

## CHAPTER 1

# Introduction and Background

Although HIV prevalence in South Asia is relatively low, the epidemic is growing among marginalized groups, including sex workers, injection drug users, men who have sex with men, and transgender communities (Haacker and Claeson 2009). Despite prevention and other efforts to reduce high-risk behaviors such as unprotected sex, buying and selling of sex, and injecting drug use, HIV vulnerability and risk remain high. This problem is partly due to a widespread failure to respond adequately to key social drivers of HIV: stigma and discrimination. Stigmatizing attitudes in the general population and discriminatory treatment by actors ranging from health providers to local policy makers intensify the marginalization of vulnerable groups at highest risk, driving them further from the reach of health services and much-needed prevention, treatment, care, and support. Daily harassment and abuse also cause health problems and adversely affect mental health, thereby leading to depression, social isolation, and an array of adverse socioeconomic outcomes related to HIV and AIDS.

Many people from marginalized populations do not feel as though their lives are worth taking action to protect or prolong. Muthukumar

Natesan, a leader of a community-based organization for men who have sex with men that is also working on stigma reduction, explained:

Despite all my knowledge and years working to promote condom use, I only started using condoms consistently when I felt my existence was important. . . . [Y]ou can talk as much as you want about the need to protect oneself, you can provide as many condoms and lubricant as you want, but unless men who have sex with men feel their existence is worthwhile, they are not going to bother to protect themselves or others. . . . My existence became important and my life worth living when I received the acceptance of friends, family, neighbors, health care providers, and the community in general. Now I use condoms consistently.

Since the beginning of the HIV epidemic, public health experts and practitioners have known that stigma, discrimination, and gender inequality play an enormous role in furthering the spread of HIV. The response to these social drivers, however, remains inadequate to the scale and intensity of the challenges they pose. Despite considerable progress in recent years, many projects addressing stigma and discrimination are still small in scale or in the pilot phase. Furthermore, despite repeated recommendations for greater involvement of marginalized communities in the response to HIV, their active engagement remains scarce in most countries.

For governments and large donors, a number of issues can deter investment in work to reduce stigma. Many of the groups undertaking stigma reduction efforts, especially those led by and for marginalized populations, are relatively new and have a range of capacity needs. Although research suggests they are the best hope for community action and social change, most of these groups are currently not poised to substantially expand their work and absorb larger grant amounts. However, providing small grants may not be operationally or administratively feasible for large donors. The increasing demand by donors for quantified information on project outputs and outcomes poses additional obstacles to many community networks and groups that lack managerial and financial experience, including monitoring and evaluation skills.

The South Asia Region Development Marketplace<sup>1</sup> (SARDM) took an innovative and unique approach to addressing these gaps and needs through its 2008 Development Marketplace, “Tackling HIV and AIDS Stigma and Discrimination.” The approach, which was informed by consultation with stakeholders, including representatives of community groups and networks of drug users, sex workers, and men having sex

with men, included disbursing relatively small grant amounts; funding organizations led by and for marginalized groups; and supporting implementers in program design, monitoring, and evaluation. The call for proposals was disseminated through local media channels and in many local languages to increase outreach. Proposals could be submitted through hard copy or online in local languages, translated by the World Bank country office staff. The response to the initial call for proposals was immense, with almost 1,000 submissions from urban and rural areas in Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka. In 2008, the competitive grants program selected 26 implementers from six countries to pilot innovative interventions over a 12- to 18-month period. The grant funding totaled US\$1.04 million, with a maximum grant size of US\$40,000.

The grants program inspired these groups to implement a range of innovative and creative responses to HIV stigma and discrimination. On an organizational level, the grants also led to the development of important new skills and capabilities, positioning many of these groups for further growth and creating a base of stigma reduction expertise in the region. Technical assistance to implementers, provided through the International Center for Research on Women (ICRW), included stigma reduction programming, messaging, and monitoring and evaluation. The ICRW research team provided assistance both at specific points during the grant period and “on demand” when implementers sought support. The SARDM implementers provided midterm and final reports to the World Bank that explained their achievement of agreed-on milestones and performance targets.

Part I of this report describes key findings and lessons learned that emerged across the 26 implementers. Part II contains case studies for six of the implementers, offering a more in-depth look at the lessons and challenges of intervening against stigma and discrimination. Part III provides summaries of all 26 projects.

## Note

1. The SARDM partnership is sponsored by the World Bank Group (including the International Finance Corporation), the Government of Norway, the Swedish International Development Cooperation Agency, the Joint United Nations Programme on HIV/AIDS, the United Nations Children’s Fund, and the United Nations Development Programme.

## Reference

Haacker, Markus, and Mariam Claeson, eds. 2009. *HIV and AIDS in South Asia: An Economic Development Risk*. Washington, DC: World Bank.