Tackling HIV Stigma and Discrimination in South Asia

Lessons Learned from the 2008 Development Marketplace

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Executive Summary

In its 2008 round, Tackling HIV and AIDS Stigma and Discrimination, the South Asia Region Development Marketplace\(^1\) (SARDM) supported 26 implementers from six countries to pilot innovative interventions over a 12 to 18 month period. Total grant support was US$1.04 million with an average grant size of US$40,000. In making these grants, SARDM focused on field innovators. The competitive grants program was designed in consultation with community groups, to ensure that local communities of marginalized groups affected by stigma would be reached and able to compete with larger groups. The response to the initial call for proposals was immense, with about 1,000 submissions from Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

The findings in this report are based on project monitoring and evaluation data collected by SARDM implementers and six case studies conducted by the International Center for Research on Women (ICRW). No one formula can capture the diversity and ingenuity reflected in this body of work. But the findings do suggest some broad cross-cutting principles, as well as programmatic lessons associated with specific approaches. In terms of broad lessons and principles, the experiences of SARDM implementers suggest the following:

- **Community organizations can achieve a great deal for relatively little investment.** The 26 SARDM implementers reached more than 96,264 people, trained 4,905 people, led to 504 news articles, and developed 426 products such as training curricula, information, education and communication materials, documentaries, and plays. Overall, the results suggest a high return on investment.

- **Development Marketplace grants seeded considerable innovation.** Project approaches reflected enormous creativity, ranging from beauty pageants to restaurants run by sex workers. The grants led to new alliances, such as those between Panchayat (municipal government) leaders and community organizations. They also led to some unlikely partnerships, such as sex workers and the police, and new insights on engaging religious leaders.

- **The most effective projects required substantial upfront planning and effort.** Regardless of the implementer’s particular approach or population served, the most promising projects invested considerable time and effort in engaging gatekeepers, conducting formative research on different audiences, training, forming new partnerships, and other activities.

- **The most promising work employs multiple strategies and stakeholders to address stigma.** Even where projects initially appeared to be single-focus

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\(^{1}\) The South Asia Development Marketplace partnership is sponsored by the World Bank Group, the Government of Norway, Sida, UNAIDS, UNICEF and UNDP.
interventions (e.g., theater), successful implementation required a range of other activities such as training, engagement with policy makers, and cultivating media relations.

- Effective efforts are led by or continuously engage marginalized communities. Involving marginalized communities is essential for strengthening capacity, ensuring appropriate messaging and maximizing results. Strategies that foster some interaction between marginalized communities and the public can be powerful in inspiring change. Products such as films or plays that marginalized communities developed or helped inform are likely to be more compelling to audiences.

In addition to these broad lessons, a number of program lessons emerged in connection with specific intervention approaches. For most SARDM implementers, buy-in from government and opinion leaders was essential for carrying out interventions on sensitive issues. Many implementers inspired the support of these groups by appealing to positive values, such as compassion, and by publicly rewarding people whose attitudes and behaviors are already respectful and supportive of marginalized populations. Government support can greatly extend the reach of the work of community organizations and help broker new alliances, such as those with religious leaders.

Capacity strengthening was an important element of implementation. Addressing self-stigma (the internalization of society’s negative attitudes) is often a pre-condition for the participation of marginalized populations in activities. Linking communities with support options is critical, both for addressing self-stigma and for encouraging service use. In another form of capacity strengthening, implementing organizations benefited by partnering with professionals or other organizations with specialized expertise. Finally, capacity strengthening in the form of providing economic opportunities to beneficiaries was found to reduce stigma on multiple fronts. These efforts can be even more effective if coupled with stigma reduction programming and links to support and other services. However, formal sector employment approaches may be challenging for community organizations, especially where jobs are scarce.

Cultural and media approaches were found to be an effective means to broach sensitive topics and address drivers of stigma, such as cultural attitudes regarding sexuality. Plays, films and other products tend to be more effective when rooted in real life experiences. Recruitment of people from marginalized communities is critical, but can be difficult, especially if public disclosure is involved. Links to networks and groups for support can facilitate safe participation. Additionally, effective efforts to involve people from marginalized communities require skill and experience so as not to unintentionally reinforce harmful stereotypes.

Technical assistance to implementers, provided through ICRW, included stigma reduction programming, messaging, and monitoring and evaluation. SARDM implementers collected formative and monitoring data to strengthen implementation, report outcomes, and document lessons. Upfront training combined with a mix of proactive and on-demand technical assistance best met the needs of implementers, who had greatly varying levels of experience. For a number of implementers, a next step would be more intensive technical support to undertake quantitative impact evaluation of their programs.
The experiences of SARDM implementers provide a strong foundation on which to build stigma reduction efforts in the region (see Table 1). To spur further innovation and scale, recommendations include the following:

- Promote intensified government support for a scaled response to stigma and discrimination
- Promote government adoption of stigma reduction efforts in health care
- Encourage replication of promising SARDM approaches through organization-to-organization knowledge transfer
- Promote use of multi-pronged programming strategies for increased effectiveness
- Leverage cultural and media efforts of SARDM implementers to maximize reach and results
- Further sharpen and refine tools that religious leaders can use to discourage stigma and discrimination and promote tolerance
- Foster stronger private sector engagement for greater economic opportunity among marginalized populations
- Ensure that an expanded response to stigma and discrimination includes economic opportunities for marginalized populations
- Support implementers in strengthening their capacity to expand
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<th>Implementers who…</th>
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<td>Developed new training, cultural or media products</td>
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<td>Established buy-in and support from groups rarely engaged in stigma reduction programs such as police, local policy makers and religious leaders</td>
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<td>Staged events and programs reaching thousands of viewers</td>
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<td>Challenged stigma in institutional settings, such as health care and universities</td>
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<td>Integrated Health Services (Pakistan)</td>
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<td>Generated new non-stigmatizing media articles</td>
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<td>Highlights from experiences of 26 SARDM implementers</td>
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<td>Conducted cascading training of trainers approach to extend reach and impact</td>
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<td>• Alliance Lanka (Sri Lanka)</td>
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<td>Worked with vulnerable populations such as men who have sex with men, injection drug users, sex workers and people living with HIV</td>
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<td>Generated income to support project activities or program beneficiaries</td>
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<td>Mobilized additional donor funds for activities related to their SARDM projects</td>
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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. \(^2\) Despite prevention and other efforts to reduce high risk behaviors such as unprotected sex, buying and selling sex, and injecting drug use, HIV vulnerability and risk remain high. This 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, 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. As explained by Muthukumar Natesan, a leader of a community-based organization for men who have sex with men that is also working on stigma reduction:

“Despite all my knowledge and years working to promote condom use, I only started using condoms consistently when I felt my existence was important...you 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 stigma reduction work. Many of the groups undertaking stigma reduction efforts, especially those led by and for marginalized populations, are relatively new and young with a range of capacity needs. Although research suggests they are the best hope for community action and social change, most currently are 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 Marketplace3 (SARDM) has taken an innovative and unique approach to addressing these gaps and needs through its 2008 round, “Tackling HIV and AIDS Stigma and Discrimination.” The approach, informed through consultation with marginalized populations, includes 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 via 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 about 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 6 countries to pilot innovative interventions over a 12 to 18 month period. The grant funding totaled US$1.04 million, with an average grant size of US$40,000.

The grants program inspired these groups to pilot 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 timely midterm and final reports to the World Bank that explained their achievement of agreed upon 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.

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3 The South Asia Development Marketplace partnership is sponsored by the World Bank Group, The Government of Norway, Sida, UNAIDS, UNICEF and UNDP.
Part I: Key Findings

I. METHODS

The findings in this report are based on project monitoring and evaluation data collected by SARDM implementers as reported in their mid- and final project reports, and on six case studies conducted by ICRW.

Program Data
The majority of the implementers, as appropriate for their grants, collected monitoring data on project outputs (e.g., numbers trained, training materials produced, articles written, plays produced) and documented outcomes linked to program activities such as actions resulting from advocacy campaigns. Specific indicators to assess changes in stigma and discrimination over time were recommended at a regional monitoring and evaluation workshop that all implementers attended. However, few implementers could conduct quantitative surveys to gather this type of information, due to both organizational capacity and budgetary constraints. Therefore, most of the evaluation data that implementers documented in their project reports was qualitative, based on focus groups discussions and key informant interviews. Overall, 20 projects collected program monitoring data, 13 collected qualitative data and 8 conducted surveys to inform or assess the intervention. In addition, nearly all 26 projects received a midterm visit from the joint World Bank and ICRW team.

Case Study Methodology
To gather more in-depth information on some of the innovative strategies being implemented, six projects, described in greater detail in Part II of the report, were selected as case studies based on a mix of criteria including the potential for impact and scale, operational feasibility, and diversity of populations served. Though only six were included as case studies, many of their challenges, approaches taken, and lessons learned reflect those of all the implementers. Logistics and safety played a role in selection, as some compelling projects were eliminated due to security issues for the research team.

The research team visited each of the six case study sites at the end of the grant period in December 2009. These site visits were two to three days in length and consisted of one-on-one interviews and small group discussions with a variety of informants, including program implementers (e.g., project directors, trainers, community
mobilizers), program participants (e.g., actors, former drug users, female sex workers), and key stakeholders (e.g., media, police, government officials, community members, Panchayat leaders). The ICRW research team conducted interviews using a semi-structured interview guide to capture key lessons around the influence of the project on individuals and communities and operational challenges in project start-up and implementation. The team also gathered relevant materials such as play scripts, communications materials, and organizational and program materials during the site visits. Field notes, program documents and materials, and the implementers’ final project reports also informed the case studies.

II. PROGRAM FINDINGS

This section describes findings from the 26 SARDM implementers in designing and implementing interventions to address HIV stigma and discrimination. The research team’s analytical approach involved both in-depth assessment, including case studies on six projects, and a broad look across the spectrum of implementer experience to distill lessons.

Findings across Programs

The most promising projects used various approaches to raise awareness about stigma and discrimination, such as correcting misinformation about HIV and marginalized populations, empowering marginalized groups, and addressing harmful norms and behaviors. No one formula can capture the diversity and ingenuity reflected in this body of work. But the findings do suggest some broad cross-cutting principles, as well as programmatic and operational lessons associated with specific approaches.

In terms of broad lessons and principles, the experiences of all SARDM implementers suggest the following:

- **Community organizations can achieve a great deal for relatively little investment.** The SARDM funding totaled US$1.04 million across 26 projects. Initial results suggest that, combined, the projects reached more than 96,264 people, trained 4,905 people, led to 504 news articles, and developed 426 products such as training curricula, information, education and communication materials, documentaries, and plays. Community organizations, some of which had received no or little external support before, undertook new activities and developed new capacities in spite of the relatively small average grant size of US$40,000. Overall, the results suggest a high return on investment.

- **SARDM grants seeded considerable innovation.** Project approaches reflected enormous creativity, ranging from beauty pageants to restaurants run by sex workers. The grants led to new alliances, such as those between Panchayat leaders and the community organization, Lotus, in India. They also led to some unlikely partnerships, such as sex workers and the police. In Afghanistan, one project partnered with the government to support religious leaders in incorporating anti-stigma messaging into Friday prayers.

- **The most effective projects required substantial upfront planning and effort.** Regardless of the implementers’ particular approach or population served, the
most promising projects invested considerable time and effort in engaging gatekeepers, conducting formative research on different audiences, training, forming new partnerships, and other activities. Donors and practitioners interested in stigma reduction interventions should factor the need for sufficient upfront time and funding for these activities.

- The most promising work employs multiple strategies and stakeholders to address stigma. Even where projects initially appeared to be single-focus interventions (e.g., theater), successful implementation required a range of other activities such as training, engagement with policy makers, and media relations.

- Effective efforts are led by or continuously engage marginalized communities. Involving marginalized communities is essential for strengthening capacity, ensuring appropriate messaging and maximizing results. Strategies that foster some interaction between marginalized communities and the public—either directly or through the mass media—can be powerful in inspiring change. Products such as films or plays that are developed by, or strongly reflect the input of, marginalized communities are likely to be more compelling to audiences and enjoy a rapid spread.

**Lessons from Specific Program Approaches**

This section describes lessons associated with specific programmatic approaches taken by implementers.

**Engaging gatekeepers and opinion leaders**

1. **Encourage positive behavior change by inviting rather than indicting allies**

Many marginalized populations, facing discriminatory laws and widespread abuse of their human rights, perceive gatekeepers and opinion leaders as barriers rather than potential allies. But the most effective programs established direct connections with groups such as police, health care professionals and religious leaders who had been avoided in the past. Project Baduku, an advocacy campaign led by three organizations of female sex workers in Bangalore, India, developed an effective strategy of engaging opinion leaders by approaching them with welcome—a “rose,” in their words—rather than blame and condemnation. Their Rose campaign targeted police and health care professionals, groups that have particular influence over the treatment and well being of sex workers. Their strategy was to reinforce positive behavior by presenting roses to police personnel and doctors who had demonstrated good behavior toward female sex workers. They also presented roses to some who had been particularly stigmatizing and abusive in the past to encourage behavior change among these individuals.

This simple and quick advocacy approach inspired cooperation and support and helped change negative attitudes and behaviors. Following the campaign, the number of stigma and discrimination cases female sex workers reported to the police grew

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4 In this report, gatekeepers are people or groups that control access to somebody or something. In project terms, gatekeepers permit entry into a given community or setting. Opinion leaders are influential members of a community group or society. Others turn to them for guidance, and their ideas and behavior serve as a model to others. Depending on the circumstances, someone could be both an opinion leader and a gatekeeper.
from zero to 11, all of which the police responded to and resolved. In addition, sex workers anecdotally reported less harassment and violence from police following the intervention in a jurisdiction where violence had previously been high. Service use increased: The percentage of HIV-positive female sex workers regularly seeking care and treatment services at anti-retroviral therapy (ART) centers in Bangalore increased from 30 percent before the project to 60 percent afterward. Importantly, women also appeared to be more comfortable sharing their HIV status with their families and project staff. Overall, the campaign was received positively by health care workers. The head of the ART department at Victoria Hospital in Bangalore said that it was

“motivating for the medical staff to see such dedication from the sex worker community. Since the campaign, we began advising women to go to the Lawyer’s Collective to seek help for violence issues. We are also sending students for training at Swathi Mahila Sangha [one of the sex worker support organizations] to better understand the issues facing women in sex work.”

2. Police can make for unlikely, but powerful partner

Ashodaya Samithi, an organization of HIV-positive and negative sex workers in Mysore, India, also engaged opinion leaders throughout their project. A key component of their intervention was establishing a restaurant owned and operated by sex workers to fight stigma and provide an additional source of income. To ensure the protection of the sex workers’ rights, Ashodaya engaged police from the inception of the project. Recognizing that police are often transferred to other locations, Ashodaya engaged in continuous advocacy, even becoming involved in cadet training. As a result, sex workers experienced reduced violence from the police during the project period. In addition, the police commissioner agreed to inaugurate the restaurant, representing a public statement of support for the sex worker community. This led to more business for the restaurant, in terms of dine-in customers and catering requests from government offices throughout Mysore, and helped to strengthen the sustainability of the restaurant and thus the care and support services provided to the community by Ashodaya. The restaurant typically serves more than 400 people a day.

3. Government partners can provide entrée to religious leaders and help spur broad engagement of faith-based communities in stigma reduction

Religious leaders play a critical role in shaping public opinion in much of the world, but relatively few organizations have effectively engaged them in addressing HIV stigma and discrimination. Taboo subjects, such as sexuality, often pose barriers to greater involvement of faith-based communities as advocates for HIV awareness and stigma reduction. With this in mind, four SARDM implementers—three in Afghanistan and one in India—used a strategy of working with the government at some level to gain access to religious leaders. For example, in Jalalabad, Afghanistan, the Afghan Help and Training Program (AHTP) developed a partnership with the government that spurred the involvement of Mullahs and Mawlawies (senior religious scholars) in a broad campaign to reduce stigma and discrimination. The Ministry of Haj and Religious Affairs and their Provincial sub-offices were involved in the finalization of the 7-day training curriculum and the selection of religious leaders to participate in the trainings. The National AIDS Control Program also reviewed and approved the training curriculum. Following approval from the government, AHTP
trained 10 Mawlawies as master trainers. The master trainers then went on to train over 300 Mullahs and Mawlawies on HIV and AIDS epidemiology and HIV-related stigma and discrimination.

Not only did this strategy cultivate a core base of champions, but it also enabled broad and rapid diffusion of the stigma reduction messages. After the completion of the first round of training, religious leaders organized large gatherings of Mullahs and Mawlawies to raise awareness of HIV-related stigma and discrimination. These gatherings reached approximately 400 Mullahs and Mawlawies, who agreed to address HIV and AIDS related stigma and discrimination in their teachings. AHTP then used print and broadcast media to further promote and reinforce the Mullahs’ messages about stigma and HIV and AIDS.

4. Using religious texts is an effective approach for strengthening commitment of religious leaders

Another strategy to cultivate champions among religious leaders involved using the Koran. One SARDM implementer, the Afghan Family Guidance Association in Kabul, used Koranic Suras (verses), which call for compassion, in their trainings of religious leaders. In effect, this group contextualized the effort against stigma and discrimination in Koranic teachings. They also provided specific guidance and reference materials for religious leaders, such as specific passages from the Koran that could be referenced to support anti-discrimination messages, to incorporate lessons about HIV and stigma and discrimination into Friday prayer speeches (Khutba). The project then went on to record and broadcast Khutbas containing HIV stigma reduction messages on television.

5. Local political leaders are key to modeling non-stigmatizing behaviors

Stigma and discrimination that occurs in daily life is particularly damaging to marginalized groups. Local political leaders can be powerful change agents for addressing this. Local leaders in many communities, particularly rural ones, are often the first line of authority in local disputes, making them a potential key advocate for redress and justice. As with religious leaders, their communities look to them to set acceptable and appropriate social and behavioral norms. They hold power, both through their own actions and as justice channels, to reduce stigmatizing attitudes and discriminatory actions and build acceptance for marginalized groups.

Recognizing this, the Lotus Sangam project in Southern India focused on village Panchayat leaders as a means to catalyze stigma reduction. They involved Panchayat leaders throughout the project, as respondents in baseline data collection, by obtaining their permission and support for the performance of the play in their village, as audience members, and finally, as a result of the play and interactions with Lotus members, as advocates for men who have sex with men living in their villages. The project inspired changes in the behaviors and attitudes of Panchayat leaders, which had a positive ripple effect on villagers under their authority. Reported changes included increased respect in daily interactions (“he now greets me when he sees me”) to “I am now treated with respect, he even invites me for tea and offers me a lift in his vehicle.” In a number of instances, Panchayat leaders intervened to stop incidents of
harassment or ensure men who have sex with men or transgendered village members could get access to government work schemes.

6. Buy-in from government is a precondition for successful project implementation and for sustaining efforts in the longer term

By engaging with national and local government authorities early and continuously, many SARDM implementers have increased government interest in learning from their innovations, supporting replication and scale-up, and making stigma reduction a national priority. Some implementers worked effectively with different levels of government to further their goals. In India, Lotus had entrée to local Panchayat leaders because they obtained a letter from the State AIDS Control Society. Many implementers involved national and local authorities in project start up and inaugural events and throughout the course of the project, for example in World AIDS day activities. A number of projects included officials in formal trainings, with powerful results. The Voluntary Health Association of Tripura and partners implemented a range of project activities in the city of Agartala, India, including stigma reduction training for Panchayat members and Border Security Forces. As a result of the training, Panchayat members took the initiative to organize meetings to promote stigma reduction, and members of the Border Security Forces started referring people living with HIV to an antiretroviral center in Agartala. In fact, obtaining government buy-in was part of the SARDM approach in selecting implementers, as representatives from national AIDS programs were on the selection jury for the grants. As a result of this participation, the National AIDS Control Organization (NACO) in India decided to sponsor, with the support of UNDP, 12 of the finalists from India whom the SARDM was unable to support. Additionally, NACO is developing a national communications strategy to reduce stigma.

Strengthening the capacity of marginalized populations to address stigma

1. Improving self-efficacy and reducing self-stigma among marginalized populations is key to capacity strengthening

To effectively involve marginalized populations in stigma reduction efforts, a number of projects incorporated approaches to address the pernicious effects of self-stigma, or the internalization of society’s negative attitudes. Self-stigma is linked both to depression and to self-destructive behavior. In terms of program efforts, it can reduce uptake of protective behavior, deter care seeking, and result in poor adherence to medication regimens. As self-stigma is also connected to social isolation, it can deter engagement in support networks and activities addressing HIV stigma and discrimination. Project experience suggests that the interaction of people living with HIV and the public can be a powerful force for change, though people need to be willing to engage publicly for this strategy to work.
Box 1. Beauty and Brains

Men who have sex with men and transgendered individuals are often stigmatized in Nepalese society, as in most societies. Part of this is due to a general lack of awareness and understanding about men who have sex with men and transgendered individuals, as well as the absence of clear language in the constitution to protect their rights. To address this gap, the Federation of Sexual and Gender Minorities Nepal (FSGMN), Blue Diamond and other partners implemented an innovative advocacy campaign called “Beauty and Brains” throughout Nepal.

The intervention consisted of six beauty pageants, five regional and one national, to identify national and regional ambassadors among the men who have sex with men and transgendered communities. Pageant contestants received five days of preparatory training on public speaking, choreography, and interpersonal communication skills, as well as information regarding HIV and other sexually transmitted infections, human rights, and stigma and discrimination. Through songs, dance, drama, poems, and other performances in the competition, pageant contestants went on to deliver messages about HIV prevention and other issues faced by the transgender community. Winners were selected based on level of confidence, presentation, personality and subject matter deliberation. The top three contestants from each region advanced to the national competition, where the national and regional ambassadors were selected.

Five regional winners were declared and appointed as regional HIV ambassadors, and one contestant was declared as the national ambassador. FSGMN then supported the ambassadors in leading a public advocacy campaign, media campaign and political and constitutional rights campaign in their localities. These campaigns sought to promote the health and human rights of the transgender community by coordinating with local civil society organizations, human rights organizations, media, and organizations working on HIV and AIDS. Throughout the project, ambassadors participated in public forums, talk programs, seminars, and other gatherings to rally people around lesbian, gay, bisexual, transgender and intersex issues and support their human rights.

The intervention resulted in a number of positive outcomes. Foremost among them were: (1) the establishment, on the national television station, of a weekly “Third Sex” program dedicated to promoting lesbian, gay, bisexual, transgender, and intersex human rights; (2) the inclusion of lesbian, gay, bisexual, transgender, and intersex human rights in political party manifestos, and promotion of these rights in the revised framework of the constitution; (3) the Nepalese government’s first-time allocation of more than US$3 million in the fiscal year 2009/10 budget for the promotion of lesbian, gay, bisexual, transgender and intersex human rights; and (4) a partnership with Save the Children US, Family Planning Association, and the Global Fund to implement HIV prevention programs for men who have sex with men and transgendered individuals in 14 districts in Nepal. This partnership currently employs 4 of the regional ambassadors and 200 members of the men who have sex with men and transgendered communities. The success of this intervention was due in large part to the strong relationships that FSGMN built with key stakeholders, including government officials, at the beginning of the project, and consistent engagement with these stakeholders throughout project implementation.
Addressing self-stigma effectively is an important precondition for effective engagement of marginalized communities and for project success. Building and practicing new skills are efficient ways to strengthen self-efficacy, reduce self-stigma and heighten engagement in HIV efforts. For example, a performer in the theater troupe supported by We Care expressed how participating in the plays empowered him and enabled him to help and support others:

“When I am providing the information [in the play], it makes me feel stronger as I am telling people they can live long with HIV if they take medicine, and so that reinforces that for me, and encourages me to do that. When I disclose my status on stage, afterwards it leads to PLHIV coming to talk to me and I can help them with information and referral to services like We Care, and it makes me feel good to be able to help them. Nearly 15 people have disclosed to me after the plays. I also feel good to share that I got infected through sharing needles and that when I was doing this I did not know it could bring HIV. By sharing this information, hopefully I can prevent others getting infected this way.”

Similarly, a woman living with HIV trained in interviewing as part of project activities explained how she gained confidence through the process:

“I have always been the interviewee, not the person doing the interviews…Now I understand all these technical things, for example differences between conducting interviews in the field and in the studio. I feel really good about being in the position to ask the questions, since I am always answering questions. But, I also learned a lot about how difficult it is to do good interviews, that there are lots of skills needed.”

2. **Connections with support communities are critical**

A number of implementer activities provided immediate access to support networks for members of marginalized populations who previously thought they were alone. Evidence gathered from community-led interventions highlights the critical role that supportive networks play in helping strengthen capacity of marginalized communities to reduce stigma and discrimination. As one man living in a community where a play focusing on stigma reduction toward men who have sex with men was performed explained:

“When before I was teased in my village, I was afraid to talk back because I was alone and I was afraid they would come and attack me. After the play, some boys gathered around me to tell me a play had occurred and it was about MSM [men who have sex with men], and the boys said they now understood and apologized for what they had done. Now I felt I could speak back and also told the boys that now you see I belong to a big group and so if something happens to me, I have a group to support me and my rights. Now there is no more teasing in my village from the youth.”

3. **Strategic partnerships are important for greater learning and effectiveness**

Many projects worked closely with local networks of people living with HIV or other groups experiencing stigma to ensure program strategies and messages were appropriate at addressing the needs and concerns of the target population. The Communication Hub (TCH), a development communication firm in Mumbai,
partnered with the Network of Maharashtra persons living with HIV (NMP+) from the inception of their project to harness radio to empower people living with HIV and transform attitudes. Both parties felt the partnership was central to the success of the project and emphasized the importance of the partnership, in terms of the benefits, learning, and inspiration it brought to each of them. Both TCH and NMP+ emphasized that key to this successful partnership was communication, joint decision-making, and respect for all opinions by everyone involved.

**Economically empowering marginalized communities to reduce stigma and discrimination**

1. **Generating economic opportunities can reduce stigma on multiple fronts**

Vulnerable populations often face economic challenges, such as difficulty securing employment, that increase their exposure to HIV risk. Poverty or lack of economic opportunity may heighten their likelihood of engaging in high-risk behaviors such as transactional sex and also can reduce their ability to negotiate condom use with partners. A number of SARDM implementers addressed economic hardship by incorporating innovative economic empowerment elements to enhance stigma reduction and HIV prevention. Some groups offered economic empowerment programs while others hired vulnerable people to implement program activities. Nine implementers, including Ashodaya Samithi, JOBS, Lotus, Swathi Mahila Sangha, We Care, The Communication Hub, Lanka+, SARAL and Alliance Lanka, provided vulnerable populations with opportunities to strengthen their economic stability.

By building skills and capacity and providing employment opportunities, several SARDM projects helped combat the perception that vulnerable populations cannot contribute to their families and society. Shifting this perception led to reduced stigma both within families and their communities. A Panchayat leader who saw a play about men who have sex with men explains:

“The play showed that they ... have very special talents and that they can live with a profession and that they don’t have to just live by alms. They can be self-sufficient, if they can live with self-esteem and contribute to society. I think that men who have sex with men should be treated equally and they should be given more skills and trade so they can live independently and live with self-esteem.”

A block-batik trainer involved in the JOBS project in Bangladesh highlighted how the training empowered the rehabilitated drug users who participated:

“[The men] were very motivated and had a sense of pride at being able to create something. [The block batik training] empowered them...It was important for me to respect their opinions.”

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5 Implementing partners included Swathi Mahila Sangha (SMS), Vijaya Mahila Sangha, Jyothi Mahila Sangha and the Swasti Health Resource Center. Because the SARDM funding was channeled through SMS and for ease of reading, only SMS is listed as the implementing organization here and elsewhere in this report.
Another benefit of projects that include an income-generating opportunity is that they often enhance long-term sustainability. For example, Ashodaya Samithi reinvested project-generated income to expand services to network members and enhance stigma reduction and advocacy efforts. In addition, income earned by individuals, such as rehabilitated drug users who participated in the JOBS project, afforded the men an opportunity to contribute to their families and save money, both of which strengthened confidence and inspired the men to stay drug free.

2. Economic empowerment approaches can inspire greater engagement among vulnerable populations in stigma reduction and HIV prevention

After taking advantage of economic opportunities made possible through the interventions, a number of beneficiaries became stigma-reduction advocates in their communities, further diffusing the project messages and encouraging others to take protective behaviors. For example, a rehabilitated drug user who participated in the JOBS project highlights how he shared the information he learned about HIV with other drug users in his community:

“Since I joined the JOBS project, I have been away from drugs. I also learned a lot about HIV and gained some technical skills. I am now very careful in my sex life. I inform other drug users about HIV and how to protect themselves…I tell them to spend the 3 taka to buy clean needles instead of sharing. I also tell them about using condoms during sex.”

This type of peer education, documented across the projects that used economic empowerment approaches, was an unintended positive outcome of these interventions.

Using cultural art forms to reduce stigma

1. Cultural approaches can foster empathy in audiences, which is key to reducing stigmatizing attitudes and behaviors

Important drivers of HIV stigma include fears of casual transmission and culturally rooted attitudes about gender, sexuality, sex work, drug use, and other characteristics. An important way of addressing these fears and attitudes involves promoting empathy in audiences or helping people understand how they share many values and goals with marginalized groups, including the desire to be accepted and to contribute to family and society. This understanding or identification, in turn, appears to be key in inspiring more positive attitudes and behaviors toward marginalized populations.

Several SARDM projects used the strategy of creating empathy through traditional art forms. Using theater, music, and dance, projects engaged community members in discussions around HIV transmission and prevention, stigma and discrimination, and the particular challenges faced by people living with HIV and other marginalized groups. These approaches often offered opportunities for the public to interact with marginalized people, which enhanced empathy and identification. A number of projects purposely designed opportunities for discussion into their performances.
In Kancheepuram District, India, We Care, a community-based NGO, promoted community discussion and debate about HIV stigma and discrimination using a traditional folk media known as Therukoothu (street drama). The play, divided into three segments of one hour each, included messages about the harmful effects of stigma and discrimination, positive living, and HIV transmission and prevention. At several points, the play stopped to allow for audience questions and to ask the audience questions, with prizes awarded to those actively participating. The theater troupe resided in the village over the duration of the performance period (a total of four days), providing additional opportunity for interaction with villagers. A key learning from this intervention was the power of theater as a way to raise sensitive issues with a diverse audience. Many villagers expressed gratitude for having received new information on HIV. They spoke of the fears they had prior to the play about contracting HIV through casual means and how this led to discrimination against people living with HIV. One young man explained that “definitely behavior toward people living with HIV will change because we no longer are afraid of them. My own behavior will definitely change as I am no longer afraid.”

2. Cultural approaches rooted in life experience tend to be more powerful

An important factor in Lotus’ success with the play was that it was developed and performed by men who have sex with men. The plot line derived directly from the life experience of the author. The story, focused on a family’s efforts to force their son into marriage, dramatizes a high tension and familiar scenario for men who have sex with men. Lotus also conducted considerable research with men who have sex with men and their experiences of stigma, and with their key target audience, Panchayat leaders. They then incorporated what they learned into the storyline. This research helped them write a story for maximum effect on these leaders and others, who recognized their role in perpetuating stigmatizing attitudes and behaviors. This reflection of people’s real-life experiences, combined with enormous care and effort in crafting the script, also helped make the play entertaining, informative, and persuasive. The performances all drew large, multi-generational crowds.

Real life experiences also strengthened the power of a music and dance series developed in West Bengal, India, by the local organization, “Society for Positive Atmosphere and Related Support to HIV/AIDS.” The series consisted of three weekly performances by Baul singers, traditional singing troupes that provide entertainment in West Bengal. The first performance focused on how HIV is transmitted, the second on personal experiences of people living with HIV in the community, and the third on the importance of care and support for people living with HIV. Some participants considered the second session the most engaging. To develop the second performance, the Baul singers, mostly local farmers, collaborated with a community health worker living with HIV to create a song about her experiences with HIV and discrimination. Before and after each performance, the community health worker and District Team Leader (who did not have HIV) led a group discussion with community members attending the performance. This allowed them to ask questions and interact with a person living with HIV. This mode of message delivery had a powerful effect on community members and was also well perceived by community members living with HIV and their families. The HIV songs were so popular that Baul singers reported receiving requests to perform at village events well after the intervention had ended.
3. Cultural approaches can appeal to positive values to inspire behavior change

We Care found that the power of their play was knowing their audience and crafting messages that responded specifically to villagers’ knowledge gaps and transmission fears around HIV, as well as appealing to their fundamental desire to help, not harm, family and community members. In these villages, fear of casual transmission of HIV was prevalent before the play. As few villagers knew about ART treatment, few realized that people living with HIV can have a productive, healthy life. The play addressed information gaps, but also appealed to the villagers’ sense of compassion and desire to support family and community members. After the play, villagers talked about how they had not realized what stigma and discrimination did, and that now they understood and would no longer do it. They also talked at length about the importance of supporting people living with HIV so that they could lead healthy and productive lives.
4. **Cultural approaches are effective in broaching taboo subjects**

Overall, implementers using cultural approaches found they were able to more readily broach issues such as sexuality and drug use, opening up public discussion and inspiring reconsideration of broadly held myths and misconceptions. Lotus, for example, crafted its play to address the highly sensitive issue of men who have sex with men and transgender persons in a way that would not offend or threaten, but rather draw in the audience to understand the issues and the negative effects of stigma and discrimination. In addition, the time spent ahead of the performance in each village preparing, as well as formal and informal opportunities created at the end to ask questions and interact one on one with the performers, allowed for discussion and exchange on issues the performance raised. This provided a non-threatening and socially acceptable way to broach sensitive and taboo topics. It also enabled spectators to interact directly with the performers, nearly all men who have sex with men, thereby dispelling myths and promoting comprehension of the play’s key messages. In a number of the performance projects, a number of the audience members had never interacted with anyone living with HIV or in a respectful way with men who have sex with men. For the performers, it was an empowering experience to be directly involved in advocacy and see immediate, positive reactions from community members.

**Harnessing mass media to reduce stigma**

1. **Media approaches offer multiple avenues for reducing stigma but some serious potential pitfalls**

Several projects engaged the media effectively in their stigma reduction efforts. This involvement took one of three forms. Some groups, including Nari Unan Shakti, Pakistan Press Foundation, Afghan Family Guidance Association, and Voluntary Health Association of Tripura, trained journalists about stigma and discrimination and how to report in non-stigmatizing ways. Others, including Swathi Mahila Sangha, Lotus, Federation of Sexual and Gender Minorities Nepal, and Afghan Family Guidance Association, engaged with the media at key points in project implementation to amplify the reach of their efforts. Lastly, a few groups, such as Concern International, Quisse, The Communication Hub, and Drik Pictures Ltd. developed media products such as training films, documentaries, and radio documentaries to be used as a stigma reduction tools.

Given the sensitive subject matter and vulnerability of marginalized groups, media approaches present some challenges. Anyone participating in awareness-raising activities with journalists needs to understand the possible ramifications of sharing his or her story publicly. Working with children to share their stories requires extra care to ensure participation is voluntary on the part of the child, and that the child and parents or guardians have full understanding of the potential ramifications of involvement. Support systems should be in place to help participants cope with public disclosure. Spokespeople for media activities also need to be thoroughly prepared for difficult questions. In general, projects need to devote considerable time to engage and sensitize journalists. Few reporters could write about stigma and discrimination in an effective, non-sensationalizing way without training. In some cases, due largely to high levels of stigma, projects found it difficult to find people willing to share their
stories publicly via media. Participation can be encouraged, however, through strong connections to networks and support groups.

2. **People living with HIV can inspire journalists to eliminate stigmatizing language and stories**

The language and images portrayed in print and broadcast media often unintentionally foster stigma and discrimination toward people living with HIV and groups considered particularly vulnerable to HIV infection. In an effort to ensure that journalists were fighting stigma instead of propagating it, four SARDM implementers adapted existing training curricula to sensitize members of the media about HIV, AIDS, and stigma and discrimination. The active participation of people living with HIV can make these efforts especially powerful. The organization Nari Unan Shakti conducted a two-day training for more than 130 journalists in six cities throughout Bangladesh. According to the project directors, the involvement of people living with HIV in raising awareness about stigma and discrimination was critical. The prevalence of HIV is quite low in Bangladesh and many of the journalists had never engaged with a person living with HIV before, so the opportunity to do so helped them overcome their own fears and misconceptions and also helped them to understand the stigma and discrimination that people with HIV face. The project helped journalists channel their new understanding into actual articles. By the end of the project period, 78 (57 percent) of the journalists trained had published articles on their own in their local papers.

3. **Partnering with media savvy groups can optimize results of media efforts**

Good press coverage can enhance the reach and impact of public health messages, but often community-led organizations do not have enough media relations experience to maximize this potential. Securing strong coverage of key project messages, especially on sensitive and easily sensationalized subjects, likely requires the help of partners with media relations expertise. To this end, Swathi Mahila Sanga solicited the Center for Advocacy and Research to prepare female sex workers living with HIV for various media events that were part of an advocacy campaign. This led to one sex worker participating in a television interview, two in radio interviews, and six participating together in a live press conference to reduce stigma and discrimination among the public and journalists. For the press conference, the women only had three minutes each to get their message across, so messages had to be carefully crafted and practiced. They were also coached on how to respond to questions that might be direct and even offensive or stigmatizing. The staff person who helped to train and prepare the women for these media events noted how far the women had come during the year-long project period, from no engagement with the media to about 40 percent engagement. He also noted that “to have discourse with the media, you need to have a partnership with the media. Once you have discourse, the press can be used as a tool to promote your messages.”

The media events the team organized resulted in positive reactions from both journalists and the public. One of the community mobilizers living with HIV who participated in a television interview expressed how the advocacy project helped her become an advocate for others:
“I used to be ashamed and hide my [HIV] status. The project has helped me to overcome my own stigma. It has given me courage and I am now comfortable sharing my status publicly. By boldly facing society, I can be a role model for other sex workers and help to stand up for their rights. Women should keep their heads high, that spirit brings me here every day [to work for the project].”

4. Training for civil society organizations on media relations is often essential

Another key gap addressed by one of the SARDM implementers is the lack of capacity among many NGOs to properly engage with the media. These skills are critical to build the media relationships necessary for expanding reach of key messages and program outcomes. The Pakistan Press Foundation (PPF) sought to strengthen the capacity of civil society professionals in Pakistan to work effectively with media in reducing HIV-related stigma and discrimination. To accomplish this, PPF organized five three-day training workshops, “Working with the Media,” for civil society organizations in the cities of Karachi, Lahore, Abbotabad and Quetta. One hundred and nineteen civil society professionals participated from a range of civil society organizations, including NGOs working with most at risk groups, adolescents, and those involved in general HIV awareness raising activities. The purpose of the workshops was to train NGOs on how to liaise with the media on their activities, for example through press releases and letters to the editor. A key component of the workshop was a panel discussion where civil society professionals engaged directly with experienced print and electronic journalists. By the end of the project, training participants had produced 187 press releases and letters to the editor.

5. Films, documentaries and other products can ensure consistent quality and continuous diffusion of messages

Different forms of media can be used as stigma reduction tools. Packaging films, documentaries and other products for widespread use allows for quality control of messaging and continuous diffusion as other groups use the products after the project ends. Several of the SARDM implementers developed media to promote awareness about stigma and discrimination, share stories of experiences of stigma faced by people living with HIV, and address the specific challenges that marginalized groups faced. Concern International, in partnership with ActionAid Afghanistan and Just Afghan Capacity and Knowledge, produced six films on stigma and HIV and AIDS in two local languages (Pashto and Dari), based on formative research among individuals living with HIV and AIDS in Kabul. Target groups for dissemination of the documentaries and training films included Mullahs, teachers, prison and police officers, community leaders, and health professionals across districts and urban centers in Afghanistan.

These films are now available for use by appropriate organizations and National AIDS Control Program.

To address the specific HIV and stigma-related issues facing truck drivers and injection drug users in India, the Quisse project produced two short films. The scripts for these films were produced in close consultation with members of the marginalized groups they were portraying. These films are enjoying extensive dissemination, both through the efforts of the filmmakers and wide use by other organizations. One of the
films, *Suee* (The Needle), debuted in Mumbai in July 2009 and was hosted by the Narcotics Control Bureau. The film also was shown at the International Conference on AIDS in Asia and the Pacific in Bali, Indonesia. Organizations that have acquired the film for screening including Air Headquarters, Narcotics Control Bureau, Tata Motors, Johnson and Johnson, Sankalp Drug Rehabilitation Foundation, Muktangan, Sangram Sangli, Anand Foundations and the Sharan and Humana People to People Foundation.

The other film, *Horn Pukare* (Call of the Horn), is being shown throughout the truck drivers’ networks via the Transport Corporation of India. Screenings are followed by workshops and interactive sessions with facilitators. A local organization in Nigdi shows the film regularly as part of its HIV and AIDS Awareness Drives. The ICICI Bank and the Mehandale Transport Group of Pune also show the film during workshops. An English sub-titled version appears on the World Bank Web site, and DVDs of the film have been sent to APAC in Tamil Nadu, MDACS in Mumbai, and the National AIDS Control Program. Both films are also distributed by the World Bank to development partners for internal viewing and training purposes.

6. **Mass media can raise the profile of an issue through broad reach and active word-of-mouth**

ISTV Network and the Institute of Social Work and Research produced a televised game show which enjoyed a broad audience and generated positive word-of-mouth. In the game show, which aired in Manipur, India, a host posed HIV-related questions to contestants in a “hot seat.” People were rewarded for answering correctly. The questions, developed by experts and practitioners, were designed to reduce fears and misconceptions related to HIV and to reduce stigma. People living with HIV or others who have experienced stigma also participated in answering questions. Working with the Manipur Network of People Living with HIV, the project developed special episodes featuring only people living with HIV. The host, by hugging and shaking hands with contestants, reinforced the message that HIV is not transmitted through casual contact. A total of 68 episodes aired across four districts to an estimated half million viewers. The endline survey suggests the show also fostered “buzz,” with about seven in ten viewers reporting they discussed the program with friends and family members. Word-of-mouth can be especially powerful, as information conveyed through family and friends is often more deeply processed and more likely to be accepted and internalized. The endline survey also indicates the vast majority of viewers thought the game show educated viewers and reduced HIV stigma and discrimination.

7. **Participating in media initiatives can be empowering for marginalized populations**

“We are surrounded by the negative...newspapers, TV, radio...and most of HIV/AIDS news again brings depressing, albeit real, stories to us. But for every one person who stigmatizes, there is someone who cares! We wanted to talk about them, share their stories, listen to them, get inspired by them, celebrate them.”

—Director, The Communication Hub
This rationale was the inspiration for The Communication Hub’s project, which trained people living with HIV to conduct joint interviews in their communities with the HIV-positive person and the HIV-negative support person they have identified as key in their lives. The interviews captured personal stories about the compassion, care and support for people living with HIV from their families and communities. The idea was to showcase role models who do not stigmatize and share their experiences and stories throughout rural and semi-rural areas through radio. The interview experience turned out to be an empowering one for all involved. One young man living with HIV, who was interviewed together with his close friend who is HIV negative, explained his experience of participating this way:

“To be frank, when I first came to know [about the possibility of doing an interview] I was scared, but then I thought about it and thought if by telling my story I can reach all people in Maharashtra, this will help reduce stigma, and so I should do it. And those who are negative will begin to think that they need to help people living with HIV... and this will help to reduce stigma. I got the very great opportunity, I can reach many people with my story and reduce stigma, it makes me feel good.”

III. CAPACITY STRENGTHENING EFFORTS AND LESSONS LEARNED

The SARDM implementers reflected a range of organizations, including small community-based organizations, larger international NGOs, and networks of men who have sex with men, transgender, and sex worker communities. They also had varying levels of experience in designing projects, implementing interventions, and assessing their effectiveness. With support from SARDM, ICRW provided assistance to the implementers to strengthen their capacity in a range of areas and through different mechanisms.

Type of Capacity Strengthening Support and Technical Assistance Provided to Implementers

Formal group training and assistance occurred at three points during the 18-month period, beginning with two half-day sessions for implementers during the initial development marketplace event, held in May 2008, to select the finalists. These sessions reviewed current stigma reduction principles based on existing information from pilot programs around the globe, basic principles of monitoring and evaluation, and specific guidance on available indicators\(^6\) (see Table 2) for assessing stigma-reduction interventions.

The ICRW research team also provided SARDM implementers with stigma reduction and monitoring and evaluation tools and references to available stigma reduction tools. In addition, each group received individual attention to review their proposed activities for feasibility and alignment with best practices. In September 2008, additional training was provided on stigma messaging and terminology to

implementers whose projects included a media or communications component. In December 2008, ICRW led a four-day monitoring and evaluation workshop in New Delhi, where the implementers learned how to prepare logic models and monitoring and evaluation plans in direct consultation with technical experts and other SARDM implementers. It also provided the space to reflect on implementation progress to date and discuss challenges and potential solutions with fellow implementers and the larger SARDM team. The workshop also reinforced stigma reduction practices by sharing a key stigma reduction programming tool, Understanding and Challenging HIV Stigma Toolkit.⁷

In addition to the structured group trainings, ICRW provided direct technical assistance to implementers upon request, both for their intervention and monitoring and evaluation components. For example, ICRW reviewed film scripts, billboard content, game show questions, training materials, baseline surveys, and pre- and post-training evaluations. In addition, following the regional workshop, ICRW helped individual SARDM implementers finalize their monitoring and evaluation plans.

**Recommendations for Programmatic and M&E Capacity Strengthening**

Several lessons learned through the process of strengthening capacity and providing TA to these large and diverse groups of program implementers could be used to inform other grants programs working on stigma, or similarly nascent areas of work.

1. **Capacity strengthening should be a continuous process for long-term sustainability.** As a result of SARDM support, most implementers gained a basic knowledge of monitoring and evaluation principles and increased their capacity to collect formative and monitoring data to strengthen program implementation, record outcomes, and document key process issues to facilitate sharing lessons learned. A logical next step in capacity strengthening for a number of implementers, particularly if their programs are scaled up, would be more intensive technical support to undertake quantitative impact evaluation of their programs, which would provide the type of evidence many large donors seek before making a sizable investment.

2. **Monitoring and evaluation training and support should be tailored to implementer’s capacity and experience.** The SARDM implementers varied widely in terms of experience and capacity to conduct program monitoring and evaluation. While some implementers were larger, international NGOs, others had never received external funding before. This variation in experience greatly enriched collective learning. It also gives rise to some suggestions for future initiatives aiming to support and document innovations to reduce stigma and discrimination. First, early and upfront training and technical assistance on the basics of monitoring and evaluation are important. The approach should be comprehensive, catering to the wide variation in experience of community groups and networks. For example, a three- to five-day training could cover all relevant information, including best practices for program and intervention design, monitoring and evaluation basics, and provide ample time for implementers to

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Table 2. Indicators that can be used to assess stigma at the community level

<table>
<thead>
<tr>
<th>Fear</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of HIV transmission through day-to-day contact can be assessed by asking whether individuals fear contracting HIV:</td>
<td></td>
</tr>
<tr>
<td>• if they touch the saliva of a person with HIV or AIDS</td>
<td></td>
</tr>
<tr>
<td>• if they touch the sweat of a person with HIV or AIDS</td>
<td></td>
</tr>
<tr>
<td>• if they touch the excreta of a person with HIV or AIDS</td>
<td></td>
</tr>
<tr>
<td>• [that their child would become infected with HIV] if they play with a child who has HIV or AIDS</td>
<td></td>
</tr>
<tr>
<td>• if they eat food prepared by a person with HIV or AIDS</td>
<td></td>
</tr>
</tbody>
</table>

Shame and blame

Stigma and discrimination based on shame, blame and judgment can be determined by assessing agreement with the following statements:

Shame

• I would feel ashamed if I was infected with HIV
• People with HIV or AIDS should be ashamed of themselves
• I would be ashamed if someone in my family had HIV or AIDS

Blame and judgment

• It is the women prostitutes that spread HIV in our community
• HIV is a punishment for bad behavior
• People with HIV or AIDS are promiscuous
• HIV is a punishment from God

Discrimination (enacted stigma)

The level of discrimination can be assessed by asking people whether they are aware of or have seen incidents during which a person living with HIV or AIDS experienced:

Isolation (including physical and social exclusion)

• Excluded from a social gathering
• Abandoned by partner
• Abandoned by family/sent away

Verbal stigma

• Teased, insulted, sworn at
• Gossiped about

Loss of identity/role

• Lost respect/standing within the family and/or community

Loss of access to resources or services

• Lost customers or a job
• Had property taken away
• Denied health care services, social services or education

work with technical experts to develop program logic models and monitoring and evaluation plans. In addition to up-front training, a mix of proactive and “on-demand” technical assistance could be effective. Experienced groups are more likely to actively seek support, while some groups need more assistance identifying and defining their needs. Lastly, technical assistance to implementers

could support alignment of monitoring and evaluation and data collection with funding levels, capacity, and time frame.

3. **Programmatic technical assistance is critical.** In working with topic areas that are as nascent as stigma reduction, in addition to capacity strengthening in monitoring and evaluation, support (such as basic training and skills building sessions) in programming and accessing existing best practices, programmatic tools and intervention models will strengthen implementers’ ability to achieve results. In HIV and AIDS work, messaging is a particular area where review of fundamental principles is critical. Despite best intentions, programs may unintentionally reinforce stigma and discrimination through language and images. While this is of particular importance to media-related projects, all program materials (training, leaflets, etc.) should be reviewed to ensure that no inadvertent harm is being done through language and images.

**IV. RECOMMENDATIONS**

The SARDM implementers addressed different dimensions of HIV stigma and discrimination from a range of entry points. This body of experience provides a strong foundation to build on for further stigma reduction efforts in the region. Important next steps include actions to intensify and expand the response to stigma and discrimination. The following recommendations outline action steps for government, donors and practitioners in taking this work forward.

1. **Promote intensified government support for a scaled-up response to stigma and discrimination**

The support of government proved essential for SARDM implementers, giving them credibility, entrée to influential individuals, and the ability to implement projects on sensitive issues. For smaller-scale efforts, government support, at least at the central level, does not necessarily need to be intensive. Even a relatively small item such as a letter of support can make a large difference to community organizations in implementing local interventions.

In increasing the scale of activities, however, more intensified government involvement is key. The Afghan Family Guidance Association’s close collaboration with government, for example, greatly increased the reach of their stigma reduction efforts with religious leaders. This group worked with ministries in public health and religious affairs, including the National AIDS Control Program, to develop training and communications material. The government selected three senior religious leaders, who advise the Ministry on religious affairs, to work with the project to initiate a cascading training of trainers program, resulting in the training of more than 100 Mullahs. The General Directorate of Mosques of Ministry of Haj and Religious Affairs formally disseminated key project messages about HIV stigma and discrimination to mosques for use in Friday prayers. Television channels, including the national channel, then broadcasted these messages to an even larger public.
2. **Promote government adoption of stigma reduction efforts in health care**

Stigma within health care settings can be especially severe for marginalized populations. They may be refused services, denied medicine, passed from provider to provider, and tested for HIV or have their sero-status disclosed without consent. Fortunately, tested approaches and tools exist for reducing discrimination in health care settings. A number of SARDM implementers also addressed these issues, adapting training materials and piloting intervention models that governments could consider for further refinement and possible adoption. Ashodaya, for example, collaborated with hospitals to improve quality care for sex workers. The initiative involved training both providers and sex worker volunteers to help other sex workers access and navigate hospital care. Initial results are promising: Sex workers found hospital staff more sensitive and attentive to their needs when accompanied by the volunteers. Use of health services by sex workers also increased. Another implementer, the National NGOs Network Group Against AIDS-Nepal (Nangan), worked with hospitals, using a training of trainers approach to train all staff on stigma reduction.

3. **Encourage replication of promising approaches through organization-to-organization knowledge transfer**

In the process of implementation, SARDM implementers developed or deepened expertise in areas such as street theater, media relations and stigma reduction training. Groups such as Lotus, the Pakistan Press Foundation, The Communication Hub, Nari Unnayan Shakti, Swathi Mahila Sangha, and the New Light Society could help train other community organizations, including growing networks of marginalized populations, in conducting similar interventions. As part of this process, they could document their approach and strategies, creating guidance and tools for others to replicate these activities. Guidance on approaches that offer more potential for scale and impact may be particularly useful. The New Light Society, for example, implemented a training of trainers effort that trained nearly 400 people, including men who have sex with men, health providers, journalists, and others.

4. **Promote use of multi-pronged programming strategies for increased effectiveness**

The most effective projects tended to offer services and activities that met the multiple needs of marginalized populations. Ashodaya, for instance, addressed institutional stigma in health care settings and offered sex workers access to support services and economic opportunities. Another example is Lotus Sangam, which implemented street theater performances to reduce stigmatizing attitudes among community members. These performances also let hard-to-reach men who have sex with men know that they could access more information and services from Lotus, including counseling and group support. A broad HIV awareness and stigma reduction campaign New Light developed, coupled with strengthening of referral systems and linkages for treatment and care services for men who have sex with men and transgender individuals, resulted in more than 350 new counseling clients. The reliance on a single approach such as employment training, without corresponding stigma reduction efforts or links to services, will be less effective.
5. **Leverage cultural and media efforts of SARDM implementers to maximize reach and results**

*Package live cultural activities into scalable products.* SARDM implementers such as Lotus, We Care, and the Society for Positive Atmosphere and Related Support to HIV/AIDS invested considerable time and effort in developing compelling plays and performances. Packaging these efforts into products such as films or videos could diffuse messages even more widely. At least in one case, this is already taking place among SARDM implementers. The “Beauty and the Brain” pageant, led by the Federation of Sexual and Gender Minorities in Nepal, is already the subject of a documentary.

*Support further dissemination and impact evaluation of media products.* The Communication Hub developed a promising 13-part radio series, but initially lacked the budget to secure broadcast airtime and evaluate impact. However, a National AIDS Control Organization-supported State AIDS Control Society has recently included the program in their next financial year media budget (April 2010-March 2011), so the project team anticipates the serial will be broadcast over the next year. Since the films on stigma toward injecting drug users and truckers produced by the Quisse project are being shown widely, a natural next step might be to document and evaluate their use. Additionally, to promote greater use of these products as learning tools, viewer or listener guides could help increase understanding and discussion among audiences. These guides could be disseminated through networks and community organizations interested in hosting viewings or listening sessions.

6. **Further sharpen and refine tools for religious leaders**

Relatively few stigma reduction efforts worldwide have involved religious leaders; yet their involvement presents a rich opportunity given their enormous reach and influence. Lessons from SARDM implementers’ successes working with religious leaders, combined with existing tools and lessons in this area, could be a valuable resource in future efforts to engage religious leaders to address stigma and discrimination. The interventions, training tools and other material for religious leaders produced by the Afghan Help and Training Program, the Afghan Family Guidance Association, Action AIDS with Concern, and Voluntary Health Association of Tripura merit further attention and, possibly, development for broader use. It also may be worth documenting the lessons from these efforts for broader dissemination to other community organizations.

7. **Foster stronger private sector engagement for greater economic opportunity**

Economic empowerment approaches, when implemented in conjunction with stigma reduction activities, have enormous promise for reducing stigma and discrimination experienced by marginalized populations and improving their health and well being. Work with private sector partners, however, represents a gap in experience. While many SARDM implementers established productive relationships with government, efforts to engage the private sector were rare and fraught with challenge. In settings where employment opportunities are scarce, securing formal sector jobs for marginalized populations can be especially difficult. The time and effort involved for community organizations, especially small, relatively new groups, may not be cost-
effective. A broader policy effort, such as advocacy with government to offer private sector incentives for hiring marginalized populations, could ease the way for community organizations running employment programs. Social enterprise efforts, such as the Ashodaya restaurant created by sex workers, showed promise and merit further exploration and investment.

8. Ensure that an expanded response to stigma and discrimination provides economic opportunities for marginalized populations

A number of SARDM implementers hired and paid people from marginalized groups to help conduct project activities. This approach provided powerful benefits to participants, giving them new skills and self-confidence, and contributed to project success. As stigma reduction efforts expand, it will be important to ensure that organizations continue to hire people from marginalized groups as much as possible to implement work. The income offers people multiple benefits and helps combat the perception that people from marginalized groups can not be productive, valuable contributors to their families and communities.

9. Support implementers in strengthening their capacity to expand

The efforts of SARDM implementers to address stigma and discrimination reflect a great deal of courage, commitment and talent. These are fundamentals for expansion. But if these groups are to lead substantially larger efforts, many will need capacity strengthening in areas such as programming strategies, management systems, and monitoring and evaluation. Producing effective tools and products, for example, can require a high degree of experience and skill. Materials must be carefully crafted and tested so that they further project goals and do not unintentionally reinforce stigma and harmful stereotypes. In addition, the capacity to monitor and assess progress is critical not only for continued improvement, but also for making the case to donors and governments for program expansion and increased investment. As implementers seek to expand their work and procure new funding, it also will be increasingly important for them to be able to document how their stigma reduction interventions link to concrete outcomes in behavior change and service use.
Part II: Case Studies

The ICRW research team conducted an in-depth analysis of six of the projects, selected for their potential promise in terms of scale and impact, operational feasibility, and diversity in terms of populations served. Unfortunately, the research team was not able to visit all 26 implementers, especially as security concerns deter travel in some of the areas where implementers are working. The following case studies provide an in-depth look at how implementers in different settings formulated highly creative responses to stigma and discrimination. These include projects implemented by JOBS and Nari Unan Shakti in Bangladesh, and Swathi Mahila Sanga, Lotus, We Care, and The Communication Hub in India.
CASE STUDY ONE:
ACTING OUT – THEATER REDUCES STIGMA AND DISCRIMINATION AGAINST MEN WHO HAVE SEX WITH MEN IN RURAL SOUTH INDIA

Background
In India, stigma and discrimination often prevents men who have sex with men from accessing government entitlements or seeking justice for rights abuses such as police violence or refusal of health services. Their experience of stigma tends to be particularly severe because it stems not only from their perceived association with HIV, but also from their sexuality.

Theater offers a strong mechanism for changing deep-seated cultural attitudes about gender and sexuality that drive stigma. More than a strictly informational intervention, it has the potential to alter damaging but deeply entrenched social norms.

Lotus Integrated AIDS Awareness Sangam (“Lotus”), a membership organization that supports men who have sex with men and advocates to reduce stigma and HIV transmission, recognized the potential power of theater to promote positive social change. With its SARDM grant, Lotus developed a theater program in and around its base in Tamil Nadu, India, to change harmful attitudes and practices that make it difficult for men who have sex with men and transgender persons to access legal redress through their municipal governments, or Panchayats. Panchayats are powerful local bodies that regulate the socio-political norms at the village and semi-urban levels and are the primary avenues through which citizens pursue justice at the village and semi-urban levels, even before engaging local police. As recognized leaders, they are in a unique position to model new attitudes and behaviors for the broader community, setting an example that could enhance the quality of life and access to benefits and services among marginalized populations.

Lotus’ play tells the story of a young man who has sex with men whose parents are determined to get him married. It follows the protagonist, Ranjith, through daily life, depicting the stigma and discrimination he experiences at home, in his neighborhood, and from his friends. In one pivotal scene, Ranjith stands alone on the stage and expresses how all of this makes him feel, how much it hurts, and that he was born with these feelings and cannot change them. Crying out to God, he asks, “Why have you given me this life?” At this moment in the play, the audience always becomes silent and attentive. In another pivotal scene, the parents take Ranjith to meet his future bride and parents-in-law. The bride-to-be, Susila, recognizes the situation and explains, “Your son is a man with a female heart.” She also refers them to Lotus Sangam counseling, explaining that Lotus Sangam is a support organization for men who have sex with men and transgender persons. Susila also requests the father not to force his son into marriage, which would spoil the life of both his son and a potential bride. In the final scene, Ranjith and his parents visit the counselor at Lotus, who answers all of their questions. These questions clearly mirror those of the audience, as at this point they usually lean forward toward the stage in anticipation of the answers.
Implementation
Lotus SARDM project staff undertook a careful process to develop and implement the theater intervention. They conducted focus group interviews with men who have sex with men and Panchayat leaders to inform script development and provide baseline data for an evaluation. A member of Lotus wrote the script. The implementation process also involved hiring project staff, securing and setting up office and performance practice space, contracting professional theater trainers, and holding auditions for the performers who made up the theatre troupe which Lotus refers to as the “cultural team.”

With core funding from SARDM, Lotus mobilized additional support from Indian Network of Positive persons (INP+) to intensify its work with Panchayat leaders in performance villages. This entailed organizing two one-day trainings for Panchayat leaders on HIV and AIDS, men who have sex with men, and transgender populations.

Lotus selected villages for the performances based on their knowledge of where men who have sex with men resided and the willingness of the Panchayat leaders to have a performance in their community. As Lotus had a letter of support from the Tamil Nadu State AIDS Control Society, their entry into villages was relatively smooth. In total, Lotus organized 75 performances of the play in three districts over the course of one year, reaching approximately 11,250 villagers. Lotus collected endline data on the results in October and November 2009, and disseminated the findings in December 2009.

Results
The project successfully opened up a justice channel through Panchayat leaders and also achieved an array of unanticipated outcomes. Panchayat leaders reported changes in their attitudes and behaviors, while men who have sex with men confirmed positive changes in their lives. The intervention also strengthened Lotus itself, improving its ability to use theater, improving the health and well being of its members, and leading to procurement of additional funds.

Changes at the Panchayat level. Panchayat leaders described a change in their understanding of men who have sex with men and transgender persons and the stigma and discrimination they face, and said they anticipate this new understanding will change their behavior toward men who have sex with men and transgender persons in the future. Panchayat leaders emphasized the following points that they and their village members learned through the play:

- Men who have sex with men are born this way, it is not a choice, it is natural.

  “This was the first time I had understood that there are men who wear pants like men, but feel like women inside. I only knew about transgender persons, men who wear women’s clothes, but not about men who wear clothes like men, but have a heart of a woman... they cannot help to be like this.”

- Men who have sex with men face stigma and discrimination in all areas of life.

  “The play showed us how discrimination occurs by friends, families and communities. The scene that really touched me was the one where the parents are shown harassing
their MSM son. It really hurts to see parents treating their own child like this. This was very painful to see.”

- Stigma and discrimination is hurtful and damaging to men who have sex with men

“I learned how it is with MSM in the family and how the parents were feeling, and then how the MSM was feeling; this was all very touching.”

- Forced marriages ruin the lives of men who have sex with men and the women.

“By forcing MSM to marry we are not solving any problem. It is not helping the MSM or the women they marry.”

- Stigma and discrimination has severe consequences for men who have sex with men, including having to leave home and being denied employment opportunities. This leaves them with few survival options.

“I advise that the government should come forward for transgender persons and MSM so that they can get a job/employment, so they don’t have to beg or go for selling sex just to live.”

- Men who have sex with men and transgendered persons have talents and skills and want to contribute to and participate in family and community life.

“The play showed that they have very special talents and that they can live with a profession, that they don’t have to just live by alms. They can be self-sufficient, if they can live with self-esteem and contribute to society. I think that MSM should be treated equally and they should be given more skills and trade so they can live independently and live with self-esteem.”

Panchayat leaders also expressed an intention to intervene on behalf of men who have sex with men and transgender persons in instances of harassment and abuse. One leader said, “If I come to know of an MSM, I would refer him to Lotus. And if I see an MSM being teased, I would interfere…and advise them to stop, and explain [that] MSM are normal, they are born this way, and that they should not tease them.”

Lotus members and village MSM confirmed that many of the Panchayat leaders were behaving differently toward them after seeing the play. They reported changes ranging from “He now greets me when he sees me” to “I am now treated with respect; he even invites me for tea and offers me a lift in his vehicle.” The consensus among MSM interviewed was that while they thought all Panchayat leaders had understood the issues presented in the play, about half had an exceptionally strong positive reaction. For example, some Panchayat leaders are actively seeking out MSM under their jurisdiction to talk with them, tell them about the play, and encourage them to go to visit Lotus offices.

MSM also reported that Panchayat leaders have intervened against the type of daily harassment that drives marginalized communities further underground and deters care seeking:
“One Panchayat leader who saw the play, when he saw some boys harassing a group of transgenders begging for alms, he stopped his vehicle and told the boys to stop. He told the boys that transgenders are also human beings and deserve to be treated with the same respect as others.”

—Lotus member

“One day after the play, the Panchayat leader came to me and asked me if I had contact with Lotus and why don’t I get into contact with them, as I could get some benefits from that…The leader is now very friendly and when he sees me on the road he gives me a lift and encourages me to go to Lotus. Before the play, this leader used to tease me, asking ‘should I call you a she or a he?’ But since the play he now greets me, encourages me to seek out Lotus and is nice to me.”

—Lotus member

Changes among marginalized populations. One of the challenges in meeting the needs of marginalized populations is that stigma and discrimination tends to reduce care seeking and health service use. Village men who have sex with men discussed how important the play was for them in recognizing they were not alone, there were others like them, and that there was a support group they could join. As a cultural team member explained, “I have recognized my own problems through this process. I have come to accept myself, know more about myself and have a group to belong to. I am not feeling shy and ashamed anymore.” As of mid-December 2009, 147 “hidden” village men who have sex with men had approached the actors after a performance, and out of those, 47 had visited Lotus offices, often at some distance from their villages, to seek support. Of these 47, 42 have accessed counseling services at Lotus, 19 of whom were referred to the government hospital for HIV and STI testing and who received treatment as needed.

Change in villagers’ behavior. MSM interview respondents described an array of improvements to their daily lives resulting from the play. After the performance, many reported a drop in the harassment in public spaces, like the market or taxi stands, as well as a new willingness by villagers to engage in normal daily social interactions with them. Some reported that villagers even apologized for their past behavior. Others reported how some villagers have stepped in to challenge teasing and harassment of MSM and transgender persons, something that never occurred before the play. For example, a cultural team member reports, “I was in the fish market, where I usually get teased and harassed. Suddenly one man, who had seen the play in his village, stood up and told the fishmongers they should stop the teasing. He explained about the play and the messages. I was so happy.” Moreover, these changes may be lasting. As one Lotus member reported, “Change is continuing. The play was about one year ago in my village. Till now the change has continued.”

Organizational strengthening for Lotus. The project’s capacity strengthening benefits are multiple. In general, the response to HIV stigma is inadequate, and efforts in this area led by marginalized communities themselves are especially scarce. Thus, the project served a critical organizational strengthening role for further, larger-scale efforts. Lotus staff have gained experience and skills in project management and implementation, including accounting, financial and technical reporting, monitoring and evaluation, event planning, training, and negotiating with Panchayat leaders. They have also developed capabilities in script development, acting, and using street theater
for effective messaging. As the director reported, “Now I can manage a project and I can teach people how to manage a project…. I have learned about documentation, research, team management, accounts management.”

A number of organizational changes and new high-profile commitments have resulted from the theater project. Lotus is now a member of a national transgender convening committee supported by UNDP and has received support from INP+ to conduct trainings and participate in local and state-level events, like World AIDS Day celebrations. In addition, Lotus now participates in important meetings and events in Tamil Nadu on MSM and transgender persons. Lotus is also a founding community-based organization for a state level forum, the United Network of MSM Advocacy and AIDS initiatives (UNMAAI—in Tamil this means truth/fact). At the local level, Panchayats have invited Lotus representatives to attend village events to raise awareness about stigma toward men who have sex with men and transgender persons. Lotus has also received several international visitors seeking to learn more about the project and view a performance, and will be hired by an international researcher to collect data on vulnerable populations in the near future.

The Lotus director sums up the positive impact the project has had, both in terms of organizational strengthening and in the new respect others have for his organization as a result of the intervention:

“Before this project, people didn’t believe Lotus had the capacity to implement projects. We proved through this project we can implement projects and through the cultural team that we have the capacity to communicate messages in a good way, and the courage to communicate things that are very sensitive.”

**Lessons Learned**
The success of Lotus’ project in reducing stigma and discrimination toward and among men who have sex with men and transgendered persons comes from the confluence of several key factors:

- **Staff commitment.** Lotus staff and the cultural team members exhibited extraordinary determination, courage and dedication in addressing sensitive issues in the public forum of theater. The power of the collective voice and the safety net of a close-knit group to support and care for each other have proven to be critical to the success of this process.

- **Theater as a medium for change.** Theater creates a unique space to address sensitive and taboo topics that could not otherwise be discussed publicly in a mixed forum of women and men, and across generations. Furthermore, in putting these issues out in the open, the play creates a new space for discussion and action.

- **Carefully targeted messaging.** Skilful communication, careful crafting of messages and clever use of street theater were all keys to the project’s success. The play was simultaneously entertaining and educational. It held the audience’s attention and appealed to their emotions and their better instincts. Finally, it successfully conveyed several key messages about what it means to be a man who has sex with men or a transgendered person and the need to...
adopt more positive attitudes and behaviors toward these marginalized groups.

- Skillful and heartfelt theater performances. Audience members felt and understood that while this was a play, it was depicting the real, lived experiences of the actors. Linked to this was the opportunity for the village audience to develop empathy for individual team members and their characters. Pre- and post performance, villagers could ask questions and approach members of the performance team and Lotus staff individually. In addition, before each performance each audience member received a flier that described what the play would be about and Lotus’ contact information.

About Lotus Integrated AIDS Awareness Sangam
Lotus Integrated AIDS Awareness Sangam (“Lotus”), founded in 2000, is a membership organization that supports men who have sex with men in Kumbakonam and surrounding villages in Tamil Nadu, India. Lotus works with about 1,500 members, organizing membership meetings, providing counseling, and undertaking advocacy efforts to reduce stigma and discrimination and HIV transmission. Lotus, which is community run, is one of the few groups in India working with men who have sex with men in rural and semi-urban areas.
CASE STUDY TWO:
FIGHTING INTERNALIZED STIGMA AMONG INJECTION DRUG USERS IN BANGLADESH: A COMBINATION PROGRAM TO SUPPORT ECONOMIC AND SOCIAL REINTEGRATION

Background
Injection Drug Users (IDU) leaving drug rehabilitation centers in Bangladesh face multiple challenges staying drug free and reintegrating into their families and society. These challenges are compounded by their inability to find employment and overcome the stigma and discrimination they face as former IDU. Their low self-esteem and lack of basic education and vocational skills, and the scarcity of jobs in general in Bangladesh, make it even more difficult for rehabilitated IDU to find gainful employment and re-enter the workforce.

Job Opportunity and Business Support (JOBS), established in 1997, is a nonprofit organization based in Dhaka that aims to combat economic discrimination of the underprivileged in Bangladesh by creating enterprises and jobs. Since 2006, JOBS has been working with rehabilitated IDU, rehabilitation centers, and the private sector in Bangladesh to enhance reintegration of former IDU into economic and social life.

As a World Bank South Asia Regional Development Marketplace (SARDM) grant recipient, JOBS expanded their job skills training program to include a stigma reduction component for IDU. The goals of the SARDM-funded project were to provide rehabilitated male IDU with economic opportunities and facilitate their road to economic independence, a fundamental requirement to regain their self-esteem and dignity as productive members of the society; and to facilitate reconnection with family members, help participants overcome internalized stigma, and raise awareness to fight HIV stigma and discrimination among the general public. Male IDU were targeted for this project because they are considered to be the highest risk population and most susceptible to HIV.

Implementation
JOBS worked closely with rehabilitation centers in Dhaka to select rehabilitated male IDU for specialized job training coupled with a stigma reduction component. Out of 52 rehabilitated IDU interviewed, 20 participants were selected based on factors such as history of past drug use and violence on the job. JOBS staff then arranged with Fiber Tech mannequin company to hire rehabilitated IDU for factory work and begin a new production line. JOBS subsidized the rehabilitated IDU’s salaries for the first three months of the project with the agreement that if workers achieved the technical skills and productivity expected by the end of the probation period, the firm would hire them. As part of the project’s stigma reduction component, the rehabilitated IDU produced 50 red mannequins and designed clothes with the AIDS ribbon to be used in advocacy efforts throughout Dhaka. JOBS also assigned two dedicated staff who provided informal counseling to participants for the first six months and coordinated weekly visits from a rehabilitation center counselor.

To decrease the likelihood of relapse, the worksite for mannequin production was located in a part of Dhaka removed from the participants’ existing environment (including friends and family), and living quarters were provided on-site. This limited
the environmental cues that might tempt participants to use drugs and had the added benefit of moving participants to a community in which their past drug use history was unknown. To foster peer support and help prevent relapse, the production unit employed the former IDU as a group. Participants within these groups included a mix of those recently out of rehabilitation centers and those out for longer periods of time, to encourage a supportive environment.

Prior to working at the factory, participants completed a five-day course using the Workplace Discipline and Congenial Environment Curriculum (WDCE). This training aimed to provide individuals with the requisite skills to be successful in a factory environment and a basic understanding of financial management to prepare them for their economic independence. A combination of didactic and participatory methods was used along with confidence-building exercises. Following the WDCE training, participants received hands-on instruction in the production of mannequins. Lastly, a focus group discussion was conducted to provide participants with information about HIV prevention and transmission and to dispel misconceptions.

The first month of the training program was a grace period to allow participants to adjust to their new environment and work life. The grace period proved to be challenging, and participants needed regular support and encouragement from the JOBS team. However, by the end of the second month, participation and focus had improved greatly, overtime increased, and attendance improved. At the completion of the six-month training program, the 50 red mannequins required for the stigma reduction component of the project had been completed.

In the second stage of the project, seven of the men who performed well during the first six months were selected for additional “block batik” training to design clothes with red ribbons. These would then be displayed on the red mannequins developed by the rehabilitated IDUs as part of an advocacy campaign.

In the final stage of the project, an advocacy campaign was undertaken in well known stores throughout Dhaka, with strong support from boutique owners and local fashion designers, and from Bibi Russel, UN Ambassador for HIV and AIDS. At each store, a red mannequin wearing white clothes with red ribbon designs produced by the rehabilitated IDU was displayed alongside information on the project and on HIV, IDU, and stigma and discrimination in Bangladesh. Information was provided in English and Bangla. JOBS provided store owners with basic information about HIV and the project so they could respond to customers’ questions. Mannequins and advocacy materials were also displayed at drug rehabilitation centers, social clubs and hotels. They also were included in workshops for university students, and an article about the project was published in a magazine.

**Results**

Overall, the job training and confidence-building component was a success. Seventy-five percent of participants trained and employed through the program were accepted back into their families by the end of the project period. This acceptance was linked with regaining trust by staying away from drugs and holding a steady job, and being able to save money and contribute to the family income again. The fact that participants maintained employment and reintegrated into family life after the program ended indicates that negative attitudes about former drug users among
employers and family members can shift with a combination of job training and confidence-building interventions. Job training combined with confidence-building efforts also helped participants overcome the internal stigma that kept them from succeeding in the past and enabled them to demonstrate that they can be productive members of society again.

“Recovery starts from the rehab but doesn’t end there. Society has a huge role to play.”

—Rehabilitated IDU

In addition, participants learned important information about HIV and AIDS. Many were confident enough to share this information with other current and former drug users:

“Since I joined the JOBS project, I have been away from drugs. I also learned a lot about HIV and gained some technical skills. I am now very careful in my sex life. I inform other drug users about HIV and how to protect themselves…I tell them to spend the 3 taka to buy clean needles instead of sharing. I also tell them about using condoms during sex.”

—Rehabilitated IDU

Of the 20 participants trained, 2 started their own business selling daily items, 5 moved to a job with a better salary, 6 shifted to another factory that opened up and 6 were offered alternative job opportunities but opted to pursue their own interests and leads. Only one participant dropped out. The following quotes exemplify participants’ and family members’ appreciation of the program:

“The skills and employment have led to better behavior…and made my life beautiful.”

—Rehabilitated IDU

“The families of the participants were very happy to see them working and would often ask me to ‘please look after their son and keep him away from drugs.’”

—Mannequin production trainer

The block batik trainer explained how the jobs skills training empowered participants and built confidence in their creative abilities:

“[The men] were very motivated and had a sense of pride at being able to create something. [The block batik training] empowered them, as they got to decide what size the AIDS ribbon should be for the various garments, what the placement of the ribbons and design should be, etc. It was important for me to respect their opinions.”

—Block batik trainer

The snowball effect of the project at the rehabilitation center was impressive. Rehabilitation center staff noted that the number of requests to enroll in the rehabilitation program nearly doubled as IDU learned of JOBS’ training program.

Participants and program managers alike expressed that the advocacy component could have been expanded. While the red mannequins succeeded at attracting attention, it is unclear how effective this strategy was at changing negative attitudes
toward former IDU. The shops that participated in the advocacy campaign were mainly high-end. Shop owners noted that few people asked questions about the project or the information presented. Rehabilitated IDU suggested that in the future, the campaign should be expanded to include shops catering to a wider spectrum of society. In addition, it appears that the rehabilitated IDU would appreciate the opportunity to be more involved in advocacy and outreach efforts:

“The men appreciated the advocacy objective of the project and having a hand in it. They even wanted to make their own t-shirts with the AIDS ribbon. I was surprised and asked if they would really wear them. They said they would wear them because they wanted to be able to do advocacy on their own.”

— Block-batik trainer

“We want the next generation of IDUs to be assisted and not to be looked at as people who only deserve to be hated.”

— Rehabilitated IDU

Lessons Learned
A key lesson of this project was the importance of using a combination of approaches to build self-confidence and challenge internalized stigma to enable economic and social reintegration. The experiences of the IDUs reinforce the widely accepted notion that economic independence and being a productive member of society is the basic foundation to regain self-confidence and strength to avoid relapse. The success of the JOBS project suggests that programs targeting IDU for stigma reduction need to combine drug and economic rehabilitation with counseling and skills building.

Another lesson was the importance of involving well trained, sincere, and committed counselors to support and respond to the complex needs of the rehabilitated IDUs immediately following their relocation. The quality of counseling that the rehabilitation center staff provided proved to be insufficient and needed to be supplemented with support from JOBS staff. Future projects should identify counselors with proper qualifications and “soft skills” (being compassionate, caring, supportive, etc.), and consider training rehabilitated IDU to be mentors and assist in the counseling.

JOBS staff interacted with sincerity and provided continuous reassurance to the participants throughout the duration of the project. Most participants had extremely low self-esteem, having been isolated from their families and society for a long period due to their drug use. The compassion of JOBS staff encouraged rehabilitated IDU to share their concerns and challenges, which enabled JOBS to immediately respond and identify solutions to their complex needs. This personal interaction also expedited the social re-integration process and assisted IDU to regain self-confidence and basic social skills. Most of the participants had little formal education, and it proved important to support their ideas, listen to their suggestions, and recognize their achievements with training completion certificates and consistent positive reinforcement.

Finally, the sustainability of job skills and employment support projects for IDU is clearly a challenge. At the start of the project, the private sector partner initially identified was reluctant to commit to investing in and starting a new product unit, so
JOBS had to identify a new partner. However, the partner company sold the mannequin production unit after the project ended, which resulted in job loss for several participants. Identifying placement opportunities where rehabilitated IDU can learn general, readily transferrable skills, rather than specialized skills, is optimal. However, the support of the private sector partners’ management, working and living environments is equally important, and this should be taken into account when considering employment options and business partners. While providing salaries and counseling support to rehabilitated IDU for the first three months of the project helped to enhance physical, social, and economic rehabilitation, both participants and project staff noted that it would have been better to extend this support to six months. This would encourage more private sector firms to become involved in economic rehabilitation programs for IDU, giving IDU more job options to choose from. Organizations wishing to replicate this project should bear in mind the intensive support required in the first six months for this type of intervention to be successful.
CASE STUDY THREE:  
THE GATEWAY TO PUBLIC OPINION: HARNESSING LOCAL JOURNALISTS TO FIGHT STIGMA AND DISCRIMINATION IN BANGLADESH

Background
The media have a critical role to play in reducing HIV stigma and discrimination. Yet, the language and images portrayed in print and broadcast media often unintentionally foster stigma and discrimination toward people living with HIV and groups considered particularly vulnerable to HIV infection. In an effort to ensure that journalists in Bangladesh were fighting stigma instead of propagating it, Nari Unnayan Shakti (NUS)\(^9\) conducted a country-wide training program to increase in-depth knowledge and understanding of HIV and stigma and discrimination and enhance journalists’ skills to articulate this information in newspaper articles. Established in 1992, NUS is a non-profit organization that aims to bring positive changes for the women and children of Bangladesh in a number of critical development areas. NUS has been involved in HIV prevention, care and support activities since 1993 and began working to reduce stigma and discrimination in 2005 by organizing a regional meeting on the issue in collaboration with the Commonwealth of Asia Center. As a SARDM grant recipient, NUS expanded its stigma reduction efforts to include the media. By working with local newspaper journalists, editors, and newspaper owners, NUS supported the publication of articles and reports on HIV, AIDS, and HIV-related stigma and discrimination in numerous dailies across Bangladesh.

Implementation
This project included a series of trainings for journalists related to how they portray HIV and stigma, and this was followed by a competition for best articles on the topic. The project targeted local level journalists for these trainings because the project team felt that they would have more influence with local opinion leaders than national level journalists. During the first four months of project, NUS gained the necessary clearance from the government to conduct the trainings and adapted relevant training materials for the Bangladeshi context. These materials consisted of sessions on the epidemiology of HIV, understanding and challenging HIV stigma and discrimination, and non-stigmatizing language and messaging. NUS also reprinted two Bengali booklets on HIV for trainees. They then sent Expression of Interest letters regarding the project to all registered, high circulation newspapers\(^{10}\) (dailies) in the country. Seventy percent of dailies contacted responded. NUS then followed up directly with editors to ensure that they sent properly trained, competent journalists to participate in the training and also that they would provide space for publishing articles on HIV, AIDS and stigma.

Beginning in November, 2008, NUS organized six two-day trainings throughout the country, covering all 64 districts. The trainings were participatory and included interaction and discussion with people living with HIV, as well as time to draft articles and receive critical feedback from senior journalists and editors. Each training

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\(^9\) Nari Unnayan Shakti means “Women’s Power for Development” in Bengali

\(^{10}\) High circulation papers were those with a daily circulation of 10,000 or more subscribers.
began with a two-hour inaugural session, to which key stakeholders, including senior government officials, the police superintendent, the president of the local press club, civil society representatives, the Program Manager of the National AIDS/STD Program, the Joint Secretary of Health and Family Welfare and the press, were invited. During this session, presentations were given on the HIV epidemic in Bangladesh and the challenges posed by stigma and discrimination. Overall, 288 journalists and other stakeholders participated in the inaugural sessions for the six trainings and 137 local journalists were trained.

Following the training, participants were asked to submit copies of articles they had written about HIV, AIDS, and stigma and discrimination as well as articles they had published. NUS followed up with journalists to encourage article submission and provided certificates to those who submitted articles as an incentive. These articles were then entered into a competition to select the top three stories, based on article structure, factual content, and appropriate discussion of stigma in the context of HIV. Senior media representatives, including the head of a national TV station and two editors of national newspapers, judged the competition. The winners were recognized in an awards ceremony on World AIDS Day at the culmination of the project.

**Results**

The project succeeded at helping local journalists channel their new understanding about HIV and stigma into articles which were then published throughout Bangladesh. By the end of the project period 78 (57 percent) of the journalists trained had published related articles in their local papers.

Participants clearly benefited from and appreciated the participatory training method. As noted by this male journalist:

“The most impressive thing about the training was this it was participatory, we learned by doing. This is unique; I have never been to a workshop like that before. Whatever we were taught, we had to practice during the training.”

The participation of people living with HIV in the training also proved to be especially powerful for journalists. According to the project director, many of them had never met a person living with HIV. Interacting with people living with HIV enabled the journalists to overcome their own fears and misconceptions and helped them understand the stigma and discrimination that people living with HIV face. This experience equipped the journalists to better address stigma and discrimination in their writings.

The interaction was also beneficial for the people living with HIV who participated and the Positive Networks they represented. The training provided an opportunity for the networks in three regions to link with the media and local administration, which will hopefully lead to more strategic engagement with local government and the media.

The involvement of key stakeholders, such as national and local government officials, police, and civil society, from the onset of the project and in the inaugural events also contributed to the success of the project. Having clear support from senior level government officials added credence to the trainings, which in turn helped draw
journalists from high circulation dailies to the training and attracted more press coverage. For example, after the initial inaugural session, all of the high circulation newspapers in Bangladesh published one article on the project itself and eleven TV stations ran a story about the project. As one senior government official noted, “It gives the project more weight to know that national commitment is there, it’s not just an NGO running a project.” Involving these stakeholders also expanded the reach of stigma reduction efforts within other key sectors with influence over the treatment of people living with HIV. During the training, many of these stakeholders—such as local government officials and police—committed to support people living with HIV.

Another important factor contributing to the high number of articles published following the trainings was the considerable follow-up NUS conducted both with training participants to encourage article submission and with editors to encourage publication. The project director noted that of the 78 journalists who submitted articles, only 60 percent did so without being reminded. The level of follow-up needed is certainly a factor to be considered when planning media sensitization and training interventions.

Following the trainings, journalists were eager to continue learning from and sharing information with their colleagues about HIV, AIDS, and stigma and discrimination. Therefore, journalists, HIV Positive Networks and NUS worked together to develop a national Stigma Reduction Network. Participants were eager to continue this and other networking activities after the project ended; however this will be contingent upon securing additional funding. There appears to be support for such a network in the national government, as expressed by this Ministry of Health official: “It would be great to have a network of journalists trained on stigma and discrimination to make sure they remain engaged in the issue and continue to strengthen their capacity.”

Lessons Learned
A number of important lessons from this project can help inform the expansion and replication of stigma reduction trainings for members of the media in Bangladesh and elsewhere. Both the government officials and senior media representatives interviewed appreciated the focus of the project on local journalists, who they felt have more influence with local opinion leaders than national level journalists. However, many of these local journalists, especially in rural areas, lacked formal journalism training and experience. This was evident to the judges who selected the winning articles. Two of the judges interviewed noted that the quality of the writing, in terms of structure and language, could be improved, but recognized that this was not feasible with the current project structure, which did not include this type of capacity strengthening. To address this gap, they suggested offering follow-up refresher trainings combined with mentorships with senior journalists who can critique articles and provide support as needed. The need for continued support also was reflected in the multiple requests for additional training.

The judges, as well as one of the journalists who participated in the training, also suggested that the project should consider including broadcast (radio and television) journalists in trainings to expand the reach of media-focused stigma reduction efforts. This is particularly important in Bangladesh, where the literacy rate is quite low and thus print media only reaches a limited sector of the population.
In terms of the training content, several of the government officials and senior media representatives interviewed suggested that it be expanded to include broader human rights such as violence against women and trafficking, as well as information on other important diseases. As this Ministry of Health official noted, “…HIV is really a small issue in Bangladesh compared to some others.” However, some of the participants said it would be difficult to make the course longer due to their own time constraints. Instead, they suggested having refresher courses every few months. Organizations planning to implement media trainings should keep these points in mind, and perhaps arrange a series of short trainings covering technical capacity building in relation to range of human rights topics.

Some participants also requested more in-depth knowledge on HIV to help them articulate the facts in their writings. As one female journalist said, “Once something is written, it holds more weight. So the writer needs to know and fully understand the topic.” However, while providing detailed information about HIV is important, it is also critical to ensure that journalists are able to address stigma and discrimination in the context of HIV in their articles. One of the challenges noted by project staff and competition judges was that many of the articles written by trainees focused solely on HIV transmission and prevention with no discussion of stigma and discrimination. Trainees also tended to focus on sexual transmission as opposed to other modes of HIV transmission, such as needle sharing, that are common in Bangladesh. This further demonstrates that local level journalists need additional training and follow-up to ensure full understanding of both the biological and social aspects of HIV.

Another key lesson of this project was that good training materials for addressing stigma and discrimination exist and can be adapted relatively quickly to a particular audience, such as journalists. By adapting existing training materials and reprinting relevant factual booklets for participants, projects can conserve resources and expand the number of people reached through training and follow-up. Lastly, to enhance the effectiveness of HIV stigma reduction in Bangladesh, it was suggested to present HIV as a social rather than a health issue, as articulated by the editor of a national newspaper:

“HIV should not just be reported on the health page. It has to be addressed as a social issue, not a health issue, if you want to reduce stigma and remove the stereotypes and prejudice pre-existing in society.”

In addition, other stakeholders noted that it would be beneficial to complement stigma reduction training for the media with national information, education, and awareness campaigns on stigma and discrimination broadcasted on the television and radio.
CASE STUDY FOUR:
TAKING IT TO THE VILLAGE: REDUCING STIGMA THROUGH TRADITIONAL STREET THEATER

Background
In a village in Kancheepuram district, India, the narrator of a street theater performance tells the audience how, after testing positive for HIV, he was no longer allowed to eat with his siblings, he was scolded when he fell ill, and no one would touch his clothes, even though he and his brother used to wear each other’s shirts.

The play was developed by We Care Social Service Society, a non-governmental organization established in 1994 that runs a care facility for people living with HIV who have been abandoned or are too sick to remain at home. Their services include nutrition, psychosocial, treatment adherence, and income-generation outreach support for people living with HIV. Because their delivery of services is often hampered by stigma and discrimination, We Care applied to SARDM for a grant to use a traditional Tamilian street drama, Therukoothu, to educate and promote discussion around HIV and its associated stigma and discrimination.

We Care’s play stops at various points to allow villagers to ask questions about HIV and discuss the storyline with the theater troupe, many of whom are living with HIV. The questions the villagers most commonly ask reflect their fears and misconceptions about HIV transmission:

- If a mosquito bites a person living with HIV, and then bites the other person will it not transmit HIV?
- If my HIV-positive brother wears my shirt will it not infect me through his sweat?
- If HIV can spread through blood, breast milk and semen, why not through vomit?
- Can I buy vegetables from a woman living with HIV even if she touches the vegetables with her hand?
- Can we eat the food cooked by a person living with HIV?

Fear of casual transmission is an important driver of HIV stigma and discrimination. It leads people to take what they believe are protective measures against HIV, such as isolating and avoiding people living with HIV. But the play, by having people living with HIV share their experiences and knowledge, conveys how these actions are hurtful and unnecessary. The storyline emphasizes key messages about HIV: HIV does not spread through casual contact, so no need to fear and isolate people living with HIV; people living with HIV can lead normal, long, healthy lives; and a woman with HIV can have a child without HIV. Actors living with HIV share testimonials, such as how care given by family members has enabled them to lead healthy lives and to support their families. These showcase to audiences the preferred, more supportive attitudes and behaviors.

Implementation
The troupe performed the play for three consecutive nights in ten villages in Kancheepuram district. The play stopped at various points for discussion and
information exchange with audience members. The troupe encouraged audience members to ask questions, offering prizes for participation. The troupe stayed in the village for four days, allowing for opportunities to interact with village members and provide information about and referrals for voluntary counseling and testing (VCT) and care services.

The project undertook a range of activities to develop and produce the play. These are summarized below:

**Script development**

A professional scriptwriter developed an initial storyline, and the HIV and stigma themes were added through a script development workshop which included people living with HIV, HIV experts, troupe members, and theater professionals. In the workshop, the team drew upon data from interviews with people living with HIV from three networks in the district. The script combined well-known traditional, mythical stories with real life experiences of people living with HIV, moving between the two and drawing parallels between modern life with HIV and the ancient stories. A narrator (Kattiakkaran) weaves the past and present storylines together. The script continued to evolve throughout the training process and performances, integrating new ideas brought forward by the theater troupe as the process of performing unfolded and taking into account audience questions and reactions.

**Selection and training of the theater troupe**

While the original idea had been that the troupe would consist of only people living with HIV (non-professional actors), it quickly became apparent that this was not feasible. Therefore the project formed a “mixed” troupe of professional and non-professional actors, which ended up providing unique opportunities for stigma reduction among the HIV-negative performers. The performance team consisted of seven professional theater performers, five non-professional performers living with HIV, and three HIV-negative non-professional volunteers. The performers were trained for two months in an array of issues including self-esteem, group dynamics, team building, life skills, how to present oneself in the villages, script development and Therukoothu (street drama) style performance.

**Selection of villages and the village project support committees**

With the help of the Tamil Nadu Network for Positive Persons (TNP+), the project team identified ten villages with at least four people living with HIV and where stigma was particularly problematic. Key leaders in each of these villages, including leaders from youth and women groups, were contacted and invited to form the Project Support Committees. These committees took full ownership of the program. At their own expense, they organized boarding and lodging for the troupe, arranged a stage and sound system for the performance, and generated publicity about the event in the community.

**Results**

The project results indicate benefits to multiple stakeholders, including the troupe members, the villagers, and people living with HIV, though it was more difficult to
estimate benefits to the last because many are not open about their status due to fear of stigma and discrimination.

**Impact on troupe members**

Evidence suggests the play empowered troupe members living with HIV, as this man, an actor in the play, recounts:

“When I am providing the information [in the play], it makes me feel stronger...I am telling people they can live long with HIV if they take medicine, and so that reinforces that for me, and encourages me to do that. When I disclose my status on stage, afterwards it leads to PLHIV coming to talk to me and I can help them with information and referral to services like We Care. I also feel good to share that I got infected through sharing needles and that when I was doing this I did not know it could bring HIV. By sharing this information, hopefully I can prevent others getting infected this way.”

The process of the training, performing, and belonging to an accepting, caring, and supportive group was life transforming for several of the troupe members living with HIV. It brought them not only new skills in theater, but also life and social skills that helped them integrate better in their communities and families. Most importantly, it built self-esteem and confidence. For some, it provided the impetus and strength to reduce drug use. It also provided income, allowing them to contribute to the household, thus improving their status and reducing stigma at home. The same troupe member explains the significant positive impact his participation has had on his life:

“I credit this play with helping me to stop using drugs. I also learned how to take care of myself, eat better...and how to behave properly. When I was a drug addict I used to think I was useless...and I thought I should just use more drugs and die soon. But, through the play I got...a reason to live, and so I stopped. Once I...decided to postpone my drug use, my life system changed. I no longer needed to steal to get money to get drugs—and now I can even save a little money and give to my family.”

Benefits extended to troupe members who are not living with HIV. One troupe member described the process of overcoming fear of contracting HIV through casual contact:

“We were very hesitant, afraid we would get infected from the PLHIV in the group, at the beginning...we thought by eating from some plate, touching, we could get HIV. The trainer and madam had to counsel us and explain that it [HIV] could not spread this way. So from counseling we got over this, but it took some of us one month to stop asking for a separate plate. Now we are comfortable, we eat together, sleep together, bathe from the same pond, with no fears.”

The project also built troupe members’ skills and confidence to share information on HIV and challenge stigma in their own families and communities. As one member explains, “Some of the performances were held in our home villages, and we are now seen as a resource in those villages. People come to us to ask questions and for help.” The professional troupe members are taking the message and information they learned to schools now, on their own time.
Impact on villagers

The play was well received in most villages, and evidence suggests villagers who attended the performances reflected on and shared the play’s key messages. The size of the audience increased from one day to the next, indicating positive word-of-mouth about the play. One woman said, “It was so good we even missed our TV serials for this play. For three days we missed our serials.” Interviews with a wide range of village members indicate that a key benefit of the play was that it opened up space for and legitimized discussion of HIV, a taboo topic before the play, particularly between generations. As one woman explained, “Now we can tell/explain and talk about HIV, which we could not do before—because it was thought to be such a dreaded disease.” Village gatekeepers discussed how hesitant they had been at the beginning to allow the play to run because of the topic, but how happy they were that they had finally agreed.

Villagers were grateful to receive new information on HIV, especially about how it is and is not transmitted. They appreciated knowing that HIV cannot be transmitted through routine, daily life contact. Many spoke of the fears they had prior to the play about contracting HIV through casual means, and how this led to discrimination against people living with HIV.

A number of villagers had not known that treatment for HIV existed, or about the prevention of mother-to-child transmission. The fact that people living with HIV can live long and healthy lives and continue to contribute to family and community was also a new concept. Echoing a repeated sentiment, one woman explained that she had learned “that it is possible for PLHIV to get married to each other, and to live positively. That we should not feel bad about HIV.” The message about positive living came through in several scenes in the play, but it was delivered most compellingly by troupe members who disclosed that they are living with HIV and talked about their own lives. One group of young men said that the play has made them want to get tested for HIV, and that they think it would be good if in the future HIV testing could be provided in conjunction with the performances.

The presence of stigma and discrimination and its impacts on the lives of people living with HIV and their families was also clearly heard and understood. Villagers described how stigma can lead to social and physical isolation, depression, discouraging taking medicine, and at the extreme, suicide. At the end of one interview, an elderly woman confided that “long back there was a death here. He committed suicide because no one was accepting him, only his mother. Now we are aware and will not do such a thing again.” Villagers, including children, also articulated specific stigmatizing behaviors that need to change in the community, explaining, “We should not keep away, we should not say ‘don’t sit with us, or eat with us’ …. We know now that we can eat with them, share a dress with them, be in the same class.”

Impact on people living with HIV in villages

Many people living with HIV in the villages have not disclosed their status publicly and therefore have not overtly experienced stigma and discrimination. But the play
offered them a sense of hope about their prospects and reduced their fears of public disclosure. As one woman explained, “Before I was afraid the general community people would stigmatize me if they got to know my status. Now, because of the play, I am less afraid of what might happen…. I [used to] worry for my son, that people will stop letting him play with their children if they find out he is HIV-positive, but now I think, after the play that might not be the case anymore.” People living with HIV also expressed that the play gave them strength. One woman living with HIV concluded that “These kinds of plays should be performed in many places as PLHIV will get strength and support from it, and those who are negative will know how to prevent it.”

**Lessons Learned**

**Patience and persistence are key**

A key lesson through the production process was the need for patience and persistence. The original plan had been to have only performers living with HIV, but the need for some professional troupe members, particularly musicians, became immediately apparent. The project found musicians, but they were reluctant to commit upon learning they would be working with people living with HIV for fear of getting infected. They were eventually convinced to stay, but it did take time and effort. Another challenge was finding people living with HIV who were willing to be trained as performers and travel to villages, and who also could act, sing, and dance. The project had no success recruiting women living with HIV, and several of the men with HIV were drug users, posing challenges when relapses occurred and members could not work.

Patience and persistence was also needed to convince village gatekeepers to allow the play in their locale. Leaders in many villages were initially hesitant because of the topic. However, once a few performances had been held and word spread about how good the play was, villages began calling up asking for performances. Unfortunately, We Care was not able to respond to this demand, as the maximum number of villages with the allowed budget had already been selected.

**Theater has the power to open discussion on sensitive topics among diverse audiences**

A key finding of this intervention was that theater, being non-threatening and socially acceptable, is a powerful forum for broaching sensitive and taboo topics. It also is an ideal medium for allowing the same message to be heard by a diverse audience, both by gender and age. That said, a well-crafted script that presents the sensitive issues and facts in an acceptable manner is critical. The project struggled to find this balance at the beginning, with some of the messages being too direct in the initial performances, leading to a negative response. By the fifth performance, the team used a more nuanced approach to convey sensitive information, such as the need to use condoms when having multiple partners.
Finding the right balance between information and entertainment is a process

Another challenge was striking the balance between entertainment to hold the audience’s attention and delivering messages. The script continually evolved, sharpened through repeated performances and audience feedback. The performances gained strength as the project deepened its knowledge of audiences and crafted messages that responded specifically to knowledge gaps and transmission fears. The story also tapped their basic desire to help, not harm, family and community members. The use of stop-start drama, where the play would be stopped for interaction with the audience, was also an effective strategy for conveying information while sustaining the audience’s attention.

Participation of people living with HIV in performances is critical to audience response

Knowing that some of the actors were living with HIV had a powerful impact on audiences. This intensified the messages delivered during performances. After seeing the play, villagers talked about how they had not realized what stigma and discrimination did, and that now they understood and would no longer do it. They also talked at length about the importance of supporting people living with HIV to lead a healthy and productive life.

Village participation was a key factor in success

Another key to success was creating ownership among people in the villages. In each village, for example, volunteers served on village committees that raised funds to house and feed the theater troupe for three nights, procured equipment and space, printed fliers, and generated publicity for the show. The presence of the theater troupe in the village was also important. Villagers conversed with troupe members during the day, asking questions and in some cases seeking care and service referrals. These interactions also allowed the troupe to alter the performance to respond to specific questions raised during the day.

Post-project demand remains strong

Even after the project ended, demand for the play continues to grow. Other villages have been calling to request performances, two local corporations have sponsored performances in additional villages (beyond what was possible in the SARDM budget) and UNICEF has asked We Care to submit a proposal to conduct the play in more villages. The play has created the roots of change in the villages where it was performed; however, as one of the directors of We Care pointed out, “Change takes time and requires ongoing support.” Village leaders and members echoed this, stating that they would like, and needed, the play to return again to their village to make sure the message is heard by all.
CASE STUDY FIVE: CELEBRATING THOSE WHO CARE: A RADIO PROGRAM BY POSITIVE JOURNALISTS

“To be frank, when I first came to know [about the possibility of doing an interview] I was scared, but then I thought ... if by telling my story I can reach all people in Maharashtra, this will help reduce stigma, and so I should do it. And those who are negative will begin to think that they need to help people living with HIV, like my friend Arun has done, and this will help to reduce stigma. I got the very great opportunity, I can reach many people with my story and reduce stigma, it makes me feel good.”

—The Communication Hub project participant

Background

Worldwide, most care for people living with HIV is provided not through health institutions but by family and, in some cases, friends. While outright desertion by family is relatively rare, many people living with HIV experience isolation and neglect, which adversely affects their health and quality of life. Even so, some individuals, despite society’s negative attitudes, provide care and support to people living with HIV on a daily basis. Yet their stories are rarely heard.

The Communication Hub (TCH), formed in 2007, harnesses communication to address a wide range of health and development issues, such as HIV and AIDS, reproductive health and sexuality, polio, tuberculosis, and sanitation. Using SARDM grant money, TCH partnered with the Network in Maharashtra by People Living with HIV (NMP+), now present in 26 districts in the state, to develop a 13-part radio serial to highlight the stories of people living with HIV and a significant person in their life who supports them.

“We wanted to talk about them, share their stories, listen to them, get inspired by them, celebrate them,” explains Sonalini Mirchandani, the chief executive of TCH. The project, by showcasing individuals from all walks of life who support people living with HIV, communicates to the radio listener what non-stigmatizing and non-discriminatory behavior is and aims to inspire audiences to emulate this behavior.

In weaving together these stories into a serial, the team also includes critical information on HIV and AIDS. The serial addresses misconceptions about HIV and people living with HIV and provides a means for the radio audience to act on what they have heard. Episodes include information on available testing, care, and treatment services, as well as how to contact NMP+.
Since the radio serials have not yet been broadcast as of the publication date of this case study, the following sections describe the implementation process and the lessons and results connected with this process. A National AIDS Control Organization (NACO) supported State AIDS Control Society has recently included the program in their next financial year media budget (April 2010-March 2011) so the project team anticipates the serial will be broadcast over the next year.

**Implementation**

With rural Maharashtra as the target, the project team opted to use radio for several reasons. Radio is relatively low cost and reaches a large audience that may not have access to electricity or television, is mobile, or may have low literacy. The project is planning to broadcast the series through India’s public station, All India Radio, which has near universal reach in Maharashtra. Its 20 stations in Maharashtra reach a population of approximately 96.9 million, including about 55.8 million people residing in rural areas. In addition, as the project team notes, “Radio has the ability to bring to one’s doorstep the ‘face of the HIV/AIDS epidemic’ while providing people living with HIV the comfort of visual anonymity.”

The start-up process for the radio serial involved meeting with representatives from All India Radio and selecting people living with HIV to serve as radio journalists. The latter group participated in a three-day training on equipment use, interviewing techniques and communication skills. During this time, TCH and NMP+ conducted a workshop to identify priority themes and issues to be covered in the serial. They then produced a design document outlining key content and messages, which served as an essential reference guide in the field for the radio journalists and the scriptwriter.

The team developed and tested the initial four episodes for audience feedback, and used their input to inform the development of the remaining episodes. Key insights from audience testing included:

- **The desire of the audience to hear more about the HIV-positive person’s story, in addition to that of the person who supported him or her.**

- **The importance of stating up front that the interviewer is living with HIV, which helps dispel the misconception that people living with HIV are sick and unable to contribute to society.** One respondent said, “I get goose flesh on hearing that the person doing the interview is herself positive...this is something that’s quite unbelievable...how you overcome your own problem and then take part in this program.”

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**Box 3. Radio episode highlights the importance of networks of people living with HIV**

Aruna, whose baby died of AIDS, discovered after her child’s death that both she and her husband were living with HIV. Her husband died soon after and Aruna was alone. That’s when her parents supported her and encouraged her to take up some work. Support from her colleagues, and later from a counselor from the network NMP+, helped bring Aruna back from a state of complete despair to a new life. She resumed her education and joined the network to become an active member determined that others should not have to face the despair and fear that she went through.
• A need to provide more in-depth information on HIV transmission, prevention and treatment. For example, one respondent wondered how Sandeep, who learned he had HIV at age 12, could be infected since he had not been sexually active.

• A need to include information on where the audience could seek testing and treatment and how to locate the nearest branch of NMP+.

• The need to help journalists improve the sound quality of their interviews.

Results
Radio journalists, people interviewed by the radio journalists and TCH team members all talked about their own learning and growth through participation in this project.

People living with HIV trained to be radio journalists discussed the technical skills they learned around technology (e.g. computers and digital recorders). One explained, “I was not acquainted to a computer before [but] learned from this project, because I had to download and send the files to Mumbai”—as well as interviewing techniques: “I learned how to concentrate doing the interviews. Listening is an art, if you are doing an interview—you need to listen.”

They also gained skills in public speaking, articulating questions and delivering messages. One radio journalist who conducted the studio interviews with invited experts emphasized how great it made her feel to be the one doing the interviewing for a change:

“I have always been the interviewed, not the person doing the interviews. I learned how to interview. Now I understand all these technical things, for example differences between conducting interviews in the field and in the studio. I feel really great [said with a huge smile] about being in the position to ask the questions, since I am always answering questions. But, I also learned a lot about how difficult it is to do good interviews, that there is lots of skills needed.

Those interviewed often found the process powerful and rewarding. The radio journalists felt the interviews were often cathartic and that it made interviewees proud that their story was important enough to be on radio and that hearing it would benefit others.

“I interviewed Sakshi’s brother-in-law and mother-in-law. They said that if this message can go to the society, and others can start caring for their positive family member, that would make them feel good. It was also a good experience for Sakshi and her mother-in-law as before the interview she was taking care of Sakshi, but not talking about it [that Sakshi was HIV-positive] openly. So the interview helped to open up a channel of communication. It definitely improved relationship between daughter and mother-in-law.”

This story is also particularly powerful as it highlights a scenario that goes against the norm: most in-laws tend to reject a daughter-in-law living with HIV.
An HIV counselor working with children who was interviewed for one of the studio episodes noted that the interview provided an opportunity for her to sharpen her advocacy skills.

“This was the first time I’ve been for a recording like this. I enjoyed it. It made me speak clearly, learn how to pass on the message better. It provided me with confidence and skills to do other interviews and get across my message more effectively.”

For TCH project team members, the project has been a learning process, not only about HIV, but also about the damaging impacts of stigma and discrimination and the benefits of its counterpart, care and support:

“I learned a lot about HIV. I knew basic things, like not spreading by touch. But in-depth things, about society and the people and how they react, I didn’t know these things. Knowing that you have this kind of support available [networks] is a big thing. I didn’t know that so many organizations were out there to help positive people.”

—Radio series producer

They also gained newfound respect for the strength of the people they met living with HIV. The scriptwriter explained:

“They have given me so much these stories. Many of the people being interviewed come from disadvantaged or less privileged groups and against all odds with their positive status, and society having such negative attitudes, despite all this, they have taken their life in hand and are moving forward. It is quite inspiring.”

**Lessons Learned**

**Training and support need to be ongoing**

Though the radio journalists greatly appreciated the initial three-day training, all agreed that if they had the opportunity to do it over, this training would be much longer. They also recommended mentoring on recording techniques (e.g., how to minimize ambient noise) and interviewing techniques (e.g., how to ask shorter and sharper questions), and a refresher training after a few initial interviews. Specific suggestions included longer training with more practice sessions; more training on the equipment; and studio visits to understand the issues around sound disturbance and background noise.

**Care should be taken to ensure stigmatizing language is not used**

As part of the training workshop, the full team had a brainstorming session on harmful words that are frequently used in the media and daily discourse and better alternatives. They then devised guidelines to ensure stigmatizing language would not be used in interviews. As one of the radio journalist explained, “As positive persons we are always pointing out to the media the issues with their coverage, how it stigmatizes us, the words they use. So with this project, we have taken very great care in words we use so we lead by example, to show what other words that are not
stigmatizing can be used—that it is possible to still communicate effectively without using stigmatizing words.”

**Many people are still reluctant to be interviewed or portrayed**

Positive role models (i.e., those who supported people living with HIV) were often reluctant to be interviewed for fear of what might happen when the story is broadcast. “When we were first told to get 13-15 stories, we thought it would be easy, but it was actually very difficult because getting consent from the role models was hard… People are ready to support the person living with HIV privately, but to do it publicly is not so easy. They fear experiencing stigma and discrimination because of supporting PLHIV.”

More broadly, the project team found that one theme they could not cover was the workplace setting. Employers were reluctant to discuss programs and policies for staff living with HIV, as they felt this would send a message that they employed many positive people, which they feared might hurt their corporate image and product sales.

To respond to this challenge and also to ensure the project responded to the identified need from more factual information on HIV (for example, around counseling and testing, mother-to-child transmission of HIV, treatment for HIV), a few studio interviews with experts were conducted instead to cover those topic areas.

**Benefits of and strategies for a successful partnership**

Central to the success of project implementation has been the partnership between the Communication Hub and NMP+. Both described the importance of this partnership and the benefits, learning, and inspiration it brought. The NMP+ project coordinator emphasized that once the radio serials are aired, they will bring increased and positive visibility to NMP+, not only in getting the word out about the network to people living with HIV and their families, but also in that it will encourage other agencies to partner with NMP+.

The project also strengthened understanding of how to forge a productive partnership. The Memorandum of Understanding (MOU) signed at the start of the project was key to the partnership’s success. It was jointly created by the two organizations, ensuring equal buy-in up front, and clearly laid out expectations, roles, and responsibilities. The NMP+ project coordinator explained, “The MOU was an important piece that we made together, as mutual understanding should be there. It should not happen that an organization should create a MOU and the network just signs.” The working relationship also emphasized ongoing communication, joint decision making and mutual respect.

**Recommendations**

While TCH and NMP+ said that their partnership would endure beyond the project and that they hoped the project would be replicated by others, they also noted ways in which it could be improved. Their recommendations include being more realistic about the timeline, logistics and budget. Specifically, they pointed to the need to select sites that were closer together to allow for hands-on field support. They also suggested building in more time both to account for possible delays resulting from
consent refusal or health issues, and to provide for more in-depth training. Finally, they suggested ensuring the budget was sufficient to cover the broadcasting and evaluation of the radio serials.
CASE STUDY SIX: ENSURING DIGNITY AND RIGHTS AMONG FEMALE SEX WORKERS IN BANGALORE: A COMMUNITY-LED ADVOCACY CAMPAIGN TO REDUCE STIGMA AND DISCRIMINATION

Background
Women sex workers living with HIV face multiple stigmas that prevent them from sharing their status and accessing needed care, even within a supportive environment. For many women, this can mean an untimely and unnecessary death. Such was the case for Revamma, a 29-year-old woman who turned to sex work when faced with the challenge of raising her children alone after being abandoned by her husband. In her spare time, she volunteered as a peer educator to inform other women in sex work about HIV and AIDS—so her death due to complications from HIV infection was a shock to her peers. Apparently, the fear of experiencing even more stigma and discrimination than she already faced as a sex worker led her to conceal her HIV status.

Revamma’s story was the inspiration for Project Baduku, a SARDM-funded effort that aimed to empower and build the capacity of women in sex work to challenge stigma and discrimination by leading advocacy efforts directed toward the general public and secondary stakeholders such as police and health care workers, and the partners, family members, and neighbors of women in sex work. The campaigns sought to sensitize these populations about the issues women in sex work and people living with HIV face, and to encourage change in the attitudes and biases in society. As part of this process, the project aimed to provide opportunities for: (1) interaction between the sex worker community and stakeholders in a non-contextual scenario, for example outside of hospitals and police stations; (2) inter-community dialogue and discussions among women in sex work about experiences of stigma and discrimination; and (3) capacity strengthening and development of leadership in the sex worker community to strengthen processes related to decision making, management, implementation and self-governance. The project was envisioned and implemented by three support organizations for women in sex work in urban Bangalore: Swathi Mahila Sangha, Vijaya Mahila Sangha and Jyothi Mahila Sangha, with technical support from the Swasti Health Resource Center, a local non-governmental organization (NGO).

Implementation
The project began with formative research to inform the content of advocacy messages and determine the target populations. To assess the level and main sources of stigma and discrimination among women in sex work, data were collected from 166 women in sex work at drop-in centers using an innovative pictorial questionnaire appropriate for female sex workers with minimal literacy skills. Responses to this questionnaire highlighted the need to address internalized stigma among women in sex work and sex workers living with HIV. In addition, the data identified key secondary stakeholders to target for advocacy.

The next step was to recruit and train the project staff, including 15 community mobilizers and a project coordinator, from among the three implementing partners’ support organizations. All were women in sex work, and most were living with HIV.
The women were provided with leadership training and training on stigma and discrimination. Project staff then went on to lead advocacy events, approach secondary stakeholders (police and health workers) to discourage stigma, and work with families and neighbors of women in sex work to address cases of stigma and discrimination reported. In addition, they supported and worked to strengthen the capacity of women sex workers living with HIV. They also helped train more than 400 staff members from the project’s three implementing support organizations on stigma and discrimination so they could participate in the various advocacy events held around Bangalore.

All of the advocacy campaigns were designed to highlight the positive role the public and secondary stakeholders can play in improving the lives of women in sex work, as opposed to blaming them for stigma and discrimination. The project reached out to the public through campaigns such as the Signature campaign, the Human Chain campaign and the Handshake campaign. These campaigns facilitated contact between the public and women in sex work living with HIV, which helped address fears and misconceptions about HIV transmission and vulnerable groups. Other campaigns targeted specific stakeholders. In the Bike campaign, hundreds of women in sex work and supporters of the stigma reduction efforts biked to hospitals around the city to engage medical professionals in a discussion around the issues facing women sex workers living with HIV. The Rose campaign recognized doctors and police who had been particularly supportive and sensitive to the sex worker community and requested their help in convincing their colleagues to be similarly supportive. Project staff also presented roses to some who had been particularly stigmatizing and abusive in the past to encourage behavior change among these individuals.

In addition to these advocacy campaigns, project staff engaged in targeted advocacy as needed. For example, community mobilizers responded to specific cases of discrimination that female sex workers reported, such as isolation by family members and avoidance by neighbors. The crisis response teams were also trained to identify and respond to cases of discrimination. Lastly, the project continuously reached out to the media to expand the reach of advocacy messages, for example informing them about the location and times of all public advocacy events to enhance press coverage. In addition, the project partnered with the Center for Advocacy and Research to prepare several of the project staff living with HIV for specific media events, including television, radio, and newspaper interviews, and press conferences.

**Results**

Overall, the project was quite a success. More than 220 campaigns were conducted throughout Bangalore reaching more than 2,150 secondary stakeholders. During the Signature campaign 132,000 individuals signed their name and pledged not to stigmatize or discriminate against women in sex work, and more than 225,000 individuals were reached in the other campaigns. The project’s simple and quick advocacy approaches inspired cooperation and support and helped change negative attitudes and behaviors among the public and secondary stakeholders. The project’s advocacy efforts also boosted confidence among sex workers living with HIV, who were not used to receiving such support and encouragement. One of the community mobilizers living with HIV expressed how participating in the project changed her life:
“Being a part of Project Baduku gave me the mental stamina I needed to resist stigma and discrimination and deal with my disease. It made me strong. When you are better mentally, you are better physically.”

The Rose campaign was particularly effective at reaching secondary stakeholders. Evidence suggests that following the campaign, sex workers were more comfortable reporting cases of stigma and discrimination, as the number of such cases they reported to the police grew from zero to eleven. Furthermore, the police actively responded to and resolved all of these cases, a strong testament to their willingness to take complaints from sex workers seriously. In addition, sex workers anecdotally reported less harassment and violence from police following the intervention in a jurisdiction where violence had previously been quite high.

In the health care setting, the percentage of HIV-positive female sex workers from the three support organizations who regularly sought care and treatment services at anti-retroviral therapy (ART) centers in Bangalore increased from 30 percent before the project to 60 percent during and after. Importantly, women appeared to be more comfortable sharing their HIV status with their families and project staff. Overall, health care workers responded positively to the campaign. The head of the ART department at KIMS Hospital in Bangalore said that it was motivating for the medical staff to see such dedication from the sex worker community and that this dedication has inspired them to advocate on their behalf. “Since the campaign, we began advising women to go to the Lawyer’s Collective to seek help for violence issues,” he said, adding, “We are also sending students for training at Swathi Mahila Sangha to better understand the issues facing women in sex work.”

The campaigns also provided accurate information about how HIV is and is not transmitted, which quelled the fears of members of the public, such as this taxi driver who attended a sensitization meeting held near his taxi stand. He explained:

“Many auto drivers do not know how HIV spreads. They think that it is contagious by touching those with HIV. After Project Baduku, at least 10 to 15 auto drivers in this area are more sensitive to HIV-positive women in sex work. We have taken patients [with HIV] to the hospital for check up just like any other patients. Earlier, probably many of us would refuse. In addition, many of us have got blood tested for HIV.”

As a result of the strategic media engagement, more than 20 articles were published in both local language and English newspapers, and a local TV station aired a program developed by Swathi Mahila Sangha called “Jagruthi,” or ”7 Days,” about HIV and women in sex work. In addition, one of the community mobilizers participated in a televised interview, another participated in a radio interview, and seven project staff participated in two live press conferences.

**Lessons Learned**

One of the key lessons learned was the value in mobilizing the community affected by stigma and discrimination to lead a movement against it. Prior to Project Baduku, three support organizations for women in sex work were working separately in different areas of Bangalore. Due to their collective recognition of the need to foster a more supportive environment for women in sex work, these organizations joined together, with support from the NGO Swasti, to write the SARDM proposal. The
resulting partnership among the four organizations proved to be critical for implementing and monitoring a large and multi-faceted campaign. Project Baduku staff were immediately able to train the existing staff from the three support organizations, which enabled quick scale-up of the intervention and ensured that the advocacy messages reached all corners of the city. This helped maximize the benefits of stigma reduction for the 24,000 women in sex work in the city. As a direct result of this project, the three support organizations have launched the Network for Women’s Equity and Equality, which they hope will become a regional or national umbrella organization for sex worker support organizations throughout the country. The success of this partnership demonstrates the value in fostering partnerships between community-based organizations and technical NGOs for the design and implementation of stigma reduction efforts.

Strengthening the capacity of women in sex work living with HIV to lead stigma reduction efforts provided both motivation and inspiration. Many of the women reported newfound confidence and courage, which enabled them to confront stigma and discrimination in their own lives and become advocates for the rights of others. The commitment of the HIV-positive women leading the project to proactively engage with stakeholders and try to improve their environment motivated many stakeholders to join the women in support of their stigma-reduction efforts.

The success of the advocacy campaigns also can be attributed to the regular staff training, which ensured their mastery of basic themes and issues pertaining to HIV and sex worker stigma that was needed to execute the campaigns effectively. Regular steering committee meetings were also important to review results and adapt advocacy campaigns and messages as needed. For example, it was very challenging to engage with health care providers and police through the large public campaigns. Therefore, project staff decided to craft a more personalized one-to-one campaign to ensure they could reach these groups that have particular influence over the treatment and well being of sex workers.

It was also critical to have a strategy for engaging with the media. To ensure press coverage of the advocacy campaigns, project staff informed the media prior to the events and regularly updated them on the campaign outcomes. In addition, project staff were well prepared to engage with the media in interviews and public forums. These efforts ensured that the issue of HIV-related stigma and discrimination received wider publicity and visibility and strengthened the capacity of women in sex work to speak out openly and advocate for their rights. Lastly, a key lesson learned was that addressing morality-related stigma and discrimination requires different approaches and takes time to change. Thus, it is critical that stigma reduction efforts are maintained in the longer term and that advocacy strategies are adapted to match the key concerns of specific target audiences.
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<tr>
<th>Grantee Name</th>
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<th>Contact Information</th>
<th>Target Audiences</th>
<th>Primary Program Approaches</th>
<th>Key Outputs</th>
<th>M&amp;E Mechanisms¹</th>
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<tr>
<td>AFGHANISTAN</td>
<td>Afghan Family Guidance Association (AFGA) HIV and AIDS Stigma and Discrimination Reduction through Raising Awareness in Kabul City, Afghanistan</td>
<td>Mr. Naimatullah Akbari <a href="mailto:nakbari@afga.org.af">nakbari@afga.org.af</a></td>
<td>1. Health workers</td>
<td>1. Training of trainers (TOT)</td>
<td>• Distributed 5,000 copies of poster on HIV and AIDS stigma and discrimination.</td>
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<td>2. Prisoners</td>
<td>2. Information, education and communication materials</td>
<td>• Translated HIV and AIDS stigma and discrimination training toolkits into local languages.</td>
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<td>3. Prison staff</td>
<td>3. Media coverage</td>
<td>• Trained 60 AFGA service providers, 25 medical staff and 91 non-medical of prison centers, 28 prison peer educators, 13 AFGA</td>
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<td></td>
<td></td>
<td></td>
<td>4. Religious leaders</td>
<td>4. Peer education</td>
<td></td>
<td>Formative Research: Collecting data through baseline surveys, baseline focus group discussions (FDGs), baseline key informant interviews (KII) Program Monitoring: Collecting data on number of tasks completed Evaluation: Collecting data through pre- and post-training surveys, endline surveys, endline focus group discussions (FDGs), endline key informant interviews (KII)</td>
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¹ Formative Research: Collecting data through baseline surveys, baseline focus group discussions (FDGs), baseline key informant interviews (KII) Program Monitoring: Collecting data on number of tasks completed Evaluation: Collecting data through pre- and post-training surveys, endline surveys, endline focus group discussions (FDGs), endline key informant interviews (KII)
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| Afghan Help & Training Program (AHTP) | 1. Religious leaders: Mullahs, mawlawies, mosque congregations | 1. Training of trainers (TOT) 2. Information, education, and communication materials | youth peer educators, and 60 media representatives on HIV and AIDS stigma reduction.  
- Trained three senior religious members who then trained around 75 other junior religious leaders in Kabul City.  
- Produced new TV announcements on HIV and AIDS stigma and discrimination, which were broadcast 3 times during the month of December 2009. |
- Assessed the knowledge of the participants in each course before and after the showing of the films and the training on HIV and AIDS which followed.  
- 400 individuals from six disparate groups received training on HIV and AIDS. |
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| **Drik Picture Library Ltd.**<br>Mainstreaming the Fringe<br>**Jeevani Fernando**<br>jeevani@drik.net | 1. Role models, activists 2. Media 3. Teachers 4. Public | 1. Media campaign (online) | • Conducted expert meeting of media stakeholders on training needs identification.  
• Conducted training on online web-video production to media.  
• Conducted round table talk shows.  
• Collected oral testimonies for the internet. | ✓ | |
| **JOBS Trust, Bangladesh**<br>Economic Rehabilitation of Intravenous Drug Users<br>**Elli Takagaki**<br>elli@jobs-ict.com info@jobs-group.org | 1. Public community 2. Injecting drug users (IDUs) | 1. Advocacy campaign 2. Employment services | • Trained 24 graduates from rehab centers, and established most as ambassadors in their communities.  
• Created a sustainable production line of “red mannequins” in which profits are reinvested to hire more rehabilitated IDUs.  
• Showcased the red mannequins in over 26 locations for awareness and advocacy purposes and gave presentations at 5 locations. | ✓ | ✓ |
| **Nari Unnayan Shakti (NUS)**<br>(Women’s Power for Development)<br>Reduction of Stigma and Discrimination on HIV/AIDS through Media Sensitization and Reporting in Bangladesh<br>**Ms. Afroja Parvin**<br>nusbwomen@yahoo.com | 1. Journalists 2. Public | 1. Media campaign | • Conducted training for 137 journalists on stigma reduction and oriented 288 journalists on STI and AIDS prevention.  
• 130 articles were developed and 78 were published  
• Reprinted 1,500 copies of book, “AIDS Questions and Answers” and distributed 1,100 copies to journalists. | ✓ | |

**BANGLADESH**
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<tr>
<td>Ashodaya Samithi</td>
<td>Addressing Sigma and Discrimination Towards HIV+ Sex Workers and Sex Workers in General through Entrepreneurship</td>
<td>1. Sex workers</td>
<td>1. Advocacy campaign</td>
<td>• 65 health personnel were sensitized. 725 sex workers assisted at the health facility and 1,135 sex workers had better health care access. • Sex workers experienced reduced violence from the police during the project period. • Social champions addressed 23 meetings / trainings conducted for police personnel, conductors and drivers. • 1,800 sex workers were trained on issues around stigma and discrimination, resulting in an increase in recognition and reporting of incidents of discrimination by sex workers. • The restaurant increased its consumer base and is serving 450-500 people daily.</td>
<td>✓</td>
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<td>2. Employment services</td>
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<td>Development Initiative</td>
<td>Fighting Discrimination Amongst the Population Suffering Most from the Prejudices Attached to HIV/AIDS</td>
<td>1. Public</td>
<td>1. Theater</td>
<td>• 25 people working around the railway station were trained in street theater, and they put on 140 street theater performances. • A &quot;folk ballad&quot; group was formed and put on 50 folk dance performances. • Produced 52 episode radio series for National AIDS Coordinating Organization.</td>
<td>✓</td>
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<td>2. Media (radio)</td>
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| ISTV Network                         | Fighting Discrimination Through Awareness -- A Game Show | Mr Yumnam Rupachandra Singh yumnamrupa@gmail.com                                      | 1. Public        | 1. Game show                | • A total of 68 episodes were aired across 4 districts to an estimated half a million viewers.  
• 5 special episodes involving only individuals living with HIV and AIDS were also recorded and aired.  
• 90% of felt the game show was educational, and 94% felt the game show would help reduce stigma and discrimination.                                                                                     |
| Lotus Integrated AIDS Awareness Sangam | Advocacy by Cultural Teams – ACT                   | N. Muthukumar lotus_sangam@yahoo.co.in                                               | 1. Village Panchayat leaders 2. Community | 1. Theater                  | • 75 village performances by ACT team completed.  
• 20 endline interviews completed among Panchayat leaders.  
• Conducted 4 FGDs among village men who have sex with men (MSM).  
• Increased knowledge and acceptance of MSM community by Panchayats as an immediate outcome of performances.  
• Helped MSM who participated in ACT Project to realize skills and potential many did not know they possess.  
• Identified new and hidden MSM members through performances and linked them to services.  
• Engaged and raised community awareness with performances (some drawing audiences upwards of 300).  
• Received media attention.                                                                                                                         |
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<tr>
<td>NalandaWay Foundation</td>
<td>NalandaWay Children Media Project</td>
<td>Mr. Sriram Ayer <a href="mailto:sriram@nalandaway.org">sriram@nalandaway.org</a></td>
<td>1. Public</td>
<td>1. Film</td>
<td>• 30 children were subsequently trained in a 10-day participatory workshop in creative thinking, drama, photography, music, storytelling and film-making.</td>
<td>✓</td>
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</tbody>
</table>
| Sai Paranjpye Films Pvt. Ltd. | 4 Short Films on Different Aspects - HIV/AIDS issue. Catalysts for 'Qisse' Intended awareness Feature Film | Ms. Sai Paranjpye saiparanjpye@gmail.com | 1. Marginalized groups 2. Sex workers 3. Injection drug users (IDUs) 4. Organizations working with these groups 5. Public | 1. Film | • Researched and produced two films.  
• Suee was also shown at the International Conference on AIDS in Asia and the Pacific.  
• Suee has been acquired by several organizations for screening among their members. | ✓ |
| Saral | Food and Catering Services for PLHA | Ms. Hemalee Leuva hemalee@ramanagroup.org | 1. Public 2. People living with HIV | 1. Employment services | • Developed terms of reference and business model for food procurement, production and distribution services.  
• Linkages were formed with 5 institutions for training and food service delivery.  
• Formed the Aadhar Mahila Trust (AMT) to get involved with commercial activities and provide a platform for women living with HIV to gain confidence and sustainable livelihood. | ✓ |
| SPARSHA | Art and Testimonial: A Unique Community Based Approach to | | 1. Public 2. People living with HIV | 1. Traditional music 2. Traditional dance | • Changes in attitude among community were measured after the first pilot intervention. The proportion of people disagreeing | ✓ |

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</thead>
<tbody>
<tr>
<td>Redress HIV/AIDS Stigma in Villages of West Bengal</td>
<td>Dr. (Mr.) Samiran Panda</td>
<td><a href="mailto:dr.samiran_panda@rediffmail.com">dr.samiran_panda@rediffmail.com</a></td>
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<td>with four stigmatizing statements increased after the first pilot intervention.</td>
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<td>Four interventions sites received 3 consecutive performances by Baul singers, held once a week over a three week period.</td>
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<tr>
<td>Swathi Mahila Sangha</td>
<td>Spoorthi - Community Action Against Stigma &amp; Discrimination</td>
<td>Ms. Pushpa Latha. R <a href="mailto:sms-pragati@airtelmail.in">sms-pragati@airtelmail.in</a></td>
<td>1. Female sex workers (FSWs) 2. Female sex workers living with HIV (PLHIV FSWs)</td>
<td>1. Awareness training 2. Advocacy campaign</td>
<td>• Trained 384 PLHIV FSW through one-on-one training, events and support groups.  • Oriented 450 HIV project staff on stigma and discrimination and involved them in all major stigma reduction campaigns.  • Led three support group meetings conducted in different parts of Bangalore every month on fixed dates. Each meeting had 35 to 50 members.  • Received media exposure: More than 20 articles were published in many Kannada and English newspapers and a local TV channel telecast a program on HIV and women in sex work.  • Developed a pictorial community monitoring tool on stigma assessment and did one round of study with 166 PLHIV FSWs to assess the level of internal and external stigma.</td>
<td>✓ ✓</td>
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<tr>
<td>The Communication Hub</td>
<td>Harnessing Radio to Empower and Transform: A Participatory</td>
<td></td>
<td>1. Public 2. People living with HIV (PLHIV)</td>
<td>1. Media (radio)</td>
<td>• 13 radio episodes were produced.  • Trained 10 PLHIV as radio journalists.</td>
<td>✓ ✓ ✓</td>
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2. Panchayat members  
3. Media  
5. Public  
6. People living with HIV | 1. Awareness training  
2. Information, education and communication materials  
3. Media coverage | • 4 FDGs and 6 KIIs were conducted after a pre-test of 4 episodes.  
• 7 PLHIV journalists and 3 project team members received a post-project survey.  
• Conducted 10 training sessions to 583 participants, including 62 media personnel.  
• Disseminated 500 copies of booklet on HIV and STIs.  
• Documented 10 cases of stigma and discrimination, provided support, and supplied legal support to one case.  
• Received media coverage of program activities. | ✓            |
| We Care Social Service Society                                                | Promotion of Community Discussion and Debate Using Traditional Folk Media Known as Therukoothu (Street Drama) | 1. Public  
2. People living with HIV (PLHIV) | 1. Traditional theater | • Trained 5 PLHIV to perform and participate in community theater and discussions.  
• Performed HIV-related dramas with follow-on discussion for 10 villages, 3 times per village.  
• Audience participation increased.  
• PLHIV in the villages where performances held came forward to access services available with NGO and government hospitals.  
• 20 FGDs and 7 KIIs were conducted with women self-help groups, youth, village leaders and village elders. | ✓            | ✓            | ✓            |
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<td>Federation of Sexual &amp; Gender Minorities Nepal (FSGMN)</td>
<td>Beauty and Brains in Action to Tackle HIV/AIDS Stigma and Discrimination</td>
<td>Mr. Sunil Babu Pant, <a href="mailto:beautyand.brain2008@gmail.com">beautyand.brain2008@gmail.com</a>, Subash Pokharel, <a href="mailto:bluediamondsociety@yahoo.com">bluediamondsociety@yahoo.com</a></td>
<td>1. Public 2. Men who have sex with men (MSM) 3. Transgender community (TG)</td>
<td>1. Beauty Pageant 2. Advocacy campaign (Ambassadorship of winners)</td>
<td>• Five regional winners were declared and appointed as regional HIV Ambassadors, and one contestant was declared as the National Ambassador. • An estimated total of 1,500 audience members attended the 6 pageants. • The mainstream print media, electronic media and the web provided space for MSM/TG groups to cover topics on HIV and AIDS and human rights. • The Ambassadors along with other participants convinced new donors to bring prevention programs on HIV for MSM/TG in 14 districts in Nepal.</td>
<td>✓</td>
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<tr>
<td>National NGOs Network Group Against AIDS-Nepal [NANGAN]</td>
<td>Creating PLHA Friendly Hospital (Improving the Hospital Environment for HIV-Positive Clients in Nepalese Regional Hospitals)</td>
<td>Ms. Usha Jha, <a href="mailto:ushajha05@yahoo.com">ushajha05@yahoo.com</a></td>
<td>1. Health workers 2. HIV-positive patients</td>
<td>1. Training of trainers (TOT) 2. Information, education and communication materials</td>
<td>• A client satisfaction survey (n=204) was implemented in each hospital at three points during November and June 2009 (baseline, midline, and endline). • Conducted a training of trainers with 66 health workers across three hospitals. • Formed client satisfaction committees at each hospital and formed a working task team to review existing policies and practices in consultation with policymakers.</td>
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<tr>
<td>Himalayan Association Against STI-AIDS (HASTI-AIDS)</td>
<td>Addressing HIV and AIDS Related Stigma and Discrimination Through Social, Economic and Institutional Interventions in Achham District</td>
<td>Mr. Nirmal Kumar Bista <a href="mailto:hastiaids@mcmail.com.np">hastiaids@mcmail.com.np</a> <a href="mailto:nkbista@yahoo.com">nkbista@yahoo.com</a></td>
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**Target Audiences**
1. General population
2. People living with HIV (PLHIV)
3. Migrants and their families
4. Health workers
5. Teachers
6. Students
7. Journalists
8. Volunteers
9. Opinion leaders

**Primary Program Approaches**
1. Awareness trainings
2. Street drama
3. Media (radio)
4. Peer educators

**Key Outputs**
- Trained 37 female community health volunteers, PLHIV and peer educators who then carried out various stigma reduction activities in their own communities.
- Conducted 2 sensitization workshops for 63 people at community and district level.
- Completed 10 FGDs with PLHIV, teachers, migrants and their spouse, and health care providers.
- Held 2 meetings with income-generating programs to better involve PLHIV.
- Assessed the actions of peer educators during 3 meetings.
- Collaborated with a local drama group to perform 9 street dramas in local dialects at important local festivals.
- Held an orientation workshop with District AIDS Coordination to regularly review progress in stigma and discrimination reduction of participating organizations.
- Participated in finalization of scripts for radio learning programs.

**M&E Mechanisms**

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<tr>
<th>Formative Research</th>
<th>Program Monitoring</th>
<th>Evaluation</th>
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| NEW LIGHT AIDS CONTROL SOCIETY (NLACS) | Reducing Stigma to Improve PLWHA/MSM Uptake for ARV Treatment and CHBC | 1. Men who have sex with men (MSM)  
2. People living with HIV (PLHIV)  
3. Transgender | 1. Training of trainers | • Efforts to strengthen ties with local hospitals and VCT centers, both public and private, resulted in expanding the NCLAS referral system to 36 villages, adding 6 new facilities to the referral system.  
• Conducted a seminar with 23 media personnel who then made commitments to reduce stigma and discrimination through more accurate reporting in print and broadcast media and agreed to receive news stories and information from NCLAS for dissemination.  
• 24 health workers were trained in basic information about MSM and individuals from the transgender community. | ✓ | ✓ | ✓ |
| PAKISTAN PRESS FOUNDATION (PPF) | Capacity Development of Media and Civil Society Organisations to Improve Coverage of HIV/AIDS | 1. National media  
2. Civil society organizations  
3. Journalists | 1. Media | • Developed the capacity of 119 civil society professions and 104 journalists in the training workshops.  
• As a result of the workshops, the journalists produced 107 feature articles and 187 press releases and letters to the editor, in addition to 18 newsletters on issues related to HIV.  
• PPF obtained 31 published clippings of feature articles written by participants and 43 published | ✓ | ✓ | ✓ |
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</table>
| Integrated Health Services                       | Advocacy Campaign to Reduce AIDS Stigma by Creating “HIV Forums” at Colleges in Islamabad | Mr. Asim Mahmood Khan  
asim@ihspakistan.com  
ihspakistan@hotmail.com         | University and college students aged 17 to 25 years                                                     | Organization of youth forums                         | • 462 students at 5 universities completed the pre-intervention Knowledge, Attitudes and Practices (KAP) to inform development of youth forums and content of educational materials and presentation. | Formative Research: ✔  
Program Monitoring: ✔  
Evaluation: ✔ |
| SRI LANKA                                        |                                                                             |                                                                                  |                                                                                                          |                           |                                                                                                                                                                                                        |                 |
| Lanka +                                           | To Reduce Stigma and Discrimination Faced by People Living With and Affected by HIV/AIDS Through Advocacy for Employment | Ms. Priyanthi Kumari  
splplusnet@gmail.com                                 | People living with HIV  
Public                                                                                                        | Employment services          | • 46 members trained in technical skills.  
• Launched a social marketing website in English and local languages.  
• Conducted rapid assessment of program beneficiaries.  
• Issued 21 loans to beneficiaries to establish small enterprises. | Formative Research: ✔  
Program Monitoring: ✔  
Evaluation: ✔ |
| Alliance Lanka                                    | OUR HEALTH. Empowering Communities to Normalize HIV                          |                                                                                  | People living with HIV  
Public                                                                                                        | Information, education and communication materials  
Training                                | • Established 48 roadside stands to provide information and referral to support centers.  
• 12,540 people visited roadside stands and 12,276 visitors agreed | Formative Research: ✔  
Program Monitoring: ✔  
Evaluation: ✔ |
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<td>Mr. Swarna Kodagoda</td>
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<td>to complete questionnaires about their HIV and AIDS knowledge.</td>
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<td>• Established 3 support centers which continue to function after the project grant period.</td>
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<td>• Held training for people living with HIV on positive living and business skills.</td>
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<tr>
<td><a href="mailto:swarna.kodagoda@gmail.com">swarna.kodagoda@gmail.com</a></td>
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¹ M&E Mechanisms
- Formative Research
- Program Monitoring
- Evaluation