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Working Communication Strategy to Reduce HIV/AIDS-Related Stigma Among Women and Children in Osh

A Two-Year Strategy for Osh Oblast, Kyrgyzstan

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Background

In July 2007, the Ministry of Health of Kyrgyzstan informed the United Nations of a potential nosocomial outbreak of HIV in hospitalized children in Nookat. It is suspected that the source of infection was re-used catheters and/or needles, which had previously been used on a HIV+ child who had undergone a lengthy hospitalization in Nookat. The child's HIV status was unknown at the time, and universal precautions were not observed.

By June of 2008, 75 cases of pediatric HIV had been registered relation to this outbreak. Several mothers were also identified as HIV+, though in many cases the relationship between maternal and pediatric infection remains unclear.

In August 2009, the United Nations Children's Fund (UNICEF) conducted an assessment of stigma and discrimination (S&D) in this target population. Findings indicated widespread stigma and discrimination, and the need for medium- and long-term strategies to reduce stigma and discrimination directed at women and children living with HIV in Osh Oblast.

In response to a request from the Osh Oblast Administration, the United Nations was contracted to develop a 2-year communication strategy. In August 2010, additional qualitative research was conducted to determine the current needs of women and children living with HIV in Osh Oblast. This investigation found that women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) continued to experience stigma in their homes, communities, and while seeking public services.

While many mothers appeared to have improved their outlook on life thanks to the services of local NGOs, many still exhibited self-stigmatization. Many women interviewed reported that their own and/or their child's status remained undisclosed to their family members and support systems, and noted the need for a wide-spread change in public perception of PLHIV before they would be comfortable disclosing. While they generally reported receiving adequate care in health care facilities without discrimination, many reported perceived stigma from health care workers. Other significant places where women experienced stigma and discrimination included schools, while accessing education for their children, and post offices, while accessing monthly support payments.

Need for Strategy

Addressing stigma and discrimination is an exceedingly important aspect of mitigating the effects of an HIV epidemic. S&D causes significant psychological distress for people living with HIV (PLHIV) and can lead to a dramatic decrease in their quality of life. Adults living with HIV may lose their opportunities for marriage and childbearing, their jobs, their familial support, and their access to health care; HIV+ children may be refused the opportunity to receive an education. Stigma and discrimination can dissuade PLHIV from seeking the appropriate care, and make them more reluctant to disclose their status to others. Failure to disclose status limits PLWH from the potential for much-needed psychosocial support, and people living with a high level of stigma also experience a faster progression to AIDS.

Such stigma and discrimination is not only harmful for PLWH and their associates, but also leads to undesirable health behaviors that may aid the spread of HIV. Individuals who do not disclose

their HIV status and do not seek treatment may be more likely to pass the infection to others; further, stigma and discrimination dissuade any potentially-exposed individuals from accessing testing. On the whole, these effects limit the success of any HIV/AIDS intervention in both treatment and prevention.

Thus, it is critical to develop a communication strategy to reduce stigma and discrimination in Osh Oblast, both for the sake of mitigating the direct effects of stigma and discrimination on PLHIV, and for allowing resources and programs directed at HIV/AIDS treatment and prevention to reach their full, unhindered potential.

Audiences

Primary Audiences

Women Living with HIV (WLHIV) and Mothers of Children Living with HIV (CLHIV)

These women affected by HIV report experiencing widespread stigma and discrimination in multiple venues. The most-often cited places in which they experience stigma and/or discrimination include: home/family environment, communities, health care facilities, and other public service venues, such as educational institutions and the post office (e.g. while accessing support payments).

While these women expressed a need for more resources to educate families and mass media campaigns to educate the general population, a considerable amount of self-stigmatization was noted by interviewers. Therefore, these women are an audience for messages of empowerment and improved self-perception.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Women are mobilized and educated about HIV • Many good role models exist among this population of women 	<ul style="list-style-type: none"> • Self-stigmatizing behaviors persists
Opportunities	Threats
<ul style="list-style-type: none"> • NGOs exist to provide support 	<ul style="list-style-type: none"> • Improvement of self-perception can be difficult in the absence of a support system (i.e. accepting family)

Families

Many families remain unaware of the HIV status of their HIV+ family members. Among families who have been informed, reactions have been mixed, with the majority of families exhibiting at least some level of stigma. Several women report that they and/or their children are forced to

eat from different serving ware during meals, and, in some cases, inhabit different parts of the house. Other women have lost their husbands, or been thrown out of their homes by in-laws.

Therefore, families should be a major target for further education (e.g. how HIV is and is not transmitted) as well as sensitization to the harm of stigma and discrimination.

Strengths	Weaknesses
<ul style="list-style-type: none"> • There are some “positive deviant” family members 	<ul style="list-style-type: none"> • Many families remain uneducated about even basic HIV information
Opportunities	Threats
<ul style="list-style-type: none"> • Family cohesiveness is an important cultural value 	<ul style="list-style-type: none"> • Shame culture, and other cultural values make it difficult to accept HIV • Community and general population attitudes may dissuade the acceptance of HIV+ family members

Communities

Community plays a central role in the cultural and practical life of the affected women and children. The influence of community leaders and elders, and the involvement of community in home life is significant. Therefore, communities should serve as an audience for targeted campaigns to increase knowledge of both HIV and the harm of HIV-related stigma and discrimination.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong community associations (i.e. mahallas, elders’ councils) exist in some communities • The importance of community mentality allows for a large influence on family life 	<ul style="list-style-type: none"> • Strong community influence can be negative if the community is uninformed
Opportunities	Threats
<ul style="list-style-type: none"> • UNDP has an active network of community-based organizations • Village Health Committees are active in the region 	<ul style="list-style-type: none"> • Community leadership mechanisms may vary by community

General Population

Reported knowledge of HIV, and perceptions of people living with HIV (PLHIV), remain poor among the general population, according to WLHIV/mothers interviewed. While

no population-wide survey has been conducted to assess knowledge, attitudes and practices, the experience of PLHIV in facing stigma and discrimination across multiple sectors likely indicates a need for broad intervention.

This audience will be a target for campaigns that increase general awareness of HIV (e.g. modes of transmission, prevention, testing and treatment options) as well as understanding of the harm of HIV-related stigma and discrimination.

Strengths	Weaknesses
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Knowledge of HIV amongst the general population appears to be low
Opportunities	Threats
<ul style="list-style-type: none"> • There is some positive experience in mass media HIV campaigning • A broad range of NGOs 	<ul style="list-style-type: none"> • The population is diverse, and needs to be accessed in at least three different languages (Kyrgyz, Russian and Uzbek) • Several media will need to be used to reach the entire population (i.e. TV, print, radio, billboards)

Teachers, School Administrators, Students

The formal educational setting was identified by WLHIV/mothers as both a source of stigma and discrimination, and a potential venue for messages to decrease stigma and discrimination. While HIV-related curricula are reported to be active in secondary schools, the quality of their implementation remains uncertain, with WLHIV/mothers reporting that teachers often contribute to stigma and discrimination through the use of fear-based messaging.

Therefore, this audience consists not only of the end-beneficiaries of the revised curricula (e.g. students), but also the school administrators and teachers whose views significantly influence HIV-related stigma and discrimination, whether positively or negatively.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Some HIV-related education is currently taking place in at least some schools 	<ul style="list-style-type: none"> • Curricula are reported to be outdated and contain misinformation
Opportunities	Threats

<ul style="list-style-type: none"> • Standardization of the HIV curriculum is a chance to educate teachers and administrators about HIV 	<ul style="list-style-type: none"> • Achieving universal implementation/education will be difficult
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Secondary Audiences

Secondary audiences were identified as audience that stigmatize or discriminate within discrete venues and/or situations.

Health Care Workers

Health care workers are currently already engaged in HIV-related trainings by the Oblast AIDS Center, and reportedly have made great improvements in the quality of care for PLHIV in recent years. However, some perceived stigma from HCWs was still reported by interviewed WLHIV/mothers. This audience could be targeted with more focused trainings on stigma and discrimination, using more interactive methods, in order to put a stop to any remaining stigmatizing or discriminating behaviors in the health care setting.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Most HCWs in the areas have received basic HIV training 	<ul style="list-style-type: none"> • Some HCWs are still reportedly exhibiting stigma
Opportunities	Threats
<ul style="list-style-type: none"> • The Oblast AIDS Center has already establish training curricula and networks, which can be utilized for increasing anti-S&D activities 	<ul style="list-style-type: none"> • Element of the health care system (e.g. HIV coding practices in medical records) may make it difficult for individual behavior to change completely

Government Employees Involved in Social Services Provision

Some women interviewed identified significant barriers accessing state services due to stigma and discrimination by state employees, primarily postal workers, who are responsible for disbursement of monthly support payments. Breaches of confidentiality, either in the post office setting or outside of it, as well as discriminating behaviors (e.g. PLHIV forced to wait to be served last) were reported. Some mothers reported such threatening stigma and discrimination that they have stopped accessing their monthly payments, reasoning that the money is not worth the potential harassment.

Strengths	Weaknesses
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Systems in place may make confidentiality difficult (e.g. binders marked “СПИД” in view of others visiting the post office)
Opportunities	Threats
<ul style="list-style-type: none"> • Some employees have changed their behavior after sensitization, showing that change is achievable 	<ul style="list-style-type: none"> • HIV sensitization may not seem relevant to many employees who deal with PLHIV infrequently

Influencing Audiences

Influencing audiences were identified as not directly stigmatizing or victimizing PLHIV, but having influence over those who do.

Religious Leaders

Religious leaders were identified by WLHIV/mothers interviewed as an important influencing audience for older members of their household. While religious leaders have been engaged in Kyrgyzstan, as elsewhere, in HIV prevention, they have never been asked to participate in a campaign that promotes tolerance and acceptance of PLHIV.

This audience should be seen a potentially collaborative one, which will need to be guided by a professional facilitator in engagement in anti-stigma and discrimination messaging in the Muslim context.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Have strong influence over their religious community 	<ul style="list-style-type: none"> • Not all residents in the area attend mosque/have contact with religious leaders
Opportunities	Threats
<ul style="list-style-type: none"> • Religious leaders have been engaged effectively in HIV prevention in other settings 	<ul style="list-style-type: none"> • The acceptance and tolerance of PLHIV is a new topic that has not been broached with religious leaders in the area

Partnerships

WLHIV and Mothers of CLHIV

The engagement of the community of people living with HIV, and those directly affected by HIV infection (e.g. HIV- mothers of HIV+ children) is critical for this strategy to achieve its aim. WLHIV and mothers of CLHIV should be engaged in development of campaigns to the fullest extent possible, and should be empowered to take on the process of advocating for themselves as they feel able.

Local NGOs

During focus group discussions, mothers repeatedly noted the support and emotional comfort that they had received from participating in local NGO programming. The continued support and strengthening of these organizations are vital as conduits to engaging this population in the implementation of this communication strategy, as well as providing services that help women & their children to normalize their lives after HIV diagnosis.

Oblast AIDS Center

The Osh Oblast AIDS Center has been instrumental in the success that has been achieved in improving services for PLHIV in recent years. Patients report receiving good care from AIDS Center health care workers, and the medical staff surveyed report attending trainings put on by the AIDS Center. Their cooperation will be critical in terms of advising on the development of further training modules, as well as incorporating a special training module devoted completely to stigma in the health care setting.

Health Care Facilities

The administrators and workers of all regional health facilities will play a front-line role in reducing stigma and discrimination in the health care setting. Support of management and senior staff is important to assure that there is facility-wide buy-in for positive behavior change.

Mass Media Outlets & Professionals

Mass media in the Osh region serves as a critical connection to the general population. With the knowledge, attitudes and practices of the general population being noted as a significant barrier for disclosure and acceptance by families for PLHIV, the cooperation and focus of mass media professionals will be key to effective educational campaigns.

Educational Institutions

The early sensitization of students to HIV will be critical to changing the knowledge, attitudes and practices of the next generation. The cooperation of regional educational officials and administrators will assure that students have access to accurate and up-to-date information about HIV in Osh Oblast.

International Partners

International partners, including the United Nations and international NGOs and donors, can continue to provide much-needed technical and financial support for activities outlined in this strategy.

Aim & Goals

The aim of this communication strategy is to develop an environment in Osh Oblast where there is acceptance and support for PLHIV, and a widespread understanding of the harm of stigma and discrimination towards those living life with HIV infection.

Four goals contribute to this aim:

Goal 1

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) have improved coping skills and access to resources related to HIV stigma & discrimination.

Goal 2

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) experience greater support and acceptance from family and communities.

Goal 3

The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.

Goal 4

Health care settings provide care for women and children living with HIV (W&CLHIV) that is free of stigma and discrimination.

A Note on HIV Sensitization

Throughout this strategy, the term *HIV sensitization* is used to describe trainings that provide complex understandings HIV. It is critical that, when being sensitized to HIV-related issues, training participants learn not only what HIV is and how it is transmitted, but also what challenges and issues PLHIV face, and the role of their community in supporting them.

Specific Behavior Objectives

<p>Goal 1 W&CLHIV have improved coping skills and access to resources related to HIV stigma & discrimination.</p>	<p>1.1 Local NGOs expand their support for mothers of CLHIV. 1.2. WLHIV and mothers of CLHIV cease self-stigmatizing. 1.3. Mothers of CLHIV prepare for child disclosure. 1.4. A core group of WLHIV and mothers of CLHIV engage in advocacy to reduce stigma & discrimination.</p>
<p>Goal 2 W&CLHIV experience greater support and acceptance from family and communities.</p>	<p>2.1. WLHIV and mothers of CLHIV take steps to disclose their own/their child’s HIV status within their support network. 2.2. Families of women and CHLIV are educated about HIV and accepting of their family member’s HIV status. 2.3. Communities are sensitized to the harm of HIV-related stigma and discrimination. 2.4. Religious leaders advocate for acceptance of PLHIV in their religious communities.</p>
<p>Goal 3 The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.</p>	<p>3.1. The general population has an improved understanding of HIV, and how it affects Osh Oblast. 3.2. The general population is accepting and supportive of PLHIV, and does not practice HIV-related stigma or discrimination. 3.3. Children in all primary & secondary schools in the target area have appropriate knowledge of HIV and the harm of discrimination towards PLHIV. 3.4. Government employees involved in social services are sensitive to issues of confidentiality.</p>
<p>Goal 4 Health care settings provide care for W&CLHIV that is free of S&D.</p>	<p>4.1. Health care providers treat HIV+ patients with standard care and confidentiality, without stigma and discrimination. 4.2. Women and children living with HIV seek care as appropriate, undeterred by fears of stigma & discrimination.</p>

Key Messages & Benefits

Goal 1

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) have improved coping skills and access to resources related to HIV stigma & discrimination.

Message: Stigma and discrimination can be harmful to the health and quality-of-life for people living with HIV.

Benefit: PLHIV who experience less stigma, including self-stigmatization, have better health outcomes.

Audience: WLHIV and mothers of CLHIV

Message: Children living with HIV can be informed of their HIV status in a planned, controlled manner, which can involve health care professionals if desired.

Benefit: Children who know their HIV status are better able to take care of themselves and reckon with their illness in a healthy manner.

Audience: Mothers of CLHIV

Goal 2

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) experience greater support and acceptance from family and communities.

Message: Disclosure of HIV status is a healthy process that can be done with the support of professionals and informational materials.

Benefit: The disclosure of HIV status to at least one member of a support network is associated with positive health outcomes in PLHIV.

Audience: WLHIV and mothers of CLHIV

Message: Family members and friends are important sources of emotional support for PLHIV.

Benefit: By accepting family and friends living with HIV, we keep our community strong and united.

Audience: Families, communities of PLHIV

Message: HIV infection is a difficulty that calls for compassion and understanding.

Benefit: By supporting PLHIV, we practice the Muslim values of compassion and acceptance of fellow human beings.

Audience: General population, communities – via religious leaders

Goal 3

The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.

Message: There is life beyond HIV infection. PLHIV are still part of families and communities, just like other people dealing with chronic illnesses.

Benefit: Families and communities that support their HIV+ members are strong and united, and contribute to a strong and united Kyrgyzstan.

Audience: General population

Message: The face of a person living with HIV is not a face of shame or blame; people living with HIV can be mothers, fathers, children.

Benefit: ??

Audience: General population

Message: All lives can encounter tragedy, and HIV is just one tragedy like any other. Life with HIV might be difficult and complex, but still worthwhile.

Benefit: ??

Audience: General population

Goal 4

Health care settings provide care for women and children living with HIV (W&CLHIV) that is free of stigma and discrimination.

Message: Stigma towards PLHIV can put both PLHIV and health care providers at risk.

Benefit: Reduction of stigma & discrimination, and strengthening of confidentiality, encourages patients to be honest about their status, keeping HCWs and patients safer.

Audience: Health care workers, WLHIV and mothers of CLHIV

Communication Channels

Goal 1

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) have improved coping skills and access to resources related to HIV stigma & discrimination.

As noted during focus group discussions, mothers of CLHIV have found the support of local NGOs, including MamaPlus, LifePlus, Rainbow and others, to be instrumental to their acceptance of their own/their children's diagnoses. These organizations will continue to serve a crucial role in the direct support of, and communication with, WLHIV and mothers of CLHIV.

Additionally, the role of the Oblast AIDS Center in referring women to these organizations has been critical; the continued support of health care providers in linking women and their children with services will be necessary for continued success of NGO activity.

The creation of a Stigma & Discrimination Advocacy Working Group, composed of WLHIV/mothers of CLHIV (see Activities Narrative, below) will provide an additional channel for the direct interfacing of people living with/affected by HIV with other strategy partners.

Goal 2

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) experience greater support and acceptance from family and communities.

In the early stages of achieving this goal, women themselves will play a critical role in communicating with families and their immediate support network, as they work towards disclosure. This progress should be supported by the local NGOs discussed above.

During more advanced phases of achieving this goal, community leaders and community organizations will be crucial in influencing community attitudes. Existing mechanisms should be utilized if possible, including the network of Village Health Committees and members of UNDP's

Community Action Network. Mass media campaigns may be employed on a community level, as judged by the community stakeholders involved in interventions.

Goal 3

The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.

Mass media channels, including television, newspaper and radio, should be central to messages aimed at the general population. Issues of language (making material available in Russian, Kyrgyz and Uzbek languages) and access should be considered; remote areas will be better penetrated by radio.

The cooperation and dedication of school administration and educational authorities throughout the region will be vital to reforming the HIV education system in schools, and creating and implementing more appropriate modules for education about HIV.

The cooperation of the Oblast AIDS Center, as well as PLHIV, will be vital for the development of accurate and appropriate messages for public consumption.

Goal 4

Health care settings provide care for women and children living with HIV (W&CLHIV) that is free of stigma and discrimination.

The Oblast AIDS Center will continue to play a critical role in the education and sensitization of health care workers on issues of HIV stigma & discrimination. The involvement of PLHIV in trainings (or training segments) aimed at reducing stigma and discrimination in the health care setting should ideally involve testimonials from WLHIV and/or mothers of CLHIV.

Communication Activities Narrative

Goal 1

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) have improved coping skills and access to resources related to HIV stigma & discrimination.

Objective 1.1.

Local NGOs expand their support for mothers of CLHIV.

Local NGOs, including MamaPlus, LifePlus, Rainbow, and others, have been identified as important systems of support for WLHIV and mothers of CLHIV. The **continued and increased support of these organizations** will provide opportunities for linkages with other services (psychosocial, legal, vocational) as well as opportunities for women/mothers to exchange experiences with each other.

Objective 1.2.

WLHIV and mothers of CLHIV cease self-stigmatizing.

Though women who have benefited from the programming of local NGOs have been provided with information about living with HIV, there are still gaps in understanding about stigma and discrimination. These gaps can be addressed through **trainings that focus solely on stigma and discrimination**, including self-discrimination.

The goal of these trainings is to not only reduce self-stigmatization through greater awareness of its harm, but to provide women with the skills to effectively recognize stigma & discrimination, and negotiate other situations in which they are being victimized.

These trainings should serve as a launch-pad for creating a S&D Advocacy Working Group (see Objective 1.4, below).

Objective 1.3.

Mothers of CLHIV prepare for child disclosure.

Disclosure of HIV status to CLHIV in a planned, age-appropriate manner is important to the wellbeing of both child and caretaker. Interviewed mothers expressed a desire for more guidance and preparation on how and when to disclose to their children. Therefore, a **Child Disclosure training curriculum**, with related informational materials, should be developed to guide mothers through the process of disclosing their child's HIV status.

Trainings should be highly interactive, with mothers discussing the benefits and risks of disclosure for their children, given their own individual situations. Mothers should be advised by a professional facilitator of particular risks (e.g. waiting until after the child becomes sexually active), and should be introduced to the idea of tandem disclosure in a health care setting (e.g. a health professional assisting in status disclosure).

Mothers should be encouraged to complete a Child Disclosure Plan, which outlines steps that they choose to take to disclose to their child. These Child Disclosure Plans should not be seen as binding contracts, but rather as guides to assist in moving towards disclosure.

Objective 1.4.

A core group of WLHIV and mothers of CLHIV engage in advocacy to reduce stigma & discrimination.

Women who are ready to take on an active role in promoting the rights and wellbeing of PLHIV should be encouraged and/or incentivized to participate in an **S&D Advocacy Working Group** that will assist in the development of mass media campaigns, including television specials, print articles, and radio-based campaigns.

Goal 2

Women living with HIV (WLHIV) and mothers of children living with HIV (CLHIV) experience greater support and acceptance from family and communities.

Objective 2.1.

WLHIV and mothers of CLHIV take steps to disclose their own/their child's HIV status within their support network.

Many women in the target population are resistant to the idea of disclosure, feeling that it is either unfavorable to them or unimportant for their own/their child's wellbeing. While the decision is ultimately theirs to make, a **training on disclosure** – its benefits and methods of preparing for it – should be made available to all women affected by HIV. This training should provide information and support that allow more women to successfully disclose and bargain for support from at least one member of their immediate support network. The idea of tandem disclosure, as well as capitalizing on media campaigns as opportunities for education and disclosure, should be addressed. This training should be interactive and include follow-up meetings where mothers can discuss their evolving views and experiences of disclosure.

Objective 2.2.

Families of women and CHLIV are educated about HIV and accepting of their family member's HIV status.

WLHIV and mothers of CLHIV still report high levels of misunderstanding about HIV among their family members. Concerns about transmission of HIV through eating utensils and soiled clothing plague many women's relationships with their families; misconceptions about HIV treatment and chance of survival abound. Thus there is a need for **targeted informational resources** that can be distributed to family members and other members of women's/children's support networks.

These materials (e.g. a pamphlet or booklet) should be developed by a communications specialist in close conjunction with WLHIV and mothers of CLHIV. This participatory development will ensure that materials address common misconceptions and myths, and are tailored specifically for the target population. Depending on needs expressed by the WLHIV/mothers, this might involve **several versions of the materials, amended slightly for specific audiences** (e.g. husbands, women of the household, men of the household).

Objective 2.3

Communities are sensitized to HIV, and the harm of HIV-related stigma and discrimination.

A **series of community-based campaigns to raise awareness of both HIV and HIV-related stigma and discrimination** is recommended. These campaigns should be implemented by community leaders, including Elder's Councils, Mahallas, Village Health Committees, and other community-based organizations.

Objective 2.4

Religious leaders advocate for acceptance of PLHIV in their religious communities.

While previous campaigns in Kyrgyzstan have focused on engaging religious leaders in HIV prevention, approaching issues of stigma & discrimination requires a shift in how religious leaders view HIV. Religious leaders should be engaged to **spread messages of tolerance and acceptance of HIV+ family and community members**.

Recognizing that the topic will be difficult, participatory methods are recommended to allow religious leaders to discuss how the Muslim values of compassion and acceptance can be applied to PLHIV in their communities. Leaders should be encouraged to **develop a unified message**, and create a plan for sharing this message with their religious community.

Goal 3

The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.

Objective 3.1

The general population has an improved understanding of HIV, and how it affects Osh Oblast.

A primary concern of the women interviewed, as well as expressed by implementers working in the region, is a general misconception of HIV among the general population. It appears that many people view HIV/AIDS as a condition affecting people in other countries, or only associated with commercial sex workers and intravenous drug users. **Large scale, mass media interventions** are required to change the knowledge and beliefs of the general population.

Recommended activities include **television specials and poster/billboard campaigns** that focus not only on the basics of HIV (transmission, prevention, treatment), but also on the realities of HIV in Osh Oblast. These campaigns should consider a unified message that HIV can affect all types of people (e.g. mothers, fathers, teachers, government employees, children), and stress that life can go on after HIV infection. Information on further resources (e.g. local NGOs, testing centers) should be provided as part of these campaigns.

These materials should be developed in close collaboration with the S&D Advocacy Working Group, to assure that content addresses common misconceptions and myths, and that information is presented in a way that facilitates disclosure by WLHIV.

All campaigns should also be considered for adaptation to radio advertising/programming, in order to reach more remote areas, and issues of language accessibility should be considered.

Objective 3.2.

The general population is accepting and supportive of PLHIV, and does not practice HIV-related stigma or discrimination.

Activities in support of this objective should build upon, or collaborate with, activities for the previous objective (Objective 3.1). A suggested activity for the early stages of this communication strategy is the **publication of a series of in-depth articles** profile women and their children who are living with HIV (anonymously). These articles, which may also be adapted for radio broadcast use, should address not only the challenges of stigma and discrimination, but also highlight some successes and/or triumphs in their living life with HIV. For the purpose of this activity, care should be taken to contract a journalist who is sensitized to HIV-related issues, and will use appropriate terminology and writing style in profiling these families.

Longer-term activities should include the **sensitization of journalist and other media professionals** to the issues of stigma & discrimination related to HIV, including the appropriate use of terminology. The involvement of PLHIV in these activities, via the S&D Advocacy Working group, through testimonials and other feedback, if highly preferable.

Objective 3.3.

Children in all primary & secondary schools in the target area have appropriate knowledge of HIV and the harm of stigma & discrimination towards PLHIV.

The women interviewed expressed significant concerns about HIV education in school, citing that messages were often outdated and fear-based. Therefore, an **assessment of current HIV-related education modules** being taught in schools should be conducted, and a **revised, standardized module** should be developed for use at each appropriate grade-level.

These modules, much like mass media campaigns, should focus on not only basics of HIV, but also the realities of HIV in Osh Oblast. A considerable portion of the training should be devoted to issues of stigma and discrimination; interactive methodology and role-playing are recommended.

Initial **training for these modules** should include both school administrators and teachers. Assuring that the management and teaching population is adequately sensitized is extremely important to passing along effective messages to students; a combination of professional trainers and medical professionals (e.g. from the Oblast AIDS Center) are recommended for this training. The involvement of

PLHIV, either through testimonials in the training or through contribution of the S&D Advocacy Working group in development of the training modules, is highly recommended.

The resulting **modules should be required to be taught in schools yearly**, universally. Teaching these units to coincide with World AIDS Day (December 1st) provides a good opportunity to encourage universal adherence to the requirement.

Objective 3.4.

Government employees involved in social services are sensitive to issues of confidentiality.

Women interviewed expressed that one instance in which they regularly experienced stigma and discrimination was while accessing social services related to their own/their child's HIV infection. Thus, **all government employees involved in the provision of social services for PLHIV** (e.g. disbursement of payments at the post office) should undergo **sensitization training about HIV**. Training should include basics including modes of transmission, an overview of the epidemic in the area, and a discussion about the harm of stigma and discrimination towards PLHIV.

Participants should be encouraged to role-play scenarios in which women have reported facing stigma or discrimination, and creatively brainstorm ways in which to assure that confidentiality is maintained. Ideally, a testimonial from a mother who has experience such stigma should be included in this training session.

While preparing for this training, it is advised that the facilitator **conduct in-depth interviews with WLHIV/mothers of CLHIV who have reported difficulties in accessing services**, in order to assure that the situations that they describe are addressed.

Goal 4

Health care settings provide care for women and children living with HIV (W&CLHIV) that is free of stigma and discrimination.

Objective 4.1.

Health care providers treat HIV+ patients with standard care and confidentiality, without stigma and discrimination.

While great progress has been made in this area in recent years, some women still reported feeling stigmatized by health care workers. The primary proposed activity for this objective is **targeted training for health care workers to address stigma and discrimination**. While S&D is reportedly already part of all HIV-related training for health care workers, a review of methodology (e.g. interactive, with role-playing) should be considered, as well as the use of testimonials of PLHIV to sensitize health care workers to attitudes and behaviors that they may not perceive to be stigmatizing or discriminatory.

Objective 4.2.

Women and children living with HIV seek care as appropriate, undeterred by fears of stigma & discrimination.

While the primary change in behavior has to come from health care workers in order to achieve this behavior change objective, groups such as local NGOs and the S&D Advocacy Working Group can continue to encourage women to seek appropriate care for themselves and/or their children, and **provide skills, through trainings or informational materials, to mitigate stigma and discrimination** when it is encountered.

Communication Activities Action Plan

Goal	Obj	Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3
G1	1.1	Support to local NGOs for expansion of services for PLHIV							
	1.2	Stigma & discrimination training for WLHIV/mothers of CLHIV							
	1.3	Child disclosure training for mothers of CLHIV							
	1.4	Formation of S&D Advocacy Working Group							
G2	2.1	Disclosure training for WLHIV/mothers of CLHIV							
	2.2	Develop/distribute educational materials for family							
	2.3	Community-led anti-S&D campaigns	??				??		
	2.4	Religious leader anti-S&D campaigns in religious communities							
G3	3.1	Mass media campaigns about HIV and Osh epidemic							
	3.2	Television campaigns about living with HIV							
		Print media/radio campaigns with individual stories							
	3.3	Revision/implementation of new HIV curricula in schools							
3.4	Sensitization training for government employees								
G4	4.1	Focused stigma & discrimination training for HCWs							
	4.2	Collaborative activities between HCWs and PLHIV(??)					??	??	??

Monitoring and Evaluation Plan

It is proposed that activities may be monitored by individual implementers, with yearly assessments to be conducted by an outside, contracted party, as selected by the Strategy Working Group.

It is recommended that an evaluation be conducted at 6 months by the Strategy Working Group (or a contracted 3rd party) in order to make a preliminary assessment of strategy operation, and make adjustments to the implementing mechanism as necessary. Formal evaluations should then be conducted at Year 1 and Year 2, with evaluation reports being submitted to the Strategy Working Group by the contracted evaluation party.

Goal 1 W&CLHIV have improved coping skills and access to resources related to HIV stigma & discrimination.	Objective 1.1. Local NGOs expand their support for mothers of CLHIV.	
	Indicator No.	Indicator
	1.1.1.	Range and quality of services are reported during organizational assessments.
	1.1.2.	Percent of members/beneficiaries report positive changes within administration of organizations.
	1.1.3.	Percent of members/beneficiaries report increased access to psychosocial services.
	1.1.4.	Percent of members/beneficiaries report increased access to legal services.
	1.1.5.	Percent of members/beneficiaries report increased access to vocational services.
	Objective 1.2. Mothers of CLHIV cease self-stigmatizing.	
	Indicator No.	Indicator
	1.2.1.	Percent of WHLIV/mothers who can identify S&D (and what is not S&D), and why/how they are harmed.
	1.2.2.	Percent of trainees can describe self-discriminating behaviors
	1.2.3.	Percent of women who indicate self-discrimination during FGDs.
	1.2.4.	Percent of women who report delays in seeking health care because of perceived discrimination.
	Objective 1.3. Mothers of CLHIV prepare for child disclosure.	
	Indicator No.	Indicator
	1.3.1.	Percent of women who have developed a disclosure plan.
	1.3.2.	Percent of women report feeling more confident about disclosing to their children.
	Objective 1.4. A core group of mothers of CLHIV engage in advocacy to reduce stigma & discrimination.	
	Indicator No.	Indicator
	1.4.1.	S&D Advocacy Working Group is formed.

	1.4.2.	Percentage of activities that S&D Advocacy Working Group engages in, as per proposals in this strat
	1.4.3.	Percentage of women who report a positive, empowering experience taking part in Working Group.
Goal 2 W&CLHIV experience greater support and acceptance from family and communities.	Objective 2.1. Mothers of CLHIV take steps to disclose their own/their child's HIV status within their support network.	
	Indicator No.	Indicator
	2.1.1.	Percent of WLHIV have disclosed their status to at least one trusted individual.
	2.1.2.	Percent of WLHIV who have disclosed their status beyond their family.
	2.1.3.	Percent of women who have taken at least one step in the disclosure process.
	Objective 2.2. Families of women and CHLIV are educated about HIV and accepting of their family member's HIV status.	
	Indicator No.	Indicator
	2.2.1	Quantity of materials are created and distributed.
	2.2.2	Percent of women who report being supported by their family members after using educational materials.
	Objective 2.3. Communities are sensitized to the harm of HIV-related stigma and discrimination.	
	Indicator No.	Indicator
	2.3.1.	Percent of community member can identify modes of HIV transmission.
	2.3.2.	Percent of community members can identify how HIV is not transmitted.
	2.3.3.	Percent of people who personally know someone who has personally experienced HIV-related stigma in their community in the last year.
	2.3.4.	Percent of people who blame or judge PLHIV for their infection.
	2.3.5.	Percent of people who would feel shame if associated with a PLHIV.
	2.3.6.	Percent of people who would refuse casual contact with a PLHIV.
	Objective 2.4. Religious leaders advocate for acceptance of PLHIV in their religious communities.	
	Indicator No.	Indicator
	2.4.1.	Percent of religious leaders who agree with the need for reducing HIV-related stigma & discrimination.
2.4.2.	Percent of religious leaders that report implementing their campaign, spreading their chosen message in their religious community.	
2.4.3.	Percent of religious leaders report positive reception to their chosen message.	
2.4.4.	Percent of mothers in target population report shift in their household's views towards PLHIV.	
Goal 3 The general population is sensitized to the challenges and possibilities for people living with HIV/AIDS, and accepting of PLHIV.	Objective 3.1. The general population has an improved understanding of what the HIV epidemic in Osh Oblast looks like.	
	Indicator No.	Indicator
	3.2.1	Percent of people who can name groups of PLHIV in Osh Oblast other than CSW and IDUs.
	3.2.2.	Percent of community members can identify how HIV is not transmitted.
	3.2.3.	Percent of people who still identify incorrect modes of transmission (e.g. through eating utensils)
3.2.4.	Percent of people who can distinguish the difference between HIV and AIDS.	

Objective 3.2. The general population is accepting and supportive of PLHIV, and does not practice HIV-related stigma and discrimination.	
Indicator No.	Indicator
3.2.1.	Number of broadcasts of television specials focusing on life after HIV diagnosis
3.2.2.	Number of articles published profiling individuals stories of women
3.2.3.	Percent of Osh Oblast population reached by media campaigns
3.2.4.	Number of languages that media is printed/broadcasted in
3.2.5.	Percentage of WHLIV/mothers who report that outreach efforts have changed the attitude of their friends towards HIV
3.2.6.	Percent of people who blame or judge PLHIV for their infection
3.2.7.	Percent of people who would feel shame if associated with a PLHIV
3.2.8.	Percent of people who would refuse casual contact with a PLHIV
Objective 3.3. Children in all primary & secondary schools in the target area have appropriate knowledge of HIV and stigma & discrimination towards PLHIV.	
Indicator No.	Indicator
3.3.1.	Percent of school administrators and teachers who take part in HIV curriculum training
3.3.2.	Percent of schools implementing the HIV training curriculum
3.3.3.	Percent of teachers and students who can identify modes of transmission
3.3.4.	Percent of teachers and students who can identify ways in which HIV is not transmitted
3.3.5.	Percent of teachers and students who blame or judge PLHIV for their infection
3.3.6.	Percent of teachers and students who would feel shame if associated with a PLHIV
3.3.7.	Percent of teachers and students who would refuse casual contact with a PLHIV
Objective 3.4. Government employees involved in social services are sensitive to issues of confidentiality.	
Indicator No.	Indicator
3.4.1.	Percent of relevant government employees trained
3.4.2.	Percent of trainees who can identify modes of transmission
3.4.3.	Percent of trainees who can identify ways in which HIV is not transmitted
3.4.5.	Percent of trainees who blame or judge PLHIV for their infection
3.4.6.	Percent of trainees who would feel shame if associated with a PLHIV
3.4.7.	Percent of trainees who would refuse casual contact with a PLHIV
3.4.8.	Percent of trainee who feel that PLHIV have the right to keep their HIV status private

Goal 4 Health care settings provide care for W&CLHIV that is free of S&D.	4.1. Health care providers treat HIV+ patients with standard care and confidentiality, without stigma and discrimination.	
	Indicator No.	Indicator
	4.1.1.	Percent of HCWs who fear contact with non-blood bodily fluids of PLHIV
	4.1.2.	Percent of HCWs who fear contact with blood of PLHIV
	4.1.3.	Percent of HCWs who judge or blame PLHIV for their infection
	4.1.4.	Percent of HCWs who have personally observed PLHIV being stigmatized or discriminated against in the last year
	4.2. Women and children living with HIV seek care as appropriate, undeterred by fears of stigma & discrimination.	
	Indicator No.	Indicator
	4.2.1.	Percent of women who report delaying care because of fears of stigma and/or discrimination In the
	4.2.2.	Percent of women who report experiencing stigma or discrimination in the health care setting in the

Future Planning and Sustainability

This strategy has been developed while acknowledging that this is the first formal communication strategy for such purposes in Osh Oblast, and it is limited to 2 years. Activities in this strategy should be approached with an eye towards the future. The involvement of PLHIV and local organizations should be maximized, and plans for maintenance of activities beyond the availability of funding should be considered.

In addition, this campaign has limited activities in some areas, electing to focus on areas of need that are most urgent and most accessible. Future communication strategies may consider expanding activities in the following areas.

Direct Programming for Families of PLHIV

Because the WLHIV and mothers interviewed reported low rates of disclosure to family members and/or strong negative reactions from family members, programming directly directed at family members is not recommended at this time. Women also noted that they felt family members would be more accepting once the attitude of the general population towards PLHIV improved. Therefore, direct family programming (e.g. family support groups, formation of advocacy groups for family members, etc) may be recommended for the next round of communications programming. At that time, it is hoped that an environment will exist where stigma and discrimination has been marginally decreased and WLHIV/mothers are more willing to disclose to family members.

Expanded Media Strategizing

Over the course of the next two years, it is hoped that a core group of media professionals will be involved in mass media messages to reduce stigma and discrimination amongst PLHIV. While the production of these mass media campaigns is currently a priority, future strategies may include advanced activities to engage the entire media community in the area through HIV sensitization trainings and advanced training on media for social advocacy.

Expanded Programming for CLHIV

CLHIV, while an important group of indirect beneficiaries of this strategy, are largely too young for direct participation in strategy activities; furthermore, most remain unaware of their HIV status. However, over the coming years, it will be necessary to provide direct support and programming for children, including support groups, camps, and educational materials. Based on the success of child disclosure trainings during this strategy, activities that directly target CLHIV should be considered as an integral part of future communication strategies.