



# A WILL AND A WAY: TOWARDS AN HIV AND STIGMA FREE WORLD

A REFLECTION ON HIVOS'S PARTICIPATION  
IN THE 'STOP AIDS NOW' CAMPAIGN

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ACKNOWLEDGEMENTS

This report is dedicated to the millions of people living with and affected by HIV and AIDS around the world. Hivos is incredibly grateful to the many thousands of private donors—individuals and organisations—in the Netherlands who contributed to STOP AIDS NOW! over the course of its 16-year existence. Your donations have been instrumental to our work, and to helping people live the lives they have a natural right to.

We would like to acknowledge all of the superb partners of STOP AIDS NOW!: Aidsfonds, Cordaid, ICCO and Oxfam Novib, and all of our partners across the world, who dedicate their life and energy to improving the quality of life of people living with HIV and AIDS. We wish to also highlight and thank our former colleagues who supported the implementation of these projects, helped collect the data, and pushed the boundaries to get us to where we are today, at Hivos, and in the global fight against the virus.

We would also like to recognise those who contributed directly to the making of this report, including *Edwin Huizing, Mirjam Musch, Tomas Chang Pico, Michelle van Raalte, Chivuli Ukwimi, Nonhlanhla Malindi, and Manine Arends* of Hivos; and *Louise van Deth, Yvette Fleming and Maureen Sellmeijer* of Aidsfonds.

To everyone who played a role in making STOP AIDS NOW! possible:

THANK YOU.

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# FOREWORD FROM HIVOS

At Hivos, we believe that human life has to be cherished and that people are filled with potential. When people are given a chance to live in freedom and with dignity, they are able to live a life that contributes to their communities and to the greater good of humanity. We believe that every person has the right to be whoever they are, wherever they are, whether they are male, female, gay, straight, or anything in between.

This guiding belief is what motivated us to join STOP AIDS NOW! alongside fellow Dutch civil society partners: Aidsfonds, Cordaid, ICCO, and Oxfam Novib. Joining forces to form STOP AIDS NOW! was unprecedented at the time and still is now. Through a unified front, we were able to leverage our respective areas of knowledge and expertise more effectively, together with our international networks of partners. We became stronger together.

In STOP AIDS NOW!, Hivos focused its efforts on working with (and for) the so-called 'key populations' and other vulnerable groups most affected by the epidemic—living with or without HIV—including LGBTI+ communities, sex workers, transgender people, people who use drugs, youth, and, in particular, girls and women. We integrated our human rights-based approach to HIV and AIDS with other areas in which Hivos specialises, such as gender and sexuality, women's economic and political empowerment, freedom of expression, and sexual and reproductive health issues. The STOP AIDS NOW! programme was one component of Hivos's larger HIV and AIDS portfolio, which includes programmes funded by other donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Dutch Ministry of Foreign Affairs.

Over the course of 16 years of work in STOP AIDS NOW!, we collectively reached a significant number of people living with and affected by HIV and AIDS around the world. As a member of the STOP AIDS NOW! programme, Hivos supported 138 projects in 40 countries spread throughout Asia, East and Southern Africa, Eastern Europe and Central Asia, Latin America and the Caribbean. We furthermore supported these projects with government advocacy and awareness raising activities in Western Europe.

Together with our STOP AIDS NOW! partners in the Netherlands and our many frontrunner civil society partners around the world, we raised awareness about the virus and the complex challenges it poses for advancing sustainable development. We supported and empowered people living with HIV and AIDS to seek and be the change in their own lives, communities and countries as rightful citizens. We battled barriers that still prevent people from accessing the care, treatment and medicines they need—which includes the predominant criminalisation of sexual diversity, sex work and drug use in many countries—through advocacy and policy and law reforms.

The impacts can be seen at every level, from stories of one more girl deciding to stay in school to tribal chiefs leading communities in getting tested, to governments changing laws that recognise the human rights of people living with HIV. It has been a remarkable journey with STOP AIDS NOW! and we are honoured to have been a part of this initiative, which is one of the reasons we have prepared this report. This report is a reminder of what we have learned and been able to achieve together, and an invitation to reflect about the future.

Our work is not finished yet. HIV and AIDS remain a cause for worldwide concern. There is still persistent stigma associated with it. In addition, continued discrimination against people living with HIV and AIDS means there is still inadequate support for the most vulnerable groups among them. Criminalisation and discrimination of people because of who they are and what they do, not only jeopardises diversity and threatens basic human rights principles, but also fuels HIV by restricting access to care for those who need it the most. Sadly, homosexuality is still criminalised and can result in a death penalty in many countries. Even in countries where it is legal, we are seeing an increase in violence against men and women in same-sex relationships, including here in the Netherlands. This is unacceptable.

We hope governments and donors around the world recognise the problem we face in eradicating the virus and in putting a stop to the grave human rights discrimination that regularly accompanies it. Living a life with freedom and dignity, with respect for each other and the planet, leads to greater individual wellbeing and fair, inclusive and vibrant societies.

At Hivos, we will continue to strive for a world where this can become a reality. We will continue to actively collaborate with like-minded pioneering organisations both here in the Netherlands and abroad, just as we did in STOP AIDS NOW! And we hope you will join us in this meaningful endeavour.

Edwin Huizing  
Hivos Executive Director







## FOREWORD FROM AIDSFONDS

A future without AIDS. It is possible. The STOP AIDS NOW! partnership, which functioned successfully for sixteen years, has undoubtedly brought this future within reach. Perhaps a partnership of five of the largest (and often competing) organisations in the Netherlands was unusual by nature. But when Aidsfonds, Hivos, Cordaid, ICCO and Oxfam Novib joined forces, it turned out to be an effective way for all of us to combine and leverage our respective expertise and global networks against the global epidemic. Just like our joint effort against the stigma and discrimination of those living with and affected by HIV and AIDS.

Together, we reached approximately 400,000 people affected by HIV worldwide every year between 2001 and 2016. By building bridges, connecting people, offering platforms and working closely together with local and international partners, governments and the people most affected by the epidemic in the creation and implementation of the projects. We raised awareness of HIV and AIDS with numerous campaigns, initiatives and advocacy with governments. Furthermore, we drew attention in national and international fora to support the development of policies that reinforce the human rights of those living with and affected by the disease and their ability to access the information, care and treatment they may need. We invested in research and took risks and created opportunities to realise innovative ideas.

We stood up against injustice, and together with Hivos and the other partner organisations, helped lower the barriers rooted in prejudice.

These achievements would not have been possible without the active involvement of people living with HIV and AIDS themselves, as well as their families, their communities and their governments. They each played crucial roles in breaking down barriers around the ‘taboo’ issue and in supporting social and political reforms in their communities and countries. Our many pioneering partners supported people living with HIV and AIDS and their communities, by providing safe spaces, raising awareness and educating, by testing, by pushing boundaries and taking risks, and by advocating with policymakers and leaders at all levels in the country where we worked.

We especially wish to acknowledge the incredible support of all of the individuals and organisations who donated to the STOP AIDS NOW! campaign over the course of sixteen years. Your steadfast support enabled real change to occur. We at Aidsfonds furthermore wish to warmly recognise and thank Hivos, Cordaid, ICCO, and Oxfam Novib for the constructive collaboration.

The good practices, reflection and lessons learned identified by Hivos in this report are insightful and show us just how people’s lives were actually changed by the projects we were able to implement collectively. It shows how collaboration can work and how funds can be smartly leveraged. I know Hivos will take these insights forward in their continuing work on HIV and AIDS, as we will at Aidsfonds. We hope other practitioners and individuals reading this report also take the good practices, stories and learnings to heart.

We moreover look forward to the possibility of collaborating again with Hivos, and with other organisations who share our ideals and commitment to the human rights approach. To stop HIV and AIDS by 2030, we must continue to strategically invest in and support projects aimed at prevention, testing and access to care and medication by, above all, removing the obstacles and defending the rights of the populations most at risk. Particularly young people and women. Continued international cooperation is crucial and institutional donors must foremost remain committed to making sufficient funds available for HIV and AIDS. Let’s make the end of AIDS a reality.

Louise van Deth, Executive Director  
Aidsfonds

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# 1. HIVOS'S GUIDING VISION AND APPROACH TO HIV AND AIDS

Hivos is a humanistic organisation focused on safeguarding and promoting human rights by empowering individuals around the world to know and exercise those rights. Hivos's approach to HIV and AIDS is likewise grounded in human rights. In other words, in terms of rights-holders (citizens) and duty-bearers (states). We don't look at individuals living with or vulnerable to HIV as merely having a health issue requiring only a medical solution, but one requiring comprehensive responses that address the root socio-political causes of the epidemic.

We view those living with and vulnerable to HIV as full citizens whose rights—of full freedom of expression, to access healthcare, to live free from all forms of discrimination and violence, among others—need to be promoted, respected and fulfilled by their respective states. While medicines and healthcare are essential, access to it is often complicated by poverty and inequality, restrictive social norms and customs, stigmas and laws that discriminate against people living with HIV and AIDS, key affected populations, and other vulnerable groups, which prevent them from getting the care they need to overcome the disease and enjoy a life in freedom and dignity.

We believe that treatment and prevention requires a holistic approach because people living with HIV and AIDS are people first and foremost. And people live in households, in neighbourhoods and communities interacting with a variety of others and societal institutions—from schools to workplaces, from community centres and religious centres, to restaurants and supermarkets. That is why, at Hivos, our entry point to supporting and caring for people living with or vulnerable to HIV is through examining and addressing the social and legal structures and complexities in the surrounding communities and environment that underlie and contribute to fuelling the discrimination and also the spread of the virus.

This particular human-centred vision and approach is where Hivos has added value in the global fight against HIV and AIDS since the early 1990's. In fact, Hivos helped pave the way in the Netherlands in terms of linking HIV and AIDS and the human rights of lesbian, gay, bisexual, trans and intersex (LGBTI+) people and communities to the HIV response debate<sup>1</sup>. To this day, Hivos supports people and communities living with or vulnerable to HIV around the world to counter stigma and discrimination and to claim and exercise their human rights to exist, to participate and to thrive as human beings.

Hivos's HIV and AIDS programming prioritises the work for, and with, individuals and civil society organisations of those most affected by the epidemic, commonly known as Key Populations, such as: sex workers (SW), men who have sex with men (MSM), transgender people (TG), and people who use drugs. We also prioritise outreach to other groups of individuals vulnerable to discrimination and the disease, such as women and girls, and youth in general.

Hivos's HIV and Human Rights programme focuses on reducing the risks, vulnerability and impact of HIV on the lives of these groups, by:

- Improving access to quality and stigma-free healthcare services;
- Empowering communities and organisations of key populations to participate meaningfully in decision-making;
- Coordinating and strengthening networks at national and regional levels through capacity development;
- Generating evidence for advocacy;
- Promoting enabling environments free from stigma and discrimination, including advocacy for policy and legal reform; and
- Promoting transparency and accountability of the HIV response at all levels.

As a development organisation that approaches HIV and AIDS from a comprehensive perspective, Hivos always explores how to relate our HIV work with other important areas where we also have expertise, in order to comprehensively halt the catalysts of the epidemic. We therefore integrate a human rights-based approach with sexual and reproductive health rights (SRHR) and gender transformative perspectives into our projects; promote transparency and accountability in HIV policies and budgeting; strengthen key populations' organisations, to jointly advocate for gender equality, and against gender-based violence; and improve working conditions for key populations and vulnerable groups with effective workplace policies sensitive to gender and to HIV and AIDS issues, among others.

It is with this perspective and ambition that Hivos decided to enter into a partnership to launch the campaign and programme, STOP AIDS NOW! (<http://www.stopaidsnow.org/>), at the end of 2000.

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<sup>1</sup> Bieckmann F and Lammers E (2008). Hivos!1968 – 2008. Een onvoltooide geschiedenis: van hulp naar andersglobalisme (in Dutch).

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## 2. STOP AIDS NOW!

STOP AIDS NOW! was officially launched in late 2000 and active from the beginning of 2001. It was initiated as a collective public fundraising campaign to raise money together from private donors. Hivos, together with other leading Dutch civil society organisations, Aidsfonds, Oxfam Novib, ICCO and Cordaid, started STOP AIDS NOW! to combine forces and the strengths of each organisation, to address the global HIV and AIDS epidemic. The HIV epidemic peaked in the 1990s in Sub-Saharan Africa necessitating a robust response from civil society that combined both HIV-specific knowledge and a comprehensive development aid approach. To avoid that each organisation operated their own HIV and AIDS programmes in parallel and in competition with each other, all five organisations agreed it would be most productive, and a more effective use of efforts and funds to cooperate in addressing the epidemic. STOP AIDS NOW! could build on the strong existing Dutch network and advocacy successes of the specialised HIV and AIDS organisation, Aidsfonds, and the global presence and specialties of Cordaid, ICCO, Hivos and Oxfam Novib to expand HIV and AIDS outreach to the international scale.

STOP AIDS NOW!'s mission was to end HIV and AIDS and realise a world in which people who need it have access to prevention, treatment and care for HIV, AIDS and other sexually transmitted infections. STOP AIDS NOW! funded and implemented effective and wide-ranging programmes together with governments, civil society organisations, networks of people living with HIV, local communities and research institutes and international partners. The main programme areas targeted key populations as well as youth and prevention, women and children, and HIV and STIs in combination with sexual and reproductive health and rights.

In addition, nearly every project of STOP AIDS NOW! had a research component, because we attached great value to measuring the effects of our work, in order to adapt our activities if necessary. Research results were also essential for supporting advocacy activities.

The aim of our advocacy was to keep HIV and AIDS, and related themes, high on the Dutch and international political agendas. We also sought to ensure that there were sufficient financial resources available to support the global HIV and AIDS response. Thanks to such efforts, HIV and AIDS remained important issues in the debates of the United Nations (UN) and were indeed reflected in the Sustainable Development Goals (SDGs), specifically SDG 3 on Good Health and Wellbeing in Target 3.3<sup>2</sup>.

Collectively, the five partner organisations of STOP AIDS NOW! reached approximately 400,000 people affected by HIV every year between 2001 and 2016.

### HIVOS IN STOP AIDS NOW!

Hivos was an active member of STOP AIDS NOW! from the very beginning until its transition to Aidsfonds in 2016. In the first three years of STOP AIDS NOW!'s existence each organisation worked with the broad intention of achieving more and better HIV and AIDS prevention and treatment in the global South. In 2004, the collaborating organisations decided to focus their support around three specific themes. They were:

**Priority area 1:** Mainstreaming attention to staff members living with HIV and AIDS in the personnel policy of partners in the global South;

**Priority area 2:** The alarming circumstances of AIDS orphans, a rapidly growing group particularly in Africa.

**Priority area 3:** Vulnerability of women and girls to HIV and AIDS. Because of the unequal balance of power between genders and the already vulnerable position of women in our societies, they—and particularly young women and girls—are more vulnerable to HIV and AIDS than men and boys. They not only suffer more due to stigma and discrimination, but also HIV infection were growing faster—and are still higher—than those males<sup>3</sup>.

Hivos was in charge of the work group for priority area 3 on the mainstreaming of gender-related aspects of HIV and AIDS. Therefore, in 2005, Hivos introduced the focus on addressing HIV and AIDS in the workplace. Within this theme, Hivos carried out goal-oriented activities to stimulate partners to set up policies aimed at reducing HIV and AIDS-related stigma, and addressing the needs of people living with HIV—women in particular—within their own organisations. On the basis of its own experience, the Hivos regional office in Zimbabwe had been active in this field for some years, but Hivos expanded this initiative to Malawi, Mozambique, Uganda and India as well. The effectiveness of the joint collaboration between all five organisations was especially strong on addressing HIV and AIDS in the workplace with each organisation taking on the approach in their respective countries where they were operating.

In 2007, Hivos introduced a focus on the intersection of microfinance and HIV and AIDS, particularly in projects in Central America and Africa. Hivos supported the establishment of joint ventures between MFIs and partner organisations working in the field of HIV and AIDS, to promote that loans and other financial services be extended to people living with the virus<sup>4</sup>.

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<sup>2</sup> There are several other goals and targets in the SDGs that are relevant to ending AIDS by 2030; these include goals 1-5, 8, 10, 11, 16 and 17.

<sup>3</sup> Hivos 2004 Annual Report. Available at: <http://www.bibalex.org/Search4Dev/files/304208/133826.pdf>

<sup>4</sup> Hivos 2007 Annual Report. Available at: <http://www.bibalex.org/Search4Dev/files/304202/133822.pdf>



## FROM FIVE TO ONE - THE END OF STOP AIDS NOW!

After 16 years of productive collaboration between the five partner organisations, STOP AIDS NOW! was formally absorbed by the HIV and AIDS specialist organisation and STOP AIDS NOW! co-founder, the Aidsfonds, in December 2016. This transition happened rather naturally as STOP AIDS NOW! gained more momentum and individual funding from additional institutional donors, particularly in the last several years of its existence.

The change was further precipitated by the decision to change the Board of Directors to an Advisory Board in 2013, meaning that the representatives on the Board no longer directed STOP AIDS NOW! which course to take, but merely advised STOP AIDS NOW! on specific matters when advice was sought by STOP AIDS NOW! member organisations. While the cooperation was a positive and fruitful one, the natural course and future of the organisation could not be avoided.

*More can be read on this in the Reflection section at the end.*

## 3. FUNDING AND PROJECT OVERVIEW

Each STOP AIDS NOW! partner invested in fundraising in The Netherlands and lobby in the Netherlands, UK, Brussels, Geneva and Washington. In return STOP AIDS NOW! partners received funds to invest in HIV programming. This amount varied as it depended on the amount that was raised by STOP AIDS NOW! each year. In 2012, the STOP AIDS NOW! partners agreed to receive a set minimum amount as the fundraising incomes had been decreasing. Any funds remaining from this pot was put into an Investment Fund. The purpose of the Investment Fund was to co-finance innovative collaborative projects of the founding partners and STOP AIDS NOW! which, when successful, could be rolled out to other countries.

The amount Hivos received from the funding mechanism varied each year, usually between €200,000 and €950,000<sup>5</sup>. Hivos then supported selected partners with grant amounts ranging from €2,500 on the low end, to €150,000 on the high end. The average of all of the grants made by Hivos to country partners averaged €37,000 per project per year between 2001 and 2016<sup>6</sup>.

### THE STRATEGIC POWER OF STOP AIDS NOW! FUNDING

STOP AIDS NOW!'s funds were collected from public fundraising in the Netherlands. While there were indeed criteria for the projects and a formal proposal and approval stage, the funds carried less stringent or bureaucratic restrictions than traditional institutional funds. This offered the possibility of a wider scope for the types of potential projects that could be implemented. This means that Hivos, and the other partners, could explore more creative, novel and purposeful methods and projects to reach key populations and other vulnerable groups of people living with or affected by the virus.

Hivos, like the other partners, could also leverage the small injections of STOP AIDS NOW! funding to very strategically support and fill the gaps for projects to complement the larger grant-funded programmes, for example, from the Global Fund and Dutch Ministry of Foreign Affairs. For instance, in the ICW Latina regional programme, Hivos used STOP AIDS NOW! funds to tactically strengthen the organisational and administrative capacities of women's associations. They needed support at the local level to implement their projects, foster young women's leadership, and engage in evidence-based advocacy throughout Latin America around the legal framework guiding access and pricing of HIV and AIDS medicines.

Hivos could also strategically support small but impactful activities such as that of African Men for Sexual Health and Rights (AMSHER) in South Africa (<https://www.amsher.org/>) — a ground-breaking and insightful short film highlighting HIV and AIDS among men who have sex with men (MSM) in South Africa. The film helped make their causes more visible and raised



<sup>5</sup> Hivos cumulative annual reports 2001-2016.

<sup>6</sup> Based on internal Hivos financial records 2001-2016.

awareness about the discrimination they suffer, what they confront every day, and helped to tackle stereotypes and taboos.

STOP AIDS NOW! funding also enabled Hivos to support the scale-up of existing partner programmes to reach thousands or perhaps even millions more people than they could have, such as with the Utunzi platform (<http://utunzi.com/about.php>) that allows individuals and organisations to report and document violations against lesbian, gay, bisexual, trans\*, intersex and queer (LGBTIQ) individuals; respond to emergency security situations; track violations; and share information.

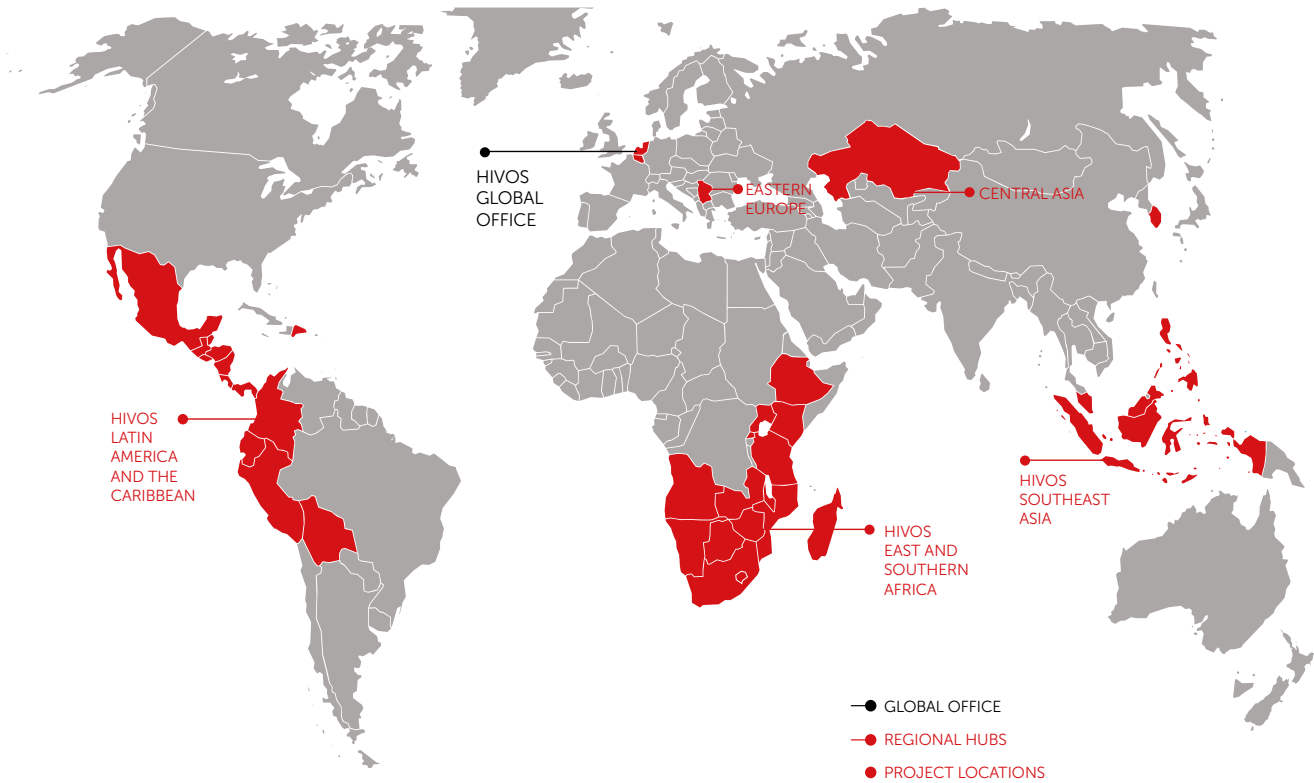
The STOP AIDS NOW! funding further enabled Hivos to integrate a focus on the cross-cutting issues of HIV and AIDS into its existing organisational programmes such as its Sexual and Reproductive Health Rights (SRHR) programming and the Women@Work programme—part of Hivos’ Dialogue and Dissent Strategic Partnership with the Dutch Ministry of Foreign Affairs. This is for instance demonstrated in the Blooming Workplaces and Communities project in Uganda, which is still ongoing today. In this project, youth in the school, family members working in the nearby flower farms, and others on the farms learn about HIV and AIDS and prevention. They also gain access to sexual and reproductive healthcare information, and learn about discrimination and gender-based violence, as well as about their rights in their schools and workplaces. Read more about these and other projects in the good practices section.

In total, Hivos spent € 9.26 million euros of STOP AIDS NOW! funds to support a total of 138 projects spread across 8 different regions in 40 countries between 2001 and 2016. STOP AIDS NOW! funding certainly helped Hivos to enhance its existing HIV and AIDS portfolio, by reaching new partners and countries, and to increase, extend and/or scale-up activities in existing projects. Projects were locally managed by Hivos’s regional offices in Latin America, Southeast Asia, East Africa and Southern Africa with coordination and technical support from the HIV and Human Rights teams in the Hivos Global office in the Hague.

SNAPSHOT OF HIVOS'S OUTREACH WITH STOP AIDS NOW! FUNDS  
2001- 2016



GEOGRAPHIC OVERVIEW OF HIVOS'S STOP AIDS NOW!-FUNDED  
PROJECT LOCATIONS 2001-2016



<b>SOUTH EAST ASIA</b>	India, Indonesia, Malaysia, The Philippines, South Korea, and Timor-Leste
<b>EAST AND SOUTHERN AFRICA</b>	Angola, Botswana, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Seychelles, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe
<b>LATIN AMERICA AND THE CARRIBEAN</b>	Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panamá, Perú, and México
<b>EASTERN EUROPE AND CENTRAL ASIA</b>	Serbia and Kyrgyzstan
<b>WESTERN EUROPE</b>	The Netherlands, Belgium*

\*Note: Activities in these two countries related to public awareness raising, research and Dutch and EU government advocacy

By the end of 2017, after the STOP AIDS NOW! partnership formally ended, the overall Hivos HIV and AIDS portfolio consisted of projects together with more than 50 partner organisations in 40+ countries in the Global South.



## 4. GOOD PRACTICES WITH PROJECT SNAPSHOTS

With funding from STOP AIDS NOW!, Hivos supported 138 different projects of pioneering organisations around the world. Their projects, big and small, pushed social, cultural, political and healthcare boundaries helping pave the way for people living with and affected by HIV and AIDS to live more fulfilling lives less encumbered by discrimination with improved access to care and to medicines.

Among the many successes of the collaboration under STOP AIDS NOW!, here are some of the overall programmatic good practices arising from projects and partners supported by Hivos between 2001 and 2016. Several project snapshots are provided to demonstrate the good practice in question. Some projects illustrate more than one good practice as well.

Please note that the intention with the cases below is to offer brief glimpses and insights into a specific point of each project and do not represent a full report on the multi-year project being presented. What is notable to highlight as well is that many of the organisations and initiatives mentioned here are still ongoing today, and these snapshots are merely a handful of the many worthy, impactful projects that were implemented throughout the 16 years.

### GOOD PRACTICE #1 CONTEXT-SPECIFIC, CITIZEN AND COMMUNITY-DRIVEN ACTIVITIES DEVELOPED THROUGH CO-CREATION CAN BE VERY EFFECTIVE.

This good practice can improve the impact of a project by facilitating engagement with communities to learn, to discuss issues such as HIV and AIDS, human rights, sexual health and choices, stigma and discrimination, gender equality, etc. The community refers not only to households (i.e. families) but also tribal and community leaders, local and national government leaders, police authorities, and so on.



### PROJECT SNAPSHOT

#### REAL OPPORTUNITIES FOR TRANSFORMATION SUPPORT (ROOTS), ZIMBABWE, 2014.

The End Child Marriages Project funded by Hivos-STOP AIDS NOW! started in 2014 in Zimbabwe. Hivos-STOP AIDS NOW! supported ROOTS (<http://www.rootsafrica.net/>) in undertaking a number of activities focused on empowering adolescent girls who are vulnerable to HIV and AIDS and becoming child brides, including through test and treat campaigns, community dialogues and tribunals, roadshows and other dynamic activities to engage youth, especially young women. ROOTS used an 'edutainment' (education + entertainment) approach to promote HIV counselling and testing services for young women and their communities. ROOTS conducted 'Test and Treat Campaigns' in the targeted districts. After 2016, when the government of Zimbabwe banned child marriage, ROOTS also conducted community dialogues as platforms to sensitise community members on the ban on child marriage.

To this effect, ROOTS partnered with Zimbabwe Lawyers for Human Rights to support with the socialisation of the legal ban on child marriages, as well as the provision of legal aid on site. Through the community dialogues was an increase in the number of cases of child marriage and gender-based violence reported. Communal tribunals that were organised allowed the community members and decision-making authorities to meet and openly discuss issues related to child marriages in their communities. The discussions that ensued allowed the community to probe for alternative ways of dealing with root causes of child marriage such as teenage pregnancy and poverty, and find solutions to end potentially harmful cultural practices.

ROOTS also used creative dance roadshows as a way of disseminating accurate and up to date information to young people—this also illustrates good practice 2 below. In some farming settings, where local Nyau ethnic groups and traditions are prominent, typical

folkloric dances (also known as 'zvigure') were employed to reach local communities with songs that denounce the practice of child marriage and raise awareness about HIV and AIDS with young people. ROOTS in Zimbabwe ensured a sustainable, inclusive and community led action towards reducing HIV incidences among adolescent girls by working closely with local authorities, line Ministries and traditional and religious leaders.

**Having community leaders getting tested first and speaking out against stigma and discrimination had a positive impact and encouraged other community members including young women to also get tested. For instance, at the inception of the programme, only 1 chief (Chief Musana) was getting tested publicly, and at the end of the project 35 Chiefs and Village Heads were involved in the programme and had been publicly tested.**

Targeting the vulnerable environment in which girls live, has also made a significant mark in providing a safety net—and support structures—for girls. Moreover, young women's participation has been crucial in honing the leadership and assertiveness skills of the other young women participating in the project. The community dialogues have also made a great significance in addressing child marriage as these women are regarded as a valuable referral network by their community members.

**Since community members started speaking out publicly against child marriage, there is willingness and commitment from communities to shift from cultural practices such as child marriage that put girls at risk of contracting HIV, resulting in a reported decline in the child marriage incidences in their community.**



## PROJECT SNAPSHOT

### FOUNDATION FOR CHILDREN'S RIGHTS (FCR), MALAWI, 2016.

Likewise, in Malawi, Hivos supported the Foundation for Children's Rights (FCR) (<http://www.fcrcmalawi.org/>) to address several key structural societal challenges in the Mazamba area in Nkhata-bay District that catalyse both child marriages and the effects of HIV and AIDS in local communities, to which the most vulnerable are girls under 18 years. These challenges include high cases of forced child marriages, high school dropout cases, harmful gender-related stereotypes and local customs, high cases of new HIV infections, lack of access to information on sexual reproductive health services and limited provision of HIV and AIDS treatment, care and support services, among others. FCR, with support from Hivos through STOP AIDS NOW!, actively involved children in the project development and activities, closely worked with like-minded NGOs and government departments such as the police and judiciary, and with traditional leaders as custodians of

culture and with influence over people in the community. Citizens and communities were engaged multiple ways: through the use of community facilitators, stakeholder meetings, girls-only clubs, sensitisation meetings with girls, and awareness raising and discussion about child protection laws, mechanisms and structures among the communities and authorities.

**By late 2016, 32 anti-elopee clubs had been formed and the larger community (consisting of 46 villages) each had their own child protection committees (CPC), so one in each village. Moreover, fewer girls had dropped out of school, there were fewer child marriages, there was an increase in the number of people in the community seeking testing and counselling services, and an increase in the number of children returning to school.**



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### GOOD PRACTICE #2 THE USE OF CREATIVE AND INTERACTIVE ACTIVITIES AND MEANS OF COMMUNICATING ABOUT SUBJECTS RELATED TO HIV AND AIDS AND SEXUALITY BETTER CONNECTS WITH YOUTH, CITIZENS AND THEIR COMMUNITIES.

This good practice of creative engagement helps to breakdown stigmas around topics that are often perceived as taboo in society. It also helps reduce discrimination and to promote people to get tested for HIV and other STIs.

## PROJECT SNAPSHOT

### OMBETJA YEHINGA ORGANISATION (WHICH MEANS "THE RED RIBBON"), NAMIBIA, 2003.

Hivos supported OYO (<https://www.facebook.com/OYOtrust/>), an organisation that uses art to create awareness, such as producing short films, plays, newsletters, and books by and for young people.

**These materials reached thousands of young people with informational and educational messages about sex, relationships, and HIV and AIDS. Through a participatory process, teachers and learners were also sensitised on the need to provide comprehensive care and support for everyone. Students formed clubs that devoted time to writing songs, dramas, and poems about HIV in order to reach other youth and to make important information regarding HIV transmission and prevention, but also social justice and equality issues.**

With Hivos STOP AIDS NOW! funds, Hivos supported Ombetja Yehinga to reach out to 62 schools in the

Kunene, Erongo, and Khomas Regions of Namibia and supported the creation of 86 AIDS Awareness Clubs (AAC) comprising 1,261 school students. The AACs were for young people interested in learning more about HIV/AIDS and related issues, and functioned as platforms for exchanging ideas. They provided structures that assisted members in working as a team in producing newsletters and shows, and organising other events. The Ombetja Yehinga Newsletter was produced seven times and addressed a different topic related to HIV/AIDS or sexual health in each issue. About 6,000-7,000 copies of the newsletter were distributed in 2004. During the first two terms, six new youth groups were trained and encouraged to create theatre shows around the theme of HIV/AIDS. The shows were watched by over 10,000 people children, students, teachers and adults.



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## PROJECT SNAPSHOT

### HET WATERHUIS, SOUTH AFRICA, 2008.

In the case of Het Waterhuis, a theatre company (now called the Siberia Group) from the Netherlands. Hivos supported the production of a show called Umhlaba Wethu, meaning 'It's a man's world', in 2008 in South Africa (<http://www.comminit.com/edutain-africa/content/umhlaba-wethu-mans-world>). It was a purposely written theatre performance that explored the concept of masculinities, manhood, and responsibility in South Africa, with a particular focus on HIV and AIDS and the need to know one's HIV status. The show was performed by the South African Eager Artists group in association with the Dutch theatre company. The 'Man's World' project travelled around the KwaZulu-Natal province and each performance was accompanied by a mobile clinic where the audience could go for free HIV counselling and testing.

**There were 88 performances in reaching 12,000 people, and of these audience members, over 1,700 people made use of the offered voluntary counselling and testing (VCT) service immediately after the play. 13.6% of the audience members who were tested were found to be HIV positive.**

Impressions from the staff/liaison persons showed they perceived the performance as very entertaining and

highly educational. Impressions from the audience suggested that the show engaged them and had an emotional impact. Many respondents felt the play highlighted the importance of recognising the reality of HIV. The key messages that were identified as the most powerful in the performances included those that surrounded HIV and alcohol abuse, and the unacceptable nature of sexual violence. Responses to the show included a focus on the need to talk about HIV and AIDS and to do something about it collectively as citizens. There was also a focus on the individuals' responsibility and to find out their own HIV status. The show furthermore received widespread support from the South African Department of Health and Agriculture, local clinics and other civil society organisations.

By employing theatre as the medium, Het Waterhuis helped to increase awareness and reduce stigma about HIV AND AIDS and stimulated audiences to examine their own lives, and activated people to seek treatment and get the care and medicine they needed. Art in every form permits for freer expression of ideas and helps to breakdown socio-cultural barriers and stigmas around people living with HIV and AIDS.

### GOOD PRACTICE #3 PEER EDUCATION (I.E. STUDENT TO STUDENT, WOMAN TO WOMAN) PROVES TO BE A VALUABLE TOOL.

Facilitating and working through peer groups enables freer discussion and learning about HIV and AIDS, sexual education and sexual and reproductive health rights, while empowering the peers (from school children to sex workers) to have ownership of the activities and the results of them.

## PROJECT SNAPSHOT

### FUNDACIÓN ECUATORIANA DE ACCIÓN, ESTUDIOS Y PARTICIPACIÓN SOCIAL (FEDAEPS), ECUADOR, 2006.

FEDAEPS (<http://www.fedaeps.org/>) was the very first organisation in Ecuador to address HIV/AIDS issues in the country, and especially prevention, the protection of the rights of people living with HIV and AIDS. They supported the establishment of a network of AIDS service organisations, and put forward integrated proposals for civil society for the access to treatment for people living with HIV and AIDS. Hivos supported FEDAEPS in its fight against discrimination of people with HIV and AIDS to stand up for their rights for treatment and access to social services.

**In one of many aspects of its work, FEDAEPS was active at the local level, supporting small groups led by people from key populations living with HIV (LGBTI+ and sex workers in particular). For example, former sex workers provided other sex workers with information about methods of combating the spread of HIV. The women in the groups learned how to organise themselves to demand better legislation (linked to good practice 4) and how to handle matters like violence from police and clients. But they also provided training sessions themselves and gave presentations in schools, for civil servants and the media. The FEDAEPS-project La Sala, in the southern port city of Machala, won a prize from UNAIDS recognising FEDAEPS's integral approach of the project in which the medical, social and political aspects of HIV and AIDS were tackled at the same time.**

Furthermore, FEDAEPS effectively used dynamic activities (linked to good practices 1 and 2), such as theatre, visits to brothels, and open-air activities to engage with people living with HIV and their local communities to tackle stigma and improve access to healthcare and medicines. FEDAEPS continued to coordinate the initiative "Let us embrace without fear", giving priority to women sex-workers in Machala. It gave individual support and supported the development of daily small groups training on HIV/AIDS prevention, gender, condom use, human rights and treatment.

An annual turnover of 500 women participated in these activities. Also one training event was organised to enhance the empowerment of sex workers in the four areas of Santa Rosa, Pasaje, Lajas and Zaracay (El Oro province). The issues addressed were HIV/AIDS; gender; self-esteem; sexuality and rights. 12 broader-issue workshops for sex workers who visit La Sala were organised during the year, on sex workers rights and relation with human rights, sexual and reproductive rights; legalisation of sex work; violence against women; prevention of HIV/AIDS; social participation and representation; among others. The average attendance was 25 women, totalling some 300.





## PROJECT SNAPSHOT

### OMLADINA JUGOSLOVENSKE ASOCIJACIJE ZA BORBU PROTIV SIDE (OJAZAS), SERBIA, 2007.

Through another project, Hivos supported OJazas, translated as the Yugoslav Youth Association against AIDS (<http://www.jazas.net/>) in 2007, to train over 360 peer educators and mobilise about 5,000 volunteers for its peer education programme. OJazas volunteers participated in Puberruil with STOP AIDS NOW!, a video documentary that was made and shown on Dutch television.

It furthermore conducted peer group education to raise awareness about HIV and AIDS in secondary schools across Serbia, reaching over 48,699 students. In 2007/2008, 122,188 people visited the online forum of OJazas and participated in discussions, sought information or asked questions on HIV. The anonymity of this online forum stimulated people to speak out freely about HIV. OJazas also succeeded in setting up a national network of people with HIV, with representation from 8 cities. As a result of Hivos's capacity strengthening work with OJazas, the organisation was able to become a principal recipient of the Global Fund. This speaks clearly to the impact of the cooperation and the strength of OJazas in its work.

As of 2017, the Youth of OJazas network consisted of 11 independent organisations, covering the whole territory of the Republic of Serbia making it one of the biggest non-governmental organisations in the country. OJazas has also helped promote the rights of people living with HIV and AIDS, key populations (mainly MSM and drug users) and other vulnerable groups, such as the Roma population. OJazas still mobilises a large population of youth and others in communities around the country with face-to-face activities and online forums, to raise awareness about HIV and AIDS stigma and discrimination, which prevail in Serbian society.

This case also exemplifies good practices 2 and 7 with Hivos's support to extend the impact of the existing online platform and engage youth through interesting and interactive activities.



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## GOOD PRACTICE #4 SUPPORTING ADVOCACY FOR POLICY AND LEGAL REFORM FROM THE LOCAL TO NATIONAL LEVELS IS PRUDENT.

Doing so can result in changes to laws and regulations that reduce discrimination and criminalisation of key populations and improve access to care and medicines for those who need it.

## PROJECT SNAPSHOT

### AGUA BUENA, COSTA RICA, 2002.

Hivos supported Agua Buena (<http://www.aguabuena.org/>) to scale up their legal work in neighbouring Latin American countries following the founders' win in a major lawsuit at the Constitutional Court in Costa Rica, resulting in the government having to cover medication for people with HIV/AIDS in the national health insurance plan. With the support of Hivos, Agua Buena extended its field of operation to organisations of people with HIV/AIDS in the region. At the same time, Agua Buena won a campaign against UNAIDS and major pharmaceutical companies to reduce the price of anti-AIDS medicines. In addition, Agua Buena notified governments about alternative channels for cheaper medication.

Hivos enabled Agua Buena to expand this campaign to other countries in Latin America. Agua Buena went on to file several lawsuits with the Inter-American Commission on Human Rights. This prestigious human rights institute demanded that the governments of Honduras, Ecuador, Guatemala, Nicaragua, Peru, Bolivia and the Dominican Republic provide the hundreds of applicants with medical care. This story demonstrates the influence of prominent legal cases in pushing government authorities and executives of pharmaceutical companies to change their policies and medication pricing. Thanks in part to the publicity concerning these court verdicts, the authorities also accelerated national AIDS policy plans.



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## PROJECT SNAPSHOT

### INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS (ICW), PAN LATIN AMERICA, 2016.

In 2016, Hivos and the Latin American chapter of ICW (<http://icwlatina.org/>) initiated a unique project, empowering and connecting women living with HIV all over the continent, with financial support of the Global Fund and further strategically supported with STOP AIDS NOW! funding. The 3-year project runs in eleven countries and serves the overall aim of containing and reversing the epidemic by empowering women living with HIV. ICW Latina sought to specifically support organisations of women living with HIV to strengthen their capacities to advocate more actively and effectively for their human rights – including their sexual and reproductive health rights, and their right to live lives free from all forms of violence. The project began by conducting an extensive mapping study about the legal frameworks (and human rights barriers) concerning women living with HIV, to find out how enabling the legal and socio-political frameworks across the region are.

The study was carried out in all eighteen countries where ICW has national chapters. This mapping focused on violence against women, sexual and reproductive rights, and HIV and AIDS. Amongst other things it revealed that, while all countries have national HIV plans in place, the policies and actions in place by governments to fulfil each country's HIV-related human rights obligations (sexual reproductive rights of women, in particular) are very poor.

Based on the outcomes of the mapping, the women's organisations worked together to develop national advocacy plans which were completed in seven countries in 2016. The data gathered in the mapping process will be used to develop a virtual tool to enable partner organisations to access the information in a user-friendly format. This tool can also be used as a monitoring instrument to register any progress in legislation and policies. The mapping results were presented to key actors (such as government ministries) in many Latin American countries.

**As a result, the women not only found new allies, but also achieved policy-influencing successes in Chile, Peru and Costa Rica. For example, ICW Costa Rica's**

**observations were largely incorporated into the national strategic plan on HIV and AIDS. The impact of the project is that women with living with HIV have been empowered to support other women living with HIV and to build alliances with the feminist movement to advance their rights. What makes this project particularly innovative is the consistent analysis, from a gender perspective, of all proposed laws, advocacy opportunities, actions and expectations.**

The mapping in itself is a good practice given there is potential for replication of the efforts in each of the 18 countries where ICW is present. In its mapping exercise ICW Latina found that women living with HIV experience specific violations of their sexual and reproductive health rights, such as forced and coerced sterilisation. As a result, ICW Latina advocated, with support from Hivos, for the social protection of these women in Colombia. The organisation also pleaded for the integration of three related public services, covering HIV, sexual and reproductive health rights, and violence against women.

ICW Latina's work also illustrates good practices 1,2,3 and 5. For instance, women empowerment groups have been an important tool for reaching out to other women with HIV, many of whom have now become members of ICW Latina. Group meetings and gatherings of HIV+ women were needed and turned out to be a successful strategy for both the individual and collective empowerment of women. In most countries women lack of a safe space of their own, to express their feelings and needs. Women who participated in the empowerment groups requested to meet more frequently. Using creative methods, such as through presenting a small sketch—elaborated by HIV+ women using the theatre of the oppressed methodology developed in the Global Fund project—to tell the story and needs of a woman with HIV is a strong tool for awareness raising and has been used in some countries to do advocacy, especially with healthcare providers and public institutions. This strategy has been successful in Colombia and Costa Rica, for example.



## PROJECT SNAPSHOT

### INTERNATIONAL TREATMENT PREPAREDNESS COALITION (ITPC), PAN LATIN AMERICA, 2011.

ITPC (<http://itpcglobal.org/>) is a coalition of people living with HIV and their allies across the region working to guarantee equitable access to treatment and complete quality healthcare in the frame of human rights by promoting and enhancing the involvement of people living with HIV and AIDS in the decision-making that impacts their health.

The principal goal of ITPC's project supported by Hivos-STOPAIDSNOW! was to empower communities in the Latin America region to mobilise and advocate effectively for access to HIV treatment. The main approach involved designing and implementing a

series of advocacy workshops with the aim of strengthening treatment access and educating community activists on national policies impacting HIV treatment in six strategically prioritised countries: Bolivia, Ecuador, Guatemala, Honduras, Nicaragua and Peru. In 2012, there were at least ten policy changes or new commitments secured because of the advocacy efforts conducted at the local, provincial or national levels. ITPC conducted three comparative studies on the prices of anti-retroviral medicines across the region, to support evidence-based advocacy in 2012, 2013 and 2014.

### GOOD PRACTICE # 5 PROVIDING SAFE SPACES FOR KEY POPULATIONS AND OTHER VULNERABLE GROUPS IS VITAL TO THEIR SECURITY, OVERALL WELLBEING, FREEDOM OF EXPRESSION AND EMPOWERMENT.

Safe physical spaces offer individuals room and freedom for open discussion with peers free from discrimination and stigma, but also to get tested, seek care and access treatment. It furthermore enables individuals to empower one another, to create a community, and can provide a space and opportunities for members in the community to learn new skills which can be used to generate incomes.





## PROJECT SNAPSHOT

### NURTURE AFRICA, UGANDA, 2014.

Hivos supported Nurture Africa (<http://www.nurtureafrica.ie/>) with STOP AIDS NOW! funding to scale up youth friendly services for at-risk youth, in particular HIV+ adolescent girls in Wakiso and Mubende districts of Uganda. Nurture Africa established four model youth-specific facilities to improve young people's access to the right information about sexuality, their access to contraceptives, and support for pregnant young women, especially adolescent girls living with HIV. The facilities also featured 'youth corners' where youth could learn and

participate in activities such as jewellery-making, music, dance and drama, or tailoring, and find ways to generate income for themselves from those activities. The youth corners at Nana and Kassengejje provided vocational training to 238 HIV-infected adolescent girls in the areas of tailoring, hairdressing and computer skills. At the end of the courses, the youth were awarded certificates of completion. With the newly acquired skills, the youth were able to look for employment in the community or became self-employed.

## PROJECT SNAPSHOT

### LOVE YOURSELF AND VICTORIA HEALTH AND WELLNESS CENTRE (VHWC), THE PHILIPPINES, 2016.

Hivos supported Love Yourself (<http://www.loveyourself.ph/>), and the creation of its Victoria Health and Wellness Centre (VHWC), in The Philippines with Global Fund money and strategic injections from STOP AIDS NOW! funds. LoveYourself believes that self-worth is key to building an empowered community and seeks to ignite in each person an active desire for a healthy and vibrant self-worth, especially among youth and men who have sex with men (MSM). LoveYourself uses awareness-raising, education, counselling, fun social interaction, and activities that weave these elements into a unity (linking to good practices 1 and 2).

**With Hivos-STOP AIDS NOW! funding, LoveYourself established the Victoria Health and Wellness Center (VHWC), a clinic with services focused on the needs of transgender persons. The VHWC provides a gender-sensitive, holistic, and inclusive set of key health and wellness services to transgender individuals through its health clinic and counselling centre.**

Among other things, individuals get support for their sexual reassignment surgeries and hormone therapy (if applicable), particularly if they are taking anti-retroviral (ARV) medicines. Being a pioneer in transgender-

specific services, VHMC is also involved in awareness, advocacy and capacity building activities aimed at educating the community about transgender people. LoveYourself is a leading example within the Philippines creating safe spaces where discriminated communities of people can come together to discuss their lives with others in similar circumstances, and to seek holistic care and information that goes beyond only medical and health issues. The model of care as confirmed by the Department of Health's interest can be replicated throughout the rest of the country and perhaps beyond. A local university is also sending medical students and nurses interested in transgender health to do their internships at the clinic. This presents an innovative way of sensitising healthcare professionals in the Philippines and presents an example of a good practice which can be replicated elsewhere.

The LoveYourself case also demonstrates the power of contributing to existing effective programmes to scale up (good practice 7). LoveYourself was already a strong community-led organisation before Hivos-STOP AIDS NOW! funding, but Hivos could leverage its knowledge from previous work with transgenders to support the Victoria Clinic in improving its structure and organisation. The Victoria Clinic has exceeded all their targets, in terms of the number of transgenders who can seek treatment and care in the clinics.

## Personal Story



**Claire Nantumbe**, aged 22, was a student of Nurture Africa's tailoring training. She gained a variety of tailoring skills such as making dresses, skirts, mending clothes that are torn and reducing the size of clothes. On completion of her learning at Nurture Africa, she made the decision to put her new skills into practice. Her family supported her with a sewing machine, and with the money she saved from working at a nearby restaurant she was able to purchase start up material worth 100,000 shillings. She used this to make 10 dresses which she then sold at 20,000 shillings each. Her work station is at home where she attends to customers. She earns between 7,000 and 10,000 shillings on a weekly basis, which increases to 13,000 shillings when school term is approaching as many of her customers are school-going children. In addition to tailoring, she also makes small bags using beads – another skill she gained while at Nurture Africa. With the money she earns from tailoring and bag making she is able to contribute to supporting her family. Claire says, "I am very grateful to Nurture Africa and her donors, they brought hope in my life and I am sure, my life will not be the same again since I now have a source of income."



## GOOD PRACTICE #6 ADDRESSING HIV AND AIDS, SEXUAL RIGHTS AND CHOICES, AND DISCRIMINATION IN SCHOOLS AND WORKPLACES IS A PRACTICAL AND SUCCESSFUL APPROACH.

In schools and workplaces, there are often diverse groups of people who are brought together in a single space, making it an effective way to raise awareness, promote learning and discussion on HIV, sexuality, to tackle taboos and stigma, and to improve overall community understanding. Improving the quality of individuals' lives in the schools and workplaces, and the recognition of peoples' rights in those spaces, also contributes to greater productivity in work and education.

### PROJECT SNAPSHOT

#### NATIONAL ORGANISATION OF PEER EDUCATORS (NOPE), UGANDA, 2015.

In 2015, Hivos began supporting National Organisation of Peer Educators (NOPE <http://nope.or.ug/>) Uganda in a programme called Blooming Schools and Workplaces Programme in the Flower Sector, within Hivos's existing Women at Work programme. The programme focuses on improving workplace policies to ensure that workers, especially women, are adequately protected. NOPE Uganda's objectives are to: sustain and scale-up the existing school programmes aiming to expand knowledge and awareness on HIV and AIDS to sustain positive behaviour change among youth in school in the Uganda flower sector, and to increase knowledge and information on HIV, AIDS and gender responsiveness among flower sector employees (which includes parents of the school children in the programme) and surrounding communities to sustain positive behaviour change. Many of the flower farms in Uganda are owned by Dutch companies, making the programme very relevant to Hivos-STOP AIDS NOW! support.

To-date, 135 peer educators have been trained so far and active in 7 schools and the school programmes also receive support from the flower farms and the Ministries of Health and Education Uganda. The peer education programme implements a number of interactive activities to communicate about HIV and AIDS (linking to good practice 1), sexuality and feminine hygiene, which has decreased the number of females dropping out of school. Moreover, school pupils have started challenging behaviours they find violating from teachers, relatives and fellow pupils as a result of the peer education programme.

Preventing dropouts of females from school improves their chances of getting a full education and thus a better job when they're finished with school, as in the flower farms women are not able to scale the career ladder due to lacking education in comparison to the men. The support by the ministries and MoH approved curriculum helps youth to open up and discuss HIV and AIDS, sexuality and more reducing the usual stigma and discrimination around the issues in Uganda.

Moreover, thanks to Hivos-STOP AIDS NOW! support and involvement, NOPE Uganda was able to secure positive relationships with the flower farms, 98% of which in Uganda are owned by Dutch companies. What is also unique about this support is that it integrates Hivos's HIV and AIDS programming into another Hivos programme called Women at Work, which aims to improve workplace policies and practices for women to earn living wages, to reduce harassment, and to ensure safe working conditions in 8 countries: Ethiopia, Kenya, Uganda, Tanzania, Rwanda, Malawi, Zambia, and Zimbabwe. Adding HIV and AIDS to the programme was a natural and effective solution to tackling the disease from a comprehensive human rights approach.

NOPE Uganda is also an example of good practice 7 below, because it is an organisation and programme which first launched in Kenya, before being replicated in Uganda



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## GOOD PRACTICE #7 INSTEAD OF STARTING A PROJECT FROM SCRATCH, ORGANISATIONS CAN BUILD ON THE SUCCESSES OF EXISTING PARTNERS, THEIR NETWORKS AND KEY PROJECTS TO MORE EFFECTIVELY REACH OUT TO THE TARGETED POPULATIONS AND INCREASE IMPACT.

Many organisations have initiated and implemented successful programmes addressing HIV and AIDS, and related issues. Instead of supporting partners to create new projects, Hivos actively looked for existing projects that could be strengthened, scaled up or replicated. ICW Latina, NOPE Uganda, LoveYourself, and OJazas mentioned above are just a few of examples of where this happened. Another snapshot is provided here.

### PROJECT SNAPSHOT

#### PROJECT SNAPSHOT: AIDS FOUNDATION OF SOUTH AFRICA (AFSA), PAN AFRICA, 2015.

Hivos first supported AIDS Foundation of South Africa (AFSA) (<https://www.aids.org.za/>) in 2015 with STOP AIDS NOW! funds to scale up its existing platform, Sex Rights Africa Network (SRAN) (<http://www.sexrightsafrika.net/>), to facilitate networking and knowledge exchange among CSOs, researchers, development agencies and policymakers. Early in the process, AFSA and Hivos began to collaborate on managing and strengthening the website, and building the Sex Rights Africa Network, as it resonated strongly with Hivos's existing SRHR programme and approach to knowledge management.

The aim of the project has been to strengthen civil society organisations' participation in advocacy and knowledge generation on the inter-connection between HIV and SRHR. Membership of the SRAN has grown faster than expected, with a total of 953 members, of which 479 are HIV and SRHR focused organisations in Southern Africa. More than 800 resources have been uploaded to the website.

A monthly e-mail newsletter and alerts on social media promote these. At least 61% of signed up members are accessing resources on the network and we have sourced many useful documents, such as research reports and toolkits through these member organisations. Several members request AFSA to advertise events and opportunities on the site.

The response to the website has been extremely positive throughout Africa and it has generated an increasing demand for support from CSOs across the region to facilitate working partnerships, collaborate on research, identify and upload resource materials, host discussions and training, and promote campaigns to realise SRHR goals. The STOP AIDS NOW! funding has enabled Sex Rights Africa to convene strategic conversations on emerging and pertinent SRHR issues. Hivos has also been able to leverage its broader SRHR and Sex Rights programming to inform Sex Rights Africa interventions.





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## 5. REFLECTIONS AND THE WAY FORWARD

Hivos, alongside the four partner organisations in STOP AIDS NOW!, have absolutely contributed to helping to change and save lives of those living with or affected by HIV and AIDS over the last 16 years. Many lessons have been learned at the project and programmatic levels, which are too numerous to mention in this report. Here we reflect on the broader lessons learned from the cooperation that was unique to STOP AIDS NOW!

### LESSONS LEARNED

The cooperation itself is a lesson learned (and good practice), given that such a long collaboration between five large—often competing civil society organisations—could continue for 16 solid years. This collaboration is not only due to the funding mechanism binding each organisation together, but also the joint commitment to creating real impact at the height of the HIV and AIDS epidemic, to launch joint campaigns, and to share lessons learned and challenges that improved programming and support. Below are some other broad lessons learned.

- **Mutual trust and transparency are the basis of strong partnerships.**

In the STOP AIDS NOW! partnership, trust and transparency, both internally and outwardly to the public, was fundamentally important to the cooperation's long-running existence. The high brand awareness of STOP AIDS NOW! among the Dutch public was essential to the long success of STOP AIDS NOW! as well, helping to create a devoted population of private donors and a movement in the Netherlands to combat HIV and AIDS next to activists who also took up the charge.

- **Point advocacy leads to better results.**

As a result of the strong partnership, together we have been successful in mainstreaming HIV and AIDS as a priority in the Foreign Policy of the Kingdom of the Netherlands, and making HIV and AIDS an integral component in international development and cooperation programming. We have been able to make HIV and AIDS something discussable at all levels of society, from communities to governments and international fora. We have contributed to reaching people with information, to building spaces for people to talk about HIV and AIDS, sexual and reproductive health, and sexual orientation and gender identity.

- **Human rights and multidisciplinary approach to HIV and AIDS is more effective.**

Hivos and STOP AIDS NOW! partners have brought the human rights and multidisciplinary approach to what was formally viewed as only a medical or public health issue requiring a medical/health response. In fact, Hivos successfully helped to influence the Global Fund to formally adopt a human rights approach as a major entry point to HIV and AIDS prevention and treatment. The Global Fund specifically shifted its focus to address the human rights barriers and specific needs of the most vulnerable social groups and key populations.

Today, approaching HIV and AIDS from a human rights perspective has become the rule and is high on the agenda of most global institutions.



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- **Partnership = complementarity = mutual added value.**

Through the cooperation, Hivos and partners have been able to complement and strengthen one another's programming. In addition to the STOP AIDS NOW! partners themselves developing stronger programming and under STOP AIDS NOW!, civil society organisations that were supported under the programme also have developed stronger capacities. Stronger capacities include advocacy with authorities and others, participating in policy drafting, and foremost to really engage people living with HIV and AIDS and communities to tackle stigmas. The operating space in countries on HIV and AIDS is bigger with much less taboo.

For Hivos, this cooperation has enabled the organisation to better integrate and coordinate multiple actors into one initiative. Funding individual partners and then ensuring that they are speaking the same language to the same important bodies especially when it comes to advocacy work has become an expertise of Hivos.

A good example is the Malawi Multi-Actor Initiative against early and child marriages, involving three organisations; MANET+, RISE and Foundation for Children's Rise (FCR), which were all funded using STOP AIDS NOW! funds. 'Girls not Brides' also hailed Hivos' work in Malawi and the consortium achieved an advocacy success with the government increasing the legal marrying age to 18. Thanks in large part of the STOP AIDS NOW! programme, Hivos has strengthened its resources, expertise and experience in the management of grants and ensuring that partner organisations are well equipped to successfully advocate for change in the legal and social environment of young girls and women.

- **There is a need to go beyond fund management.**

Forming and influencing strategic partnerships is an area where Hivos is able to excel and add value to the work being done by partners by enhancing the actors participating in the theory of change and ultimately enhancing their voices and results. Hivos has learned how to support the development of capacities of small civil society organisations to ensure that they are financially resilient and do not rely solely on donor funds for survival. Hivos's grant management is a mentorship process and enables organisations to grow and seek out larger opportunities in the social, economic and political development sector.

- **Supporting frontrunners to grow and excel is key.**

With STOP AIDS NOW! funding, Hivos has been able to excel at bringing different stakeholders together but also identifying and helping small frontrunners (including human rights defenders) and their innovations to accelerate. This includes grassroots organisations with innovative ideas on tackling social problems. FCR is one such partner organisation with limited capacity on the ground but achieves change in remote communities in Northern Malawi. FCR has engaged not only the police force in tackling child marriages but lawyers and judges in actually prosecuting the offenders and sending them to prison thereby sending a message to men and parents in the communities. This had never been done in Northern Malawi.

- **Co-creation and bottom-up programming is essential.**

By involving young people in the co-creation of programmes as we and our country partners did, we have created populations of change makers all over the world to carry on the fight against HIV and AIDS, stigma and discrimination and to ensure access to treatment and care. Young people themselves know best how to reach other young

people with effective HIV care and so collaborating with them has been essential, and will continue to be essential, to stopping the AIDS epidemic. The role of communities, from the citizens to village and community leaders and local authorities have also played a key role in our collective work and successes.

Altogether, Hivos and STOP AIDS NOW! partners' efforts under the STOP AIDS NOW! umbrella have helped contribute to reducing the rate of new infections and prevalence of HIV and AIDS globally and to give people safe spaces to convene, to share and to learn and claim their rights to live as human beings.

Since STOP AIDS NOW!'s inception, Hivos has greatly appreciated the fundraising efforts of STOP AIDS NOW! for HIV and AIDS from the Dutch public. The additional support from STOP AIDS NOW! funds effectively added value to our ability to support partners on the ground in their general and niche HIV and AIDS programming.

It is furthermore clear that Hivos and Aidsfonds, through STOP AIDS NOW!, found common ground on key populations based on the understanding what it takes to end the epidemic, through a human rights approach. This alone provides opportunities to complement each other's work in many ways.

At Hivos, we therefore welcome a new era of cooperation with Aidsfonds, specifically in those areas where Hivos can add value, namely: human rights advocacy in HIV; strengthening key population networks and organisations (MSM, transgender people, sex workers, prisoners, women living with HIV, drug users); cross sectoral collaboration; innovative civic monitoring for more transparency and accountability; gender-based violence and child marriage; and enhancing women's rights in general and in workplaces in particular.



## THE WAY FORWARD

To achieve SDG 3, which aims for universal health coverage and the provision of access to safe and affordable medicines and vaccines for all, it is critical to continue the comprehensive human rights-based approach favoured by Hivos in order to address and end HIV once and for all. Indeed, we have the medicines now to end the disease but due to the continued discrimination against, and the criminalisation of, key populations and others living with HIV and AIDS, universal access to the care and medicine will not be possible without addressing these underlying issues preventing access.

Years ago, addressing HIV and AIDS was a top priority and attracted ample external funding. Currently it is very difficult however to obtain enough funding from both private donors and governments. Moreover, donors have indicated they will decrease funding for countries such as Kenya, Ghana and Indonesia which are graduating to become middle income countries. This means that the biggest share of people living with HIV and key populations in the world will live middle income countries, and therefore they may no longer be reached through development aid according to the current definition from the OECD's official development assistance<sup>7</sup>. At the same time, though, not every country will be able—or is willing—to support its own HIV and AIDS response with their own funding. National programmes and strategies to prevent the advance of the epidemic are still much politicised and budgets depend upon approval by national parliaments.

We remain very concerned for the key populations and other individuals living with HIV who will continue to face heavy stigmatisation and criminalisation, particularly when donors pull out of responding to HIV and AIDS. National governments have to fill their shoes and increase investments to reach those who need it most, but will they have the political will to repel the discriminating laws that criminalise same sex relations, sex work or drug use? These issues are very real and complicate the road ahead to extinguishing HIV and AIDS and enabling people living with and affected by the disease to lead fulfilling lives.

As Hivos refers to in the recently published article *"No More Broken Promises"*, to counter these problems, civil society organisations, advocates, activists, and key population organisations must advocate worldwide for more transparency, accountability, and participation not only in the health and HIV sectors, but more generally in political decision-making processes, as those impact key populations' daily lives. Advocating for human rights to access health care, to be informed, and to participate meaningfully in public decision-making, has proven to be both a necessary social justice imperative and a way to build more responsive health systems. Empowering key populations to have a say in how public resources are allocated and to monitor service delivery will help ensure the long-term effectiveness and sustainability of the response to the epidemic."

<sup>7</sup> OECD DAC List of ODA Recipients 2018-2020. Available at: [http://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC\\_List\\_ODA\\_Recipients2018to2020\\_flows\\_En.pdf](http://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC_List_ODA_Recipients2018to2020_flows_En.pdf).

Hivos will continue to tackle this problem by integrating the human rights approach to HIV and AIDS within its broad development programmes, including through intersections with our SRHR programming, by advancing gender equality, and through the promotion of transparency and accountability of governments. We will build upon the good practices and lessons we have learned as we support more organisations in countries to tackle the virus, by ensuring those living with it or affected by it are not criminalised or discriminated against and can obtain the quality of care and access the medicines they need to lead a fulfilling life.

For those readers interested in learning more about what STOP AIDS NOW! achieved, please visit: <http://www.stopaidsnow.org/>. To learn more about Hivos and its work on HIV and AIDS, sexual diversity and our cross-cutting programmes, please visit: <http://hivos.org>. To learn more about what the Aidsfonds is doing in the Netherlands and abroad, visit: <http://aidsfonds.org>.

## PRIMARY SOURCES CONSULTED FOR THIS REPORT

Hundreds of Hivos project, strategic and management reports and other documents 2001-2016.  
STOP AIDS NOW! Annual Reports 2002-2016.  
Hivos Annual Reports 2001-2016.  
Websites and social media sites of organisations mentioned in the good practices.  
Interview with Yvette Fleming, Programme Manager at Aidsfonds and former manager of STOP AIDS NOW!, November 2017.  
Interview with Mirjam Musch, Senior Strategist HIV and Human Rights, November 2017.  
Interview with Edwin Huizing, Hivos Executive Director, November 2017.  
Interview with Chivuli Ukwimi, Programme Coordinator, Hivos Southern Africa hub, December 2017.  
Interview with Manine Arends, Director of ICW Latina, Women, HIV and Human Rights, Hivos Latin America regional office, December 2017.  
Interview with Nonhlanhla Malindi, Programme Officer, Hivos Southern Africa Hub, December 2017.

<sup>8</sup> A. Chang Pico, Tomás; Kohler, Jillian Clare; Hoffmann, Julia, and Mungala, Lucy (2017). "No More Broken Promises." Available at: <https://www.hhrjournal.org/2017/12/no-more-brokenpromises-challenges-and-opportunities-for-key-populations-in-demanding-moretransparency-accountability-and-participation-in-the-global-response-against-thehiv-and-aids-epidemic/>.





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January 2018

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