Afghan Family Guidance Association

Project title: HIV and AIDS Stigma and Discrimination Reduction through Raising Awareness in Kabul City, Afghanistan

Implementing organization: Afghan Family Guidance Association (AFGA)

Location: Kabul

Background

Program goals: To address two prevailing root causes of HIV-related stigma and discrimination in Afghan society: (a) lack of accurate knowledge and information on HIV and (b) misconceptions regarding Islamic principles and cultural beliefs

Target audiences: Health workers, youth, prisoners, prison staff members (medical and nonmedical), religious leaders, and media representatives

Primary approaches: Training and knowledge sharing

Description of intervention: AFGA conducted several trainings on HIV stigma reduction with various target groups, including AFGA service providers, youth peer educators, medical and nonmedical prison staff
members, peer educators in prison, religious leaders, and members of the media. The project compiled training materials from the Web site of the Joint United Nations Programme on HIV/AIDS and other sources and translated these items into the local language. Two-day trainings on HIV and AIDS and stigma reduction were conducted with 60 AFGA service providers and 25 members of the medical staff of prison health centers. The project also conducted one-day trainings with 91 nonmedical prison staff members, 28 prisoner peer educators, and 13 AFGA youth peer educators. Initially, the team trained 25 religious leaders from the Ministry of Haj and Religious Affairs. The project team then decided that rolling out the training would be more effective if it were led by senior religious leaders, so AFGA trained three additional senior religious leaders from the Ministry of Haj and Religious Affairs responsible for mosque-related issues. These senior religious leaders then trained 75 junior religious leaders throughout Kabul with technical support from AFGA. In all, the project trained 103 religious leaders. AFGA also produced a television (TV) spot on HIV, AIDS, and stigma that the media broadcast widely.

Recognizing the powerful role of religious leaders in influencing the public in Afghan society, the project initiated collaboration with senior religious leaders from the Ministry of Haj and Religious Affairs. The project increased awareness among religious leaders about HIV, AIDS, and stigma and provided guidance on disseminating such messages to the public through Friday prayer (khutba). Training materials were developed that included guidance for religious leaders on the importance of health as one of the gifts from Allah and the four common transmission routes of HIV. In addition, the training materials included three hadiths that encourage Muslims to show sympathy for ill people and to help those people in any way they can. The overall objective was to convey the message that AIDS is a disease like other diseases and that people living with HIV and AIDS should be accorded behavior that avoids stigma and discrimination. The materials were approved by the National AIDS Control Program Directorate of the Ministry of Public Health of Afghanistan and formally sent by the General Directorate of Mosques of the Ministry of Haj and Religious Affairs to mosques in Kabul for use as material for Friday prayer talks. The materials are currently available in Dari. TV channels were then informed of the dates for Friday prayers containing HIV awareness messages and were requested to record and broadcast the talks so a wider audience could be reached. At least three TV channels, including the national TV channel, broadcast the talks.
The project also took initial steps to establish a partnership with the media. Sixty media representatives participated in a two-day sensitization training, and journalists were encouraged to start broadcasting stigma reduction messages, including the TV spot that was developed through the project.

In addition to the trainings, the project developed information, education, and communication (IEC) and behavior change communication (BCC) materials (in collaboration with the Ministry of Public Health), including leaflets, two posters, and a TV spot. Peer educators helped distribute the IEC and BCC materials.

Implementation, Results, and Challenges

Measurement strategies: Pre- and posttraining evaluation assessments were conducted with 40 AFGA service providers (doctors, midwives, and counselors); 18 prison medical staff members; 13 AFGA peer educators; and 58 journalists. The survey included 20 true/false questions, and scores were generated on the basis of the responses. Higher scores reflected better knowledge of HIV and AIDS and greater awareness and understanding of stigma and discrimination.

AFGA conducted four focus group discussions with specific target groups: prison staff members, health service providers, peer educators (prisoners), and youth peer educators. Information was gathered on (a) general knowledge of HIV and AIDS, prevention, and modes of transmission; (b) stigma and discrimination toward people living with HIV and AIDS; (c) availability of IEC materials; and (d) roles of health service providers in reducing stigma and discrimination. In addition, the facilitators encouraged focus group participants to provide information on common challenges in reducing stigma and discrimination in Afghan society and their recommendations for improving current efforts.

Results, key findings, and lessons: In all, 320 key stakeholders participated in training events held throughout the project. On average, the training evaluations demonstrated an increase in knowledge of HIV and AIDS and awareness of stigma and discrimination. Analysis of the focus group discussions revealed that most of the target groups had basic awareness of information regarding HIV and AIDS and stigma and discrimination. The analysis suggested that ignorance, low awareness, and misconceptions were the main sources of stigma and discrimination toward people living with HIV and AIDS. The analysis also suggested that comprehensive
awareness-raising programs using culturally appropriate IEC and BCC materials and involvement of religious leaders (disseminating messages through mosques) and the media were effective approaches to address these sensitive issues. One example of the improved attitudes among trained stakeholders involved a female prisoner living with HIV who was on antiretroviral treatment. A prison medical staff member explained how when the patient needed intravenous (IV) rehydration, nobody from the female prison health staff was comfortable putting in an IV line. After discussion with the project staff, the prison medical staff agreed to provide the IV therapy. Since receiving the training, health staff members regularly visit this patient without showing any discriminatory behavior.

AFGA received positive feedback from audience members on the TV spot it prepared and broadcast on stigma. Those giving favorable comments included the Ministry of Public Health and other stakeholders working on HIV and AIDS. It is the first time such a TV spot has been broadcast in Afghanistan, especially on stigma. The feedback noted the clarity of the contents and its suitability in the Afghanistan context.

**Challenges and unforeseen outcomes:** Challenges included security restrictions and lengthy administrative procedures to get authorities to approve project members’ working in a prison setting. To address this issue, AFGA held consecutive coordination meetings with prison authorities and provided detailed information on the goals and objectives of the project and the benefits for the prisoners and the prison staff. Prison authorities were involved in each step of project implementation.

Encouraging the involvement of religious leaders in the trainings was also challenging at times. Awareness of HIV and stigma was generally low among the mullahs. Most linked HIV with sexual behaviors that are not acceptable by Sharia (Islamic) law. The project team used a number of strategies to encourage participation, including showing gentle persistence; meeting religious leaders on their own ground (for example, using Islamic holy texts to illustrate why religious leaders should consider the project’s message and engage with the project team); appealing to the compassionate side that exists in all religions; and asking for help in a nonthreatening and nonjudgmental way. The collaborative relationship between AFGA and the Ministry of Haj and Religious Affairs helped facilitate involvement of religious leaders in the trainings.
Additional Information
Program references, media coverage, and materials developed:

- How to Behave towards People Living with HIV and AIDS from the Islamic Perspective (training materials in Dari)
- Report on findings from focus group discussions

Contact information: Naimatullah Akbari, nakbari@afga.org.af

Additional funding, replication, or scale-up opportunities or new partnerships resulting from the project: AFGA is currently partnering with Futures Group International to implement a mass media campaign using print, radio, and TV to broadcast HIV and AIDS–related messages to the general public. Thus far, two individuals from each type of media have been trained as focal persons on health issues—and HIV and AIDS in particular. In addition, AFGA has received one year of additional funding from the Afghanistan office of the United Nations Office on Drugs and Crime (UNODC) to continue working in the women’s prison of Kabul on HIV and AIDS–related issues.

Afghan Help and Training Program

Project title: Tackling HIV and AIDS Stigma and Discrimination: From Insight to Action

Implementing organization: Afghan Help and Training Program (AHTP)

Location: Jalalabad, Nangarhar province

Background
Program goals: To raise awareness of stigma and discrimination in the context of HIV and AIDS

Target audiences: Religious leaders, mullahs and mawlawies, mosque congregations, and youth association leaders

Primary approaches: Training-of-trainers (TOT) and IEC materials
**Description of intervention:** AHTP designed a seven-day stigma and HIV and AIDS TOT curriculum, which consisted of modules on (a) general information about HIV, AIDS, sexually transmitted infections, and tuberculosis; (b) attitudes toward people living with HIV; (c) stigma and discrimination in Islam; (d) HIV and AIDS in Islam; and (e) the role of religious leaders in combating HIV and AIDS. Training modules included specific texts from the Koran to support the reduction of stigma. Experts from the government, such as representatives of the provincial offices of the Ministry of Public Health and the Ministry of Haj and Religious Affairs and the National AIDS Control Program (NACP), as well as experts from local universities in Nangarhar, reviewed and approved the modules.

When the training materials were approved, the project trained 10 senior and well-respected religious leaders as master trainers. Officially, 300 mullahs and mawlawies (senior to mullahs in knowledge) are assigned by the government to the city of Jalalabad, yet the city has many other mullahs, including those in seminaries. The master trainers, with support from the project team, trained all 300 officially assigned mullahs and mawlawies in Jalalabad under the strict supervision and monitoring of the NACP. In addition to providing the trainings, the project organized large gatherings led by the master trainers in which mullahs and mawlawies, some of whom had participated in the training and others who were invited from neighboring districts, were sensitized about HIV and the related stigma and discrimination. These gatherings reached approximately 400 mullahs and mawlawies throughout Jalalabad. Attendees agreed to fight against HIV and AIDS–related stigma and discrimination.

The project held monthly coordination meetings with key stakeholders to share experiences and improve project implementation. These stakeholders included representatives from the provincial public health directorate and HIV and AIDS implementing partners in the province such as the United Nations Children’s Fund (UNICEF), BRAC, HealthNet International and the Transcultural Psycho-social Organisation (HNI-TPO), and the Swedish Committee. Although the project team did not initially include youth associations as targets for trainings, these groups were added because senior religious leaders recommended them as an important audience to reach with antistigma messages. A three-day training led by AHTP was conducted for top-level members of youth associations (including males and females) throughout Jalalabad to increase knowledge and awareness of HIV and AIDS and stigma and to enhance HIV prevention among youth.
Implementation, Results, and Challenges

Measurement strategies: Pre- and posttraining evaluations were conducted among the 300 mullahs and mawlawies who participated in the training. The highest achievable score was 100, reflecting correct responses to all of the knowledge and awareness questions. At pretest, 19 percent of participants provided correct responses, compared with 72 percent at posttest, with an average increase of 53 percentage points following the training. Preintervention (baseline) and postintervention (end-line) surveys were also conducted.

Results, key findings, and lessons: The project successfully secured the commitment of the government, mullahs, and local communities to reduce HIV stigma and discrimination. A strong coordinating body for the project was effectively developed and 18 monthly coordination meetings were held. The project effectively involved government and community authorities in project planning, implementation, and decision making. The trained mullahs effectively conveyed messages to community members, and community awareness of HIV- and stigma-related issues increased as a result. The project conveyed messages on HIV, AIDS, and stigma to more than 45,000 people in five districts of Jalalabad and distributed 5,000 posters and 60,000 leaflets. The messages were designed to allay fears about HIV transmission through casual contact with a person living with HIV and called for compassionate treatment of HIV-positive people. The project conveyed these messages with support from texts in the Koran and speeches of Prophet Muhammad.

Challenges and unforeseen outcomes: Specific challenges mentioned by project staff members included a low level of knowledge about HIV and AIDS and stigma and discrimination among religious leaders. HIV is strongly linked to sexual practices that are illegal in Afghanistan, and other modes of transmission are not well known. Many religious leaders expressed concern that participating in the training would result in their being isolated by their community for raising the issues of HIV and stigma or would cause them to lose their jobs. To overcome this obstacle, AHTP held several coordinating meetings with religious leaders in the provincial offices of the Ministry of Haj and Religious Affairs, where they held long discussions about HIV, AIDS, and stigma. Once these leaders were convinced of the importance of conveying this information, the project sought official approval from the Ministry of Haj and Religious Affairs in Kabul for the training activities. The ministry in Kabul reassured training participants through a written agreement, which contained
approval from both the ministry in Kabul and the provincial offices, that the training materials reflected the teachings of the Koran and that it was the responsibility of religious leaders to help prevent the spread of HIV by conveying the messages learned in the training. After the TOT program was under way, the training participants became more confident and gained more knowledge about HIV and AIDS. They requested additional reference materials on HIV and AIDS and stigma in particular. They even developed a strategy for reducing stigma and increasing knowledge of HIV and AIDS. Some trainers were invited to appear on local radio and TV shows with the support of local government.

Another challenge arose during the review of training materials by government and religious officials. The officials expressed some initial concern over the stigma reduction modules specifically, so the project team decided to increase the knowledge of religious leaders about HIV and AIDS first and then teach them about HIV-related stigma and discrimination.

**Additional Information**

*Program references, media coverage, and materials developed:*

- TOT package for senior religious leaders
- Training package for religious leaders
- *Understanding and Challenging Stigma Toolkit*, shared with the NACP and then translated and distributed to the 10 trainers
- IEC materials consisting of leaflets and posters

*Contact information:* Amanullah Momand, dramanullah_momand@yahoo.com

*Additional funding, replication, or scale-up opportunities or new partnerships resulting from the project:* The NACP supports replicating the TOT strategy and project activities in other parts of the country. Accordingly, AHTP plans to replicate this intervention in five more districts of Nangarhar province, as well as in other provinces of the country.

A number of important partnerships have also arisen as a result of the intervention, including a partnership between the NACP and the Ministry of Haj and Religious Affairs. In addition, a partnership of community leaders has been established. By working with the communities of the districts in Nangarhar province, AHTP has established relationships, close contacts, and cooperation with elders of these communities and has established a good reputation in the region, which will enable expansion of the project into other areas.
Concern Worldwide

Project title: Addressing HIV and AIDS Related Stigma and Discrimination in Afghanistan

Implementing organizations: Concern Worldwide, ActionAid Afghanistan, Just Afghan Capacity and Knowledge (JACK)

Location: Kabul, Takhar, Badakshan, Nangarhar, Konar, Balkh, and Herat provinces

Background

Program goals: To address stigma and discrimination associated with HIV and AIDS in Afghanistan, to facilitate training of key groups and individuals to reduce stigma and discrimination, and to support the formation of a network of people living with HIV in Afghanistan

Target audiences: Health professionals, mullahs, teachers, prison officers, community leaders, police officers, and people living with HIV

Primary approaches: Film and training

Description of intervention: The project supported the development and production of six research and training films on stigma and HIV and AIDS. The research and training films were informed by formative research among individuals living with HIV and AIDS. In addition, film scripts were developed through extensive consultation among project staff members, researchers, and the media company. The films, produced in two local languages (Pashto and Dari), are the first of their kind in Afghanistan to deal with HIV-related stigma and discrimination. The films were tested among six groups before completion. These groups included mullahs, teachers, prison and police officers, community leaders, and health professionals, across districts and urban centers including Kabul and Herat. The films were then incorporated into a training course on HIV and AIDS. In addition to producing the films and conducting trainings, the project commissioned an artist to develop posters and leaflets with messages promoting awareness of HIV-related stigma.

Implementation, Results, and Challenges

Measurement strategies: Formative research was conducted with 27 people living with HIV using a structured questionnaire. Themes covered in the questionnaire included individuals’ experiences of stigma and discrimination
as well as their interest in forming a group for individuals living with HIV and AIDS. The results of this survey informed the development of the films.

To measure the effectiveness of the training course, project staff members administered a questionnaire that assessed the knowledge of the participants in each of the groups before and after showing the research films and training the participants on HIV and AIDS.

**Results, key findings, and lessons:** During the course of the project, 354 individuals from six groups viewed the films and received training on HIV and AIDS. This process was facilitated by the ministries, including the Ministry of Haj and Religious Affairs. In addition, the films were field-tested with additional groups of religious leaders—40 in Kabul and 43 in the northern province of Takhar—and were shown to a group of TV, radio, and print media personnel.

The films were universally well received by all the groups and were thought to be sensitively made and culturally and religiously appropriate, especially by the mullahs. The films showing family dynamics, such as those between an HIV-positive wife and an HIV-positive husband, produced a very sympathetic reaction in the audiences. The comedy films, which made fun of prejudiced village leaders, greatly amused all the groups.

**Pre- and posttest results:** All trainees were assessed at the start and at the end of the course. Table 12.1 and figure 12.1 show the results of these assessments. A total of 245 trainees satisfactorily completed the pre- and posttests. A further 109 were trained but were not able to participate in the pre- and posttesting either because they were illiterate or because they answered the questionnaires incompletely (see table 12.1). Figure 12.1 represents those who completed the questionnaires.

<table>
<thead>
<tr>
<th>Trainee group</th>
<th>People who completed pre- and posttest training</th>
<th>Additional people trained but who could not satisfactorily complete the test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community leaders</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Health professionals</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>Police officers</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Prison officers</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>99</td>
<td>34</td>
</tr>
<tr>
<td>Teachers</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>109</td>
</tr>
</tbody>
</table>

*Sources:* Concern Worldwide and Action Aid, Afghanistan.
The results of the project and the films were presented to an audience of nongovernmental organization representatives, officials of the Ministry of Public Health, and members of various United Nations organizations. On the basis of the request of the majority of the HIV-positive people interviewed during the project, a group for people living with HIV was established. The formation of the first network of individuals living with HIV and AIDS in Afghanistan was an important outcome of the project. The work accomplished through the Ministry of Haj and Religious Affairs to enable the films to be shown to religious leaders was also important.

**Challenges and unforeseen outcomes:** The main challenges faced during the project included locating and interviewing individuals living with HIV and AIDS. Participants were recruited through voluntary counseling and testing centers. A majority of the HIV-positive individuals included in the research were injecting drug users, reflecting the epidemiological pattern of infection in Afghanistan. Injecting drug users are already stigmatized in Afghanistan, and HIV compounds the stigma experienced by this group. Researchers purposely tried to recruit HIV-positive participants who were not injecting drug users. The original number of researchers involved in the project was reduced from four to two because of the difficulty in identifying researchers with the appropriate skills and background.

**Additional Information**

*Program references, media coverage, and materials developed:* Six films in Pashto and Dari

---

**Figure 12.1  Pre- and Postcourse Assessment Results**

<table>
<thead>
<tr>
<th>Trainee Group</th>
<th>Precourse Assessment</th>
<th>Postcourse Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professionals</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>Community Leaders</td>
<td>43%</td>
<td>60%</td>
</tr>
<tr>
<td>Prison Officers</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Teachers</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Religious Leaders</td>
<td>71%</td>
<td>94%</td>
</tr>
<tr>
<td>Police Officers</td>
<td>63%</td>
<td>87%</td>
</tr>
</tbody>
</table>

*Sources:* Concern Worldwide and Action Aid, Afghanistan.
Contact information: Fiona McLysaght, Fiona.McLysaght@concern.net

Additional funding, replication, or scale-up opportunities or new partnerships resulting from the project: Concern Worldwide is seeking additional funding for the reproduction and dissemination of the training course films from UNICEF and UNODC in Kabul. Concern Worldwide intends to show the films on national TV and adapt them for radio. They will also be used by the NACP and nongovernmental organizations working in the field.