • Increased familial and psychosocial social support • Strengthened capacity of Parents/ guardian to address issues facing YPLHIV. • Increased knowledge on dealing with co-infections, despair, denial and harassment • Integration of livelihood and economic empowerment interventions • Established and/or strengthened Psychosocial Support Groups/ Health Clubs in the universities and other learning institutions.		• Strengthening learning institutions' staff capacity in counseling, making linkages and effective referrals • Strengthen Anti-AIDS Clubs to address the encourage knowledge of HIV status and how to support the HIV positive student • Train Parents on addressing HIV scenario with courage and building confidence in the YPLHIV. • Develop IEC materials to provide knowledge on co-infections • Editorials on the value of Psychosocial support • Training of Young YPLHIV in handling disclosure adequately • Develop a network for Learners Living with HIV in learning institutions • Experience sharing forums at District and national levels • The Education sector to establish effective links and referral access to support services at local health care facilities. • Health staff to support learning institutions' personnel in helping manage the disclosure • Develop and disseminate a confidentiality policy. • Improve the quality of counseling for all young people being tested for HIV • Identify champions of positive living who would promote positive attitudes and lifestyles for YPLHIV	# of learning institutions staff trained in counseling, linkages and referrals # of Anti AIDS clubs strengthened # of parents trained on addressing HIV scenario # of IEC materials on co-infections developed and disseminated # of editorials on psychosocial support # of YPLHIV trained on handling disclosure An active network for learners living with HIV # of experience sharing forums conducted at district and national levels An effective referral system to support services at HCFs in the education sector # of dissemination forums on confidentiality policy conducted % of young people reporting quality counseling during HIV tests # of active champions promoting positive attitudes and lifestyles for YPLHIV		

Some Resources for HIV Communication

Some Resources for HIV Communication

a. **Healthy, Happy and Hot (IPPF 2010).** This is a guide for young people who are living with HIV to help them understand their rights, and live healthy, happy and sexually fulfilling lives. This guide is designed to support young people living with HIV to increase sexual pleasure, improve health, and develop strong intimate relationships. It explores how human rights and sexual well-being are related and suggests strategies to help them make decisions about dating, relationships, sex and parenthood.
http://www.ippf.org/NR/rdonlyres/B4462DDE-4194-BOEO-193A04095819/0/HappyHealthyHot.pdf

b. **Opportunity in Crisis, UNICEF (2011)** – Global data on the HIV epidemic and how it is affecting young people aged between 10 and 24 years of age.
   1. **Positive Learning: Meeting the needs of young people living with HIV** (YPLHIV) in the education sector, UNESCO 2012
   2. **UNESCO International Technical Guidance on Sexuality Education** Vols 1&2 (2009)
   3. **What do I do if I'm living with HIV** (IPPF 2010) – This is a leaflet providing ideas for young women who are living with HIV.
   http://www.ippf.org/en/Resources/Guides-toolkits/what+do+I+do+if+I+am+living+with+HIV
   4. **YPLHIV Consultation Statement and Recommendations (2010).** A statement from Young People Living with HIV on their needs and recommendations for an improved HIV response.
   http://www.gnpplus.net/images/stories/Empowerment/youth/Statement_Eng.pdf

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2. Nakayiwa, S. Abang, B. Packel, I. Lifshay, J. Purcell, D.W. King, R. Children and pregnancy risk behavior among HIV-Infected men and women in Uganda. AIDS Behavior, 2006
3. Piot, P. 2006. How to reduce the stigma of AIDS: Key note address, Symposium at the XVI International AIDS Conference, Toronto
4. The People Living with HIV Stigma Index User Guide, developed by GNP+, ICW, IPPF and UNAIDS
5. UNAIDS: UNAIDS Fact sheet on Stigma and Discrimination, 2003
6. The Uganda National HIV AIDS prevention Strategy, 2011-2015
7. National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK, 2011) Kenya PLHIV Stigma Index Assessment.
8. state.gov/index.php/site/entry/wold_aids_day_2012_pepfar_blueprint_aids_free_generation 2012.
9. NAFOPHANU (2013), The PLHIV Stigma Index, Country Assessment, Uganda.

Annex 1

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Registration Form

Name of the Activity: ___STAKEHOLDER VALIDATION WORKSHOP____ **Date:** ___26TH AUGUST, 2015__

Venue: _____FAIRWAY HOTEL, KAMPALA_____**No of participants: Male** _13_____**Female**___15_____

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Appreciate me as I am

END STIGMA & discrimination