

# Working group on Stigma

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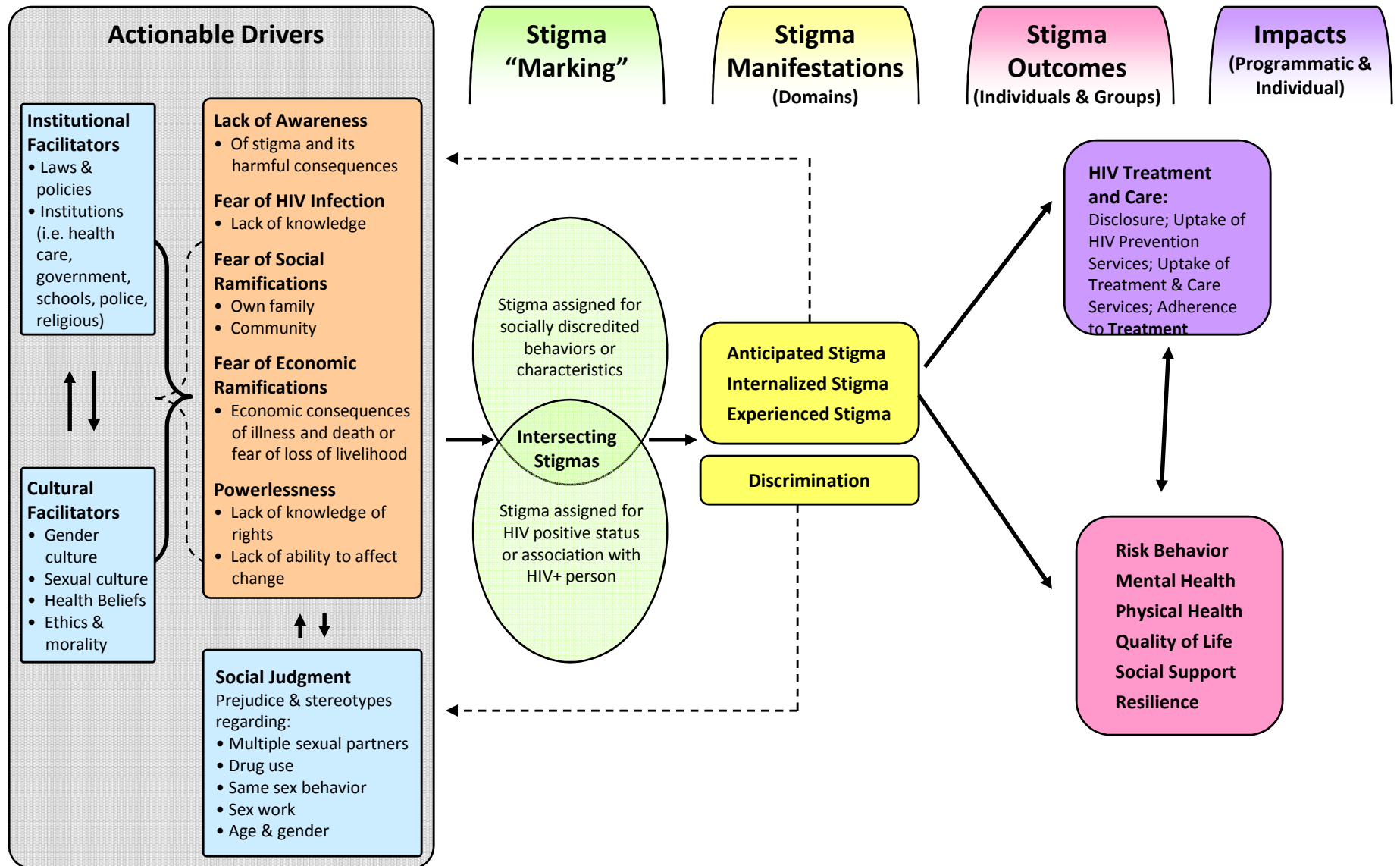
# Guiding principle

- Human Rights and Gender lens
- Inclusion of populations of different Sexual orientation and IDUs and Sex workers
- Gender Equity and equality – in terms of programmes and projects and resources
- Enabling environment –laws, policies and advocacy
- Promote positive cultural and social behaviours, beliefs, practices and attitudes that guide the programmes and policies
- Evidence based and result oriented

# Approaches

- Convergence as an approach to address stigma
- Partnerships, synergies and Linkages
- Capacity development- Institutions and individuals
- Evidence based programming
- Community led and community informed
- Context specific

# Reducing HIV Stigma & Discrimination: A DRAFT Framework for Program Implementation & Measurement



# Target Audience

## Primary

- PLHIV and Key Populations
- Families affected by HIV
- Societal Leaders/Opinion
- Media
- Health Service providers
- Educational Institutions
- Decision/Policy makers

## Secondary

- General population
- Policy Makers
- Police, Judiciary
- Panchayat Members
- Community Leaders
- Gatekeepers
- Programme planners and implementors
- Private sector

# Self Stigma

- Empowerment
- Setting-up redressal mechanism
- Information on rights, linkages to services and networks and referral through ICTC
- Rights based counseling
- Mental health
- Linkages with existing services
- Strengthening DIC as a platform to address self-stigma
- Finding opportunities for PLHIV networks to interface with policy makers
- Community mobilization and collectivization

# Health Care Providers

(both public and private)

- Facilitating stigma reduction activities at health care settings
- Training and sensitisation of health care providers
- Ensuing quality services to PLHIV
- Building role model
- Ensuring practice of universal precautions

# Educational Institutions

Management, Parents and teachers

- Advocacy
- SHG, PTA and school mentoring committees
- Awareness of right to education
- Media campaigns
- Networking with different bodies



# Workplace

- Networking
- Advocacy with senior management, HR and associations
- HIV/AIDS Bill
- Trade Unions
- Mainstreaming with the department of labour
- Mass media
- Role Models
- Involvement of positive people

# Advocacy with Media

print media and electronic media

- Reviewing existing guidelines for media
- Advocacy workshops with media houses
- Availability of updated media toolkit

# Communication

- Mass media campaigns like Public service advertisements on TV and radio internet and mobiles etc.
- Use of social networking sites for building strength
- IT enabled networks
- Folk media
- Films along with facilitated discussions
- Using village health committee to empower PLHIV
- Developing appropriate package on stigma reduction and make available at different levels

# Goal and Objectives

- **Goal:** To reduce the impact of stigma and discrimination that affect the quality of life of PLHIV and key populations
- **Objectives:**
- To protect and promote the rights of PLHIVs and Key vulnerable population and enhance social acceptance
- To empower them to access services
- To generate evidences to design polices programmes through NACP-IV
- To measure the impact of stigma reduction programmes by developing and reviewing existing indicators
- To ensure a rights based approach by reviewing and developing polices and legal instruments

## Objective 1: To protect and promote the rights of PLHIV and Key vulnerable population and enhance social acceptance

- Integrate stigma reduction component within the existing interventions of NACO
- Strengthening community based services implemented by PLHIV and vulnerable populations such as DICs, TI run by CBOs
- Identify the key drivers of stigma and develop evidence informed strategies to address them at individual, family and community level
- Defining and adopting various tools that measure stigma and discrimination including PLHIV Stigma index tool and Pop Council Check list and ICRW tool

## Objective 2: To empower them to access services

- Create effective linkages with service delivery units( Prevention, treatment and care and support ) with networks and CBOs/NGOs including legal clinics
- Developing projects and programmes that improve the positive living concepts such as positive prevention, peer counseling and positive speakers, role models (like survival kit )
- Enhance and strengthen the linkages with social welfare schemes – by mainstreaming through relevant ministries
- Document and adopt successful innovative stigma reduction projects
- Scale up the Collectivization initiatives to strengthen the CBOs and PLHIV networks
- Develop and institute capacity development programmes such as mentorship and leadership initiatives/projects
- Institutionalised interface with policy makers with PLHIV networks

## Objective 3: Generate evidences to design polices and programmes

- Document and publish good practices and challenges limiting scale up
- Adapt existing tools to scientifically measure the stigma and discrimination
- Document human rights violations experienced by PLHIV and key populations
- Involve PLHIV and key populations in monitoring programme implementation (community monitoring mechanisms)
- Design innovative programmes to address stigma

Objective 4: To measure the impact of stigma reduction programmes by developing and reviewing existing indicators

- Review and standardize the impact assessment tools and develop systems at state and national level
- Develop new measurable indicators –process and outcome indicators through community participation at all level
- Conduct periodic reviews to assess the impact of various stigma reduction programmes
- Review and scale up PLHIV Stigma Index projects based on TN experience



## Objective 5: Ensure a rights based approach by reviewing and developing policies and legal instruments

- Review existing laws that impede access to prevention and treatment programme by perpetuating stigma
- Develop district and state level task force to address stigma
- Institute legal redressal mechanisms
- Develop legal literacy programmes to increase awareness among PLHIV, Key populations and establish linkages with redressal and crisis mechanisms
- Scale up sensitisation programmes for various populations such as health care providers, judiciary, work place at all levels – on an on going basis
- Review, adapt and scale up the impact of legal clinics being set up based on the assessment
- Assess impact of parliamentation forum and revitalise with renewed progress agenda including drafting new laws and reviewing existing laws that impede access to HIV programmes- state level
- **NACO to accelerate the enactment of the pending HIV/AIDS Bill since 2006**
- Ensure the use of existing legal systems to prevent stigma and discrimination in various settings such as health care, educational institutions, community and family

# Other points for consideration

- Convergence with health systems – to be done with consultation
- Capacity building for new GIPA Coordinators and experience amongst GIPA coordinators at national level
- Convergence of activities within the communication unit in SACS and greater utilization of GIPA Coordinator
- Strengthening quality of communication

# Indicators- Areas

- Need process indicators –gender and sex disaggregated
- PLHIV friendly facilities – at service delivery points
- Access to entitlements to various social schemes-HIV sensitive schemes vs HIV specific schemes
- Treatment denial linked to universal precautions
- Redressal mechanisms- no of reported cases of service denial – reported and addressed
- No of public institutions having work place policies including HIV in place .e.g positive discrimination employment schemes
- HIV Bill enacted in the parliament by 2012