

**FINAL REPORT FORM
for
WACC-SUPPORTED PROJECT**

This document is for end-of-project reporting. It has two parts: a) Narrative Report; b) Financial Report.

You will need to refer to your Project Application Form, the Agreement with WACC, and your bank statement when completing this form. Please return it with supporting documents and materials to WACC. Please answer the questions as fully as possible.

THE NARRATIVE REPORT

1. Project Title: (as appeared in the Agreement)	Reducing Stigma and Discrimination among People Living with HIV/AIDS in Lahore
2. Project Reference Number: (as appeared in the Agreement)	686
3. Full Name of Project Holder:	Ms. Riffat Rafique, Executive Director Ecumenical Commission for Human Development
4. Full Address:	House No. 88, Street No. 8, Modern Colony, Nazareth Road, Kot Lakhpat, Lahore
5. Name of Country:	Pakistan
6. Period the project was implemented: (from month/year to month/year)	October 1st 2008 to September 30th 2009
7. Project Grant received:	Amount in local currency: 1,084,917 Amount in Euros or US\$ (circle as appropriate): €9,979
8. Date(s) Project Grant(s) were received: (as in your bank statement) 1 st remittance 2 nd remittance	September 22nd 2008 €9,979 (Received) €1,761 (Pending)

ACKNOWLEDGMENT

Ecumenical Commission for Human Development through this acknowledgment expresses its gratitude to individuals and partner organizations who generously contributed their expertise and experience to the project. In a project such as this many people and civil society organizations are to be acknowledged. Among the foremost are the contributors and glides whose expertise and dedication to the project is most appreciated.

The project “Reducing Stigma and Discrimination among People Living with HIV and AIDS in Lahore” has been successfully completed in twelve months at five union councils of Liaqatabad (UC 129), Kot Lakhpat (UC 130), Kainchi Amer Sidhu (UC 134), Attari Saroba (UC 141) and Youhanabad (UC 142) of Lahore district with technical and financial assistance of The World Association of Christian Communication, Canada.

Special thanks are extended to **Ms. Julienne Munyaneza and Ms. Sarah Macharia**; who is Programme Manager for HIV/AIDS, Communication and Stigma Programme, and **Ms. Lavinia Mohr**, Director Programmes, for coordination and financial support for the project and their valuable technical inputs for Ecumenical Commission for Human Development. These technical and financial inputs are a source of encouragement and guidance for us to perform the above mentioned project at grass root level.

We acknowledge the encouragement and technical assistance provided to us by our Board of Directors. Internally, we acknowledge the tireless efforts and participation of our technical advisor **Mr. Joseph Sadiq**, who supported us in developing project proposal, capacity building of project staff, developing project monitoring tools and internal evaluation throughout the project. We are also acknowledging **Mr. Yunis Khuhsi** to carry out the Research Study on “**Situation Analysis of knowledge, Attitudes, Behaviour, Stigma and Discrimination against people living with HIV and AIDS.**”

Special thanks are also extended to **Ms. Riffat Rafique, Executive Director, Mr. James Rehmat, Programme Manager, Mr. Naeem Tabassum, Programme Coordinator, Mr. Daud Lal Din, Mr. Kashif Nawab, Mr. Muhammad Asim (living with HIV/AIDS), Ms. Saima Feroze, Ms. Joyce Alfred, and Ms. Iram Shahzadi**, for their efforts for the project. Last but not least, special thanks are also extended to our pioneer volunteers **Mr. Johnson Rehmat, Miss. Misbah Shafqat and Mr. Muddassur Shafqat** for their efforts for Ecumenical Commission for Human Development.

Credit of success also goes to all the participants for their keen interest and efforts through the project activities for combating against HIV/AIDS in Pakistan.

RIFFAT RAFIQUE
Executive Director

PROJECT SUMMARY

Pakistan is the second largest country in South Asia that stands only a few steps behind India and Nepal in terms of HIV epidemic. Despite many efforts, the HIV infection rate has increased significantly over the past few years and infact, the country has moved from a low prevalence to concentrated epidemic with HIV.

Current epidemiological science is teaching us that newly infected people are more and more likely to be poor, members of a minority community, and have inadequate access to healthcare. Though medications are helping many infected individuals lead healthier and more productive lives, we are only beginning to understand the long-term impact of HIV treatment, as well as the unique interaction of HIV.

Pakistani youth, just like other young people in the rest of the world, are also vulnerable to HIV infection as adolescence is a time when young people may be curious about sex and drugs. The special vulnerability of young people is related to a lack of information and awareness about reproductive health in general and HIV/AIDS and other Sexually Transmitted Infections (STIs). Moreover, other contributing factors like unemployment, easy availability of narcotic drugs, and economic frustration can all influence young people to engage in unsafe behaviour, which may put them at increased risk of HIV infection.

Pakistani women are more vulnerable to HIV/AIDS infection due to biological and socio-economic factors, especially gender inequality. Since women in the country in general have lower socioeconomic status, less mobility and a lack decision-making power, all of these factors further contribute to their HIV vulnerability. Illiteracy is an obstacle for HIV/AIDS prevention efforts. It is much harder to reach women than men with information about how they can protect themselves from HIV infection.

Additionally, restrictions on mobility often make it difficult for women to access health and social services, including basic reproductive health care services. These restrictions include lack of resources, lack of health services and in some areas there are cultural traditions that prevent women from consulting male doctors. Finally, in situations where women's decision-making power is restricted, women are ill-equipped with skills to negotiate with their partners for safer sexual practices such as faithfulness, abstinence, or using condoms.

The project involved the basic sharing and information regarding HIV/AIDS, communication skills and reducing stigma and discrimination. The project determined to improve the quality of life through reducing the stigma & discrimination and ensuring a secure environment for all people infected and affected by HIV/AIDS and enhanced access to information, skills and services necessary for HIV prevention and control among stake holders in Lahore. During the project different intervention e.g. media campaign, developing and designing IEC material, establishing resource center, group discussion, cultural and art performances, training workshops and school based events was organized to reduce stigma and discrimination.

PROJECT BACKGROUND

Stigma often leads to discrimination and this, in turn, leads to human rights violations for people living with HIV/AIDS (PLWHA) and their families. Stigma and discrimination fuel the HIV/AIDS epidemic. They hamper prevention and care efforts by sustaining silence and denial about the disease as well as reinforcing the marginalization of PLWHA and those who are particularly vulnerable to HIV infection. Since HIV/AIDS is linked to social taboos, such as sex, drug use and death, there are enormous levels of ignorance, denial, fear and intolerance about the disease in most communities. And it is partly because of these fears and prejudices that people stigmatize and discriminate.

Discrimination occurs when negative thoughts lead people or institutions to take, or omit to take, action that treats a person unfairly and unjustly on the basis of their presumed or actual HIV/AIDS status. Some examples of discrimination include hospital or prison staff denying health services to a person living with HIV/AIDS; employers terminating a worker from his/her job on the grounds of his or her actual or presumed HIV status; or families/communities rejecting those living with, or believed to be living with, HIV/AIDS. Such discriminatory acts, based on presumed or actual HIV status, are a violation of human rights.

In Pakistan, laws, policies and regulations have contributed towards the development of a supportive environment for HIV/AIDS prevention, care and support. But even in places where supportive policies and legislation exist, nonexistent or weak enforcement of these laws may facilitate the perpetuation of stigma and discrimination; this is because there is often little accountability for discriminatory action or redress for those who have been stigmatized and discriminated against.

With its focus on stigma and discrimination, Ecumenical Commission for Human Development hopes to encourage people to break the silence and the barriers through effective HIV/AIDS prevention and care process. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

PROJECT GOAL

To improve the quality of life through reducing the stigma and discrimination and ensuring a secure environment for all people infected and affected by HIV/AIDS and increase access to information, skills and services necessary for HIV prevention and control among stake holders in Lahore.

PROJECT OBJECTIVES

- To sensitize the community members including religious, political leaders, government official, young people both school going and out of school, people living with HIV and AIDS, their families and associates on HIV and AIDS and reducing stigma and discrimination related to STIs, HIV and AIDS.
- To develop and design IEC material for promotion and communication for better understanding and greater awareness of HIV and AIDS and their stigmatizing and discriminatory effects among people of influence.
- To train church and community leaders, youth leaders, women's groups and human rights activists in communication skills and strategies to reduce stigma, discrimination and denial.
- Capacity building of people living with or affected by HIV and AIDS with communication skills and train them to develop strategies and tools to address stigma and discrimination, including self-stigmatization.

INTERVENTION STRATEGY

- ❑ Identification, registration and selection of target population, project team and mapping of existing facilities in relation to HIV/AIDS in four union councils of Lahore district.
- ❑ Orientation and capacity building of project team on Basic knowledge of HIV/AIDS, strategies and tools for reducing stigma and discrimination and other HIV/AIDS related issues.
- ❑ Formation of Local Community Groups (Politician, Health Care Provider, Media Representative, Religious Leaders along with young people) in four union councils, each group comprised on twenty individuals of both gender.
- ❑ Establishment of Sada-e-Noor Resource Center at Head office with fully equipped by informatory education and communication material and voluntary counselling, testing and referral services to people living with HIV and AIDS.
- ❑ Delivery of basic health education services, e.g. group discussion, community based theatre performance, school based interventions, multi media campaign for reducing stigma and discrimination, and capacity building workshops for stakeholders.
- ❑ Post establishment activities like follow up, monitoring and guidance was provided for improvement during routine field visits by the organization's senior management team.
- ❑ Developed linkages at local, provincial, national and international non-governmental organizations working for prevention and control of HIV and AIDS.

Activities

Give a summary of the major activities carried out during the reporting period in comparison with those planned. In case of changes from the original objectives, please explain the reasons.

Please describe in detail the activities of the project that were implemented such as content of production, programmes, workshops or training

9.1 If the project is a workshop, seminar, or consultation, please attach the list of participants, the themes/topics of their speeches/papers, and any statement, declaration, or book published.

9.2 If the project is primarily purchase of equipment, please describe what kind of impact / change the equipment is bringing to the beneficiaries.

Recruitment of staff for Project



The project envisaged anchored within itself the establishment of Sada-e-Noor Resource Center for all such stakeholders' e.g. religious, political leaders, youth, media representatives, local health care providers and community leaders. Highly professional staff was engaged through the recruitment policy adopted by the organization. The positions were advertised in the local newspaper and other way of communications and a rigorous process of recruitment and interviews were carried out. In

Lahore, there is a scarcity of good qualified professionals and saturation in the employment market. Therefore, this process became a tiresome, and after a rigorous process a capable and professional team of professionals were engaged for the project that included the following:

- Ms. Riffat Rafique, Executive Director
- Mr. James Rehmat, Programme Manager
- Mr. Naeem Tabassum, Project Coordinator
- Ms. Iram Shahzadi, Community Mobilization Officer
- Ms. Saima Feroze, Community Mobilization Officer
- Mr. Daud Lal Din, Community Mobilization Officer
- Mr. Kashif Nawab, Community Mobilization Officer
- Mr. Muhammad Asim, People living with HIV/AIDS, Counsellor at Sada-e-Noor Resource Center

Capacity Building of Project Team

As working with stakeholders mentioned above for reducing stigma and discrimination in relation to HIV/AIDS and related subject to people living with HIV/AIDS. The following measures were taken by the organization for capacity building of Project Team:

- **Project Orientation**

As per Ecumenical Commission for Human Development policy and induction plan, as soon as new staff was hired on one year contract, they were briefed the project goal, aim and objectives with mission of the organization. They were also briefed policies and procedures of the organization and the broader dimensions of the project. They were also given the project document to study and then detailed sessions were carried out to develop common understanding on the objectives of the project.

- **Detailed orientation on concepts involved in project**

In depth understanding regarding the basic concepts involved in prevention and control of HIV and AIDS and reducing stigma and discrimination among different stakeholders to be built among the staff was the second step in the capacity building. This was carried out at the Sada-e-Noor Resource Center by Project Coordinator and Program Manager. First concepts of means of HIV and AIDS spread unsafe practices and STIs, strategies of reducing stigma and discrimination and role of different stakeholders/beneficiaries were discussed in detail. During these discussions the mental barriers of the staff regarding the issues coming up in the brainstorming were addressed and discussed. The concepts of use of safe sexual practices were discussed in detail through which the team was able to identify various methods. This also provided opportunity to the issue which they were to carry out in their regular activities in the field.

- **Detailed reviews**

Ecumenical Commission for Human Development reviews progress of the activities undertaken under any project on periodic basis was mandatory. Therefore, in reducing stigma and discrimination among people living with HIV/AIDS, daily scheduled activities and reviews were conducted which enhanced the capacity of the staff for the period of their stay in the project. Feedbacks provided opportunity in which analytically and critically the project progress was reviewed along with the progress of target groups.

- **Refresher Courses**

During the course of the project two refresher courses were also conducted for the staff so that the concepts could be refreshed and prohibitions removed through developing a common understanding.



Social Mapping of the Project Area

A map of project area was made which included those areas such as those aforementioned. Through the social mapping exercise the reality behind the whole concept of HIV and AIDS epidemic was deeply looked into and enabled to identify the spots where the sexual activities were already happening. The project implemented in following Union Councils of Lahore:

S #	Union Council #	Project Sites	# of Beneficiaries
1.	UC 129 – Liaqatabad	Q-Block Flats Dilkushah Colony Bahdurpura	100 community, political, religious leaders, health care provider and media representative
2.	UC 130 – Kot Lakhpat	Modern Colony Bahar Colony Quaid-e-Azam Park Saint Francis Colony	100 community, political, religious leaders, health care provider and media representative
3.	UC 134 – Quanchi Amer Sidhu	Gulstan Colony Jahangir Park Marriam Colony	100 community, political, religious leaders, health care provider and media representative
4.	UC 141 – Nishtar Colony	Awan Market Nishtar Colony Shahdab Colony	100 community, political, religious leaders, health care provider and media representative
5.	UC 142 – Youhanabad	Youhanabad Asif Town Khaliq Nagar	100 community, political, religious leaders, health care provider and media representative

Target Schools/Institutes

School is place where children learn and adopt things rapidly. Keeping in view the importance of schools various activities were conducted to provide health education. Other activities i.e. speech, essay and poetry competitions, poster making, role plays and walks conducted to enhance self esteem and self confidence which leads in personality building. The project targeted the following schools:



- Tomorrow Kings Educational Academy

- FGA Technical Center
- Roots Women Center
- Saint Franciscan Girls High School
- Saint Thomas High School

Rapid Situation Analysis

The rapid situation analysis (RSA) study was carried out through subletting it to a renowned consultant. It was done to collect baseline data on existing situation in the target area. To assess knowledge, attitude, behaviour and practices on HIV/AIDS issues among different stakeholders. The specific objectives of the study are as follows:



- To inquire about the unethical acts of the children and the grown up persons.
- To inquire about the sources of knowledge of the people about HIV/AIDS.
- To inquire about the level of knowledge of the people, about the ways and means of spread of HIV/AIDS.
- To inquire about the factors of discrimination and stigmatization against the HIV/AIDS patients.
- To make recommendations for decreasing the discrimination and stigmatization against HIV/AIDS patient.

This provided the baseline to assess the achievement at the completion of the project. A detail RSA study was compiled and shared with the concerned.

Establishment of Sada-e-Noor Resource Center

After visiting planned areas and based on previous learning a conclusion was drawn that the resource center should be established in heart of the project area, where most of the target groups could have easy access. We searched for a suitable place, which could provide a larger space for such activities to be conducted. A stakeholder meeting was arranged where its concerns were shared. One of the stakeholders agreed to provide the space for resource center to organization and the resource center to be established by the cooperation and support of community. The following services were offered at the center:

- **Voluntary Counselling**

We have a team of counsellors, both male and female, trained in the field of HIV/AIDS, offered for all the issues related to HIV/AIDS, STIs and sexual health, the full protocol of pre, post and follow-up counselling were adopted with fully anonymity and

confidentiality. All counselling sessions were taken by people living with HIV/AIDS, who is a master trainer in the respective field.

- **Testing and Referral**

We already have a network with other NGOs, Government health facilities and private clinics. The network was strengthened into a referral system. For specialized counselling negotiations are already in progress with Departments of Applied Psychology, Clinical Psychology and Psychiatry, Mayo Hospital Lahore. We have a Volunteer General Practitioner, well versed on **WHO's Protocol for Management of STIs**, who has experience in dealing with clients with STI problems, as we refer clients to his clinic.

HIV testing is another critical issue. At Sada-e-Noor Resource Center complete confidentiality was observed by using codes. Pre and Post test counselling was also offered. The consent was sought. This whole procedure was voluntary. In case of positive results the reports were verified from the **Institution of Blood Transfusion** with the assistance of **Punjab AIDS Control Program**. Confidentiality was always a cross cutting issue in this procedure as well. Depending upon the situation and problem, follow up counselling were offered or person referred to the appropriate facility.

- **Daily Working**

- a. Visitors are welcomed at any time during the opening times and days of the center.
- b. Project Staff and Counsellors are available during the operating days and timings of the center.
- c. The visitor are briefed that the whole procedure is on voluntarily basis, no identities are required, and only an identification number issued by center for further reference and for that s/he is required to provide information.
- d. If agreed, the visitor is issued an identification/registration number to be used for database and reference.
- e. Depending upon the situation and problem the counsellor proceeds in conducting a session. In case, pre-test counselling is carried out (that may require many visits and counselling sessions). If the visitor agrees, client is referred to lab technician, to draw blood, label the sample with the same reference code issued and refer the visitor back to counsellor. Counsellor briefs the visitor, for the next visit to collect the report. The visitor is the first person to know about his/her status and test result. S/he may share this report with counsellor and post test counselling was followed. Referral is suggested when and if needed.
- f. Data base was maintained on daily basis.

IEC Material Development

Ecumenical Commission for Human Development developed and collected relevant IEC and promotional material



from other sources so as to improve the understanding and take forward the agenda of the project among the targeted communities. During the course of the project period in order to generate awareness among the community the project team distributed different types of IEC and promotional material to enhance knowledge regarding HIV and AIDS as well as reducing stigma and discrimination. The IEC material included brochures, poster, badges, and booklet. This enabled to support the project activities and put a positive impact on the community.

Theatre Performance

For the purpose of mass level awareness for the prevention of HIV and AIDS among different communities along with young people, informative theatres were organized in the project. Kawish Resource Center/Theatre Group were performed these six performance both at World AIDS Day and International Candle Light Memorial Day as well as community level. These performances were designed to raise awareness for reducing HIV related stigma and discrimination and to challenge participants to take appropriate actions against the spread of HIV and AIDS and also encourage a positive, caring response towards those living positively with HIV and AIDS. The following performances were organized:



S#	Topic of Performance	Date	# of Beneficiaries
1	Basic of HIV/AIDS. Role of community at UC 129	3 rd November 2008	135
2	HIV/AIDS related stigma & discrimination on World AIDS Day 2008	16 th December 2008	165
3	HIV/AIDS related stigma and discrimination at community level at UC 130	20 th January 2008	154
4	HIV/AIDS and role of stakeholders at community level at UC 141	31 st March 2009	127
5	HIV/AIDS & People Living with HIV/AIDS on International Candle Light Memorial Day 2009	19 th May 2009	133
6	HIV/AIDS related stigma and discrimination at community level at UC 142	20 th June, 2009	121

Group Discussions

Peer education technique was used in the project for information dissemination as it is known that a person is more easily influenced by his/her peer, acknowledge his/her views, suggestion and can also relate to each other being from one and the same context and background which gives space for intimate sharing. In simple words it would mean “friend to friend education”. In this project group discussion was used for HIV/AIDS prevention and reducing stigma and discrimination awareness activities were conducted during the project period. Total 180 group discussions were organized conducted, but due to certain circumstance, some were cancelled. The contents of group discussion included the following:



- Concept of HIV and AIDS
- Rights based approach to prevention and control of HIV and AIDS
- Communication skills
- Different strategies for reducing stigma and discrimination
- HIV/AIDS stigma and discrimination and role of stakeholders

Training Workshops

Community based training workshops and seminars within the most populated areas were



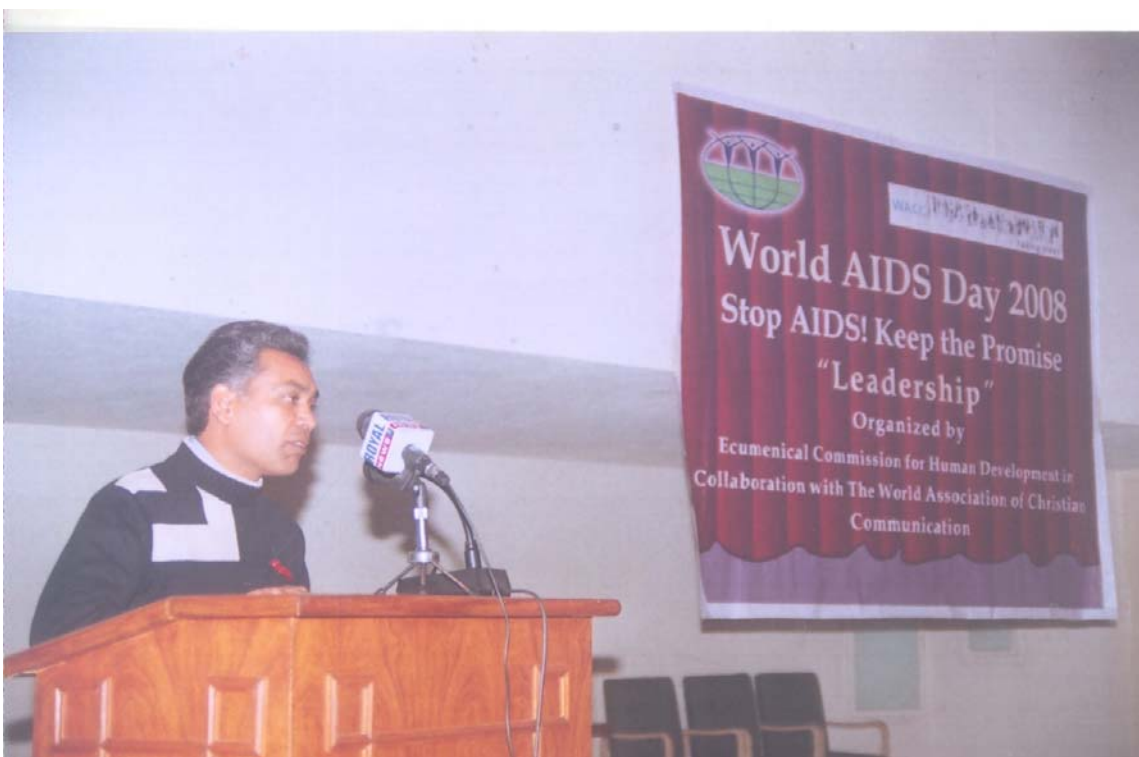
conducted involving people of all ages both men and women, with a slogan to fight against HIV and AIDS, explaining safety measures and preventive methodologies. Since these are the slum areas and some people do have direct interaction with the brothels and wanted to learn more about HIV/AIDS. Many young domestic workers attended these seminars and I believe that our message motivated many to a healthier lifestyle.

Sometimes people are reluctant to talk openly on this topic, as people only have the concept of sex activities when they come across the term HIV/AIDS, therefore, a series of four training workshops were conducted comprising an average of 35 participants from the local community on the following dates:

S #	Category of Participants	Dates	Participants
01	Staff Capacity Building Workshop on HIV/AIDS and Reducing Stigma Discrimination	11 – 15 Oct 2008	22
02	Teachers, PLHWA and Health Care Providers	27 - 29 Aug 2009	35
03	Health Care Providers and Medical Practitioners	21 – 23 May 2009	34
04	Religious and Political Leaders	27 – 29 Jan 2009	35

Awareness Message through Radio and TV

TV and Radio is one of the fastest ways to reach millions of people simultaneously. Interview based talk shows were conducted on GTN Channel, JCTV, FM Radio and Radio German to convey the HIV/AIDS awareness message.



Specifically, the program contained the concept of HIV/AIDS as people lack information about HIV/AIDS. Discussed about the necessity of the awareness of HIV/AIDS and also conveyed that it is the basic right of each and every human being to be well known about the disease and the basic preventive measures helpful to control of HIV and AIDS were also explained. Viewers and the listeners were explained different strategies to reduce HIV/AIDS related stigma and discrimination. During the program role of the stakeholders was specified which may be helpful in reduction of HIV/AIDS stigma and discrimination.

Occasionally informative articles on HIV/AIDS were published in the local magazines. These articles were appreciated by the people of the community. According to the local news papers the information provided by the program was very useful especially young people. The program contained the basic and necessary details and information about the HIV/AIDS.

10. Was the project successful? (If possible, please give measurable indicators.)

Affective partnership and assuring sound funding resources have served a corner stone for the success. The accomplishment of the project lies in the feedback and appreciation of the community and acceptance of the successful series of activities i.e. media campaign, developing and designing IEC material and its distribution, establishment of resource center, group discussions, cultural and art performances, training workshops and school based events were organized through which hundreds of people have learned about HIV/AIDS.

Activity	Venue	# of participants (M/F)	Results
Staff Capacity Building	Bible Training Center, Kot Lakhpat 5 days Staff Capacity building training	15 (7/6)	Staff capacity enhanced on the issue to facilitate project initiatives.
Baseline Study	Youhanabad, Liaqatabad, Kot Lakhpat, Kainchi Amer Sidhu, Awan Market	125	Improving the situation of stigma and discrimination against people living with HIV/AIDS in target areas and assess the knowledge, attitude and practices of government officials, NGOs, medical practitioners, religious leaders, health policy makers, policy implementers, media, youth, MSM and general Pakistani public
Multi Media Campaign – 2TV & 4Radio talk shows	6 TV shows 12 RADIO talk shows		Media personnel sensitized Community awareness Changing community practices Accepting people living with HIV/AIDS Reduced stigma and discrimination Honoring Human Rights to PLWHA

Developing IEC material	Project team & volunteers		Material and poster developed
Commemoration World AIDS Days	Durab Patel Hall, Garden Town	176 (51/125)	Awareness raised on the HIV/AIDS through WAD
Commemoration of International Candle Lights Memorial AIDS Days	Asif Town	63 (25/38)	Lit the lights, Candle light memorial services, acceptance of PLWHA rights, media and community sensitized
6 Theatre performances at community level	Durab Patel Hall, Asif Town Kot Lakhpat, Liaqatabad, Youhanabad Awan Market	624 (295/329)	Information dissemination through traditional art Behavior and attitude changed Showing willing as activist
HIV/AIDS Resource Center	Asif Town	765 (337/480)	Information dissemination Awareness raised Voluntary counseling and referral for testing Caring attitude development Capacity building of PLWHA Material reading attitude development Relation buildings Reducing stigma & discrimination Linkages development Place of meeting Groups development
Monitoring local situation			Data collections Development action plan Issued identified
90 Group discussions	Asif Town Kot Lakhpat, Liaqatabad, Youhanabad Awan Market Q-Block Flats Dilkushah Colony Bahdurpura Modern Colony Bahar Colony Quaid-e-Azam Park Saint Francis Colony	1350 (650/700)	Information dissemination Developed secondary resource persons Improved knowledge Changed attitude & practices Promotion and educating safe sex Educate on HIV/AIDS and related issues Improved life skills Changing community practices

Capacity Building Training Workshops	Asif Town Kot Lakhpat, Liaqatabad, Youhanabad Awan Market	97 40/47	Developed secondary resource persons/volunteers Increased knowledge, attitude and practices Improved life skills Help to overcome stigma and discrimination Developed community based dialogues Interventions by secondary resource persons Improved life skills of people living with HIV/AIDS and their family members
School Based Initiative	Tomorrow Kings Educational Academy FGA Technical Center Roots Women Center Saint Franciscan Girls High School Saint Thomas High School	355 (160/195)	Information dissemination Teachers served as secondary resource persons Students served as activists Improved knowledge Changed attitude & practices Promotion and educating safe sex Educate on HIV/AIDS and related issues Improved life skills

11. Project Beneficiaries

Please describe the actual direct beneficiaries and indicate the number of women and men. Please also mention any indirect beneficiaries.

The Project targeted 500 young people, local political, religious leaders, media representatives, government officials, local health care providers and people living with HIV and AIDS, their families, associates and women. More than 3500 people are indirect beneficiaries of project.

The target population of the project is primarily economically unstable. The disease process in the community is closely related with the poor economic condition of the community. The belief system (traditional healers) plays an important role in the poor

health status and low economic profile. Diseases are dealt with basically with a curative orientation and no effort is directed to “nip the evil in the bud”. People do not understand the relation of poor habits and attitudes / practices with their poor health status. Therefore, a big chunk of family income is consumed regularly to obtain cure.

The project aims to educate people to understand the effective role they can play to combat a huge majority of diseases and the relation and beneficial effect of such an accomplishment on their economic condition.

The Pakistani culture and society and especially the target group of the Stigma and discrimination has various cultural taboos and social restraints as the society is male dominant. The immense routine work, women do to sustain their homes is viewed. It is rejected leading to loss of proper utilization of the participation of women’s efforts in building families. The lack of contact and responsibility between both genders leads to social frustration and depletion of confidence on one another.

The proposed project attacks these very crucial issues of social and cultural context. It involves all the members of the family and community by door to door visits and delivery of HIV/AIDS and health education and development messages. Moreover, increased contact with women opens avenues of women involvement with a positive perspective in the development of the family and community as an effect.

12. How have the beneficiaries reacted to the programme activities? What were the impacts of the project and different effects on women and men in the project?

A message from Mr. Tariq Javed Tariq, Nazim of UC 142

I am pleased to write efforts made by Ecumenical Commission for Human Development to spread the awareness of HIV/AIDS in the UC 142 covering 22 villages with radius of 10 kilometres. I thank the organization for their campaign with school, health care providers, media groups and youth of this area.

Major population in this UC is Christians living in slum areas and people were not aware of such health issues. People of this area are poor and destitute who are labourers and young girls are domestic workers. Literacy ratio of this area is quite high and people are not ware of HIV/AIDS. ECHD has conveyed their message through street theatres, group discussion and seminars at the level whereby this population could understand the preventive measures of HIV/AIDS.

I am grateful to the project team for their meaningful and noble efforts to give awareness in my UC as this was the need of the time.

Mr. Abid Hussain, President PPP Wing UC 130

It is my privilege to appreciate the efforts made by ECHD for this UC, who have carried awareness campaigns regarding HIV/AIDS for this less educated population spread in 16

slum areas, initially for community leaders and youth especially. I really appreciate their conceptive approach of theatres and seminars whereby people gained information they never received.

I hope and confirm that important preventives and safety methods being taught to the public will help the community for healthier life. I would appreciate if such activities could be continued in future. I being the representative of the political party of the present Government of Pakistan (PPP) will not hesitate to help such organisations in all possible manners, to promote such activities.

Mrs. Rashida Sharif, Lady Councillor UC 129

It is a privilege to be consistently involved with the ECHD in their awareness campaigns against HIV/AIDS for this slum area of UC 129. The team of ECHD has approached the young females through street theatres and group discussions and from time to time I also had the opportunity to speak to the community as well of this issue.

People of these areas had never been provided this information and they have learned safety and preventive methods. I believe that attending these activities will help this community to lead a better lifestyle. I strongly recommend that these seminars, street theatres and talks should continue providing information, brochures and pamphlets against HIV/AIDS. In future, if possible ECHD should establish an information centre in this area which should be able to provide counselling and motivate people who are some how involved in sex work. I present my gratitude ECHD possible to present this vital information UC 129.

13. Outcome and Outputs of the project: What has your project achieved and what has changed?

If your project produced media, please send a sample copy of audio/video cassettes, CD, VCD, or DVD



and label it with title, duration, language used, and date of production. If you can, please send photos with informative captions (digital photos, if possible), newspaper/radio clips, homepage links, etc.

Families living with HIV/AIDS

14. Evaluation

14.1 What were the results of evaluating the project?

We would like to know the project's effect by measuring knowledge, attitudes, skills, behaviour and practices of the population which we are trying to help. The intervention intended to achieve the objective is a series of interventions as per project, addressing the different HIV/AIDS preventive and stigma related issues. The result of the project evaluation is as follows:



Knowledge

Percentage of the target population who know:

- 61% population knows three modes of HIV transmission
- 54% population knows three methods of prevention of HIV transmission.
- 57% are aware, that a condom is a method of preventing HIV

- transmission
- 79% are familiar of a source of condom distribution (Medical Store, NGOs Resource Center, Govt. Clinics)
- 39% population are practicing three actions of correct condom use
- 63% population knows the risk factors for HIV infection
- 47% are aware of Voluntary counselling and testing (VCT)
- 51% knows the places for Sexually Transmitted infections testing



Attitudes

Percentage of people that demonstrate their acceptance of people living with HIV/AIDS through the following indicators:

- 33% would be willing to share a meal with a person you knew had HIV or AIDS.
- 27% would be willing to care for a relative who became sick with the virus in your own household.
- 10% believe that a female employee who has the AIDS virus should be allowed to continue working teaching in the workplace.

Skills

- 29% of female or male who can negotiate the use of a condom in sexual relations with their sexual partner.
- 45% of people who correctly place the condom on penis.

Practices

- 34% of people who have abstained from sex
- 59% of people who have had only one sexual partner in past 12 months
- 38% of people who have multiple sexual partners in past 12 month
- 65% of people have used a condom at last (penetrative) sexual relations
- 45% of people report using a condom in their last sexual relation with an occasional partner.
- 37 % report having used a condom at last sexual relations (in the case of commercial sex workers: with their client or with their partner)
- 28% report “always” using condoms in their sexual relations (or in sexual relations with casual partners).

14.2 What were the challenges, difficulties, and/or failures in carrying out the project? Please explain how you addressed these issues.

Currently, the main barrier to effective HIV programming is public and political opposition. Public mobilization focused on overcoming these barriers should be a high priority in such settings. There are a number of socio-cultural barriers to effective HIV prevention.

It is not a simple decision to undergo HIV testing in the face of our culture, religion and limited understanding of AIDS. I do believe that knowing one’s HIV status is really good, especially if the result turns out to be negative. The problem comes if the result becomes positive. For our people being HIV positive is considered as a death sentence even if the person is healthy and shows no sign of AIDS. This attitude mainly emerges as a result of the widely spread fear-based message that has been used to describe the disease. In addition, in most cases religious preachers describe HIV/AIDS as a punishment from God and often portrayed the person infected as a sinner. As a result, most people become so hesitant and afraid of undergoing testing for HIV.

Unfortunately, there is evidence that some campaigns of public awareness and education about HIV/AIDS end up in building up stigma and discrimination, rather than reducing it.

Communication would be one of the major elements to create awareness as well as facilitate behavioural change.

In Pakistan, the health system lacks adequate infrastructure and skilled, professional staff. Many health care professionals have left the country because of the high level of insecurity and political instability. At the grass root level non professional and unskilled

health care providers are a hindrance as they stigmatize the disease rather helping in awareness, treatment guidance to diagnose the disease along with care and support services to people.

Condoms are not yet well accepted by population. Condom use is approved only when it is with a sex worker. For most people carrying condoms in their pockets/wallets or buying it from a shop keeper/pharmacy is less acceptable, and most people feel uncomfortable to do so. If a person seen carrying condoms, the society often portrayed immoral or regularly engaged in sexual activities. This situation is in particular quite grave for women.

There are some key issues of relevance to prevention efforts. First, concern was expressed that key issues of stigma and discrimination are not being fully addressed and that this is hindering prevention efforts. Secondly, concern was expressed that the national response is too focused on primary prevention, i.e. focused on those not yet infected, rather than on secondary prevention, i.e. focused on those already infected.

Financial and human resources are limited as is the capacity to manage them, including absorbing and managing financial resources. Changes in systems, e.g. decentralization in the health service, are proceeding slowly. There is confusion over accountability and poor flow of information. There is poor health infrastructure in the country.

Pakistan is subject to political and social unrest. a good sign of political commitment in the country, with top government figures and distinguished personalities coming out in public and speaking about HIV/AIDS and the mass media had also been dedicating a considerable time to HIV/AIDS.

However, political situation, and its aftermath political unrest appeared to have taken the previous year's galvanized government's attention away from HIV/AIDS. For the most part of this year the mass media has been extremely busy airing political matters and war against terrorism.

There is a growing recognition internationally that a 'one size fits all' approach to HIV prevention simply does not work. Rather, there is a need to tailor a country's response to the way the epidemic is spreading. Essentially, this means that approaches which are highly appropriate in a country with a generalized epidemic could be highly inappropriate elsewhere.

Pakistan, efforts to raise awareness and knowledge among the general population risk diverting efforts away from more appropriate interventions focused on those who are most vulnerable to HIV. Activities aim to reach everyone in the population, although there may be some degree of focus on particularly vulnerable or marginalized populations. There has been a marked increase in the level of services in recent years.

Because of the intimate connection between stigma, discrimination and human rights violations, and the fact that people living with HIV are stigmatized and discriminated

against in many different settings, simultaneous, multi-pronged action is needed and must be sustained over time. In order to create an environment in which stigma, discrimination and human rights violations are no longer tolerated or practiced, the following actions are necessary.

- The implementation of programmes that deal with stigma at collective and community levels. Programmes need to be proactive in addressing stigma before it is manifested or enacted in various kinds of discriminatory action, rather than merely responding to it after it has occurred.
- The development and implementation of laws and policies to protect against discrimination and protect the rights of people living with HIV.

These approaches are interdependent and mutually reinforcing. Responses in one setting (e.g., in health-care services or workplaces) may have consequences for the way in which people react in others (e.g., at home). As a tool for tackling stigma and discrimination, legal and policy reforms have limited impact unless supported by the values and expectations of communities and society as a whole. Regulating the discriminatory actions that are the outcome of stigma, without addressing the understanding and attitudes that give rise to such actions, leads inevitably to an inadequate response. Stigmatization frequently occurs in contexts and a setting not regulated by legislation, such as within families and everyday social encounters, and urgent action is needed in these environments to combat its occurrence.

Women are at high risk of contracting HIV from their husbands whose risky behavior they cannot control or resist. Even female sex workers lack the power to negotiate for safe sex. A high number of migrant workers, social taboos, and an aversion toward safe-sex practices have combined to make Pakistan susceptible to the spread of HIV/AIDS that has occurred in the country.

The number of patients suffering from the lethal combination of tuberculosis and HIV/AIDS in Pakistan is increasing. A majority of those affected are marginalized communities such as sex workers and injecting drug users who have limited access to prevention and treatment facilities.

Legal and policy reform have an important role to play in helping to change broader social values and in setting standards, both of which may lead to reduction of stigmatization and discrimination in community. Legal and policy reform that protect human rights in turn provides a supportive environment for the development and implementation of effective HIV prevention and AIDS care programmes. Overall, freedom from discrimination empowers individuals and communities to act, to mobilize their resources, and to respond collectively and positively to the HIV epidemic.

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