TUPEC208

Optimizing HIV Service Delivery for Infants, Children and Adolescents: Data from 324 Facilities in 30 Countries

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Background: Nearly four decades into the HIV epidemic, only half of children living with HIV globally are on treatment. Even fewer receive the quality of care they need and deserve. Despite our efforts, progress has stagnated and our long-term gains remain elusive. Moreover, the service delivery gaps and shortcomings in the global response - while undeniable - are largely undefined.
Methods: In 2019, Paediatric-Adolescent Treatment Africa (PATA) and UNICEF in collaboration with key stakeholders conducted a frontline health provider survey using snowball sampling within the PATA, ANECCA and EVA networks and via international NGOs. The survey comprised over 80 questions to assess provider preferences and perspectives on modes of HIV service delivery for infants, children and adolescents. The survey was available in English, French and Portuguese on a web-based platform. Data were analyzed using descriptive statistics and thematic coding.
Results: 324 health providers from 30 countries, primarily from sub-Saharan Africa, participated. Participants were mostly nurses (41%) at primary health facility level (44%), and represented urban (48%), peri-urban (19%) and rural (33%) settings. Sixty-eight percent of providers reported loss to follow-up as the principle challenge in KEEPing positive mothers and their exposed infants in care, due to low caregiver awareness, long distances, and child-headed households. To LOCATE and LINK missing infants, children and adolescents with HIV to services, 48% of providers recommended community sensitization, tracing and testing. However, low rates of outreach were reported, and linked to limited resources (e.g. insufficient staff time and transport) and consent challenges (10%). For TREATMENT initiation for these age groups was reported as physician-prescribed by 69% of providers. Nurse-led refills were also sub-optimal across age groups (52-57%). Providers underscored insufficient training as the major constraint to prescribing treatment (71%), and integrating paediatric care within MNCH services (38%). To support RETENTION in these age groups, providers prioritized age-specific strategies, including appointment tracking and reminders (44%), community tracing (33%) and caregiver support (26%). For adolescents, 21% recommended adolescent-friendly health services, peer support and weekend clinic hours.
Conclusions and recommendations: Results indicate persistent service gaps across the keep-locate-link-treat-retain continuum, and suboptimal service delivery for infants, children and adolescents with HIV. This frontline evidence identifies critical barriers on the ground and proposes key interventions needing support. Accelerated and sustained impact will require improving and scaling up service delivery through a coordinated approach focusing on successful models that embrace both health facility and community-based services with strong clinic-community collaboration and linkages to other sectors.
Key words: Infants, children, adolescents, HIV, service delivery

TUPED222

Autonomisation Financière des Ménages des Orphelins et Enfants Vulnérables au VIH/Sida en Côte d'Ivoire: Une Stratégie pour Progresser

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En Côte d´Ivoire, les 0-14 ans représentent 41.5% de la population (RGPH 2014). De nombreux enfants de cette tranche de la population deviennent orphelins et vulnérables du fait de l´épidémie du VIH/sida. En effet, la prévalence du VIH dans la population générale (15-64 ans) est de 2,9% et de 0,2% chez les 0-14 ans (CIPHIA 2017-2018). La proportion des enfants (0-17 ans) ayant perdu au moins l´un de leurs parents est de 8,6% (MICS-2016).
L´impact socio-économique du VIH affecte profondément la survie des OEV dont la prise en charge demeure un défis pour le pays.
Dans ce contexte, le projet Nes-Hemon, financé par CDC/PEPFAR et exécuté par Santé Espoir Vie Côte d´Ivoire (SEV-CI), vient appuyer les efforts du ministère de la santé et de la lutte contre le sida et du ministère de la famille, de la femme et de l'enfant pour renforcer les capacités économiques des ménages des OEV par la mise en place d´Associations Villageoises d´Epargne et de Crédit (AVEC).
La méthodologie adoptée s´inspire des approches de conception et de mise en place des Groupements-Epargne-Crédit tel que développé par le Programme National de Prise en Charge des OEV. La stratégie du projet a consisté à organiser dans les différentes localités des groupes de 30 parents des OEV avec pour objectif d´établir des groupes d´épargnes par la constitution d´une caisse de solidarité avec possibilité d´achat de part et d´accès au crédit.
Après 12 mois de mise en œuvre (mai 2018 au juin 2019), SEVCI a installé 16 AVEC regroupant 304 membres (278 femmes et 26 hommes) de 267 ménages dans 7 localités. L´ensemble de ces AVEC totalise un montant d´épargne de 11344 USD et un montant de crédit de 3652 USD (32%) et permettent la prise en charge de 427 OEV.
Ces AVEC ont permis de : toucher des individus qui n´auraient normalement pas accès à des crédits ; créer des emplois et de favoriser le dynamisme économique dans une localité ; former un groupe de bénéficiaires à un métier et à la gestion d´une activité ; promouvoir la culture de l´épargne et promouvoir des opportunités égales entre femmes et hommes.
Les prochaines étapes sont : étendre les AVEC dans toutes les localités du projet ; assurer la formation des bénéficiaires en éducation financière et comptabilité simplifiée ; impliquer les OEV dans toutes les phases de la conduite des AVEC afin de faciliter leur appropriation en cas de décès des parents et viser la communauté pour éviter la stigmatisation, augmenter les contributions et le partage des fonds.

TUPED223

Empowering Sub-Saharan Immigrants in Sexual Health in Paris Greater Area, France: The Makasi Project

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Issues: African immigrants are disproportionally affected by the HIV epidemic in France. Part of these HIV infections occurred after migration, in relation to social hardships experienced during the settlement period. Many actors strive for an easier access to healthcare services for immigrants and to set up information programmes; however the mere supply of knowledge and medicalised solutions is not enough to make persons adopt preventive behaviours. It seems necessary to act upon empowerment in order to improve autonomy and action capacity in the complex context of a host country.

Description: Two community-based organizations and three research teams joined forces in an interventional research called MAKASI which aims to reinforce immigrants' empowerment in sexual health so they can adopt appropriate preventive and healthcare methods which can reduce their exposure to sexual risks. The pilot phase of this project (2017-2018) allowed us to build an empowerment intervention consisting of an individual interview based on the principles of motivational interviewing, using an Active Referral system to social or sanitary services relevant to the person's needs, with navigation if necessary. The intervention was delivered within mobile units in public spaces (markets, stations…). It was proposed to any person coming from Sub-Saharan Africa and reporting at risk sexual situations or social hardships.

Lessons learned: the pilot phase showed the complementarity of the two community-based organisations involved (one engaged in social work and the other in HIV prevention and testing via mobile units), the feasibility and acceptability of the empowerment intervention, and the relevance of the out-reach approach : 46% of the population visiting the mobile-units had social hardship or exposure to sexual risks. A general-health- need approach, involving people from the African communities and using positive messages were identified as key elements of success.

Next steps: Our hypothesis is that this intervention is going to reinforce four dimensions of empowerment in sexual health among immigrants: the capacity to express their needs, competencies in sexual health (knowledge and access to services), self-esteem (autonomy, mental health, and negotiation capacity), awareness of exposure to HIV and STIs. The second phase of the project aims at measuring the efficacy of the intervention on these four dimensions, and at evaluating its processes and efficiency.

TUPED224

The Law, Protection and Empowerment of PLHIV and Vulnerable Populations (Key Populations/Most at Risk Populations) of Bamenda in the Northwest Region of Cameroon

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Issues: Members of the Most at Risk Population (key population) like the Lesbian Gay Bisexual Transgender community (LGBT), Female Sex workers,drug users etc have the highest prevalence of HIV infection. In Bamenda this group of persons are generally mistreated, stigmatized, discriminated by their friends, family members and even health service providers because of their HIV positive status, sexual orientation or gender deviation. Many are ignorant of the fact that there are laws existing to protect them. As a matter of fact sometimes the law enforcement officers themselves are the ones violating their fundamental human rights . Many have low self-esteem issues and cannot defend themselves, In fact some auto stigmatize themselves and so expect others to stigmatize them as well. . Many of them are dependent and hence have to bear whatever treatment their benefactors give them. Many people in my community practically ostracize PLHIV because they are afraid that they can get infected with HIV just by living with or sharing some household necessities with them.

Descriptions: In the course of the last five years I have been actively involved in the implementation of the CHAMP project in the North West Region of Cameroon specifically the locality of Bamenda. Thanks to this project which has reached about 2500 FSW, 700 MSM and 25 trans genders, I carried out 25 focused group discussions with at least 8 persons per session which included some general population and some non HIV positive persons. I also carried out 50 interpersonal talks/intense interviews with 20 MSMs, 20 FSW and 10 transgender all living with HIV in the Bamenda health District.

Lessons learned: This issues have limited access to the much needed health care services and support systems which has led to increased HIV and STI infections, poor adherence, defaults from Antiretroviral (ARV) medications, increased AIDS related deaths, Increased depression and suicides/attempts among this group.

Next steps: All persons both infected and affected have to be educated on their fundamental human, sexual rights and the law. Intense and massive sensitization should be done to dispel any myths about being in danger just by living or sharing things with PLHIV. Law enforcement officers and health service providers have to be educated on the legal consequences of stigmatization, discrimination and breech of confidentiality. Empowerment projects/ programs should be designed for these groups of persons.

TUPED225

Créer des Pôles d'Excellence au Sein des Associations de Populations Clé : Un Moyen pour le Respect, la Protection des Droits Humains et la Création d'un Environnement Favorable

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Questions: Le respect des droits humains et la création d'un environnement favorable aux populations clé (PC) sont déterminants pour atteindre les 3x90 et éliminer le VIH/sida d'ici 2030. Ceci reste difficile pour des raisons religieuses et socioculturelles. Les PC font l'objet d'une stigmatisation et discrimination sans précédent, les contraignant à ne pas jouir de leurs droits. Le fait que la société les juge de vecteurs de maladies rend la lutte particulièrement ardue, mais pas impossible, vu leur détermination et l'accompagnement d'une partie de la société civile.
Africa Consultants International et MédicosdelMundo ont appuyé des associations de PC avec un programme de formation sur des thématiques favorisant le respect des droits humains
Description: Contribuer au respect des droits humains et à la création d'un environnement favorable aux populations clé. Identification de 04 associations de PC répondant aux critères de Pôle d'excellence
Echanges sur le cadre conceptuel du programme avec les PC
Déroulement de 06 sessions de formation d'une demi-journée pour chaque association de PC entre juin et septembre 2017
Démultiplication de la formation par les associations de PC à l'intention d'organisations paires (effet tâche d'huile)
Networking (Réseautage)
Plaidoyer
Sessions de dialogue avec les associations de jeunes, de journalistes et de religieux
Capitalisation et documentation des succès stories
Leçons apprises: 01 réseau et 03 associations de PC renforcées pour jouer le rôle de Pôles d'Excellence.
Démultiplication des connaissances et compétences acquises à 44 associations dont 03 composées de CDI, 19 de LBGTI et 22 de TS
Ce qui a favorisé chez les PC: Estime de soi, confiance accrues et vison élargie des rôles
Développement du leadership
Compétences en communication et plaidoyer
Fréquentation accrue aux structures de santé
Meilleure prise en compte des droits humains
Réduction des perceptions négatives
Prochaines étapes: Renforcer les capacités, la dynamique associative et le leadership des associations de PC pour en faire des structures ressources capables d'appuyer leurs paires et d'initier des démarches de plaidoyer est une nécessité au respect des droits humains
Aider les associations de PC à pérenniser leurs activités pour leurs membres et auprès des leaders communautaires,intensifier la synergie entre elles et les organisations de défense des droits humains peut contribuer à créer un environnement favorable

TUPED226

La «Semaine de Solidarité», une Approche Novatrice du FSMOS pour la Promotion des Droits et la Lutte contre la Stigmatisation et la Discrimination des PVVIH au Burkina Faso

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Issues: Malgré l'adoption de la loi 030/2008/AN portant lutte contre le VIH/SIDA et protection des PVVIH le 20 mai 2008 par l'Etat burkinabé, les PVVIH sont victimes de stigmatisation et la discrimination dans leurs communautés. Ainsi, à travers l'organisation de la semaine de solidarité, le FSMOS compte renforcer l'intégration des PVVIH dans leurs communautés par la promotion des valeurs de solidarité et l'instauration d'un cadre d'échanges entre celles-ci et les autres membres de la société.
Descriptions: L'approche consiste à organiser une semaine de solidarité au profit des PVVIH. Un comité d'organisation composé des différents acteurs a été mise en place. Les associations de PVVIH ont été fortement impliquées. Plusieurs activités ont été réalisées. Une cérémonie d'ouverture, ponctuée de discours, de prestations d'artistes et de remise de kits ont été les premières activités. S'en est suivi l'animation de stands pour exposer les productions des PVVIH. Des émissions radiophoniques et télévisuelles, des panels sur la stigmatisation et les droits des PVVIH, des sorties récréatives sur des sites touristiques et un repas communautaire entre les PVVIH et les autres acteurs et membres de la société ont été réalisés.
Lessons learned: L'intervention a permis d'améliorer l'estime de soi des PVVIH et de persuader les autres membres de la communauté de la nécessité d'accepter les PVVIH. Pour l'édition de 2017 et 2018, 2200 participants étaient présents, dont 800 PVVIH, 1100 orphelins et autres enfants vulnérables et 300 acteurs et membres de la communauté. L'approche a permis aux PVVIH de se sentir aimer et aux autres membres de société d'être encore plus proches de celles-ci. Cela s'est fait à travers : « Lutte contre les nouvelles formes de stigmatisation et de discrimination envers les PVVIH et les OEV» ; ce qui réduit les comportements stigmatisant et discriminant envers les PVVIH.
Next steps: La semaine de solidarité a un impact positif sur le comportement de la communauté envers les PVVIH. Elle évite l'auto stigmatisation et renforce la confiance en soi des PVVIH. Tout cela participe de la promotion de leurs droits. Le besoin de réviser la loi actuelle a été relevé pendant les panels. Aussi, étendre l'expérience à l'ensemble des régions est un défi à relever. La pérennité de l'intervention demande une mobilisation des acteurs et des bénéficiaires à tous les niveaux ainsi que la disponibilité de ressources financières.

TUPED227

Associations Villageoises d'Epargne et de Crédit (AVEC) dans l'Amélioration de la Visibilité des Centre Sociaux et de la Prise en Charge des OEV et des Personnes Vulnérables Cas du CS de Bléniméouin

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Questions : les populations de côte d'ivoire ont subi de plein fouet l'impact des chocs économiques et politiques successifs qui ont secoué le pays. Déjà avant la crise post électorale de 2010- 2011, l'incidence de la pauvreté avait déjà augmenté, passant de 10 % en 1985 à 49 % en 2008. Le PNOEV a donc mis en œuvre à travers les centres sociaux la stratégie des AVEC (association villageoise d'épargne et de crédit). Cette stratégie dont l'objectif était d'amener les familles d'OEV à être autonome, a apporté aux centres sociaux beaucoup plus de **visibilité**.
Descriptions: L'AVEC qui est un groupe de 15 à 30 personnes qui épargnent ensemble (500 F CFA/part/semaine) et font de petits emprunts à partir de ces épargnes. Les activités des AVEC fonctionnent en « cycles » d'une durée d'une année, au bout desquels les épargnes accumulées et les bénéfices tirés des prêts sont répartis entre les membres. Le centre social de Bléniméouin en a sept (7). Parallèlement aux réunions hebdomadaires des AVEC, le centre social mène des sensibilisations sur différents thèmes. Une antenne (stratégie avancée) est installée dans les localités éloignées les jours de réunion pour la gestion des problèmes sociaux.
Leçons apprises: de 04 AVEC, le centre est passé à 7 AVEC. Des chefs de village sollicitent le centre pour la création des AVEC. En termes de fréquentation, de 26 cas par mois le centre est aujourd'hui à 124 cas reçus. 235 personnes sensibilisées. 12 cas de réhabilitation nutritionnelle. De 09 cas de viol en 2015 à 3 cas en 2018. Les 7 AVEC génèrent à ce jour 7. 275. 300 f CFA. Les activités d'AVEC touchent 38 OEV. Elles ont rétabli les mécanismes traditionnels d'entraide informelle affaiblis par les crises répétées. En effet, les membres des AVEC se regroupent en groupe de 10 et vont travailler respectivement dans les champs de chacune d'entre elles. Elles occupent désormais le marché des produits phytosanitaires ; chaque groupe retire dans la caisse un fond qui permet d'acheter des cartons de produits phytosanitaires qui sont revendus en détails aux membres des AVEC et même aux populations. Cette activité produit des intérêts qui sont reversés dans leur caisse.
Prochaines étapes: Un processus de formalisation des AVEC est en cours.
Les bénéfices tirés sera utilisé pour l'achat de broyeuse. La création d'une fédération des AVEC de la localité et un lien avec les institutions de microfinances, achat de tricycle qui permettra l'évacuation des produits vivriers.

TUPED228

Broadening Outreach: Building Capacities for LGBTI Youth Living with HIV/AIDS in Botswana

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Issues: LGBTI people in Botswana continue to live under societal and systematic oppression as a result of their gender and sexual identity, this level of stigma which often goes unattended greatly hinders the LGBTI community from accessing quality health and HIV services within public and government health facilities. Many LGBTI young people living with HIV remain excluded due to fear of double stigma and discrimination leading to a majority of them not being able to access quality and non-discriminatory health services including HIV care, treatment and support. This abstract aims to highlight strategies employed towards building capacities of young LGBTI person living with HIV to be able to find their voice and ground.

Descriptions: Gender and sexually diverse youth living with HIV/AIDS face economic and social exclusion as a result of stigma associated to their status and often become homeless and destitute. In rural areas, this problem is exacerbated due to the fact that these spaces are often under resourced and people have very little exposure to gender and sexual diversity and still hold unto problematic myths of LGBTI persons as well as HIV and AIDS. Transgender and gender diverse youth (including intersex individuals) are especially undeserved in rural communities. Healthcare professionals are often not equipped to provide services that are inclusive. Intersex people face the harsh realities of "corrective´ genital surgery and in worse cases; infanticide is still practiced in rural spaces in Botswana and on the African continent.

As education around on LBTI, human rights and HIV are scarce, LGBTI youth in rural and peri-urban area lack access to HIV service delivery, socio-economic inclusion, mainstream legal and human rights protection. Men for health and gender justice organisation operates within a rights based framework and builds capacities of these communities through comprehensive health, legal and human rights training as well as socio-economic empowerment sessions to equip the community with skills to defend themselves

Lessons learned: We have learnt through our interactive capacity training program that representation, visibility, protection and knowledge of law are key elements of building a stronger and empowered movement.

Next steps: To facilitate similar training in other areas and dialogue with policy makers, activists, LGBTI and community leaders on ways of jointly stopping stigma on LGBTI youth living with HIV in Botswana.

TUPED229

Facilitating Communities to Monitor Implementation of the Right to Health in Kenya

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Issues: Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) with support from the Stop TB partnership,implemented a community project focusing on Enhancing an enabling legal environment to reduce barriers to uptake TB services in Kenya
The project was informed by the findings of the Global Commission HIV and the Law, which noted that the legal environment can play a powerful role in the well-being of people living with HIV and communities vulnerable to HIV&TB.The project aimed at enhancing the legal environment to reduce barriers to effective uptake of TB services in Kenya; focus was to;
(i) To increase knowledge on right-based approach to TB among communities affected by TB in 6 informal settlements of Nairobi County, Kenya;
(ii) To create awareness on TB and human rights among health care workers, and county health management teams in 6 informal settlements of Nairobi County, Kenya;
(iii) To facilitate access to justice for communities affected by TB whose rights have been violated.
Descriptions: Empowering communities affected by TB in Nairobi's informal settlements on rights based approaches to TB care. 360 participants, 58% females and 42% males were trained.Supporting 30 trained community TB champions to conduct six community TB cafés on TB and human rights in 6 informal settlements, they also Monitor, document and report cases of TB rights violations to ensure legal redress;Conducted a county multi-stakeholders dialogue forum between trained community TB champions, health care workers and health management teams on TB and human rights in Nairobi county, Nairobi City TB free initiative developed;Developed, printed and disseminated Media Policy on TB rights, IEC materials and a fact sheet on TB rights and Conducted legal literacy and know your rights campaigns targeting communities affected by TB during World TB Day.
Lessons learned: Mobilization and empowerment of communities affected by TB should be central to any TB & HIV programming, ensure their direct involvement in addressing challenges that hinder access to justice for health human rights violations
Next steps: KELIN will support communities to strengthen their legal literacy,protect rights of people living with HIV, persons with TB and key populations.This is critical in promoting universal access to HIV & TB prevention,treatment and care in keeping with international guidance and national human rights commitment.

TUPED230

Effects of Punitive Laws in Access to HIV Servies among Female Sex Workers and LGBTQ Persons

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Issues: in Uganda as most of the african countries homosexuality and sex work is legally criminalized with less efforts put in place to challenge these punitve laws.In the past decade, SOGIE organizing in uganda has moved from movement building, empowerment to litigation, creating an inclusive environment for sexual and gender minorities. SGM organizing has grown immensely from 10 organizations to over 70 in a decade in both urban and rural towns in uganda.
At National level, we have seen remarkable work with the law makers that seek to develop and implement friendly policies as well as repealing punitive laws. However, these strategies leave behind the different contextual needs of the grass root organizations and SGM. This abstract seeks to address how we can devolve national advocacy by developing strategies that are sensitive to the different contextual needs arising through local organizing
Descriptions: Devolve national advocacy by developing contextual strategies that speak to the needs of local organizing. With the ongoing litigation at the national level, grass roots shall develop mechanisms that address outcomes by engaging the relevant stakeholders at the county level complimenting the national work and aggressively occupying spaces of decision making such as the budget making process and public participation
Lessons learned: Advocacy is contextualized and made relevant at all levels of organizing with a niche of ownership from the community members and putting faces to SOGIE to demystify the myth most often stated in national spaces that there are no SGM in rural areas of uganda
Next steps: Devolving national advocacy reduces cost of movement by organizations from urban towns to rural of uganda by empowering rural activists to do the work in their communities of residence

TUPED231

An Empirical Study of the Impact of Nuisance By-law Enforcement on Homeless Sex Workers Living with HIV in Cape Town

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Background: Sex workers have traditionally been targeted by law enforcement officers in Cape Town because they are associated with criminal activities and law enforcement officers are enabled by Nuisance By-Laws that empower them to target homeless people and sex workers. Sex workers are profiled and targeted for personal searches as they are often in the possession of illegal drugs. The actions and violations of law enforcement officers are reported but little is done in response due to a lack of empirical evidence.
Methods: SWEAT has maintained a database of sex workers in the City of Cape Town for the purpose of monitoring and evaluation and also in order to inform its programmes in respect of the distribution and basic demographics of sex workers in the city. Data for the period 1 April to 31 March 2019 was analysed and de-duplicated in order to estimate the population size of street based sex workers in the suburbs of Woodstock, Salt River and Observatory. The multiplier method was then used to estimate the population size of the homeless sex workers in this area. The estimated population size is then used in order to determine a minimum sample size in order to provide for a 95% confidence level. A random sample of homeless sex workers in these areas are interviewed in order to establish the frequency, type and extent of actions as well as the impact these actions have on the health of sex workers.
Results: Analysis of the SWEAT database indicated that the population of sex workers reached in the suburbs of Observatory, Salt River and Woodstock is estimated to be 374. The number of homeless sex workers in these areas was estimated in order to establish the sample size for conducting interviews. The interviews documented the following: Confiscation of possessions, confiscation of of identity documents, confiscation of Anti-retroviral medication, incidents where people were assaulted, people were coerced into providing sexual services, people who were unable to take medication while they were detained without being charged.
Conclusions and Recommendations: The actions of law enforcement officers undermines the work done by HIV prevention programmes and results in sex workers defaulting from their treatment. The adherence of sex workers is also negatively affected. Sex workers are denied health services without their identity documents. Law reform is needed to prevent the abuse of By-laws by law enforcement officers which undermines health programmes.

TUPED232

Promoting National HIV Anti-discrimination Law with Religious Interpretations - An Assessment of a Nigerian Strategy

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Background: Nigerian are deeply religious, with majority of the people committed to a faith. A multi-country study opined that about 91% of the population attended a religious service, contrasting with some countries like the UK having 21%. When properly engaged, religious leaders and faith communities can become transformational forces to be leveraged for achieving developmental agenda. The objective of this study was to assess the efficacy of a faith-based strategy that promoted the National anti-discrimination law using faith interpretations and teaching of the law.
Methods: In partnership Christian Aid UK Nigeria, religious leaders and scholars from different faiths were brought together in technical meetings to simplify the national HIV anti-discrimination law 2014 with relevant Bible and Quranic verses that support the components of the law. The simplified version was produced in leaflets and posters. In a single blinded cluster randomization, 12 religious groups (7 churches and 5 mosques) were randomly grouped into intervention (5 churches and 3 mosques) and control groups (2 churches and 2 mosques). In the intervention group, the religious leaders shared the leaflets containing the simplified anti-discrimination Act to their congregations and preach briefly about the messages in their sermons once every week, while the control group received leaflets containing summary of the anti-discrimination Act with no religious interpretation. After 12 weeks, data were collected from 310 (females 52%) randomly selected respondents (intervention 180, control 130) and 12 religious leaders were involved in in-depth interviews.
Results: Knowledge of HIV anti-discrimination law was higher in intervention group (54% in intervention, 31% in the control) and they expressed less stigmatizing attitude with no significant difference between the Christian and the Muslim groups. The religious leaders opined that the simplified religious version appeals more to the conscience and triggers more empathy, compared to the original version that sounded more punitive but commits to no moral obligation.
Conclusions and recommendations: This study suggests that engaging religious communities through their leaders in policy making and implementation is key to achieving sense of ownership of government policies and laws, promoting active citizenship and social changes of public health importance particularly in countries where religion plays central role in the people's lives.

TUPED233

Reducing HIV Vulnerability among People who Use Drugs through Addressing their Human Rights Violations in Mbale, Uganda

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Issues: Human rights violations of PWUDs (People Who Use Drugs) are driven by stigma, discrimination, social exclusion and criminalization of drug use. They foster prejudicial attitudes towards PWUDs rather than providing understanding and assistance, deprive them of essential HIV and HR (Harm Reduction) services. These rights are violated systematically and endemically, and include denial of HIV and HR services, abusive law enforcement practices, gender-based violence and sexual harassment. These abuses increase PWUDs and their sexual partners' vulnerability to HIV infection, negatively affect delivery of HIV and HR programs. The bed rock of AIDS response is an absolute commitment to protecting human rights. Nothing other than zero discrimination is acceptable. (UNAIDS 2014a)
Description: Institutional strengthening and building a strong movement to generate a response mechanism to HR and Human Rights issues that affect PWUDs in Uganda with support from Open Society Initiative Eastern Africa 2017-2018. Under this project UHRN (Uganda Harm Reduction Network) built partnerships with Human Rights advocate organizations ,trained 10 PWUDs community paralegals on reporting and documentation of human rights violations , engaged 120 police officers on issues of HR, developed standardized legal literacy materials targeting PWUDs, carried out outreach legal awareness sessions for PWUDs,604 community members were sensitized on human rights of PWUDs and HIV , held advocacy engagements with legislators and policy makers, mobilized and empowered PWUDs community groups and produced periodic reports to the donors.
Lessons learned: The project shows that effectiveness of all efforts are hampered by inadequate implementation of laws and policies protecting human rights of PWUDs in their access to HIV and HR services. Despite that, community specific interventions addressed human rights violations of 128 cases against PWUDs with 21 cases being females. The project led to building of a strong partnership and network between law enforcement officers and UHRN team leading to an approach of arrest and refer other than arrest and detain.
Next steps: Focus on the legislative environment and the development of programmatic responses to ensure PWUDs are able to realize their rights to HIV and HR services.This project will be used as the basis for dialogue with the country steak holders
, technical partners and other donors.
Keywords: Human Rights, PWUDs, HIV, Harm Reduction

TUPED234

Leveraging on Community Advisory Board to Address Structural Barriers, Create Demand, Increase Comprehensive HIV Service Uptake for MSM through Service Delivery Integration into the Ministry of Health

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In 2017 MSM HIV prevention health Service uptake remained low because of structural barriers fueled by cultural, political and religious rhetoric's, consequently increasing stigma, discrimination, violence and human rights violations against MSMs keeping them from seeking or accessing services despite being at increased risk of HIV acquisition and transmission. County MSMs are estimated at 1,800, 40% accessing HIV prevention services. Grassroots nature of MSMs increases the fear to be outed & bleach of confidentiality making it difficult for MSMs to access services in stand-alone clinics that would further fuel stigma, violence and human rights hence need for an innovative strategy to reach and create an enabling environment through advocacy & integration of targeted service delivery ensuring anonymity of clients. With global Fund-GF funding through KRCS to contributing to reducing new HIV infections by 75% and AIDS related mortality by 25%,innovated CAB strategy to integrate MSM services into the MoH a low cost, high impact and sustainable intervention as opposed to the traditional stand-alone MSM clinics. CAB was was to accelerate access to HIV prevention services for MSMs by reducing structural barriers hindering MSM from accessing HIV services by lobbying stakeholders to support EMAC's HIV health Agenda of creating an enabling environment, change attitudes, Knowledge and prejudices about homosexuality and HIV consequently increasing demand creation and friendly service uptake under MoH. CAB membership is made up of 11 influential stakeholders;Police, religious groups, Chiefs, administrators, business community, MSMs, lawyers and MoH linking EMAC with the community, give advisory opinion on HIV program innovation, design, implementation, conflict resolution and advocacy strategizing.
CAB activities created demand for 1,100 MSMs to access HIV prevention health services under MoH who received HTS services, 32 positive clients linked to care and treatment and are virally suppressed, screened for STI , 17 treated, screened for TB, Alcohol and Substance Abuse. 28 Peer Educators and 2 Outreach Workers, distributed 15,000 condoms and Lubricants, did Condom demo, Health Education, behavior change counseling, 76 violence cases reported and addressed
Scale up CAB innovation in integrating MSM services.Plan for sustainability via integrated service delivery, accelerate advocacy, creating enabling environment, increase demand creation and service uptake

TUPED235

Les droits Humains dans la Lutte Contre le VIH: Une Valeur Ajoutée à la Prise en Charge des PVVIH

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Introduction: Priver les gens de leurs droits fondamentaux revient à contester leur humanité même. » Cette pensée de Nelson MANDELA prouve à suffire, la persistance de la vulnérabilité et l'insatisfaction des Personnes Vivant avec le VIH, en dépit de tous les soins médicaux dont elles bénéficient dans les communautés où leurs droits demeurent constamment violés ou méconnus. Ayant pris conscience de l'importance du respect des droits humains dans cette lutte, l'Organisation des Nations Unies dans sa Déclaration sur le VIH signée en 2001 a reconnu la nécessité d'intégrer les droits humains dans l'action mondiale contre le VIH/SIDA. Ensuite le Bénin a adopté la loi 2005-31 du 10 avril 2006, portant prévention, prise en charge et contrôle du VIH/sida en République du Bénin. Mieux il a bénéficié de la subvention du fonds mondial qui fixe comme priorité des droits humains liés au VIH /sida. Après 3 ans de mise en œuvre de ce projet, le respect des droits des PVVIH dans la lutte contre le VIH/SIDA est-il nécessaire ?

Méthode: La méthodologie adoptée a été celle d´une étude rétrospective à caractère quantitatif et qualitatif portant sur (550) PVVIH suivis sur les sites de prise en charge des hôpitaux de zone de Natitingou, Djougou, et Tanguiéta des départements de l'Atacora et de la Donga (Nord Bénin). Pour l'échantillonnage, il a été considéré les patients reçus dans la période de Mars à décembre 2018. La méthode utilisée est d'appréciation non probabiliste et les données recueillies ont été traitées avec le logiciel SPSS.

Résultats: La population de l'étude est à dominance féminine (67%) contre 33% de sexe masculin. On note une prédominance des besoins en informations juridiques sur les droits humains liés au VIH (70,54%). Ceci exprime suffisamment l'importance de la prise en compte des droits fondamentaux des PVVIH dans le suivi sanitaire dont elles bénéficient. Les cas de rejet pour cause de VIH ont été enregistrés (5,1%) et 2% ont subi des injures publiques stigmatisantes. Les violences ou menaces ont été exercées sur 1,4% des PVVIH. A l'analyse l'ignorance des droits des PVVIH fait plus mal aux PVVIH que le mal lui-même en ce qu'il compromet leur suivi sanitaire.

Conclusion: Le respect des PVVIH dans leurs communautés sont pour les droits humains une exigence et pour la médecine des circonstances favorables à une prise en charge efficace et durable. Ceci devient en définitive une exigence médicale.

TUPED236

Violations of Our Fundamental Human Rights: A Review of Arbitrary Arrests, Assault and Public Parade of LGBTI by the Police and Stigmatization by Healthcare Workers in Benue State Nigeria

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Issues: Benue is among the six priority states in Nigeria with HIV prevalence above national average of 3.4%. The state has witnessed series of arbitrary arrests, assaults and public parade of LGBTI persons in rent times. One of those popular cases of arbitrary arrest involved a certain 19-year-old male Ushahemba Yaapera who was arrested as female impersonator by the men and officers of Benue State Police Command which attracted public attention. However, the aftermath of the arrests, assaults, body search and public parade on the LGBTI persons created tensions and uneasiness among LGBTI persons which resulted in drastic drop in uptake of HIV/TB/STIs related services due to fear of arrest and stigmatization.
Descriptions: With funding support from International HIV/AIDS Alliance, THEDI, an LGBTI-led NGO in collaboration with ICWWA implemented the "Emergency Response" targeted at the Police, Healthcare workers and the LGBTI community in Benue State. The project aimed to increase access to HIV/TB/STIs services for LGBTI and retention in care; built collaboration to reduce arbitrary arrest by the police and stigmatization of LGBTI by healthcare workers. Key intervention included Focus Group Discussions (FGDs), advocacy and sensitization of the police and healthcare workers on the rights of key populations.
Lessons learned: There was significant turn-out in the FGDs as LGBTI persons were concerned about the unhealthy situation of arbitrary arrest and were looking forward to a meeting to discuss tips that would increase retention in care and reduction in stigma and arbitrary arrests. The large turn-out of the police (154) and healthcare works (93) during the program and some of the rudimentary questions asked pointed to the fact that a lot of them are ignorant of fundamental human rights issues, let alone the rights of LGBTI persons.
Next steps: Given that stigma as well as unanticipated arrest were the major reasons for poor adherence and access to HIV/TB/STIs services by LGBTI and coupled with healthcare workers and police ignorance of fundamental human rights generally, let alone the rights of LGBTI persons, program targeting the healthcare workers and Police should be intensified and scaled up to curb the human rights abuses and stigmatization of LGBTI persons.

TUPED237

Evaluation of PITCH-AGYW Project Approach to Lowering Age of Consent for Access to HIV Testing and SRH Services - Implementation and Lessons Learned

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Issues: One of the barriers to accessing health services, especially HIV & SRH Services is that adolescents and young people need to have additional consent of an identified adult to be accepted by most health service providers

Descriptions: The PITCH project is an advocacy project seeking for lowering age of consent now age of access to health services for adolescents and young people including those living with HIV and AIDS. The advocacy pursuit is young people's led-supported by a consortium of organizations comprising Association of Positive Youth Living with HIV and AIDS in Nigeria (APYIN), Association of Women Living with HIV and AIDS in Nigeria with Education As a Vaccine-the lead organization. 30 Young Advocates (YAGs) were trained to champion the advocacy course for the lowering of age of consent and the implementation of Adolescent Health Development policy in FCT and Benue state respectively. The PITCH project started in April 2016 developed its advocacy strategy which 85% is dependent on taking advantage of windows of opportunities (WOP) to present issue of age of consent conferences, meeting and any available forum (national and international). This strategy provides the platform for young people to talk their issue by themselves which attract huge support of decision makers, local and international development partners to throw in their weight behind the PITCH project goal. The YAGs also helped their peers to make inform decision concerning sexuality and follow the Discussion Guide for Youth Advocacy Group for minimizing the risk of HIV infection

Lessons learned: Adopting the WOP strategy and empowering the young people to champion their issues give rise to supports from stakeholders including decision maker and development professionals. In 2018, the National Council on AIDS approved the prayer for the reduction of age of consent for HTS as contained in the memo submitted by one of PITCH partners Consortium-APYIN. The led to consensus stakeholder meeting (comprised of CSOs, development partners and HIV Task Team) to propose 14years as AOC for HIV Testing Services

Next steps: A recent progress report rated 75% the changed attitude demonstrated by decision makers, commitment and pledges from a range of development organizations to accomplish the PITCH advocacy goals in Nigeria. Young Advocates play a key role in presenting their issues and suggesting thoughtful ways to address their issue. This approach has proven successful in result achievement.

TUPED238

Mapping the Needs of LBQ Women and Trans People in Ghana

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Issues: According to Human Rights Watch Report, "No Choice but to Deny Who I am: Violence and Discrimination Against LGBT in Ghana" (2018) many LGBT Ghanaians say their lives have been torn apart. This is as a result of stigma and discrimination associated with homosexuality. We describe a research approach, implemented by sisters of the heart (SOH), courageous sisters Ghana (CSG) and alliance dynamic initiative (ADI) with funding support from COC Netherlands. The aim of the research was to facilitate and provide the evidence to help focus the attention of relevant stakeholders on the health needs of LBQT persons, and consequently lead to legislative and administrative measures to improve situations of LBQT persons in Ghana.
Description: The research team held meetings and conducted the research in safe meeting halls. While most of the questionnaires were self-administered, some were filled with the help of the Research Coordinators and their Assistants and other staff trained for this purpose. This was done to assist respondents who are not literate. 300 questionnaires were administered and a total of 295 questionnaires were analyzed. The median age of the participants was 27 years. 205 or 70% disclosed that they had no money for basic needs, a major concern from this research is the number of LBQT persons who do not have money for basic needs, indicating poverty levels that might affect decision making and undermine access to health care. Educational levels are quite poor (160 participants or 54%) have a secondary school education, 84 or 30% have post-secondary education and 41 or 14% have primary education. In Ghana, educational qualifications contribute significantly to the type of job that an individual can access. LBQT persons are more likely to drop out of schools or face stigma and discrimination. Some families disown their children if they find out their sexual orientation, leading to poor educational outcomes.
Lessons Learnt: The research came up with findings that, LBQT persons need more education and empowerment on sexual and reproductive health and rights and access health services without fear. Health workers should undertake needed trainings on gender and sexuality and LBQT issues.
Next steps: There is potential to empower LBQT persons through activities like community projects on HIV and Peer- Education for LBQT persons. Trainings for health workers and security personnel will go a long in protecting LBQT persons from stigma and discrimination.

TUPED239

Improving Community Led Social Accountability for Quality HIV Services for Adolescent Girls and Young Women through Legal Empowerment and Social Accountability in Mukono and Gomba Districts in Uganda

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Issues: Community led social accountability, Adolescent girls and young women, legal empowerment, HIV, duty bearers, SGBV, community health advocates
Descriptions: Adolescent girls and young women lack capacity and confidence to hold duty bearers accountable for violations of their health rights on which HIV infections thrive. They lack knowledge on their health rights, sexual gender based violence redress mechanisms, access to justice channels for survivors and have no platform and capacity to hold health service providers and law enforcers accountable. In addition, they lack knowledge on laws and policies on sexual violations which are key in increasing new HIV infections.
Methods: The Center for Health, human rights and development and Global Health Corps implemented a 2 year DREAMS project in Mukono and Gomba districts using an integrated blend of legal empowerment and social accountability for quality HIV services where community 40 community health advocates (40 adolescent girls and young women) were trained in their health rights, laws and policies, redress mechanisms for sexual reproductive rights violations and holding district health assemblies as a platform to demand for accountability for quality HIV services. The community health advocates model promotes community participation and approaches in demanding for quality HIV services which results into provision of quality HIV services.
Results: The end line evaluation results of the project showed an increase in HIV services from one to three. Confidentiality on HIV status by health workers improved. There was a 75 improvement in knowledge by adolescent girls and young women on health rights, laws and policies. The girls and adolescent girls and young women were empowered to demand for justice, accountability in cases of sexual violations on which new HIV infections thrive.
Lessons learned: Legal empowerment and social accountability improves access to quality HIV services if they two approaches are integrated and are community led. The model also can be adopted to address Sexual gender based violence cases on which HIV infections thrive
Next steps: The legal empowerment, social accountability and the community health advocate model was scaled up to address HIV and sexual gender based violence in Hoima district.

TUPED240

The Endgame of Young Key Populations in Zimbabwe Information Education and Communication Material - Young Key Populations Linking Policy to Programming

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Issues: The key population (KP) groups who for various reasons, have not been adequately reached with the national initiatives and continue to have higher prevalence rates of 24% in Men who have sex with men (MSM), 32% in women who have sex with women (WSW) and 57% in female sex workers.
Descriptions: The country's continued determination to achieve the UNAIDS 90-90-90 targets is demonstrated in the new Zimbabwe National HIV and AIDS Strategic Plan 2015 - 2018 (ZNASP) III, which presents priority investment and service delivery guidelines to sustain and scale up gains already made, as well as targeted actions to address bottlenecks and ensure that no one is left behind.
Lessons learned: The YKP LLP program has been rolled out and aims to reduce the risk of HIV and improve SRHR outcomes for young key population in an environment where there are various legal policy and legal barriers together with human rights violations and discrimination based on Sexual orientation and gender identity. In Zimbabwe a reference group of young key populations has designed and produced Information education and communication materials and implementation guidelines that are inclusive of Young key populations issues.
Next steps: Community Dialogues, Mulstistakeholders meetings, formation of a representative of a YKP reference group, capacity strengthening activities.

TUPED241

Amélioration de l'Accès à la Prévention, aux Soins/Traitement par le Respect des Droits Humains des Populations Clés (PC): Expérience du Projet Droits Humains(DH) de Revs Plus au Burkina Faso

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Questions: Depuis 2010, les nouvelles infections à VIH ont diminué de 45 % au Burkina Faso. La prévalence y est inférieure à 1 %. Pourtant, derrière ces bons indicateurs se cache la violation des DH qui contribue à nourrir l'épidémie du VIH en ce qu'elle pousse les PC à la clandestinité. Ainsi, pour contribuer à lever ces obstacles et barrières, REVS PLUS a mis en place un projet dédié au DH visant à renforcer le respect des droits des PC.
Description: REVS PLUS a salarié une ressource humaine/plaideur pour déployer les actions suivantes :
- la sensibilisation des acteurs de médias, des systèmes judiciaires et des parcours de soins par la mise en place d'ateliers ou de guides, pour faire évoluer leurs représentations et de garantir un positionnement non discriminant dans leurs champ d'action professionnelle;
- le renforcement des capacités des associations à défendre les droits des PC, par la création de dépliants d'informations et la mise en place de permanence juridique afin d'informer et d'orienter les PC aux prises avec la justice ;

En somme le projet à permis entre autres de :
-Sensibiliser et former 204 policiers,44 journalistes,44 acteurs magistrats et 44 soignants,
-réaliser un atelier national avec les religieux,
-réaliser un atelier multi-sectoriel pour l'élaboration du 1er plan stratégique national intégré de lutte contre l'abus des drogues
-réaliser des symposiums en marge de l'UNGAS Drogue et des assemblées de la commission On Narcotic Drug à Vienne et New York
-contribuer à l'ouverture d'une unité d'addictologie à la capitale et la réduction des articles homophobes dans la presse
Leçons apprises: Ce projet a permis de se rendre compte que les innovations thérapeutiques, l'accès aux soins et au dépistage ne suffisent pas pour gagner la lutte contre le sida si les DH ne sont pas respectés. Il ne faut donc pas uniquement financer le traitement, les médicaments mais aussi investir dans les DH car le combat contre l'épidémie passe nécessairement par le financement de la lutte contre les violations des Droits entre autres.
Prochaines étapes: Ce projet a été documenté parmi les bonnes pratiques en fin 2018 par le bureau Pays de l´ONUSIDA qui a octroyé une nouvelle subvention pour assurer la continuité des actions de renforcement des capacités des forces de l´ordre pour le respect des DH. Aussi, grâce à la convention programme de Coalition Plus International Sida, ce projet sera déployé à l´échelle sous régionale dans quatre pays.

TUPED242

Strengthening Community Systems to Better Respond to the HIV and Sexual Reproductive Health Needs of Young Key Populations

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Issues: The project is strengthening the capacities of young key populations' or organisations that work with young key populations to better advocate and lobby for policy reform that supports and affirms the HIV and (SRHR) of Young Key populations. The project is set in five countries namely; Angola, Madagascar, Mozambique, Zambia and Zimbabwe**.**
Descriptions: There have been improvements in the manner that young key populations organisations and organisations working with young key populations advocate for the HIV / SRH rights of young key populations. The organisations are now better placed to manage the complexities of policy advocacy and place a huge importance of having young key populations in their structures of governance. It has been found that young key populations themselves have gained confidence and an awakening during the process that has led to them actively seeking out and taking up spaces at various levels on tables where matters concerning them are being discussed.
Lessons learned: The formation of the advocacy working groups has resulted in better awareness on the part of policy makers and influencers with regards to the issues affecting YKP and how they can be addressed. The process has cultivated a sense of responsibility on policy makers and influencers to action on some of the issues being raised as challenges by young key populations. The project has established is how success levels of projects increase when local organisations led the implementation of activities. Also the project has found that when this is done local groups tend to take full ownership of the processes and therefore increases the sustainability of the programme beyond the intended project period. Also, the formation of multi-stakeholder task teams compromising of affected communities, policy makers and influencers as well as other stakeholders implementing joint advocacy plans set out to address issues affecting young key population communities has shown to have better chances of success taking into account the diversity of the individuals involved.
Next steps: Young people are disproportionately affected by HIV especially young girls aged 15 to 24 and young key populations in the same age groups. The results that the project is showing advances methods that may work to reduce HIV risk and improve Sexual reproductive health outcomes for young key populations in other settings on the African continent and beyond.

TUPED243

Santé Sexuelle et Reproductive pour Pêcheurs et Mareyeuses de la Province de Rumonge

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Problématique: La population des pêcheurs est classée parmi les populations à risques en raison de leur célibat géographique, de leur mobilité, de leur faible connaissance sur le VIH/sida et les IST, le non accès aux services de soins de santé de proximité ainsi que les facteurs socio culturelles qui freinent leur fréquentation des services de soins public.
Description: Une enquête socio comportementale auprès de la population des pêcheurs du littoral du Lac Tanganyika a permis de mettre les pêcheurs parmi les populations vulnérables au VIH. Pour remédier a la non fréquentation des services public, un projet visant l'offre de soins de proximité a été monté. Le projet sur la santé sexuelle et reproductive auprès des pêcheurs et mareyeuses a été mené dans la province de Rumonge. Sur base de ces résultats, la Région Pays de la Loire et l'Ambassade d'Allemagne au Burundi ont financé la mise en place du poste de soins de santé au port de pêche de Rumonge. Ce poste de soins est géré par la SWAA-BURUNDI en collaboration avec la Coopérative de pêche pour le Développement du Commerce de Poissons au BURUNDI.
Les actions menées concernent la sensibilisation sur les VBG, IST, le VIH/SIDA et le dépistage volontaire. 141séances de sensibilisation, 5553participants dont 2892 femmes. 196 cas pour le dépistage du VIH , 75 pour la planification familiale , 178 pour les autres pathologies et problèmes de santé, reçus et transférés dans d'autres centres de santé suite aux séances de sensibilisation hors du port de Rumonge
Leçons apprises: La population de pêcheurs a bénéficié de nouveaux services divers :
L'accès aux préservatifs et au service PF a été amélioré : 25753 préservatifs masculins, 5469 féminins, 87pilules/cycles, 47 contraceptifs injectables, 2o pilules du lendemain á 10 clientes. 8 acceptantes pour implant sous cutané distribués. 268 jeunes filles bénéficiant le conseil PF, moyens de prévention VIH/IST. 1500(dont 523femmes) cas de dépistage VIH dont 5 cas VIH+ référés dans d'autres centres de santé. 66 cas d'IST prise en charge.
Prochaines étapes: A partir de janvier 2020, les activités du poste seront étendues a 17 autres plages de pêche avec introduction d'autres thématiques : Ebola, Paludisme et Tuberculose, le nombre de bénéficiaires va passer de 5553 á 22212 Bénéficiaires Cette extension va nécessiter l'augmentation de ressources humaines et financières,

TUPED244

Becoming a Suspect before Committing the Actual Crime: In-depth Analysis of Human Rights Violation of Female Sex Workers by Law Enforcement Agents in Accra Ghana

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Background: Sex work is criminalized in Ghana resulting in frequent arrest, extortion and physical and sexual abuse from law enforcing agents. Six months prior to this study, eight (8) police swoops in 3 sub-Metropolis in Accra resulted in the arrest of 103 FSWs. These swoops drive sex work into hidden locations with increased exposure to violence, high risk sexual behaviors and vulnerability to HIV. Hope for Future Generations (HFFG) under the JSI led USAID Care Continuum project, explored the relationship between negative police practices towards FSWs and its implications for access to HIV services.
Methods: An exploratory qualitative study using five focused group discussions and 10 In-depth interviews among FSWs and 3 Key Informant Interviews with Peer Educators and Case managers in 5 operational districts of Accra between November 2018 and January 2019. The discussions highlighted their experiences with law enforcement officers, human rights abuse and their effects on access, linkage and retention into HIV care. A thematic analysis technique was employed to generate the results
Results: Thirty-nine FSW with mean age of 29 years and 3 gatekeepers with mean age of 38 years reported they had ever experienced human rights violations from law enforcers. Police raids, harassment and arrest for carrying condoms were reported by about majority of participants. Many participants reported paying 50 to 400 Ghana Cedis (about US$10-US$80) for their release after police raids. Some participants also indicate that some police had requested for sex in exchange for their freedom. Sex workers who experienced these encounters with authorities stopped carrying condoms or relocated to new areas. Peer Educators and Case managers described how FSWs engaged in condomless sex for fear of being arrested for carrying condoms, placing themselves at high risk of HIV. In addition, those living with HIV and enrolled into care often default as they relocate and are often lost to follow-up.
Conclusions and Recommendations: The results confirmed that FSWs face multiple human rights violations from law enforcement officers due to the criminalized nature of sex work. Strengthened coordination among civil society organizations, law enforcers and public health institutions on interventions that address HIV, gender bases violence and promotion of human rights for key populations will reduce the national burden of HIV and help to achieve UNAIDS's 90-90-90 targets.

TUPED245

Lois et Rispostes au VIH/SIDA chez les HSH et Transgenres au Cameroun. Comment Impliquer le Personnnel Soignant?

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Background: Dans 69 pays dans le monde, l'homosexualité est pénalisée. Dans de tels contextes, les lois discriminatoires existantes sont un veritable frein à la riposte au VIH, ce qui ne favorise pas un accès aux soins et traitement equitable pour les hommes ayant des rapports sexuelles avec d'autres hommes et les personnes trangenres. Pour remedier à cette situation, Humanity First Cameroon, pour l'amelioration des soins et traitement des personnes suscitées a intégré dans son plan d'action de plaidoyer la stratégie de sensibilisation du personnel soignant sur les droits fondamentaux en general et sur le DROIT A LA SANTE de manière spécifique. Le but est que les HSH et les TG aient un accès aux soins qui soit dénoué de toute discriminiation et qui permette une risposte adéquate au plan d'accélération de rattrapage des objectifs 90 90 90 de l'ONUSIDA.
Methods: Le travail consiste à identifier des formations sanitaires dans lesquelles se feront les sensibilisations sur le droit à la santé pour tous. Ses rencontres, ont pour cible le personnel stratégique inclus dans la chaine de prise en charge du VIH. L'emphase est mise sur les notions d'identité de genre et de sexe, la notions de soins et traitements équitables et le droit à la santé.
Results: Depuis 2018, ont été organisées 15 réunions de sensibilisations dans 04 hôpitaux de Yaoundé, toucher 42 personnels soignant dont 05 médecins dont 02 avec lesquels nous travaillons en temps partiel et eu 03 points focaux dans les hôpitaux. Nous avons un taux de fréquentation des hôpitaux de 80%, l'initiation effective et directe aux traitements des nouveaux cas positifs, l'implication du personnel soignant lors de nos activités et enfin une approche basée sur le client.
Conclusions and recommendations: Les réunions de sensibilisation du personnel soignant sur le droit à la santé et notions d'identités de genre et de sexe est un moyen sur lequel l'on peut s'appuyer pour la riposte au VIH au Cameroun.
Pour la suite, il est question d'intensifier ces rencontres dans les zones non encore couverte par cette stratégie et surtout dans l'arrière-pays.

TUPED246

Trend Analysis of Data on Human Right Abuses of Key Populations in Ghana

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Issues: Ghana's response to HIV epidemic does not adequately address the rights and needs of Key Populations (KP). Same-sex sexual acts are illegal in Ghana. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) rights in Ghana are heavily suppressed and efforts to address rights issues remain nascent. Physical and violent homophobic attacks against LGBTQI people are common, often encouraged by social and cultural values, norms and beliefs.

LGBTQI also experience significant barriers in accessing HIV prevention, treatment, care and support services, especially at stigma and discrimination at health facilities. Ghana country received funds from Development Partners to provide preventive services to KP along the Ghana section of the Abidjan-Lagos Corridor (Aflao and Elubo). This paper examines the case reports of abuses for the first semesters of 2018 and 2019

Descriptions: KP face human rights violations that affect their access to health services, relationships in the communities and housing options. With support from the Global Fund, the Abidjan-Lagos Corridor Organisation (ALCO) implements programmes for KP and one of the key focus areas being the removal of human rights and legal barriers to access services through the documentation of cases of violence against Men who have sex with men (MSM) and Female Sex Workers (FSW). The project spans May 2017 to October 2019. From May 2017 - December 2017, 19 cases were reported among 14 FSW, 4 MSM and 1 lesbian. In 2018, the programme intensified its effort to record 26 human rights abuses. 14 KP were counselled

Lessons learned: Collaboration between HRAC and Ghana Police Service, M-friends and M-watchers, CHRAJ, GAC and other Stakeholders are key to the success of the project. The use of an electronic reporting system facilitates documentation of human rights abuses. For the first semesters of 2018 and 2019, the programme recorded abuses among 23 KP (15 FSW and 8 MSM) and 24 KP (10 MSM and 14 FSW) respectively. 19 KP were counselled in 2019 compared to 13 KP counselled for same period in 2018. Assault cases reported in 2019 was 4 times higher compared to the same period in 2018. This implies that increasing awareness, knowledge and confidence in the legal structures and human rights positively impact abuse cases reporting.

Next steps: Strengthen partnerships with stakeholders to implement the project in other Corridors within the Country. ALCO should pursue additional funding to continue the project

TUPED247

Integration of Gender Equity, Key Populations and Migrants in National Health Strategic Plans. A Desk Review of Eleven SADC Countries

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Background: The SADC region remains the area most affected by the HIV epidemic. One third of the global population living with HIV is in the Southern African Development Community (SADC) countries. According to the UNAIDS 2010 Global Report, out of the total number of people living with HIV worldwide in 2009, 34% resided in ten SADC countries. The absence of uniformity in the infection trends and rates call for multi-pronged and targeted country and regional response towards the epidemic. This paper presents an analysis of the National Strategic Plans guiding country response towards the HIV epidemic.
Methods: A manual review of the most recent publicly available NSPs downloaded directly from country Ministry of Health websites, in May 2019 for the presence or absence of the following: sexual reproductive health, HIV, gender equality, key populations and migration. SADC country plans reviewed included; Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Seychelles, Tanzania, Zambia and Zimbabwe.
Results: Variable levels of addressing the different drivers of HIV infection were observed in the eleven country strategic plans reviewed. All plans (100%, 11 out of 11) demonstrate commitment to managing HIV infections and provide frameworks for the country comprehensive response towards HIV and associated comorbidities as well as deprivations. Of the plans reviewed about 91.9% (10 out of 11) mention SRH as a major consideration in the management of HIV. Furthermore, 73% (8 out of 11) of the plans identify gender as a predisposing factor towards disproportionate HIV infections between mates and females. Also 63% (7 out of 11) of the plans indicated removing barriers for access to services by key population as a critical factor towards achieving epidemic control. Migration was mentioned in 45% (5 out of 11) of the plans despite available literature evidence linking migration with increased risk for HIV infection.
Conclusions and recommendations: Notably, there are varying emphasis in the development of HIV response parameters, current literature indicate that a comprehensive response should take into account situations that may create pockets of severe infections. A coordinated Regional response requires that countries include as minimum conditions gender responsiveness, addressing access by key populations and including migration in the national HIV, TB and STIs strategic plans, for effective epidemic control.

TUPED248

How Women in Kenya Successfully Raised their Voice for Equitable and Rights-based HIV Treatment

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Background: In 2015 the World Health Organization recommended Dolutegravir (DTG) as an alternative first-line regimen for adults and adolescents. DTG has been echoed as the drug of choice for the last two years for people living with HIV in high-income countries. The drug has very few side effects, is easier to take than alternative formulations and people are less likely to develop resistance. However in June 2018 the ministry of health (MOH) made the decision to transition to Efavirenz based regimens for women of childbearing age, irrespective of EFV intolerance, paying little or no regard to creating awareness and providing comprehensive information to women on use of DTG.Urgent advocacy was therefore necessary to mitigate the potential increase in health problems for women living with HIV as a result of being denied access to DTG use by the MOH.
Methods: AYARHEP the national network of PLHIV and 20 other partner CSOs in Kenya, held a strategy meeting in October 2018 to plan and conduct a survey amongst young women living with HIV to assess the need for knowledge on treatment; whether women have access to DTG; and, if women know the health implications of the DTG ban for women of child bearing age in Kenya. A steering committee was formed to come up with survey questions on the three areas that information was required to inform our advocacy. An online survey was conducted in February 2019 and reached 500 respondents. The results indicated that 80% of women respondents needed more information on treatment, 70% were not accessing DTG and 60% had little or no choice available for them. Meetings were organized to develop an advocacy agenda that would give women a voice in their own treatment and a right to choose treatment regimens with a focus on DTG, bearing in mind that women of reproductive age had been denied DTG in health facilities.
Results: After the procession and the petition, 5 high ranking health officials committed to work towards addressing issues beyond guidelines and more on practice together with AYARHEP and CSO partners.
Conclusions and Recommendations: Key stakeholders and national programs must involve young women living with HIV, in county and national decisions regarding HIV treatment , County governments need to increase awareness creation, provision of comprehensive information on DTG and treatment literacy for young women with young women to be able to make informed choices while demanding for DTG.

TUPED249

L'Impact des Clubs d´Adolescents dans le Développement du Leadership en Matière de Plaidoyer et de Défense de Leurs Droits: Expérience du Centre SAS de Korhogo et de Bouaké en Cote d´Ivoire

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Introduction: De plus en plus, les fonds alloués à la prise en charge des PVVIH/sida se raréfient. Quant on sait que le VIH/ sida n'est pas seulement une expérience médicale mais aussi une expérience sociale et émotionnelle qui affecte la vie, il faut donc réfléchir à l'implication et à la participation des enfants, adolescents aux actions communautaires.
C'est pour cela que le Centre SAS s'est engagé à mettre en place des clubs d'enfants et d'adolescents pour servir de relais dans le continuum de soins de leurs pairs afin de pérenniser les actions communautaires et surtout pour aider au développement du leadership dans un contexte qui leur est défavorable.
Objectifs: A travers le projet adolescents 5% porté par SIDACTION et mis en œuvre depuis 3 ans,le centre SAS se pose la question suivante ? Comment développer le leadership chez les adolescents afin qu´ils participent pleinement aux actions de plaidoyers pour le respect de leurs droits ? Une des réponses à cette question réside dans la mise en place des clubs d´adolescents
Méthodologie: Le Centre SAS a mis en place deux clubs d´adolescents qui se réunissent une fois par mois pour discuter de leurs activités et pour décider des orientations en matière de plaidoyers. Ces clubs sont dirigés par un bureau de Pairs Éducateurs formés sur des thématiques de PEC pédiatriques. Ils organisent des visites à leurs pairs et prennent la parole devant les autorités et les visiteurs du centre. Ils rendent des témoignages à visage découvert et participent à des rencontres internationales et sous régionales
Résultats: Le club des adolescents a participé a un symposium lors d´ICASA a Abidjan ou ils ont mis en avant l´impact du traitement ARV sur leur vie. Ils ont organisés une centaines de visites à leurs pairs et ont organisés une Quinzaine de focus group sur leurs projets de vie. 10 ont été formés sur la communication et le plaidoyer lors d´un coaching. 2 ont participé a un atelier à Cotonou et 2 s'apprêtent à prendre part à ICASA au Rwanda.
Prochaines Étapes: Le Centre SAS va organiser un autre atelier de formation en direction de 10 autres adolescents au cours duquel il va mettre en place un groupe de leader pour le plaidoyer et pour la lutte contre les violences physiques.

TUPED250

Contraintes Biomédicales et Déterminants Sociaux de l'Echec Thérapeutique chez les Enfants VIH+ dans les Régions du Sud du Sénégal. Projet EnPRISE 2, (2018)

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Contexte et objectifs: Une enquête épidémiologique réalisée en 2018 dans les régions du Sud du Sénégal a montré que 69% des enfants VIH+ (0-19 ans), suivis dans ces contextes décentralisés sont en échec thérapeutique. Une enquête anthropologique a été conduite pour analyser les causes de ces échecs dans le cadre d'une recherche interventionnelle (EnPRISE2).
Méthodologie: L'enquête a été réalisée en 2018 auprès de 12 structures de santé dans les régions du Sud du Sénégal, avec des observations et des entretiens semi-directifs dans 3 hôpitaux et 9 centres de santé auprès de 35 enfants et adolescents VIH+, 84 parents ou tuteurs et 54 professionnels de santé.
Résultats: Les enfants et adolescents sont confrontés à diverses difficultés. La proportion élevée d'orphelins (40%), souvent sans tuteur fiable, parfois stigmatisés par la famille ou soumis à des violences, explique les irrégularités du suivi et les défauts d'observance aux ARV.
Chez les adolescents, l'absence fréquente d'annonce du statut sérologique, les situations de mal être et la peur de la stigmatisation, conduisent à des arrêts de traitement.
L'insécurité alimentaire complique la prise des médicaments, les enfants vomissent lorsqu'ils les prennent à jeun. Le coût du transport entraine des retards aux visites.
Du point de vue du dispositif de soins, la baisse des financements des associations et des ONG se traduit par un arrêt des soutiens nutritionnels, de transport et de l'observance. Des ruptures d'ARV pédiatriques et de réactifs contraignent à multiplier les visites. Étant donné le faible nombre d'enfants suivis dans les sites décentralisés, les professionnels de santé manquent d'expérience, notamment pour l'annonce de la maladie et la prise en charge des enfants en échec thérapeutique.
Conclusion: La forte proportion d'enfants en échec thérapeutique dans les contextes décentralisés du Sénégal est liée à un ensemble de facteurs qui relèvent de 1/ l'inadaptation du dispositif de soins aux spécificités des enfants et adolescents, 2/ l'environnement familial difficile et 3/ à l'arrêt des soutiens octroyés par les associations et ONG. L'amélioration de la prise en charge requiert un renforcement de l'accès aux médicaments pédiatriques et à la charge virale ; des compétences de professionnels de santé ; et un accompagnement médical et social des enfants, peu compatibles avec l'actuelle réduction des financements accordés aux associations et les politiques de simplifications du suivi.

TUPED251

Ciblage des Jeunes Filles et Garçons en Milieu Carcérale et des Centres de Réinsertion. Quelle Stratégie pour la Prévention et la Prise en Charge du VIH

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Indiquer le problème étudié, la question de recherche

Méthodes: Conscient de cette situation des activités de sensibilisation ont été faites à tous les niveaux mais surtout auprès des jeunes, en 2018 des séries de rencontres ont été tenues avec les autorités administratives sur l'importance de la prévention des jeunes qui sont en conflit avec la loi dans les lieux de privation et les centres de réinsertion.

La tenue des séances de sensibilisation et des activités psychosociales à travers des focus groupe et des entretiens individuels, l'accompagnement des jeunes avec des activités de formation pour faciliter leur réinsertion.

Résultats: Cette démarche a permis de dérouler 32 groupes de discussion en milieu carcérale et dans les centres de réinsertion sur l'estime de soi, 09 activités de prévention positive pour une meilleure protection, le conseil, l'accompagnement et le soutien au profit de 148 jeunes filles et garçons âgés de 15 à 24 ans qui sont en situation difficile ou en détention punitive.

Contribution à la prévention, la prise en charge médicale, la facilitation de la réinsertion professionnelle de 26 jeunes au niveau des institutions ou écoles de formation.

Conclusions et Recommandations: Aujourd'hui avec des efforts consentis pour le bien être des jeunes porte à croire qu'il y a une meilleure prise en compte de leurs besoins spécifiques et compte tenu de cette situation, des activités réalisées montrent que la situation du VIH chez les jeunes en milieu carcéral ou dans les centres de réinsertion a baissé, mais le grand défi c'est l'accès aux préservatifs pour une meilleure protection, l'accès à la bonne information sur le VIH et la sexualité responsable pour une meilleure prévention.

TUPED252

HIV Status Disclosure and Its Effect on Treatment Adherence and Quality of Life among Children 6-17 Years on Antiretroviral Therapy in Southern Highlands Zone, Tanzania: Unmatched Case Control Study

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Background: The World Health Organization (WHO) recommends that children should be informed of their HIV status at ages 6 to 12 years and full disclosure of HIV and AIDS be offered in a caring and supportive manner at about 8 to 10 years. The objective of this study was to determine factors associated with HIV status disclosure and its effect on treatment adherence and health-related quality of life among children between 6 and 17 years of age living with HIV/AIDS in the Southern Highlands Zone, Tanzania, 2017.
Methods: A hospital based unmatched case control study was conducted between April and September 2017. A total of 309 children between 6 and 17 years on ART for at least six months were enrolled in this study. Simple random sampling was employed in selecting the children from existing treatment registers. Data were collected using a structured questionnaire which included the WHO Quality of Life standard tool (WHOQOL-BREF 2012 tool) and treatment adherence manual. Multiple logistic regression was used to test for the independent effect of HIV status disclosure on treatment adherence and quality of life at p value less than 0.05.
Results: Out of 309 children, only 102 (33%) had their HIV status disclosed to them. The mean age at HIV status disclosure was 12.39 (SD=3.015). HIV status disclosure was high among girls (51%), children aged 10-13 years (48.3%), and those living with their biological parents (59.8%). After adjusting for confounders, being aged between 10-13 and 14-17 years was associated with HIV status disclosure (AOR 19.178, $p< 0.05$ and AOR=65.755, $p< 0.001$, respectively). HIV status disclosure was associated with ART adherence (AOR=8.173, $p< 0.05$) and increased the odds of having good quality of life (AOR=3.283, $p< 0.001$).
Conclusions and Recommendations: HIV status disclosure significantly improved adherence to treatment and the quality of life among children living with HIV/AIDS. Awareness creation and educational interventions on the right of children including disclosure of their status, is highly needed.

TUPED253

Case Management for Adolescent Girls and Young Women in Mulanje, Malawi - Justice for AGYWs

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Issues: The fight against HIV and AIDS among Adolescent Girls and Young Women (AGYW) is not complete without tackling issues around violence against women. According to UNAIDS- Global HIV & AIDS statistics-2018 fact sheet, 35% of women around the world have experienced physical and/or sexual violence at some time in their lives. In Malawi, 20.6% of women have ever experienced sexual violence while in Mulanje, the percentage is higher (23.0%) (National Statistical Office, 2017). For some regions, women who experience violence are one and a half times more likely to become infected with HIV. Gender inequalities and gender-based violence, combined with physiological factors, put women and girls in eastern and southern Africa at huge risk of HIV infection (UNAIDS Data 2018).

Descriptions: Christian Aid, in partnership with Malawi Girl Guides Association (MAGGA) and Youth Net and Counselling (YONECO), with financial support from Global Fund is implementing a 3-year project called 'Comprehensive Action for Adolescents Girls and Young Women' in Mulanje district in Malawi. The Overall Objective of the project is to reduce incidence of HIV among girls aged 15-24 through addressing negative gender and social norms, strengthened community systems, and integrated interventions thereby keeping the youth HIV negative and at the same time helping those that are HIV positive to have access to treatment. Christian Aid has taken a community centred response focusing on Keeping girls in school, economic justice and access to justice. The project is training Peer educators, orientating male champions, Orientating and engaging with the Police through the Victim Support Unit (VSU) and the judiciary on case management as well as conducting case follow ups.

Data was collected from records at Mulanje Judiciary Office. Results presented here cover the period from January 2018 to March 2019.

Lessons learned: Over the period, 107 defilement cases have been recorded with 76 of them reaching conclusion (In 2018 alone, a total of 62 cases were concluded of the 68 which were recorded).

Next steps: Through close collaboration with the police and the judiciary, the AGYW project has managed to register strides in tacking issues of Defilement in Mulanje district. It is expected that more girls will be able to report such cases as a result of the sensitisation that has been conducted under the project.

Keywords: AGYW, Case Management, Defilement

TUPED254

Access to Safe Abortion within the Scope of the Law in Rwanda: A Review

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Issues: Abortion is a controversial topic in Rwanda, as it poses divided opinions, some people believe and want abortion to be legally accepted and provided as a health service, which would affect positively the Sexual and Reproductive Health Rights. Unintended pregnancies pose a great threat to women's lives as a number of them ended up in unsafe abortion which is also a great danger to women's lives, this is because most of them are carried out unlawfully.
Descriptions: Guttmacher Institute in 2010 showed that each year 47% of all pregnancies in the country are unintended. 22% of those unintended pregnancies end in induced abortion and most of them cause post abortion complications. It is of utmost importance to mention that legal means are parts of the hindrance toward SRHR access to related information and services.
Lessons learned: The legal provisions of safe abortion in Rwanda dated from 1977, where abortion was highly restricted and only allowed for the purpose to preserve woman's life. In 2003, Rwanda became a party to the Maputo protocol but it made reservation to article 14. In 2012, despite huge religious and civil society opposition, Rwanda adopted organic law n° 01/2012/ol of 02/05/2012 instituting the penal code where abortion become permissible in case the woman got pregnant by rape, incest or forced marriage. Rwandan law regulating abortion was developed in 2018 when the law no 68/2018 of 30/08/2018 determining offences and penalties was adopted, the adoption of this law brought several changes in recognizing abortion as women's right. In April 2019, a ministerial order n°002/moh/2019 of 08/04/2019 determining conditions to be satisfied and guidelines to be followed for a medical doctor to perform a safe abortion.
Next steps: Even though there is a considerable achievement in removing some legal barriers against abortion in Rwanda, more effort is needed to remove completely those legal barriers so as to promote women and girls rights.
Keywords: Legal, Safe abortion, SRHR, women and girls health

TUPED255

An Assessment of Stigma and Health-related Quality of Life on Men who Have Sex with Men in Musanze District, Rwanda

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Issues: Various studies support that MSM are not open about their sexuality and lack social inclusion in society and they are stigmatized, feel rejected, most vulnerable to abuse and marginalized, and this can be source of HIV propagation. The programme aimed to reduce stigmatization of MSM groups to ensure their access to a comprehensive package of health services and social inclusion. The porgramme was evaluated by assessing stigma towards MSM and their health-related quality of life at baseline and the rest of the programme intervention.
Descriptions: The programme was implemented by APROFAPER Organization. Data was collected on quarterly basis and include the number of beneficiaries reached, their demographics and access to HIV prevention package. Interviews with beneficiaries together with site visits formed part of our evaluation exercise. A questionnaire was developed to collect information on MSM. The perception of stigma was measured using Likert Scale measurement from Very high, High, Medium, Insignificant and None existent.
Lessons learned: MSM in Musanze were identified and integrated in the intervention programme covering 2017-2018. Hence, 61 MSM were identified, 54 MSM (88.52%) went for VCT; 2 MSM (3.7%) tested HIV^+; while 2 MSM (100%) were referred to ART. 6,990 lubricants were distributed to MSM in Musanze in the covered period. The study analyzed the level of stigma using a questionnaire for a convenient sample of 18 MSM. Majority of respondents were aged below 30 years (77.77%); 16.67% were between 31-40 years old; 5.56% was between 41-50 years old. No respondent was above 50 years old. For the level of education, 33.34% had completed primary education; 44.45% completed secondary school while 22.21% refused to comment on their scholarly attainments. For the work status: 22.23% declared to be students while 77.77% declared to be unemployed. 66.67% declared to be professional MSM while 33.34% declared to be occasional MSM. All of them (100%) expressed the need to be protected from discrimination and abuse in the community. In overall, stigma is very high towards MSM with an average of 88.88% (an average score of 3-5) compared to stigma free rating, average of 11.12% (an average score of 1-2).
Next steps: The results of this programme can help in the development of future programmes aimed at increasing the quality of life of MSM through community participation in the protection of these vulnerable groups at large scale.

TUPED256

Using Legal and Policy Advocacy to Advance Informed Consent for Adolescents to Access HIV and Sexual Reproductive Health (SRH) Services

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Issues: Uganda's adolescents face many challenges in accessing HIV/SRH services. They start having sexual intercourse too early with insufficient information, leading to early/unintended pregnancies, unsafe abortions, Sexually Transmitted Infections and HIV. Adolescents need information on their sexuality, family planning services, HIV/STI prevention and care services; maternal health services, Post-Abortion Care, psychosocial support, to smoothly transition to adulthood. One of the barriers to adolescents accessing SRH services is limited capacity to consent. While laws prescribe 18 as the age of consent, adolescents begin to demand for HIV/SRH services much earlier. The legal and policy frameworks regarding consent to medical treatment and SRH services is conflicted and the practice by service providers, law enforcers and professional medical councils while obtaining consent for minors is divergent.
Descriptions: Center for Health Human Rights and Development (CEHURD) embarked on a research to review the legal, policy and practice frameworks on capacity of adolescents to consent to medical treatment and assess their implications to the provision of HIV and SRH information, services and commodities. The research was a qualitative process, relying on secondary data from desk review of laws, policies and codes of ethics relating to informed consent to medical treatment in the context adolescents and primary data from a rapid appraisal through interviewing policy makers, representatives of professional councils, service providers, young people and civil society.
Lessons learned: The law is inconsistent in provisions on the legal age of consent on aspects including; age of majority; mature minors; HIV testing and counseling; HIV treatment; and assent. While policies are more progressive on informed consent to HIV and SRH information and services, the law remains lacking in this regard. Additionally, legal and ethical duties of health service providers to disclose information to their patients are unsettled hence allowing practitioners to withhold information on diagnosis they deem harmful to patients.
Next steps: Advocacy for laws and policies on informed consent for HIV and SRH services of adolescents including provision of guiding documents on administration of the same to clarify how informed consent should be obtained from adolescents; and training of service providers on administration of informed consent.

TUPED257

Faith and Human Rights; Changing Perspective on Faith Healing and Access to HIV and Sexual Reproductive Health and Rights

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Background: The AIDS and Rights Alliance for Southern Africa is a partnership of over 117 civil society organisations working together in Southern and Eastern Africa to promote a human rights response to HIV and TB.
Issues: There is an increasing threat to HIV prevention and treatment of what has now come to be termed/ coined as 'faith-healing''. Within southern and East Africa, this trend has increased at alarming rates, threatening the gains that have been made over the last 30 years where the HIV epidemic is concerned. With recent scientific advancements into the disease, we can now conclusively confirm that *treatment is prevention and that the test and treat strategy and* antiretroviral therapy (ART) has saved millions of lives.
The AIDS Rights Alliance for Southern Africa has supported partners in Malawi, Zambia, Zimbabwe, South Africa, Uganda, Kenya among others to scale up interventions and address the challenges of faith healing through promoting Viral load testing and advocacy around access to medicines with faith based institutions in countries.
Description: Whilst the burden of HIV and TB has been on the decline in Eastern and Southern Africa; we are still far from reaching "zero' burden. In East and Southern Africa,19.4 million people were reported living with HIV, 61% adults on Antiretroviral treatment whereas there are 420,000 HIV related deaths registered annually. A strengthened and cohesive multi-sectoral response including Faith Based response is at the crux of achieving the universal targets on HIV and TB reduction.
Lessons learned: Misinterpretations and misunderstandings of messages on faith healing are influencing community decisions not to seek HIV and TB diagnostic or treatment services. This is a result of religious institutions working in isolation from health service providers. These actions thereby result in:

- Interruptions to treatment adherence,
- Increased HIV transmission risk,
- More communities not aware of their status and thereby not modeling appropriate behaviours,
- Increased viral loads that could have been prevented through early HTC and ART initiation.

Next steps: There is need for Religious leaders and communities to:
· Embrace access to medical HIV and TB services within the doctrine of faith healing
· Speak out on the need for faith healing to be confirmed **ONLY**through medically approved testing
· Mobilise communities to access HIV and TB diagnosis, and treatment services

TUPED258

The Life of a Student Living with Hearing Impairment in One of the Teachers Colleges in Bulawayo Region in Zimbabwe

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The college environment is a variable that affects students' life during their training at various colleges and universities. This is much more pronounced when it comes to students living with disabilities especially focusing on sexual and reproductive health issues especially on HIV/AIDS prevention, care and treatment. This paper seeks to explore the challenges faced by students living with hearing impairment in sexual and reproductive health rights (SRHR) in colleges. The study was based on a case study of one of the teachers' colleges in the Bulawayo Metropolitan District in Zimbabwe. This study adopted a qualitative research paradigm. Data was collected through the use of questionnaires, key informant interviews and focus group discussion. The study used random sampling for the selection of its participants with a population of 1200 students. The research was carried out with 120 participants who filled in questionnaires, 3 focus group discussions and four key informant interviewers. The study revealed that lack of knowledge in sign language creates barrier towards inclusion of students living with hearing impairment. These students fail to access information on HIV prevention and treatment because the college nurse is not trained in sign language. Students living with hearing impairment are infected with HIV and STIs as they are more vulnerable to abuse because of lack of sign language vocabulary that clearly describe methods of HIV prevention and treatment. There is need for all staff members and students to be trained in basic sign language in order to be able to disseminate information on HIV/AIDS prevention, care and treatment. There is need to equip the college nurse on sign language in order to be able to give information on prevention, care and treatment on HIV and AIDS related issues to students living with hearing impairment disabilities.

Keywords: Hearing Impairment, Student, disabilities, SRHR,

TUPED259

Unpacking Whether and How Religion Affects Country Coordinating Mechanisms' Decision-making Processes?

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Introduction: Anecdotal evidence and research suggests that people with HIV are stigmatised because of the interpretation of religious beliefs held by some people. The Global Fund's Country Coordinating Mechanisms (CCMs) are important decision-making bodies that affect the lives, human rights and wellbeing of millions of people living with or affected by HIV. To date, no research has been done on whether and what the effect of religion is on decision-making in the CCM space.
Research objectives: In an attempt to begin exploring this gap, this study explores the interplay between HIV and AIDS, religion and political decision-making in the CCMs in two African countries by posing the questions: Does religion have an influence on CCM members' decision-making concerning HIV and AIDS? And if so, in which ways does religion influence the CCM members' decisions concerning HIV and AIDS?
Method: The study used a qualitative method, analyzing the results of nine individual respondent interviews with CCM members in two African countries.
Results: The interviews point towards religion potentially having an influence on the decision-making of members of the CCMs, mainly through the members' internalization of religious values as well as the faith-sector's position on what are deemed "controversial" issues, like sex work, sexual and gender diversity, abortion and contraception for example. These influences have had various effects on the protection of human rights - especially for HIV and AIDS key populations - and the funding of abstinence has been preferred over the funding of preventive commodities such as condoms. But this influence is also countered by what is termed the donors' agenda (Global Fund and PEPFAR specifically) and the threat of withdrawal of funds. There is a clash between Western and African ideas of whether religion should play a role in society and politics. According to some respondents, this dichotomy has led to stalemates, non-votes and non-discussions as CCM members feel gagged and self-censor as a result.
Lessons learned/conclusions: The findings suggest that decision-making on CCMs is affected by individual African members' internalisation of religious ideas, and by the faith-sector's position on bodily autonomy.
Next steps: Further research is required to delve deeper into the various aspects of religion and CCM decision-making.

TUPED260

Human Rights Violation among People Living with HIV and AIDS Enrolled for Care at Gede Health Centre, Kenya

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Background: Despite the existence of legal frameworks for the protection of human rights for people living with HIV and AIDS (PLWHA) in Kenya, cases of human rights violation among this population still exists. The aim of this study was to determine the type and magnitude of human rights violations among PLWHA enrolled in a primary health clinic in a semi-urban part of Kenya.
Methods: This cross-sectional study was conducted at a primary health center in Kilifi County in Kenya. A purposive sample of 385 respondents was recruited between July - September 2018. These were PLWHA who had been followed up at the health facility for at least six months. A validated structured questionnaire was used to collect data on predefined variables. The data were analyzed using SPSS Statistics Version 25. Ethical considerations were observed in accordance with the principles of the Declaration of Helsinki.
Results: The response rate was 81%. Of these, 296 (77%) respondents were female. The median age was 32.6 years. Majority had completed primary education (78%) while only 3% had no formal education. 91% of the respondents were on 1st line antiretroviral regimen and 83% had undetectable viral loads. 42% of the respondents felt their human rights had been violated once or more since they were diagnosed with HIV ($P< 0.05$). The types of violations commonly cited included discrimination by health workers, family members and co-workers, denial of services, compulsory medical services, rejection of health or life insurance applications, arbitrary arrest and incarceration by law enforcement officers and disclosure of health status to third parties without consent. While the majority of the respondents (85%) were aware of the available channels to obtain redress, less than a half (42%) had faith in these channels.
Conclusions: Human rights violation of PLWHA continues unabated within some of the very institutions that are mandated to protect their rights. There is need for continued awareness creation among stakeholders on how human rights violation undermines efforts to fight HIV.

TUPED261

Use of Creative/Performing (Drag/Ballroom Culture) to Shift Perspectives, Change Stereotypes and Promote a Culture of Tolerance of Sexual and Gender Minorities

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Issues:

- mobilizing strategy for MSM (men who have sex with men) and gay men to access services at the Ishtar wellness center.
- Reaching out to the grassroots gay, MSM (men who have sex with men) population
- Uptake of the new preventive (PrEp pill)
- Driving the 90:90:90 Cascade agenda through performing arts (Drag/Ballroom culture)

Descriptions: As a peer Educator at Ishtar MSM mobilizing for our fellow peers/cohort to come access services at the wellness center was challenging, myself and a group of peers came up with a creative initiative (Ishtar Dolls) of how to mobilize our cohorts to come access services as well as addressing the above mentioned issues .The mobilizing strategy entails the use of drag /ballroom culture where we host monthly themed events to drive agendas of the above issues, Where by performers dress in flamboyant outfit and put on drag make up and walk categories of Cat walk, Lipsync , vogue and cultural dance. During the monthly themed events which are usually marketed on social media platforms and information about events passed to fellow peers, The participants who show up get to be entertained as they access services provided at Ishtar msm which include HIV Testing and counselling, STI (Sexual transmitted infections Screening.

Before the commence of every event the participants are usually engaged in a health forum discussion depending on the event theme E.g if this month theme is PrEp the ballroom participants are usually engaged in a discussion on PrEp.

Lessons Learned: Since the inception of this creative initiative (Ishtar Dolls) the wellness center has received an increase of at least 500 MSM and Gay men every Quarter and reach out to wide range of gay and MSM in the grassroots of Nairobi, Kenya.

PrEp intake has increased and the myths and misconceptions about it have been dispelled Most Individuals get to get tasted and know their status thus a positive road map towards the 90:90:90 Cascade.

Art particularly performing art has a role to play in Activism and has a power to shift perspective change stereotypes and drive agendas intended and it should not be ignored and should be used alongside other forms of Advocacy.

Next steps: The performing drag Group are in the process of involving the General public by hosting events in Public spaces to create awareness on Gender diversity,provide safe space for members of the public to openly discuss on Health matters as well as promoting a culture of tolerance.

TUPED262

Facteurs Sociaux Associés aux Troubles Psychologiques chez les Personnes Vivant avec le VIH Suivis dans le Département du Borgou au Bénin

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Introduction: Le VIH provoque l'apparition des troubles psychologiques complexes chez les patients. Il est donc nécessaire d'orienter les recherches en psychologie vers l'identification des facteurs susceptibles alerter l'apparition de ces troubles en vue d'anticiper sur la prise en charge. Cette recherche vise à mettre en évidence les facteurs sociaux associés à l'apparition des troubles psychologiques chez les PVVIH.
Méthodologie: Il s'agit d'une étude transversale à viser analytique basée sur la collecte rétrospective des données issues des dossiers de tous les patients consultés entre le premier trimestre 2019. Le dépouillement des dossiers a été fait avec un questionnaire élaboré à cet effet. Les données ont été traitées avec les logiciels Epi-info version 7.2, et Excel 2013. Le test de Khi2 a été utilisé pour la comparaison des variables avec un $p< 0,05$ comme statistiquement significatif.
Résultats: Le nombre total de patients était de 139 dont 96 femmes et 43 hommes. Parmi les facteurs sociaux associés à l'apparition des troubles psychologiques chez les PVVIH ayant participé à notre recherche, on note en majorité le manque de soutien familial chez 40,28% ; la discrimination et la stigmatisation chez 30,21% ; ensuite le non partage du statut sérologique chez 25,18%. De plus, 2,88% ont perdus leurs emploi et 1,44% ont perdu leur emploi et n'ont pas le soutien familial. La fréquence de l'état d'anxiété était significativement plus élevée chez les PVVIH ayant été objet de discrimination/stigmatisation suivi des patients chez qui il y avait l'absence de soutien familial ($p=0,014$). Ainsi, la discrimination/stigmatisation et l'absence de soutien familial étaient associés à l'état d'anxiété. La fréquence de l'état dépressif est plus élevée chez les patients ayant évoqué des difficultés de partage du statut sérologique et l'absence de soutien familial. Cette tendance est statistiquement significative ($p=,00002$). La fréquence des troubles de comportement n'est pas statistiquement différente selon les facteurs sociaux ($p=0,01$). Ainsi, la discrimination/stigmatisation et l'absence de soutien familial n'étaient pas associés aux troubles de comportement
Conclusion et Recommandations: Sensibiliser les familles sur l´importance du soutien au PVVIH
Vulgariser la loi sir la discrimination et la stigmatisation des PVVIH
Renforcer l´accompagnement psychologique des patients en situation de rejet

TUPED263

Knowledge of HIV, Sexual Behaviour and Correlates of Risky Sex among Street Children in Khartoum, Sudan

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Background: The homeless children phenomenon is an increasing problem in most big African cities including Khartoum, the capital city of the Sudan. Homeless children are at risk of getting many diseases, including sexually transmitted infections (STI).
Objectives: To determine the incidence of HIV/AIDS among the street children, relate the findings to sexual attitude, and knowledge about HIV/AIDS mode of transmission, assess their knowledge about method of protection (use of condom) and their awareness about the centers of HIV/AIDS control and management and to compile, consolidate and validate available information on street children in order to facilitate the development of a long-term national strategy aimed at promoting, protecting and fulfilling their rights.
Methods: It is a cross-sectional, community-based, interventional study, primarily to assess the prevalence of HIV/AIDS and the risky behavior of transmission among street children in Khartoum state - Sudan. Data were collected, double entered, checked and analyzed using SPSS.
Results: A total of 528 street children aged 14-18 years were identified. The mean age of the sample was 16.6. Most sampled street children were addicts to one or more misused substance; 94.3 per cent. There is strong correlation between substance abuse and the number of sexual partners (P value of 0.015. Most respondents started their sexual activities between 14 to 16 years. The correlation between first penetrative sex and HIV status was statistically very significant (P value of 0.000); the earlier the sexual practice the greater the risk of positive HIV status. About 10 per cent of the male enrolled in the study were homosexual. The relation between homosexuality and HIV was statistically very strong (probability value of 0.000).
50 per cent of our respondents had 3 or more sexual partners in the last 12 months. The correlation between the number of partners and HIV status was statistically very strong (probability value of 0.002). Only 37 per cent (170) of street children in our sample have heard about the use of the condom as mean of protection. However only 35 of them do actually used them (probability value of 0.000).
Conclusions and Recommendations: street-based adolescents in Khartoum-Sudan are at significant risk of contracting HIV. Efforts must be made to provide specialist services for street children, such as education and vocational training and, in cases of family breakdown, substitute care.
Keywords: Street children, risky sexual behaviour, Khartoum, Sudan
***Dedication**: To the brave street children who perished so that the rest of us may live a dignified life, free from tyranny and oppression.*

TUPED264

Mise en Place d'une Unité de Prise en Charge Psychologique des Patients VIH+ à l'Hôpital de Zone de Savalou au Bénin

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Contexte: Des débuts de l'épidémie à nos jours, l'infection à VIH, tend à se réduire. Les traitements ARV ont évolué offrant aux patient.e.s VIH+, une amélioration de l'espérance de vie. Ils sont confrontés à des perturbations internes/externes, facteurs de troubles psychologiques agissant sur leur santé mentale, limitant leur adhésion aux soins. Un accompagnement psychologique s'avère utile pour faciliter une bonne intégration sociale et leur prise en charge. Il est question de présenter la fonction du psychologue qui reste important sur les sites et comme un défi à relever dans un milieu où elle n'était pas encore intégrée par l'équipe soignante.
Description: Nous avons conduit d'Août 2015 à Septembre 2018, un projet au profit des patient.e.s VIH+ au Bénin, qui visait l'accompagnement socio-sanitaire, psychologique et économique. L'hôpital de zone ne disposant pas de psychologue, une unité a été mise en place par le projet. Des permanences sont faites 2 fois/semaine par un psychologue, les patient.e.s référé.e.s sont reçu.e.s en consultation. Des ateliers d'expression et groupe de parole ont été réalisés leur permettant d'échanger et s'exprimer. Aux troubles identifiés, des diagnostics étaient associés. 150 patient.e.s dont ¾ de femmes ont bénéficié du projet. 30,7% vivent en couple et 45,3% sont veuf.ve.s. L'hallucination (2,0%), les troubles du sommeil (4,7%), de comportement (0,7%) ont été diagnostiqués et référés en consultation spécialisée. Les troubles anxieux (6%), la dépression (7,3%), la faible estime de soi (8,7%) ont été traités par des psychothérapies adaptées. 21,3% ont été stigmatisatisé.e.s avec pour conséquence 6,7% de mauvaise adaptation au VIH et 8,7% avaient honte de leur état sérologique. Par nos actions 31,8% ont annoncé leur statut à leur conjoint.e, 14% ont un désir d'enfant. La majorité des patients arrivaient à exprimer leur problème venant spontanément demander une prise en charge ; ce qui n'était pas le cas autrefois.
Leçons et conclusion: A travers l'intervention du psychologue, des patient.e.s ont été identifié.e.s et pris en charge. La mise en place de cette unité s'est montrée utile dans la prise en charge globale des patient.e.s pour l'hôpital. Cela a permis de faciliter leur accès aux soins, améliorer leur santé mentale, l'observance thérapeutique, dépasser leur traumatisme dans un cadre protégé et confidentiel. D'autres services de l'hôpital y réfèrent leur patient.e.s et cela a été rendu pérenne jusqu'à ce jour.

TUPED265

The Impact of Rites of Passage on the Sexual and Reproductive Health of Adolescents and Young People in Southern Africa

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Background: UNFPA East and Southern Africa Regional Office conducted a review of the existing literature on adolescent rites of passage and initiation ceremonies to assess their impacts on young people's lives and propose alternatives for those determined to be harmful physically, socially and/or emotionally in four countries in the Southern African region: Malawi, Eswatini, South Africa and Zambia.
Methods: The formative research was conducted between January and April 2019. Searches were conducted through Google scholar, Google and the Widener University (U.S.) database for articles pertaining to adolescent rites of passage in the four focus countries. Initial search terms were combined - such as "adolescent rites of passage" + "Malawi". For the international leadership and framing of the various practices, Boolean searches were done in connection with international organisations.
Results: The literature has documented the range of impacts on adolescents, regardless of gender, who are taken to initiation camps as part of their rites of passage. It is tempting to hone in on altering practices exclusively within the context of HIV/AIDS, due to the disproportionately high incidence in these countries; and indeed, numerous NGOs cite this as a motivation for concern and rationale for proposed changes. At the same time, proposing, for example, that sexual initiation rites can continue as long as a male partner wears a condom to reduce the chances of HIV and/or other STI transmission and unintended pregnancy, ignores the social and emotional impact on a girl. It is imperative, therefore, that professionals and community members look at not only the physical impacts of initiation rites, but also the psychological, emotional and social impacts related to self-esteem which influences sexual decision-making and health outcomes.
Conclusions and Recommendations: UNFPA firmly believes that "adolescents have the right to be educated and empowered to make choices and protect themselves" (2019). The core values of such practices - helping adolescents learn about their cultures and prepare for adulthood - are sound ones. At the same time, however, the physical, social, emotional and psychological harm of too many of these practices requires serious review at the country and local levels. The movement toward change needs to be a collaboration between local religious, community and political leaders working in collaboration with country-level legislators and policy makers.

TUPED266

Projet Pilote d'Insertion Socioprofessionnelle des Jeunes HSH en Situation de Vulnérabilité à Brazzaville

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Issues: L'analyse de la dynamique de l'épidémie du VIH en république du Congo a montré qu'elle est de type généralisée, avec 3,2% de prévalence chez les adultes selon les données de l'enquête de séroprévalence réalisée en 2009 et à 3,14% selon les estimations de l'ONUSIDA 2018. Mais les prévalences restent importantes chez les populations clés en 2018, et notamment chez les hommes ayant des rapports sexuels avec les hommes 41,2%, avec une croissance de +58%. Les principales causes de cette prévalence chez les HSH sont entre autre, la stigmatisation et la discrimination, le sous-emploi, la pauvreté et l'accès limité aux soins de santé de qualité. L'Association de Soutien aux Groupes Vulnérables (ASGV), a reçu un appui financier de l'Ambassade de France au Congo pour apporter sur une période de 10 mois, un appui aux HSH en situation de rejet familial afin de réduire leur vulnérabilité face au VIH/Sida, à travers des appuis scolaires et des formations professionnelles dans le but de réduire les comportements à risque pouvant les exposer à l'infection du VIH.
Objectifs: Réduire la vulnérabilité des jeunes HSH en situation de rupture familiale.
De façon spécifique :
- Equiper et assurer les frais de location d'une maison d'accueil d'une capacité de 12 places pour une période d'un an afin d'assurer un hébergement temporaire à tous les HSH victimes de rejet familial
- Mettre à disposition 50 bourses d'étude et de formation professionnelle pour assurer une stabilité sociale à 50 HSH en situation de précarité
- Favoriser l'accès à la bonne information aux jeunes HSH de Brazzaville en situation de vulnérabilité
Activités:

- Soutien psychosocial des jeunes HSH victimes de rejet familial
- CCC au profit des HSH
- Accueil et hébergement des jeunes HSH victimes de rejet familial
- Mise à disposition des bourses d'étude et de formation professionnelle
- Visite de suivi des apprentis dans les lieux d'apprentissage

Lessons learned:

- 368 jeunes HSH sont sensibilisés sur le VIH/Sida
- 15 jeunes HSH ont été accueillis au centre d'accueil
- 12 jeunes HSH ont été placé en apprentissage dont 6 en cuisine et restauration et 2 en couture

5 jeunes HSH bénéficient de bourses scolaires et sont initiés à l'informatique
Next steps: Mise à disposition des petits financements pour autonomiser les jeunes HSH formés à travers la mise en place des activités génératrices de revenus

TUPED267

Quality of Life for Patients Co-infected with Kala-Azar and HIV: Qualitative Study from Bihar, India

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Introduction: Co-infection with both visceral leishmaniasis (kala-azar, KA), and HIV (KA-HIV) is increasingly being diagnosed among patients in Bihar. However, there is very little evidence relating to quality of life with these conditions. We aimed to understand self-reported quality of life among patients with KA-HIV co-infection in Patna (Bihar).
Methods: We used purposive sampling to recruit KA-HIV co-infected patients recently discharged from Rajendra Memorial Research Institute (RMRI), Patna. Semi-structured in-depth interviews were carried out in local languages, transcribed into English, and inductively analyzed until saturation was attained. All data were entered into NVIVO for coding and analysis. Data collection and analysis occurred concurrently.
Results: A total of 29 patients were interviewed to reach theoretical saturation, including 16 patients co-infected with kala-azar and HIV, and 13 patients co-infected with kala-azar, HIV, and tuberculosis. Among 29 patients, 24 were men (83%) and five were women (17%); this reflects the background sex distribution of KA-HIV patients overall. We found that patients highly valued income and health as indicators of a good quality life, and routinely went into debt in order to access care in the private sector. This was linked with perceptions of poor quality of care from government facilities and a lack of knowledge regarding available government services at the district level. The economic impact of seeking care in the private sector, combined with lost income during periods of illness, contributed to feelings of anxiety and hopelessness among patients, and left them dependent on societal support to access care. KA symptoms were often misdiagnosed in private sector facilities as "seasonal fever".
Conclusion: Poverty, together with the severity and chronicity of KA-HIV co-infection, contribute to significant financial uncertainty and poor quality of life among co-infected patients. Financial support, increased community engagement, increased provider awareness of co-infection, and effective stigma-reduction interventions should be integrated within care-seeking pathways to ensure that timely and effective access to care is possible for this vulnerable population. Sustainable long-term strategies will require a people-centered approach, wherein the perceptions and day-to-day concerns of patients are taken into account within medical decision making processes.

TUPED268

Une Normalité Clinique et Biologique Peut Cacher des Troubles de la Santé Mentale

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Contexte: La santé mentale est un état de bien-être psychique, émotionnel et cognitif ou une absence de trouble mental. Des difficultés de la vie peuvent modifier cet état de bien-être et provoquer des troubles chez les enfants infectés par le VIH. Il est question d'identifier les troubles mentaux chez les enfants infectés au VIH et l'existence de ces troubles aussi bien chez ceux qui sont bien portant ou non
Méthode: Il s'agit d'une étude transversale, analytique conduite de Décembre 2018 à Janvier 2019 avec une cohorte prospective de RACINES. La population était constituée d'adolescents 12 à 25 ans étant au courant de leur statut. Une évaluation de la santé mentale des enfants bien portant (G1) et des enfants moins bien portant (G2) a été faite à partir de l'échelle de HAD et la DSM IV. Ensuite un questionnaire a été administré par un psychologue et une assistante sociale pour évaluer l'existence de troubles chez la cible. La comparaison des groupes a été faite avec le test de Mann-Whitney. Les considérations éthiques et consentement ont été respectés pour cette étude.
Résultats: u total 25 enfants et deux groupes ont été formés constitués respectivement de Groupe I (n=15); Groupe II (n=10). 68% sont filles et l'âge médian est 16 ans. 28% ont perdus les 2 parents et 42% arrivent à prendre 3 repas par jour. Des troubles mentaux ont été identifiés chez 87% d'enfants dans le groupe 1 (G1) et 90% dans le groupe 2 (G2). La dépression a été identifiée chez 54% en G1 et chez 78% en G2. La psychose chez 31% en G1 et 33% en G2. L'anxiété chez 61% en G1 et 67% en G2. L'inattention chez 69% en G1 et 56 % en G2. Le trouble de personnalité chez 69% en G1 et 78% en G2. Les troubles de l'humeur chez 23% en G1 et 44% en G2. Les troubles existent aussi bien quel que soit l'état physique des enfants. Et tous ces troubles ont été pris en charge pour un bien-être des enfants.
Conclusion: La santé physique peut cacher les troubles de la santé mentale. L'évaluation de la santé mentale doit être systématiquement fait aux enfants et à temps pour une approche adéquate de la prise en charge. Des travaux sont encore nécessaires pour l'évaluation de leur prise en charge.

TUPED269

Towards Universal Health Coverage in EAC & SADC: A Citizens' Opinion on their Governments' First Priority for Investment

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Achieving Universal Health Coverage (UHC) by 2030 remains a challenge for African countries in part due to insufficient funding for public health care. Policy makers hold the view that mobilising resources through local taxation is key to enabling governments to spend more on public healthcare. Recent studies have found that African citizens are willing to pay extra tax to enable their governments to spend more on public healthcare; however, the current spending data shows that several countries in Africa are not spending enough on public healthcare. Against this background, this paper examined the African citizens' opinions about what should be their governments' top priority for additional investment in their country.
Using the latest data from a Pan-African survey collected by the non-partisan research network, the Afrobarometer, this research reviewed the opinions of people in the East African Community (EAC) and the Southern Africa Development Community (SADC) member states about what they think should be their government's top priority for additional investment? The results show that citizens perceive healthcare as one of the least priorities for additional government investment. This paper argues that, as the key stakeholders in the journey towards UHC, citizens in these countries should be educated about the importance of prioritising healthcare for additional government investment. Therefore, educating the general citizenry of their role on the road to Universal Health Coverage in both the East African Community and Southern Development Community is fundamentally indispensable.
Keywords: Africa, Universal Health Coverage, Healthcare, EAC, SADC,

TUPED270

Assessment of Knowledge Attitude and Practice of Pharmacovigilance by Leaders in Public Health Programs Undertaking Supply Chain Management in Nigeria

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Background: Spontaneous reporting in pharmacovigilance (PV) depends on awareness, attitude, motivation and voluntary practice of healthcare personnel, patients and institutions. The Nigerian PV system is challenged by marked underreporting of adverse drug reactions (ADR), data quality and visibility. These adversely impact timely safety alerts, regulation, stakeholders' enthusiasm and capacity for new medicines introduction. This study evaluates the association between the PV activities of public health programs and the awareness, attitude and practice of the leadership.
Methods: A mixed design was used to conduct cross-sectional evaluation using validated semi-structured questionnaire administered electronically. Purposive and snowball sampling were used to reach 209 contacts selected using organizational hierarchy. Questions were based on provisions of the national PV policy.
Results: Response rate was 55% (n =114) of which 59% (n =67) had adequate knowledge of PV and positive attitude. At least 33% (n =38) had adequate practice level. There was strong correlate between adequate knowledge and positive attitude (OR =3.72; 95% CI; P-value =0.0011). Similarly, significant association exists between adequate knowledge and adequate practice (OR =6.25; 95% CI; P-value =0.0003). Factors correlated to knowledge and attitude include: awareness of PV policy (OR =2.32; P-value =0.0301), access to PV policy (OR =1.93; P-value = 0.1335), PV training provided by respondents' organization (OR =1.73; P-value =0.1882), PV training undertaken by respondents (OR =1.32; P-value =0.4671). Also, factors correlated to practice of PV include: awareness of PV policy (OR =1.90; P-value =0.114), PV training provided by respondents' organizations (OR =1.34; P-value =0.4801), respondents' organization receiving periodic update from the National PV Center-NPC (OR =1.11; P-value =0.8525) and respondents independently receiving periodic update from the NPC (OR =0.83; P-value =0.7279).
Conclusions and Recommendations: The study suggests leaders in public health programs have better knowledge, attitude and practice of PV when aware of the PV policy, their organizations involved in PV training and receiving periodic updates from the NPC. PV involves science and activities of drug safety monitoring. It is essential that all stakeholders participate actively in these activities which ensure best therapeutic outcomes for patients living with HIV.
Keywords: Pharmacovigilance, Knowledge, Supply Chain

TUPED271

Etude Socio-anthropologique sur les Arrêts Ponctuels de Traitements ARV à Madagascar

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Contexte: A Madagascar, la prévalence du VIH est estimée à moins d'1%. Les traitements ARV sont accessibles gratuitement. On estime cependant qu'en 2018, seulement 3419 personnes sont sous traitement et parmi les personnes traitées, les interruptions de traitement sont fréquentes. D'après les résultats de l'Observatoire VIH de Médecins du Monde, les arrêts ponctuels de traitements ARV sont principalement motivés par des raisons personnelles. Afin d'approfondir ces résultats, une recherche anthropologique a été menée pour explorer les circonstances d'arrêts et de reprise de traitement chez les PVVIH.

Méthodes: Des enquêtes qualitatives ont été menées dans deux villes : Antananarivo et Mahajanga. 69 entretiens semi-directifs ont été réalisés auprès de 46 PVVIH sous traitement, ayant observé des arrêts ponctuels de traitement, de 14 soignants prenant en charge le VIH, et de 9 membres d'association. 8 observations ont été faites dans des centres de santé (dispensations d'ARV et consultations).

Résultats: Selon les résultats, les PVVIH sont désignées comme ayant un comportement sexuel déviant, favorisant le culte du secret autour de la maladie. La peur du rejet social et de ne pas pouvoir être enterrés dans le tombeau familial conduit les PVVIH à taire leur infection. Soucieux de préserver leur statut social, les enquêtés interrompent leur traitement ou cessent de récupérer leur médicament si cela met en péril le secret autour de leur maladie. L'absence d'alternative thérapeutique pour les PVVIH présentant des effets secondaires influence également l'arrêt de traitement. Le fait de ne pas pouvoir demander à des proches de récupérer les médicaments constitue aussi une cause d'arrêt ponctuelle. Enfin, la reprise d'ARV est généralement motivée par l'apparition de symptômes, la PVVIH craignant alors l'hospitalisation ou le décès.

Conclusions et Recommandations: Les entretiens ont révélé l'importance accordée par les PVVIH à la confidentialité, au maintien de leur statut social et rapports sociaux. Un renforcement des sensibilisations au niveau de la population en général et de l'éducation thérapeutique serait nécessaire pour réduire l'impact social lié à la maladie.

TUPED272

You can't Work Alone: Challenges and Opportunities in Harm Reduction Implementation in Mombasa County-Kenya

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Issues: Recent years have seen notable progress on harm reduction practices to people who use drugs (PWUD). Violence continues at a staggering rate. Stigma and discrimination persists in health care institutions. Access to justice continues to be hindered by a range of obstacles.
Descriptions: With funding from United Nation Office On Drugs and Crime and Open Society Initiative for Eastern Africa, Reach out Centre Trust (RCT) conducted a three days conference for the 70 Judicial officers, Trainings and sensitization meetings for20 health care workers, 150 police officers and 80 county police on human rights and Harm Reduction. Also had 2 exchange visits for 6senior police officers to KASH organization to learn on the best practices on Harm reduction.
Outcome: By the end of August 2018,350PWID were given alternative sentence through RCT paralegal officer's intervention at the Mombasa County Law Courts.300PWUDs were released on police custody unconditionally.34 Prisoners who are opioid dependent access Methadone medication at Kisauni and Kombani MAT clinic.RCT is a member in the Court Users Committee (CUC) and Prisons Discharge Board. Minimal arrests and raids have been noticed through our collaboration with our paralegal officers.
Lessons learned: The meetings, conference and trainings provided a better understanding of harm reduction among the law enforcers, members of the county assembly and the judiciary thereby changing their mindsets and attitudes toward the PWIDs hence providing enabling environments for access to harm reduction interventions e.g. Methadone and rehabilitation proram.Low level of legal literacy among PWIDs, their cultural background and fear of police constitute a number of reasons why PWIDs do not turn to court for protection. Police repressions, stigma and discrimination; discourage them from fighting for their rights. Involvement of Law enforcers promotes harm reduction services among the key population.
Next steps: Partnership ad collaborations ensures support for Harm Reduction programs in Mombasa

TUPED273

Observatoires Communautaires sur l'Accès aux Services de Prévention et de Soins, Outil de Compréhension de l'Épidémie de VIH/Sida au Sein des Populations Clés dans 5 Pays de la Région MENA

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Alors qu'à l'échelle mondiale les nouvelles contaminations ont baissé de 16% entre 2010 et 2018, l'épidémie de VIH progresse en région MENA. En 2018, les nouvelles contaminations ont augmenté de 10%, et ce à 95% au sein des populations clés. La marginalisation et la discrimination de ces populations restreignent leur accès aux services de prévention et de prise en charge.
L'objectif du projet est donc d'identifier et de comprendre quels sont les principaux freins rencontrés pour endiguer cette propagation de l'épidémie.
Des études *baseline* sont réalisées dans les 5 pays (Égypte, Liban, Maroc, Mauritanie, Tunisie*)* avec revue de la littérature (programmes nationaux, législations nationales, rapports régionaux) et entretiens semi-directifs avec les autorités sanitaires. Des *focus group* auprès de HSH, TS et UDI permettent d'évaluer leurs connaissances et leur vécu sur l'accès aux services. Une simplification des recommandations OMS est réalisée et disponible en anglais, français et arabe. Des formations des leaders communautaires sont menées pour les sensibiliser à ces normes afin qu'ils puissent identifier les écarts dans le parcours de soins des PVVIH et populations clés qu'ils accompagnent.
Bien que les textes nationaux prévoient des mécanismes spécifiques de prévention, de dépistage et prise en charge des populations clés, ces services ne sont pas opérationnels sur le terrain. On observe aussi une faible connaissance des populations clés quant aux services disponibles voire même aux modes de contamination et aux mesures de prévention à adopter. Par ailleurs, les associations communautaires restent les lieux privilégiés de dépistage et de prise en charge. Or, le lien avec les structures sanitaires demeure très fragile pour permettre des référencements efficaces. Les lois discriminantes à l'égard des populations clés constituent le premier frein à l'accès aux services des PVVIH issues de ces groupes.
La collecte de données *via* des observatoires communautaires, portés par 5 associations locales, sera la prochaine étape pour identifier précisément les freins rencontrés par les PVVIH et populations clés pour accéder aux services de prévention, de dépistage et de soins. Il s'agira de documenter les dysfonctionnements constatés sur le terrain pour mener un plaidoyer auprès des autorités. Un travail de concert à la recherche de solutions permettra de lutter efficacement contre les nouvelles contaminations au sein des populations clés en région MENA.

TUPED274

Le Coût des Soins, Véritable Obstacle pour les HSH Séropositifs au Sénégal: Une Étude sur le Reste-à-Charge d'une Consultation de Routine

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Contexte et objectifs: Au Sénégal, la prévalence du VIH est basse dans la population générale (0,5%) mais élevée chez les HSH (27%). L'accès aux soins et l'observance aux ARV sont des enjeux majeurs pour maintenir la santé et éviter la transmission virale. Cependant le contexte de pénalisation et de stigmatisation des HSH renforce l'isolement et la précarité qui freinent l'accès aux soins. D'autre part, les dispositifs de couverture maladie se développent depuis 2015. L'étude a évalué le Reste-à-Charge, lors d'une consultation VIH de routine. Elle a été menée par l'association ADAMA, dans le cadre du programme UNISSAHEL-Sénégal de l'IRD/CRCF.
Méthodologie: Enquête transversale par questionnaire, auprès de 60 HSH VIH+, à Dakar et en région, en janvier 2019 ; recueil d'informations socio-démographiques et des coûts lors de la dernière consultation.
Résultat: Parmi ces HSH, 60% vivent à Dakar et 40% dans les régions. L'âge moyen est de 30 ans [18-51]. Tous sont traités par ARV, avec une durée médiane de 5 ans [max 17 ans]. Le revenu mensuel moyen est de 143 USD. 12% sont affiliés à une mutuelle de santé (MS), 8% à une assurance liée à l'emploi ; 80% n'ont pas de protection sociale, la moitié adhèrent à une association.
Le coût moyen lié à la consultation est de 40 USD [3 -106]. Il se répartit en : bilan biologique 43%, médicaments 42%, consultation 6%, imagerie 5%, déplacement 4%.
90% de la dépense (≈ 36 USD) est couverte par le patient, 5% par la structure de santé (≈ 2 USD) et 4% (≈ 1,7 USD) par les MS et assurances. 1/5 personnes affiliées à une assurance et 3/7 à une MS ont eu une prise en charge partielle. Les motifs des non-recours sont la complexité des procédures et la peur du dévoilement. Les associations n'assurent aucune contribution. 20% des patients repoussent la date de leur rendez-vous par manque d'argent.
Conclusion: Le Reste-à-Charge d'une consultation représente un quart du revenu mensuel pour les HSH séropositifs. Les dispositifs de couverture maladie contribuent peu, leurs procédures sont inadaptées et ne couvrent pas les frais de transport. Malgré la gratuité des ARV, la majeure partie des dépenses reste à la charge des HSH alors qu'ils vivent souvent dans la précarité et bénéficient peu de la solidarité familiale. Des appuis spécifiques, à travers les associations, sont indispensables pour améliorer l'accès aux soins et éviter des ruptures dans le suivi.
Mots clés: HSH, VIH, accès aux soins, reste-à-charge, protection sociale

TUPED275

Observatoire Communautaire sur le Traitement au Sénégal: Un Outil de Veille et d'Alerte au Sein du Dispositif Sanitaire pour Améliorer la Qualité de la Prise en Charge. Quel Rôle pour le RNP+

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Background: Malgré la gratuité des ARV et la décentralisation de nombreux PvVIH et des populations clés sont confrontées à des difficultés pour accéder régulièrement aux soins biomédicaux.
Avec l'appui de l'International Treatment Preparedness Coalition (ITPC) depuis Juillet 2017, le RNP+ a mis en place un Observatoire Communautaire sur le Traitement au Sénégal pour recueillir et analyser les données quantitatives et qualitatives basées sur des évidences sur l'accès au dépistage, au traitement ARV et la réalisation des charges virales.
Methods: Une démarche à la fois qualitative et quantitative est mise en place à travers 439 interviews individuels et 15 focus group avec des PvVIH, HSH, TS, UDI, Femme enceinte, Jeune homme [15-24] et Jeune fille [15-24], une collecte de données des registres de dépistage, de traitement ARV et de gestion des stocks de médicaments dans 15 sites de prise en charge. 12 PvVIH formés ont assuré la collecte des données dans la période de janvier à décembre 2018. Les entretiens et discussions avec les cibles ont abordés leur perception de la prévention, l'accès au dépistage et autres soins du VIH, la qualité des services, le comportement des prestataires et les raisons de rupture de traitement. Les données collectées des registres permettant de corréler la quantification des besoins et les nombres des bénéficiaires des services.
Results: L'analyse des données révèle des situations variables, l'indisponibilité passagère de certaines molécules et des difficultés récurrentes pour la réalisation et la transmission des résultats des tests charges virales.
En termes de prévention **34.909** personnes ont reçu un test de dépistage du VIH dans les **15** sites de collecte dont **10.049** femmes enceintes, **5.101** jeunes filles, **3.925** jeunes garçons, **498** UDI, **237** HSH, **09** PS, pour **1.287** cas positifs, pour le traitement ARV **7.536** reçoivent leur traitement dont **164** HSH, **50** jeunes garçons et **61** jeunes filles. **2.294** ont bénéficié du test pour la charge virale dont **1.093** ont atteint la suppression.
Conclusions and Recommendations: La prise de conscience par les prestataires de la présence d'observateurs externes, les motive à veiller davantage sur la qualité des soins et l'intervention devient une émulation pour les structures.
Malgré les difficultés rencontrées, l'Observatoire Communautaire pour l'accès des soins du VIH constitue un outil puissant de veille et d'alerte qui peut renforcer la disponibilité et la qualité des services VIH.

TUPED276

Implications of the High Court Judgment in Petition 329 of 2014 Declaring that TB Is Not a Crime in Kenya

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Issues: The High Court of Kenya in a judgment delivered to determine Petition 329 of 2014 - Daniel Ng'etich & others v. The Attorney General & others - declared that TB is not a crime in Kenya. The Petition was filed in response to the widespread practice of public health officers seeking court orders to confine "TB treatment defaulters" in prisons. The officers would rely on section 27 of the Kenya Public Health Act that provides for the isolation of persons suffering from infectious diseases. The petition contended that isolation is necessary in some instances but that such isolation should never be in prisons. And that such incarceration in essence equates a TB patient with a criminal.
The High court thus declared that the practice of confining persons with TB in prisons for purposes of treatment is unlawful and unconstitutional.
Descriptions: The court directed the Cabinet Secretary for Health to develop a policy, in consultation with the county governments on the involuntary confinement of individuals with tuberculosis that is compliant with the Constitution. The Cabinet Secretary was also ordered to issue a circular to all public and private medical facilities and public health officers clarifying that Section 27 of the Public Health Act does not authorize the confinement of persons suffering from infectious diseases in prison facilities for the purposes of treatment.
Lessons learned: The Judgment brought to an end the wide spread practice adopted by Public Health Officers of seeking court orders to confine persons with TB in prisons for purposes of treatment. The judgment also showed that courts are willing to go an extra mile to ensure the government complies with the spirit and letter of the Constitution.
Next steps: The judgment triggered the process of policy and legislative reform on matters related to the rights of TB patients in Kenya. Effective advocacy strategies have been put in place to sensitize persons with TB on the need to adhere to their TB treatment to completion.The national TB program in consultation with CSO has since developed a TB Isolation policy which will ensure that rights based approach is used in handling persons with TB with challenges in adhering to their TB medication, KELIN is keen to ensure that implementation of the Isolation policy is accomplished.

TUPED277

Accelerating the Attainment of 95x95x95 UNAIDS Targets through a Hybrid Multi-stakeholder Treatment Literacy Approach for Dolutegravir (DTG) in Uganda

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Issues: Increase treatment literacy among women living with HIV of reproductive potential in respect to the Uganda 2018 HIV Prevention and Treatment Guidelines and WHO Consolidated Guideline on Sexual Reproductive Health Rights of women living with HIV with emphasis on Dolutegravir (DTG).
Descriptions: Following the rollout of DTG in Uganda in 2018, the International Community of Women living with HIV Eastern Africa (ICWEA) launched a robust muliti-stakeleholder treatment literacy campaign to keep the momentum towards attainment of the 95x95x95 UNAIDS targets in Uganda. The overall objective was to share and unpack the Consolidated HIV Prevention and Treatment Guidelines (with special focus on access to DTG by reproductive age women and girls living with HIV), come up with strategies for ensuring that women living with HIV have the right information; and subsequently make the right decisions and choice before using DTG. ICWEA used participatory meetings and social media to engage a range of stakeholders who included the private sector, political, religious, and cultural, women leaders and women living with HIV in a participatory manner to foster widespread information and uptake of DTG among women eligible women and girls living with HIV. This approach enabled us to cover 40 districts (35%) of the country. 190 women leaders living with HIV in their/affiliated networks attended.
Lessons learned: Engaging political, religious and cultural leaders is instrumental in the rollout of DTG since they are keep community gatekeepers; multi-stakeholder approached helps to reach the hard to reach populations such as the in-mates (those in prisons); utilizing local mass media especially radio talk shows has a multiplier effect on the rollout of DTG; and the approach helps to generate consensus and meaningful feedback that foster the rollout of DTG.
Next steps: Using lessons from 40 districts, expand the approach to the remaining districts to cover the country in the turn-around time; special focus to hard reach populations (including women and girls living with disabilities) is needed to leave no one behind, engage women and girls who have used DTG as change agents, strengthen linkages between facility and community structures and develop a robust multi-stakeholder communication strategy and in-depth guidelines regarding consenting to take on DTG.

TUPED279

Collectivization, Mobilization and Stigma Reduction for Better Health of Young People Living with HIV (YPLHIV)

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Background: The National Forum of PLHIV Networks in Uganda in partnership with the Sexual Reproductive Health Rights Alliance Uganda is implementing the "Get up Speak out for Youth Rights" which aims at ensuring young people (YP) realize their SRHR & Meaning full participation at societal, institutional & political levels. The program targets YP 10-24 years in 4 eastern Uganda districts with most severe SRH indicators.
In partnership the 2017 YPLHIV stigma index was conducted to document extent to which stigma & discrimination is a structural barrier to access & utilization of HIV/ SRH services by YPLHIV.
The survey focused on selected program indicators; utilization of SRHR information, youth friendly services, socio-cultural & political environment. Findings provided insight to gender attitudes, empowerment & self- esteem in relation SRHR influencing factors.
Methodology: Mixed methods was used, 223 respondents were sampled from 3 intervention districts, 37% males(M) & 53% females(F);49% aged 20- 24 while 51% 15-19 years, data was collected using Open Data Kit application on smart phones as well as a structured questionnaire. The qualitative methods were, FGDs, Semi-structured & Key informant interviews. Data was analysed
Results: All respondents had experienced stigma; 44 M & 89 F of the respondents felt internal stigma while 90 respondents blamed others for transmission. 25% reported not attending social gatherings Whereas 35.5% M & 15.8% F decided to abstain. A proportion refrained from seeking health care; 3% M & 4.5% F. These revelations show how self-inflicted human rights violations that ought to be deterred through series of interventions.
76% indicated engaging in sexual intercourse yet 51% of those didn't use protective measure against pregnancy/ STIs although 98% reported awareness on form of contraception. 72% F couldn't negotiate safe sex. SRHR services utilization is limited by gender dynamics; lack of negotiation power by YP, poverty, restrictive norms, accepted norms on early childbearing, negative perception of contraception as perceived benefits of unprotected sex outweigh risks of pregnancy, STIs.
Conclusions: SRHR services utilization directly relays to YP empowerment as empowered YP are in position to demand & utilize services
Government should promote an evidence based & rights based sexuality education approach with focus on empowerment of YP through life skills building, expanding access to contraceptive options & promote safer sex.

TUPED280

RURAL WOMXN AND HIV; Although LBQ Womxn Are Often Perceived as Low Risk for HIV Infection Many Factors May Contribute to HIV Transmission which Include Sex with Men, Sex Work, Drugs Injecting and Sexual Violence

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Issue: Bisexuals are often faced with a lot difficulties within the movement because of their sexual orientation, they are sexually attracted to both men and women and there is pressure to choose a side and often this group of people face a lot of discrimination within the LGBQ+ITGNC movement and so most of the time they hide their sexual activities so that they are not seen to have sexual relations with men and so the risk of HIV infection and transmission within the community.
Young LBQ womxn are often disowned by their families due to their sexual orientation and left to their own, with no education and any skills they turn to sex work. LBQ womxn with children find it difficult to get jobs because of how they express themselves and so turn to sex work in private since they don't want other persons to know that they are having sexual relations with men for money or favors.
LBQ womxn who inject drugs also face HIV transmission risks since they can't access clean needles and syringes and also engage in sex work just to buy drugs which also increases their chances of acquiring HIV. They can't access any service since they are largely stigmatized and discriminated by the larger movement.
Sexual violence is on the high rise among LBQ womxn which includes corrective rape which the society views it as a way to cure the sexual attraction of same sex.
Descriptions: Structural factors such as social exclusion and violence elevate the risk of HIV infection. The risk is exacerbated by the inadequate HIV prevention, care and treatment services that are LBQ womxn accessible and friendly. Also under representation of rural LBQ womxn in HIV research contributes to marginalization and exclusion.
Lessons learned: Structural factors elevate HIV risk among LBQ women, limit access to HIV information and present barriers to HIV care and support. LBQ womxn are a great risk of HIV due to social isolation, stigma, poverty, drug injection and participate in risky social behaviors. LBQ womxn engage in consensual and non-consensual sex with men for survival
Next steps: Integrating the National HIV programming to include screening for HIV among the LBQ womxn with more research and data on the HIV related risks among the LBQ womxn for better programming. Designing programs and activities that are evidence based to curb the many risks that the LBQ womxn face and also integrating mental health activities with HIV programming.

TUPED281

Stigmatisation Liée au VIH chez les Hommes Séropositifs au VIH Ayant des Relations Sexuelles avec d´Autres Hommes (HSH) au Centre Médical Oasis de Association African Solidarité (AAS)

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Contexte: Les HSH fréquentant AAS sont victimes de stigmatisation, de discrimination et de violences due à la désapprobation de la société. Ces expériences négatives sont souvent aggravées lorsque les HSH sont également séropositifs. La prévalence du VIH parmi les HSH en 2017 au Burkina est de de 1,9%, dans le cas des actions de dépistage d'AAS, le taux de détection de positif parmi les HSH était de 2,7% en 2017. La littérature a montré que la stigmatisation liée au VIH constitue un obstacle à un engagement approprié avec les services de santé. En 2017 au sein de l'AAS, sur 12 HSH suivis, 5 avait abandonné leur traitement ARV à cause de la double stigmatisation, 3 avait quitté la ville définitivement carx ils ne savaient plus a qui se confier. Parmi la file active de HSH suivis au sein de l'AAS, seulement un tiers (4/12) avait une charge virale supprimée. L'objectif de la présente étude est de mettre en évidence les causes de la non atteinte des objectifs des 90-90-90 parmi les HSH

Méthodes: De Juillet à Septembre 2018, 11 entretiens approfondis en face à face et 2 focus group de 5 personnes ont été réalisé auprès de HSH volontaires. Tout HSH séropositif depuis plus de un an et ayant subi une discrimination étaient éligibles à participer à l'étude. Avoir subi une discrimination était défini comme avoir subi des moqueries, avoir été montré du doigt ou avoir entendu parler de soi en mentionnant son orientation sexuelle et sa séropositivité comme une chose négative.

Résultats: Au total 21 HSH ont participé, au regard leur situation professionnelle, 7 étaient étudiants, 3 administrateurs de l'état civil, 4 commerçants, 5 élèves et 2 sans emploi.

Les conclusions de cette analyse ont confirmé qu'il y a des niveaux extrêmes de stigmatisation, 06 HSH soit 28,57% se sont vu refusé l'accès à une fête de la communauté, 12HSH soit 57,14% ont été indexé dans un centre de santé, 14HSH soit 66,66% ont reçu des messages de chantage. La conséquence est que les HSH évitent d'autres structures sanitaires ou ils pensent croiser d'autres HSH infectés.

Conclusions: La stigmatisation a un impact négatif sur la manière dont les HSH accèdent aux services de santé et utilisent leur traitement du VIH. A la lumière de ces résultats, il est crucial que les décideurs et les influenceurs du VIH considèrent l'implémentation d'interventions de santé publique efficace visant à réduire la stigmatisation intergroupe aux côtés d´autres formes de stigmatisation

TUPED282

Interactive Theatre, a Strategy to Fight Against Self-stigma and Discrimination of People Living with HIV, in Maputo-City

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Issue: With a HIV prevalence of 13.2%, Mozambique has prioritised the use of approaches as Community ART groups, Fast-Track and Test-Start, which contributed to an increase in the antiretroviral treatment-ART coverage to 80%, in 2017. However, ART coverage has to be accompanied by retention in care and viral load suppression, which was only 32% by the end of 2018 (MISAU, 2017/8,IMASIDA, 2015). HIV stigma&discrimination-SD continue to be a barrier to people living with HIV-PLHIV to adhere and to retain the treatment in Mozambique. In 2015, 20.7% and 3.4% of PLHIV aged 15-49 years reported discriminatory attitudes and health services refusal, respectively, because they were HIV+, and 56% reported having faced discrimination (UNAIDS, 2019, INDEX,2013). COALIZÃO has recognised the need to address SD in the context of HIV by introducing interactive theatre (IT) at waiting areas of six (6) Health Facilities (HF) in Maputo city.
Descriptions: COALIZÃO is implementing the IT through PITCH - Program, financed by AidsFonds, as a response to HIV self-SD, with focus on young PLHIV. The main goal of the IT is to engage clients in the reflection and discussion about self-SD. It focused on addressing the issues through the training of 60 health care provider (HCP) in humanised care services and the IT approach, which is used as a strategy to create a safe space to discuss self-SD and generate possible ideas of how to overcome it through the exchange of experiences, by means of drama. IT sessions are implemented by a theatre group composed by activists trained in drama. They work in coordination with HCPs, normally with 3 characters who sit on the waiting area and start the drama unannounced, with a discussion on themes as the importance of self-acceptance, to partner notification... At a certain point, the audience is invited to swap places with one of the characters from the play and to propose a different response to the issue being discussed in the play. Reflecting on the best actions to take
Lessons learned: Adolescents and young PLHIV have actively engaged in the discussions of HIV-related issues; The sessions have created a friendly environment for sharing life experiences and copying mechanisms to deal with self-stigma and discrimination.
Next steps: To train more activists and advocate for the expansion of the self-stigma and discrimination IT to other HFs nationwide; To develop IT to address self-stigma guidelines and monitoring-evaluation of the strategy impact.

TUPED283

Addressing Stigma and Discrimination against Persons Living with HIV in Ghana - A Multifaceted Approach that Yields Results

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Background: The Ghana PLHIV Stigma Index (2014) concludes that "PLHIV across the country persistently experience varying forms of stigma and discrimination." This resonates with findings of the Ghana Demographic and Health Survey (2014) which acknowledges that stigma and discrimination (S&D) against PLHIV is pervasive in Ghana. Therefore, addressing S&D is a foremost occupation of the Ghana AIDS Commission (GAC) and partners of the national HIV response.
Description: In 2011, the GAC initiated the Heart-to-Heart (H2H) campaign involving four trained PLHIV (referred to as H2H Ambassadors, each having lived with HIV for at least 15 years) as frontline advocates to champion anti-stigma campaigns in the media and public spheres. The *Commission for Human Rights and Administrative Justice, Ghana,* is running an online and a short code free text messaging system to ease S&D reporting. The *National HIV and AIDS, STI Policy* (2013), and the new GAC Act 938 (2016) outlaw S&D against PLHIV. National Anti-Stigma Technical Working Group and Social Accountability Monitoring Committees have been established to safeguard the rights of PLHIV. The first anti-stigma index study was conducted in 2014 and a National Anti-Stigma Strategy has been developed to implement recommendations therefrom. Relevant IEC materials have been developed, revised and repackaged to reflect best standards. Trained KP friendly health workers have been deployed and drop-in centers established. Anti-stigma training workshops have been held for various media personnel, law enforcement agents, faith-based leaders and other stakeholders. "Best Reporter on HIV" has been incorporated into the annual Ghana Journalists Association awards for improved HIV reportage.
Lessons Learnt: The H2H Ambassadors' public declaration of their HIV status, media campaigns and countrywide tour of PMTCT and ART sites have helped debunk HIV myths, and their resilient health testifies of the efficacy of ART. Collaboration with and training of various actors along the national response continuum has helped improve the quality of services delivered to PLHIV and fostered a more congenial environment for far-reaching anti-stigma campaigns.
Next steps: Legislative Instruments are being developed to support Act 938. National HIV, STI policy (2013) undoing revision. GAC has intensified education on the new **Act** to increase public knowledge of it, and to make it a ready tool for use by affected PLHIV.

TUPED284

Factors that Hinder Acceptance to HIV Positive Clients: KNH Case Study

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Background: The notions of stigmatization, discrimination and social exclusion are related; for they are based on prejudices and lack of knowledge. The degree is associated with HIV seropositive. Discrimination against HIV positive persons in the society is often related to the general level of knowledge about HIV by the population. PLWHA encounter loss of 'normal' productivity because of reduced working capacity and in some cases isolated while seeking day to day livelihood. As a result of this awareness of negative perceptions of one's own 'self', individuals who are HIV seropositive tend to internalize negative perceptions.
This study redefined the concepts of stigmatization, discrimination and social exclusion and build on capacity that mitigates acceptance thus promote uptake to management. The study was conducted at KNH CCC in 2018. KNH CCC was established in 2005 to cater for the PLWHA in Nairobi Cosmopolitan and currently is a National Referral Comprehensive Care Clinic. This clinic has rendered critical HIV management to over 10,000 PLWHA.
Methods: A cross sectional study was applied and 100 PLWHA were enrolled in this study. The inclusion was: PLWHA above 25 years who have been clients of KNH CCC for a period of above 6 months and PLWHA members of KNH CCC.Quantitative methodology was used in this study. Ethical consideration were obtained and adhered KNH/UON ERC and KNH Research and Program department Consent to the study was sought prior to administration of the study tools in which the client went through the consent form, confidentiality was maintained and safeguarded, The stored data was analyzed using SPSS version 20.
Results: This study provided evidence that PLWHA, had profound choice of ideal person whom to disclose their own HIV status; experienced incidences where they had low moments despite been able to have a high inclination, understanding and ownership of their HIV positive status.The treatment facility has its dynamics in redressing the diversity of the study in relation to provision of a beneficial atmosphere and coherent functioning relationship between PLWHA and service provider.
Conclusions: the study findings derives mechanisms geared towards individual and institutional capacities that mitigate any element that might counteract PLWHA treatment, adherence and various hitches of appropriate support from their significant others and the community at large.

TUPED285

People Living with HIV Stigma Index Survey in Uganda 2019

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Background: Measuring stigma and discrimination among People Living with HIV (PLHIV) provides evidence for planning for HIV stigma reduction interventions at all levels.
Methods: A standard structured cross-sectional survey design provided by the Global Network of PLHIV (GNP+) was adopted, 1398 PLHIV was determined to be statistically ok to represent 1.3 million Ugandans in 22 districts. Data collection was conducted in January 2019. Key populations were specifically targeted to understand stigma intersections.
Results:

- 1398 respondents, 874(62.47%) females and 524(37.46%) males participated, 56(4%), 423 (20.36%) belonged to a KP category.
- Disclosure was largely to family members at 1129 (80.77%) and least reported to co-workers 375 (26.88%) and employers 308 (22.09%).
- 509 (36.38%) found it difficult to disclose HIV status to other people as 448 (32.02%) revealed hide their HIV status from others.
- Family members and non-family members made discriminatory remarks or gossip about the PLHIV at 34%.
- Internal stigma was high with 255 (18.23%) mentioning felt worthless because of living with HIV
- 111(7.93%) chose not to attend social gatherings while 284(20.30% decided not have sex. This was more reported among females 208(23.80%) than males 76(14.50%).
- On a scale that measured resilience ranging from -10, through zero to 10 where negative is the worst and positive is the most preferred, 50% had a resilience score of 4, so despite HIV, the level of resilience was high and could cope with stress.
- Majority were on ART (99.71%), their health was good, testing for HIV was largely due to sickness at 33.5% although 27.3 felt were at risk while viral load suppression was at 70.17%
- Of the 186 PLHIV who reported experiencing abuse or human rights violations, 35 (18.82%) tried to do something about the matter either in form of complaints, contacting a lawyer or speaking publicly about the matter
- Within the KP category i.e. People Who Use Drugs, Sex Workers, LGBTI, MSM, non- HIV related stigma and discrimination in form of discriminatory remarks or gossip among all groups at 37%

Conclusions and Recommendations: The various stakeholders in Uganda's multi sectoral response need to undertake an effective response to the HIV epidemic by tackling the root causes of stigma and ensuring that services are inclusive and accessible.

TUPED286

Perceptions of Care and Treatment of People Living with HIV/AIDS in Bihar: A Qualitative Study from India

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Introduction: Routine stigma and discrimination is often implicit and anecdotally reported rather than formally documented in Bihar, India. This study aimed to explore perceptions of care and treatment among PLHA in two districts of Bihar and uncover perceptions of PLHA among healthcare providers and community members accessing care at district and tertiary care facilities.

Methods: Two districts were purposively selected for the study, namely the capital Patna and another peripheral district located within 100 km of Patna, in order to glean insights from a diverse sample of respondents. Our team conducted semi-structured, in-depth interviews with people living with HIV and AIDS, healthcare personnel, as well as community members accessing care at health facilities across two districts of Bihar in order to triangulate study findings. All audio-recordings were transcribed and translated into English, before being entered into NVIVO qualitative data analysis software for in-depth coding and analysis. The researchers engaged in a grounded theory analysis and followed open coding, axial coding, and selective coding processes to develop a core theory.

Results: In total,71 participants were interviewed, including 35 HIV positive patients, 10 community members, and 26 healthcare providers. We found that HIV is conceptualized as a "dirty" or "immoral" illness even in healthcare settings: several doctors engaged in mandatory testing of all patients rather than following universal precautions, and refused to admit HIV positive patients. Patients from peripheral areas were continuously referred to "higher centers" for treatment even in the capital city. Intentional and non-consensual disclosure of HIV positive status by healthcare personnel is commonly reported by patients and doctors alike, and the anticipated stigma limits public disclosure of illness among patients. Among healthcare personnel, a pervasive fear of contracting HIV and poor knowledge of modes of transmission are major drivers of stigmatizing behaviors such as adopting extra precautionary measures for HIV patients and refusing to touch or treat such patients.

Conclusion: We argue that there is a pressing need to implement universal precautions across all health facilities in the state, and implement evidence-based stigma reduction interventions. This study provides formal documentation of anecdotal reports and crucial evidence for advocacy efforts with state-level authorities in Bihar.

TUPED287

Solidarity First: Lessons from Cross-movement Advocacy Strategies in Zimbabwe and Malawi

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Issues: cross-movement collaborations; strategic partnerships; sustainable movements; joint HIV responses; LGBTI; and sex work.

COC Nederland through the Bridging the Gaps and PRIDE programmes supported its implementing partners in Zimbabwe and Malawi such as SRC, GALZ and CEDEP to establish cross-movement strategies to address the needs of their communities in the national HIV response. In these contexts, sexual minorities such as LGBTI people and sex workers came together to develop solidarity platforms that contribute to a stronger voice of these communities.

This experience has proven to be an efficient way of developing a sustainable HIV response embedded in human rights. For instance, criminalisation is an issue that impacts both LGBTI and sex workers and hinders national HIV efforts. Advocating jointly for decriminalisation makes it a robust case. Further, communities learned that HIV is not the problem itself but the result of many other issues such as poverty, stigma and discrimination. Collaborations make advocacy strategies and messages stronger as these platforms engage with the Ministry of Health and National AIDS Commissions. Solidarity politics led to sustainable partnerships, which include the most affected by HIV as well as processes of social exclusion. Special attention will be paid to the need of involving communities quite often left behind of the national HIV responses, such as LBQ women, trans, and gender-nonconforming and non-binary people, and intersex.

The presenters will share the outcomes of these experiences, best practices and promote a method of engagement that can be used in other contexts by HIV and social justice activists.

TUPED288

Stigma and Discrimination among Haitian-origin People Living with HIV in the Dominican Republic: Findings from Stigma Index 2.0

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Background: Haitian-origin people living with HIV in the Dominican Republic confront severe ethnic and racial discrimination, as well as stigma and discrimination due to their serostatus. More information is needed, however, to characterize HIV-related stigma and discrimination among Haitian-origin PLHIV compared to the overall epidemic in the country. Supported by USAID/PEPFAR through Project SOAR, Alianza Solidaria para al Lucha Contra el VIH y SIDA and Red Dominicana de Personas que Viven con VIH/SIDA implemented the People Living with HIV (PLHIV) Stigma Index in 2018.
Methods: At service delivery sites in six provinces, PLHIV interviewers recruited and surveyed peers to participate in the study. Eligible participants were 18 or older; self-reported living with HIV for at least one year; and spoke Haitian Creole or Spanish. We compare characteristics and stigma/discrimination among Haitian-origin people and non-Haitians using chi-squared and Fisher's exact tests.
Results: We interviewed 891 participants; 10% were of Haitian origin (n=90). Haitian-origin people were less likely to be formally employed than non-Haitians (19% vs. 36%, $p< 0.01$). Twenty-eight percent of Haitian-origin people completed at least secondary education, compared to 50% of non-Haitians ($p< 0.001$). More Haitian-origin people compared to non-Haitians identified as migrant workers (69% vs. 3%, $p< 0.001$). Thirty-nine percent of Haitian-origin people had partners living with HIV compared to 25% of non-Haitians ($p< 0.01$). Fewer Haitian-origin people compared to non-Haitians disclosed their HIV status to family members (36% vs. 69%, $p< 0.001$) and close friends (13% vs. 37%, $p< 0.001$). A smaller proportion of Haitian-origin people compared to non-Haitians were currently on ART (90% vs. 98%, $p< 0.001$) or reported being virally suppressed (33% vs. 59%, $p< 0.001$). Thirty-nine percent of Haitian-origin people knew about laws to protect PLHIV from discrimination, compared to 69% of non-Haitians ($p< 0.001$).
Conclusions and Recommendations: PLHIV of Haitian origin experience substantial internal and external stigma, and targeted outreach and service delivery is needed to help them access needed HIV services, as well as learn about their rights as PLHIV.

TUPED289

Male Sex Workers Faced Homophobia and and This Leads to Poor Adherence in Medication

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Title of the session: Male sex workers in kisumu and its impact on the society
Thematic area: Rethinking strategies
Summary of the session: Male sex workers organisations in kisumu namely MAAYGO AND kiswa , Movement for Individual Liberties, , have committed themselves since 2003 to defending, promoting and protecting human and sexual rights of male sex workers people while implementing activities adapted to the real situation of the beneficiaries. Their work has had a positive impact on the lives of LGBT people in Kisumu Kenya.
The civil society is now more or less open about LGBT issues; national policies regarding MSw are more inclusive; and we have been able to mobilize the LGBT community even in the countryside. We have also observed a commitment by some organisations such UNSAID and the National AIDS CONTROL for KEY POPULATION (NASCOP) in decriminalizing homosexuality as well as in reducing of stigma and discrimination of Male sex workers people within medical facilities in the country.
male sex workers organisations have also created and maintained a safe, secure and open community space. This space plays an important role in the development of the LGBT community; it serves as a central place for community mobilisation and advocacy.
Despite the impact of the work of LGBT/msw organisations and sex workers , there are some challenges that still persist within the movement including difficulties in mobilizing necessary and sufficient resources for smooth operations. There are also security incidents that often disrupt the activities of the organisations. In addition, opinion leaders who view SOGI issues unfavourably heavily influence the public.
kps are motivated to-fight, discrimination, stigmatization and violence on the basis of sexual orientation and gender identity/expression since 2003. They do as volunteers at a part-time basis. They have been able to break the silence and demystified taboos surrounding sexuality and male sex workers people. The majority of these activists have accepted their sexuality and come out despite risking rejection by family members, friends and acquaintances.
In order to work and meet their needs. In addition to this, there were abundant telephone threats, hate speech and homophobic violence perpetrated by public officials including police officers, members of the ruling party, and the intelligence community; and by private individuals including religious leaders.

TUPED290

Identifier les Risques, Lever les Barrières d'Accès aux Soins: Cartographie des Violences Fondées sur le Genre et l'Orientation Sexuelle dans la Ville de Douala, Cameroun

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Questions: Les violences basées sur le genre et l'orientation sexuelle sont en nette progression dans la ville de Douala. Une étude communautaire menée par Alternatives-Cameroun en 2017 a révélé que 12% de HSH et 19% de FSF avaient déjà subi un viol. L'étude IBBS de 2016 a dévoilé que 13% de HSH avaient déjà été discriminés par leurs familles. Cette même étude a établi que les populations clés victimes de violences sont deux fois plus infectées au VIH que les personnes n'ayant subi aucune violence. Alternatives a donc pensé à identifier les zones à risque afin de prévenir les violences faites aux personnes LGBTI, contribuer à réduire leur vulnérabilité, et accroître leur accès aux soins
Description: Nous avons répertoriés toutes les violences collectées par Alternatives depuis le début de la documentation des violences en 2014, soit 293 événements de violences qui ont été classés par type et lieu d'occurrence. Une carte de la ville de Douala a été imprimée en très large format. Chaque événement de violence était ensuite matérialisée sur la carte avec une étiquette autocollante, à l'endroit où il a eu lieu. Les violences étaient classées en 6 types, et à chaque type correspondait une couleur d'étiquette. Nous nous sommes ensuite servis de cette carte pour des sensibilisations de nos bénéficiaires sur leur sécurité personnelle. Elle a été aussi utilisée pour nos sensibilisations avec certains acteurs sociaux comme les chefs traditionnels ou le personnel soignant.
Leçons apprises: La cartographie, qui trône désormais dans la salle d'attente de notre Centre communautaire, s'est vite avérée être un puissant outil de communication sur la sécurité et le plaidoyer en faveur des LGBTI à Douala. C'est une façon très pratique de visualiser la situation et d'en tirer les conséquences. Cette cartographie sert par exemple de boussole aux LGBTI du quartier de résidence. Les visiteurs du Centre se rendent vite compte des preuves et lieux à risques dans la ville, et se sentent encouragés à fréquenter davantage le Centre pour y bénéficier de davantage d'informations et de services.
Prochaines étapes: Nous envisageons exposer cette cartographie aux ateliers de plaidoyer avec les acteurs sociaux. Nous comptons élargir la cartographie à l'échelle nationale. A cet effet, la documentation des violences va désormais couvrir tout le territoire national, avec les points focaux que nous avons recruté dans toutes les régions du Cameroun

TUPED291

Création du Réseau des Acteurs Clés du Cameroun: Stratégie de Réponse et de Gestion des Violences Basées sur le Genre et l'Orientation Sexuelle

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Problème: Au Cameroun, on note une forte hausse des cas de violences basées sur le genre et l'orientation sexuelle. Selon les rapports d'Alternatives-Cameroun et Humanity First Cameroun à ce sujet, le nombre de ces violences serait passé de 573 en 2017 à 1134 en 2018, parmi lesquelles seules 10 % ont reçu une réponse en termes d'assistance. Ceci serait dû à la peur des survivants de porter plainte, mais aussi aux tracasseries administratives et judiciaires. Afin de lever ces obstacles, nous avons pensé créer un réseau des acteurs clés du Cameroun.
Méthodes: Par le passé, nous avions eu à inviter un certain nombre d'acteurs clés à des ateliers de plaidoyer pour un environnement favorable aux LGBTI. Il s'agit des forces de maintien de l'ordre, leaders communautaires, leaders religieux, hommes de média, hommes de loi, représentants ministériels et prestataires de santé. Pour les fidéliser et les impliquer davantage dans la défense et protection des personnes LGBTI, nous les avons invités à se réunir au sein de ce qui allait devenir un réseau d'acteurs clés visant la réduction des violences basées sur le genre et l'orientation sexuelle. Ce réseau se réunit régulièrement pour harmoniser les stratégies de réponse. Lors de la commission d'un cas de violence basée sur le genre, des membres du réseau facilitent une intervention ciblée et immédiate.
Résultats: Les acteurs clés ont été enthousiastes pour former le réseau. Sur la trentaine de personnes invitées, 22 font partie du réseau. Le réseau des acteurs est intervenu 17 fois au cours du premier semestre 2019. Les cas de violence ayant reçu une réponse sont ainsi passés de 10 à 34% parmi les cas documentés, touchant 16 bénéficiaires, dont 9 ayant été pris en charge en collaboration avec le réseau. Le réseau est également un organe de plaidoyer et de sensibilisation pour la transformation des normes sociales et le travail en commun entre l'État et la société civile pour le respect des droits humains.
Conclusions et Recommandations: Nous envisageons pour la suite développer le réseau des acteurs clés au niveau de chaque région du Cameroun afin de couvrir tout le territoire national et mieux orienter les interventions des différents acteurs favorables à la protection des personnes LGBTI au Cameroun. En outre, renforcer la notoriété du réseau à travers le renforcement de capacités des acteurs dans la sensibilisation ciblée et la création d'une véritable plateforme d'échange société civile - État.

TUPED292

Production des Rapports Annuels des Violences Basées sur le Genre et l'Orientation Sexuelle au Cameroun comme Moyen de Plaidoyer pour un Environnement Favorable aux Minorités Sexuelles

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Problème: Les violences et violations des droits à l'encontre des LGBTI, avec leurs conséquences sur la vulnérabilité au VIH et sur l'accès aux soins, ont très tôt fait l'objet de documentations par les organisations identitaires LGBTI au Cameroun, y compris Alternatives-Cameroun. Pourtant les décideurs en semblent peu informés et ont tendance à les nier. Un ministre affirmait en 2013 : « il n'y a pas de persécutions d'homosexuels au Cameroun ». Nous avons alors décidé de conjuguer nos efforts avec ceux des autres organisations pour rendre nos données plus visibles, et booster le plaidoyer pour un environnement plus favorable aux LGBTI.
Méthodes: Nous avons décidé en 2016 de produire, en collaboration avec Humanity First, un rapport annuel sur les abus à l'encontre des LGBTI. Nous avons harmonisé les fiches de collecte de données, ainsi que la nomenclature : Arrestations, violences physiques, psychologiques, sexuelles, arnaques et discours de haine. Les données collectées ont été fusionnées dans une base commune et les doublons contrôlés. Le draft du rapport a été soumis aux consultants pour relecture. Le rapport finalisé a été diffusé au gouvernement, médias, ONG, instances de défense des droits humains. Cette expérience renouvelée chaque année.
Résultats: Trois rapports annuels communs ont déjà été produits : 2016, 2017 et 2018. La collaboration entre des associations ayant des zones de couverture différentes et complémentaires, a permis d'aboutir à un document représentatif de la situation au niveau national. Les rapports rendent compte d'une croissance des cas documentés d'une année à une autre : 348 en 2016, 578 en 2017, et 1134 en 2018. D'une année à une autre, les organisations qui collaborent au rapport augmentent (2 en 2016 et 6 en 2018), et l'audience aussi. Le rapport 2018 a été partagé auprès de 188 partenaires pour 108 retours en appréciation. La radio RFI a fait un article sur ledit rapport. Avec ce rapport, un plaidoyer Commission Africaine des Droits de l'Homme et des Peuples et auprès de l'Expert Indépendant SOGIE de l'ONU.
Conclusions et Recommandations: Pour les rapports à venir, nous renforcerons la couverture au niveau national et impliquerons davantage d'organisations. Nous améliorerons la désagrégation des données, notamment selon les identités de genre et les régions. Nous comptons enfin nous servir de ces rapports pour organiser un litige stratégique pour la protection des LGBTI au Cameroun.

TUPED293

Mitigating the Impact of Stigma and Discrimination against Women and Girls Living with HIV in Lagos State, Nigeria

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Issues: This is PATA's intervention to mitigate the impact of stigma and discrimination against women and girls living with HIV in Lagos State, Nigeria. HIV related stigma and discrimination is still very high in Nigeria and this has grossly affected the quality of lives especially of the women and girls..The National HIV/AIDS indicator and impact survey (NAIIS) report launched in Nigeria in March 2019 states, "while Nigeria's national HIV prevalence is 1.4% among adults aged 15-49 years, women aged 15-49 years are more than twice as likely to be living with HIV than men (1.9% versus 0.9%.). Stigma and discrimination has been identified as a key factor.
Descriptions: The initiative involves, building the capacity of women and girls living with HIV to protect themselves against all forms of stigma and discrimination; community dialogues to publicize the provisions in the law addressing stigma and discrimination and engaging key stake holders in curbing systemic discrimination against women and girls in their constituencies; production of the simplified edition of the Lagos State ant-stigma law and mass distribution to stakeholders as an advocacy tool;provision of free legal aid, psychosocial, care and support services to all who experience stigma and discrimination.
Lessons learned: Enactment of laws is not enough rather existing laws need to be well publicized and should be available in simplified and easy to read versions as effective advocacy tools. Increased reporting on issues of stigma and discrimination due to massive exposure to the existing law; greater male participation in addressing issues of stigma; many human rights civil society organizations willing to provide free legal services for women and girls experiencing stigma and discrimination. Community engagement is very effective in addressing issues of stigma and discrimination.
Next steps: We recommend a three-pronged approach to addressing issues of HIV stigma and discrimination against women and girls.. First, building the capacity of the women to protect themselves against all forms of stigma and discrimination. Second, effective use of the existing anti stigma laws as advocacy tools via simplification, massive publicity and dissemination to relevant stakeholders.Third, partnerships with relevant civil society organizations to ensure access to justice via free legal aid,psycho social, care and support services for survivors of stigma and discrimination..

TUPED294

HIV-related Litigation: Interrogating the Efficacy of Specialised Legal Structures in Addressing HIV Stigma and Discrimination

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Issues: The HIV and AIDS Tribunal of Kenya, established under section 25 of the HIV and AIDS Prevention and Control Act, 2006, is the only HIV-specific statutory body in the world that is mandated to adjudicate cases relating to violations of HIV-related human rights
Descriptions: Despite its slow start in 2012, the Tribunal has made great strides in the protection and advancement of HIV -related human rights. Its unique set up, different from the ordinary courts, allows it to address the various barriers to access to justice by persons facing HIV -related stigma and other violations of their rights.
Lessons learned: Nevertheless, the Tribunal faces various challenges that affect the exercise of its mandate.
Next steps: This paper seeks to interrogate the efficacy of specialised legal structures in addressing the issue of stigma and violations against persons living with HIV, the achievement and challenges to date.

TUPED295

Observatoire des Droits Humains et le VIH une Approche à l'Atteinte des 90-90-90 (Lutte contre la Stigmatisation/Discrimination)

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Problématique: La stigmatisation et la discrimination sont des phénomènes qui impact négativement la riposte contre le VIH notamment au sein) des Populations clés. Ces phénomènes remettent dangereusement en cause le troisième point des triples zéro, qui aborde zéro discrimination. Ainsi, pour contribuer à l'atteinte de la vision 90-90-90, le réseau des Associations de personnes vivant avec le VIH/sida au Togo (RAS+) a mis en place un Observatoire des Droits Humains et VIH (ODH et VIH) en 2013 pour documenter les cas.
Description du programme: l'ODH et VIH a eu à former 200 bénévoles, avec des profils de Médecins, Psychologues, de Conseillers psychosociaux Médiateurs et les membres des communautés les plus exposé au VIH. ; Ils sont dotés d'outils de collecte de données sur la thématique.. Couvrant toute l'étendue du territoire, les bénévoles sont basés dans 83 structures et sont assistés par 250 personnes ressources composer des magistrats, des préfets, les leaders religieux/traditionnel et des forces de l'ordre et de sécurité.
Leçons tirées: Ce dispositif d'alerte a permis en 5ans, de 1377 cas de violation des droits humains (stigmatisation et/ou de discrimination) en terme de refus de soins,violences Psychologiques, expulsion de famille et refus d'enterrements des victimes. Ce phénomène se remarque avec plus de concentration dans la région sanitaire Lomé-Commune d'où 39% soit 539 sur 1377. Ces actes envers les PVVIH sont plus perpétrés en milieu familial et communautaire et représente 80.3%. La majeure partie des victimes sont des femmes soit 78.8%et touche plus la tranche d'âge de 25 à 49 ans soit 53.5%.Les références pour l'accompagnement des PVVIH sont d'ordre médical, psychologique, policières et juridique. Ainsi, on a notifié 6% soit 60 sur 985 vers les tribunaux et pour ce qui concerne les forces de l'ordre, 8.6% soit 85 références sur 985.
Prochaines étapes: L'observatoire des Droits Humains et VIH est une approche innovante pour solutionner les effets de la stigmatisation et à la discrimination en ce sens qu'il permet de se baser sur des données factuelle et des faits probants pour des plaidoyers. Il lui reste de disposer plus de bénévoles et de personnes ressources et que la loi portant protection des personnes vivant avec le VIH soit plus connue de la population.

TUPED296

Sex Workers Academy Africa (SWAA) as an Innovative Tool in Sex Workers Empowerment and Capacity Building

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Issues: The Sex Worker Academy Africa is a ground-breaking learning programme for community empowerment and capacity building, led by and for sex workers. It delivers an effective blend of knowledge and experience. The Academy is presented over the course of a week, and includes workshops, site visits and art advocacy sessions. The Academy brings together national teams of sex workers from across Africa to develop organising skills, learn best practices, stimulate national sex worker movements, and strengthen the regional network. The Academy is an African Sex Workers Alliance (ASWA) initiative implemented by Kenya Sex Workers Alliance (KESWA) in Nairobi, Kenya. The Global Network of Sex Work Projects (NSWP) supported the concept of South-South learning and capacity building.
Descriptions: The Academy provides sex workers with tools to advocate for and ensure that HIV and sex work-related policies, and HIV and STI prevention, treatment, care and support programming are rights-based, and designed and implemented with the meaningful participation of sex workers. At the Academy, participants acquire the skills and knowledge to influence both policy and service delivery. These goals are met through developing the capacity of Academy faculty members, developing demonstration sites, creating a curriculum that combines learning and practical experiences, and growing the pool of country teams of Academy graduates from across Africa, who have acquired the skills to build national sex workers' rights movements and built relationships for creating cohesion within national movements.
Lessons learned: The Academy has been successful in meeting its goals. There is a notable increase in capacity of sex worker-led organisations and the sex workers' rights movement in countries that have participated in the Academy. Graduates are using the skills and knowledge they gained to work towards meaningful includes of sex workers in policies and programmes that impact them.
Next steps: If additional funding can be obtained, the faculty will be expanded and the Academy will be scaled up to run once a month.The Academy may be used as a framework for sex worker communities to run national capacity building programmes. The African movement will depend on the Academy as an essential capacity building resource, which enables African sex workers to have ownership of the process.

TUPED297

Institutionalization of Structure for Domestication and Implementation of the 2014 HIV Anti-discrimination Act in State Working Environment / Health Facilities for Stigma and Discrimination in Nigeria

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Issues: HIV/AIDS response in Nigeria is still encumbered with increasing cases of employment-related stigma and discrimination which continues to constitute a major threat to the gains and opportunities to end the epidemic. Workplace HIV discrimination is a situation whereby an individual is treated differently on the basis of his/her HIV status at the workplace. Findings from the PLHIV Stigma Index in Nigeria (2012) indicate 26% of the sampled population had lost a job or source of income in the past year due to HIV related stigma. Managing HIV workplace discrimination and strengthening compliance by employers is a critical human rights dimension to HIV response. This paper describes the steps taken by the National Agency for the Control of AIDS (NACA) in Nigeria to eliminate HIV workplace discrimination in the country.
Descriptions: Some strategies engaged for the elimination of workplace HIV discrimination are enacting and promulgating the 2014 Anti-Discrimination Act; developing and disseminating a popular simplified version of the law; capacity building for persons living with HIV and civil society organizations (CSOs) on their rights; formation of strong structure for implementation of the Act. Engagement with labour organisations and employers of labour and government institutions for conducting of Economic Empowerment or livelihood and skills acquisition training for PLHIV and vulnerable populations. Support for access to justice and redress for those whose rights are violated.
Lessons learned: Advocacy for the dissemination of the Anti-Discrimination Act is significantly reducing the prevalence of discrimination in workplaces in Nigeria. Intent of the law currently helped to promote effective ways of managing HIV in workplace. Need for institutionalization of HIV Anti-discrimination Act State Response Team. Domestication and implementation of the Anti-Discrimination law in all the States in the country is essential.
Next steps: Managing HIV workplace discrimination and strengthening compliance by employers of labour are part of critical steps being rolled out to eliminate HIV discrimination in workplaces in Nigeria by NACA in collaboration with other partners. Strengthening of the enacted Response Team for implementation of the Act. These are an important strategies to improve livelihood of PLHIV and achievement of 909090 targets by 2020 in Nigeria.

TUPED298

Le Plaidoyer, une Arme Incontournable pour l'Amélioration de l'Environnement Juridique et Social des Populations Clés: Cas de la Côte d'Ivoire

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ESPACE CONFIANCE est une ONG spécialisée dans la prévention et la prise en charge des IST et du VIH chez les populations clés. Elle a décidé depuis 2015, de mener des actions de plaidoyer pour contribuer à l'atténuation des effets néfastes des barrières légales et sociales qui constituent un obstacle à l'accès complet desdites populations aux services de soins holistiques, lesquelles barrières étant aussi à l'origine des violences et des abus dont elles sont victimes.
La stratégie de plaidoyer employée s'est déclinée en trois types d'actions, notamment, l'empowerment des populations clés via des ateliers d'informations et de sensibilisations. Ensuite l'assistance juridique et judiciaire pour soutenir et orienter les populations clés victimes de violences. Enfin, l'organisation de séances de formation et de sensibilisation des acteurs clés. De ces actions, découlent certaines activités qui ont été développées.
Pour l'année 2018,13 ateliers de sensibilisations, co-animés avec les pairs ont permis de sensibiliser 45 Usagers de Drogues (UD), 86 Hommes ayant des relations Sexuelles avec d'autres Hommes (HSH) et 82 Travailleuses du Sexe (TS). Ensuite, 120 permanences juridiques ont permis d'écouter, de conseiller et d'orienter 150 populations clés. Une convention signée avec un avocat a permis de défendre 33 cas de violations dont deux procès groupés de 15 TS et 16 UD. Enfin, 05 séances de formations et de sensibilisations de 284 agents des forces de l'ordre dont 02 réalisées conjointement avec 30 représentants des trois populations clés.
Ces activités ont impacté positivement l'environnement de nos bénéficiaires. L'implication des pairs dans les séances d'empowerment a développé une confiance en soi de cette cible et une légitimé des actions à mener en leur faveur. Les rencontres entre les forces de l'ordre et les populations clés ont permis de rétablir le dialogue dans un contexte de tension initiale. La sensibilisation des agents a favorisé la constitution d'« alliés » qui permet aujourd'hui de gagner des causes qui, à priori paraissent insurmontables sur la question des droits des populations clés. Il est encore possible dans notre contexte africain, de mener certaines actions de plaidoyer y compris vers les hommes en uniformes pour contribuer à l'amélioration de l'environnement des populations clés.
Un suivi régulier de cette « alliance » tissée avec les forces de l'ordre sera assurée afin d'aboutir à une Côte d'Ivoire sans Sida.

TUPED299

Accès au Traitement du Sida en Côte d'Ivoire: La Double Vulnérabilité des Personnes du Troisième Âge

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Background: Malgré une généralisation du VIH/sida en Côte d'Ivoire (3,7%), l'attention est réduite sur les personnes du troisième âge, dont 9% sont infectées par le VIH/sida dans un contexte doublement marqué par leur âge et l'épidémie à VIH. Pourtant la découverte de leur statut sérologique à VIH s'entoure de secret structurant les rapports parent-enfant dans la dynamique des soins. Comment les seniors vivent-ils leur séropositivité et comment organisent-ils leur accès aux soins et au traitement ? Cet article vise à analyser l'accès au traitement antirétroviral des seniors dans le contexte de leur double vulnérabilité liée à l'âge et au VIH et les stratégies mobilisées pour accéder aux soins et au traitement ARV.
Methods: La présente étude a pour cadre l'unité de soins ambulatoires et de conseils (USAC) à Abidjan et le centre solidarité actions sociales (CSAS) à Bouaké. Il s'agit d'une étude rétrospective fondée sur une analyse secondaire de données collectées auprès de 47 seniors dont 53,2% de femmes. Leur recueil avait combiné les approches quantitative (entretiens semi-structurés) et qualitative (entretien individuel) auprès des seniors après le recueil de leur consentement éclairé. Les données collectées ont fait l'objet d'une analyse statistique et de contenu.
Results: L'infection à VIH reste une expérience traumatisante pour les seniors. Elle est synonyme d'un échec de vie familiale et sociale. L'infection VIH se présente comme une honte et un état morbide indigne à ce stade de la vie. Dans leur majorité (88,0%), ils estiment accessibles les services de prise en charge. Toutefois, le système de soins est perçu comme inéquitable et le recours aux ascendants, une stratégie de résilience dans l'accès au traitement et moyen de maintien d'un environnement familial.
Conclusions and Recommendations: L'accès des seniors aux soins et au traitement reste compromis par leur difficulté à assumer socialement l´infection à VIH à laquelle s'ajoute leur perception d'un système de soins inéquitable. Le recours aux ascendants bien que contribuant à l'accès aux soins et au traitement antirétroviral nécessite une plus grande attention dans un contexte où la difficulté induite par la souffrance psychologique accentue leur vulnérabilité sociale.

TUPED300

The Impact of HIV/AIDS Stigma on HIV Counseling and Testing in a High HIV Prevalence Population in Rakai District, Uganda

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Background: Despite its importance in HIV/AIDS prevention and treatment, HIV/AIDS Counseling and Testing (HCT) is low in sub-Saharan Africa, where the disease continues to be a serious public health problem. This has in part been attributed to HIV/AIDS related stigma.
To assess the level of HIV/AIDS related stigma and its impact on uptake of HCT in a high HIV prevalence population in Uganda.
Methods: The hypothesis of the study showed a low HIV/AIDS stigma and high uptake of HCT in Rakai district.
The paper used cross-sectional data collected in Kyotera and Kakuuto counties in Rakai district on 135 men and 185 women in reproductive ages. The multi-stage sampling design was used to select 135 men and 185 women from Kyotera and Kakuuto, which were selected out of 4 counties using simple random sampling in the first stage. Kalisizo and Lwankoni, and Kasasa and Kifamba sub-counties were selected from Kyotera and Kakuuto counties respectively using simple random sampling in the second stage. Data were analyzed using the Pearson´s chi-square statistic and the random intercept binary logistic regression model to identify significant predictors of uptake of HCT. Data analysis was done using SPSS software.
Results: The result shows that only 18.4% of the respondents, most of them men expressed highly stigmatizing attitudes against PLHA and 59%, men and women alike, received HCT. Uptake of HCT was higher among men (OR=1.89, $p< 0.01$) and women (OR=4.48, $p < 0.001$) who expressed least stigmatizing attitudes. Secondary/higher education, work in the informal sector and being ever married were significant predictors of uptake of HCT. Compared to men, women aged 25-34, 35+ and with one sexual partner were more likely to have received HCT.
Conclusions and Recommendations: The low level of stigma, older age, higher level of education, being ever married and monogamous sexual relationships are significant predictors of increased uptake of HCT. Further on recommendations the Government should scale up of intensified combination of prevention interventions including awareness, condom use, male circumcision, HIV testing and treatment for HIV infected in communities. Expansion of youth friendly services should be prioritized for these communities.

TUPED301

Tackling Stigma and Discrimination against People who Inject Drugs as a Barrier to Access and Utilization of HIV and Harm Reduction Services in Mbale, Uganda

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Issues: No physical or psychiatric condition is more associated with social disapproval and discrimination than substance dependence. For PWIDs(People Who Inject Drugs),or are recovering from problematic drug use, stigma and discrimination is a barrier to access and utilization of HIV and HR(Harm Reduction)services .There is a cyclical relationship between stigma and HIV; PWIDs who experience stigma and discrimination are marginalized and made more vulnerable to HIV, while those living with HIV are more vulnerable to experiencing stigma and discrimination . This manifests in a variety of ways including denial of employment, housing and access to HIV and HR services. PWIDs account for 6% of 42,000 new HIV infections and with an HIV prevalence rate of 16.7% compared to 6.2% among the general population in Uganda. (UNAIDS 2018) This is attributed to stigma and discrimination of PWIDs.
Description: UHRN (Uganda Harm Reduction Network) in a three-year (2015-2018) HIV and Harm Reduction Eastern African Regional project with a grant from Global Fund to increase access of PWIDs to essential HIV and HR services designed and implemented peer outreach programs targeting PWIDs, trained and sensitized 120 health officers on issues of HR and how to manage PWIDs,distributed 6219 targeted IEC (Information, Education and Communication)materials to PWIDs,carried out a rapid population and size estimate study of PWIDs in Kampala and Mbale and found that there are 1439 with 25.9% being females ,112PWIDs with 38 being females were referred to different HIV service centers ,2244 pieces of needles and syringes were distributed to 120PWIDs with 34 being females in Kampala during the pilot demonstration of NSP(Needle and Syringe Program) ,604 community members were sensitized on HR concept and the dangers of stigma and discrimination of PWIDs .(UHRN Report 2017).
Lessons learned: The project shows that while there is an undisputed need for national policy guidelines against stigmatization and discrimination of PWIDs in their access to HIV and HR services, the above interventions like NSP reduced the need for sharing injecting needles from 40% to 19% which reduced the risk of HIV among PWIDs. (NSP-Presentation UHRN 2018).
Next steps: Supportive policies and guidelines should be developed by the Ministry of Health and other stake holders to scale up HIV and HR services to PWIDs in different parts of the country in Uganda.
Keywords: PWIDs, HIV, Harm Reduction, Stigma, Discrimination

TUPED302

Mobilisation des Prestataires de Santé dans la Lutte Contre le VIH chez les HSH de la Zone Septentrionale du Cameroun

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Problematique: Au Cameroun les relations sexuelles entre personnes de même sexe sont pénalisées par la loi. Cette disposition pénale un impact sur la lutte contre le VIH. En 2018, à travers le Projet Fonds Mondial, Affirmative Action en tant que Sous-Récipiendaire s'est engagée avec ses partenaires(SSR) à orienter les HSH vers les Formations Sanitaires des Villes de N'Gaoundéré, Garoua et Maroua pour la prise en charge gratuite des IST et le test de dépistage du VIH. Malheureusement le climat d'homophobie généralisée le contexte socio culturel et religieux de la zone ont conduit la plupart des HSH à s'éloigner des services de santé. Au 31 décembre 2018, seuls **65**HSH sur 385 attendus des trois (03) villes ont pu bénéficier des offres de services au sein des formations sanitaires partenaires..
Description de l'Expérience: La Coordination Régionale d'Affirmative Action de la Zone du septentrion a développé en fin 2018,des activités visant à réduire l'homophobie au sein des Formation sanitaires deux ateliers de concertation et de clarification des valeurs, l'identité et l'orientation sexuelle ont été organisés au niveau régional et dix (10) Responsables de 04 Formations Sanitaires y ont pris part. Les échanges sur la clarification des valeurs ont permis de déterminer CE QUE L'HOMOSEXUALITÉ N'EST PAS. Il en résulte une connaissance des facteurs de vulnérabilité des personnes HSH et une amélioration de l'accessibilité et la qualité des services offerts.
Lecons Tirees: À l'issue de ses formations et au cours du premier trimestre 2019, il a été observé:
Une forte adhésion plusieurs prestataires de santé aux principes de non-discrimination et des droits humains avec une implication directe sur les activités telles que les séances d'éducation thérapeutique et les groupes de parole pour HSH testés positifs.
Une augmentation significative du nombre de HSH reçus dans les formations sanitaires. Au cours du premier trimestre 2019, nous avons enregistré **45** cas d'orientation de HSH effectivement reçus dans les Formations Sanitaires.
Prochaines Étapes: Affirmative Action prévoit de mener des actions à l'endroit des cibles afin de lutter contre l'auto-stigmatisation qui constitue un autre risque. A cet effet, nous avons soumis un projet dans ce sens auprès de l'Ambassade de France.
Mots Clés: Stigmatisation - Clarification des valeurs- Prestataires de Santé- Orientation MSM

TUPED303

Recrudescence de la Stigmatisation au Sénégal: Résultats de l'Étude Comparative sur l'Index de la Stigmatisation et de la Discrimination des Personnes Vivant avec le VIH du RNP+ entre 2012 et 2017

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Contexte: L'Index Stigma a été conçu afin de pouvoir évaluer dans le temps les tendances de stigmatisation et discrimination des PVVIH. En utilisant les mêmes questionnaires standardisés et la même méthodologie dans les mêmes sites d'enquête, on peut ainsi diminuer certains biais. Dans cette analyse, on considérera que 5 à 10% des participants avaient participé à l'enquête de 2012).
Methodes: En 2017, dans 4 régions du Sénégal, une enquête transversale s'est déroulée auprès des PvVIH. Les données ont été collectées pour connaître le point de vue des personnes elles-mêmes sur leurs souffrances liées à la stigmatisation mais aussi sur les stratégies adoptées pour y faire face. Afin d'assurer une représentativité de l'échantillon, 400 participants ont été sélectionnés dans les 4 régions enquêtées (200 personnes à Dakar, 100 à Kaolack, 50 à Saint Louis et 50 à Ziguinchor.
Resultats: Une différence est notée entre les deux périodes sur la participation plus importante de populations clés à l'enquête de 2017 (30.2%) qu'en 2012. Cette participation plus importante est due à l'inclusion de plus de HSH et d'usagers de drogues en 2017. En 2012, 37.9% ont relaté avoir vécu au moins une expérience de stigmatisation de la part d'autres personnes. En 2017, ce pourcentage passe significativement à 45.8%. En 2012, 16.1% des participants avaient relaté avoir vécu au moins une expérience de stigmatisation au niveau familial et 18.7% en 2017. En 2012, 71.2% avaient au moins éprouvé un sentiment auto stigmatisant, en 2017, ce taux est statistiquement plus bas soit 64.4%. En revanche, les craintes ressenties par les participants sont plus importantes en 2017 qu'en 2012. La pression d'autres PVVIH pour que les participants divulguent leur statut est plus importante en 2017 par rapport à 2012 (23.6% versus 8.3%) tout comme la pression de personnes non PVVIH (18.8% versus 9.2%). Concernant la pression du personnel médical, la différence n'est pas significative (5.5% en 2017 versus 4.3% en 2012.
Conclusion et Recommandations: La stigmatisation persiste toujours au niveau social au Sénégal. Malgré les efforts de communication, les actions de plaidoyer menées entre 2012 et 2017, on constate que les PVVIH continuent à suivre des pressions familiales, médicales et sociétales. Cependant, les actions des associations des PVVIH et des populations clés ont baissées l'auto - stigmatisation. Des actions doivent être poursuivies pour les populations clés, et la sensibilisation du grand public.

TUPED305

Implication des Prestataires de Santé et Agents de Forces de l'Ordre à la Résolution de la Stigmatisation des Populations Clés Selon l'Approche "Looking Out Looking In"

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Questions: Avec une prévalence de 2,9% (CIPHIA 2018), la Côte d'Ivoire a une épidémie mixte avec un pic chez certaines populations comme les travailleuses du Sexe (11,4%, IBBS 2014) et les Hommes ayant des rapports Sexuels avec des Hommes (11,6%, IBBS 2015). Cette forte prévalence est liée à leurs comportements à risque et au contexte social hostile.
Malgré les actions de l'État et ses partenaires, la stigmatisation est présente. Cela renforce leur vulnérabilité au VIH, le sentiment d'impunité et d'insécurité quand elles sont face aux gendarmes et aux prestataires de soins.
Afin d'améliorer l'environnement des activités, Alliance CI met en œuvre du LILO.
Descriptions: Elle vise à une meilleure compréhension des communautés stigmatisées pour améliorer leur accès aux services de santé et de sécurité par la mise en place d´un environnement favorable.
Pour les prestataires de soins du système public, les sessions ont été faites sous le lead des districts sanitaires.
Pour les gendarmes, plusieurs échanges avec les responsables visaient à expliquer les enjeux de lutte contre la violence et les besoins de santés publics.
Un pool de 20 formateurs a été mis en place (prestataires de soins, gendarmes, journalistes et société civile).
Les sessions d'orientations se proposait d'analyser d'où les croyances et attitudes viennent et exprimer comment elles interfèrent les jugements des autres et d'explorer les sources des préjugés, de discrimination et stigmatisation, analyser leur impact sur la vie des personnes afin d'examiner la façon dont le changement d'attitude pourra arriver.
Leçons Apprises: De Décembre 2018 à Mai 2019, des sessions d'orientation ont été organisées.
11 sessions ont été organisées en direction de 132 prestataires de soins de 17 districts sanitaires.
108 gendarmes ont été formés sur le LILO au cours de 09 sessions.
Ces sessions étaient facilitées par des gendarmes et des populations clés.
Il faut noter la participation des populations clés lors des sessions d'orientions des acteurs a permis de poser un autre regard sur ces populations stigmatisées.
Par la suite, il y a eu des restitutions dans les brigades et des groupes d'échanges ont été mis en place.
Prochaines Étapes:
- Former les personnes des médias au LILO
- Former les points focaux VBG des commissariats au LILO
- Mettre en place un pool de suivi de la mise en œuvre au LILO par localité
- Intégrer les personnes formées dans les plateformes VBG au niveau décentralisé.

TUPED306

Use of Paralegals in Outreaches to Increase SGBV Cases Reporting

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Issues: Kenya has made progress efforts towards the realization of gender equality in line with the MDGs and recently SDGs. However Sexual Gender Based Violence (SGBV) remains a leading form of gender inequality and discrimination in Kenya, disproportionately affecting sex workers as a result of stigma and discrimination due to the nature of their work, contributing to HIV prevalence rates among sex workers in Kenya

Description: BHESP realized that the only way of ending SGBV among sex workers is putting in place strategies to address response to SGBV among sex workers.

BHESP has trained sex workers as paralegals who act as a bridge between community members, law enforcement officers and the organization. The organization uses the peer education and outreach model of programming to allow trained paralegals to work with their peers at the community level.

The paralegals are educated, advise, counsel, on how to offer legal aid, and refer their peers to service delivery points including clinics and law enforcement offices by helping them appear in court. The trained paralegals work closely with sensitized law enforcement officers to ensure that the reported GBV cases get justice.

Lessons learned: Engaging paralegals drastically increased reporting and response to SGBV cases among sex workers due to enhanced interaction of peer paralegals and community members. And increased institutional capacity of sensitized law enforcement officers and judicial staff to respond to GBV cases among sex workers.

Conclusions: Community members trained as peer paralegals have better solutions for SGBV challenges and other human rights violations their peers face

TUPED307

Situation de la Stigmatisation-discrimination à l'Horizon 2020 au Togo: Analyse de l'Observatoire des Droits Humains et VIH

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Questions: L'Observatoire des Droits Humains et VIH est un dispositif d'alerte nationale des cas de stigmatisation et discrimination en matière de VIH au Togo. C'est une approche de solution en ce sens qu'il permet de se baser sur des faits probants pour des plaidoyers. Il est relatif au zéro discrimination des objectifs de l'ONUSIDA. En quatre années d'activité, Il a permis d'identifier, de renseigner, de référer et de régler de nombreux cas de stigmatisation/discrimination envers les PVVIH, les populations clés et toute personne affectée par le VIH. , Nonobstant cela, le phénomène persiste.
Description: L'Observatoire pour un fonctionnement efficient, est structuré à trois niveaux :
(1) des bénévoles des sites de PEC et ceux des Keys population au niveau périphérique;
(2) des plateformes régionales au niveau régional; et au niveau central RAS+TOGO et le comité national de suivi.
En vue d'atteindre ses objectifs, l'ODH a eu à former 179 bénévoles et 44 Kps, avec des profils de Médecin, Psychologue, Conseiller psycho-social et Médiateur. Ces bénévoles dotés d'outils de collecte sur la stigmatisation-discrimination Couvrent toute l'étendue du territoire, et sont répartis dans 83 structures des six(6) régions sanitaires. Le circuit du travail débute avec l'identification des cas ; ensuite les références (Médicale, psychologique, judiciaire…) ; enfin la prise en charge des victimes. Les données collectées sont validées par les plateformes régionales et RAS+TOGO lors des supervisions trimestrielles. En 2018, 281 cas ont été renseignés dont 216 femmes, avec 188 cas liés au milieu familial et social, 174 références faites dont 14 références juridiques, et 157 problèmes résolus.
Leçons Apprises: Les quatre années d'activité de l'ODH et VIH ont permis de relever un impact positif de ce dispositif ; surtout dans la partie Nord du pays à Dapaong où la stigmatisation/discrimination a sensiblement baissé en témoigne le nombre de cas qui est passé de 47 en 2016, à 30 en 2017, et 12 en 2018.Aussi les victimes sollicitent plus les services de la justice et de la police.
Prochaines Étapes: En vue d'assurer une réponse durable aux besoins de terrain, il est apparu que l'ODH devrait assurer des financements de long terme pour assurer la longévité de son dispositif afin d'assurer un appui durable aux cas d'urgence. Aussi l'ODH doit développer son réseau de bénévoles.

TUPED308

In the Name of God-intervention Leveraging on Religious Sector to Reduce HIV Stigma in Mombasa

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Issues: HIV related stigma has been known to result to unconducive programming environment for both persons living with HIV and Key Populations. In 2014 National HIV Stigma study, Mombasa County had a stigma index of 57% higher than national survey of 42%. Majority of Mombasa residents, 70%, are Muslim. the study further revealed that stigma associated with religion formed the largest component. This was found to impinge HIV testing, access to care, treatment and community based activities. The County's HIV prevalence was 11.3%, higher than the national prevalence of 6%. Testing was low, treatment non-adherence was high and the HIV cascade gaps were wide. This resulted to poor health outcomes and a higher HIV related mortality. The levels of religious- justified intolerance to KP interventions and even violence was significant.

Descriptions: The above necessitated the National AIDS Council and other partners to design a four-year term structural/behavioral intervention aimed on leveraging the religious sector to HIV response. The intervention entailed a multi-pronged approach of adopting a theological-based advocacy /communication of HIV issues. There was also tailoring of HIV materials to religious suitability. A deliberate sustained, engagement and capacity building of the sector players in matters HIV and inclusion of sector leaders in the key County´s HIV structures and committees. By the fourth year, the results from this intervention were positive.

Lessons learned: Similar HIV stigma survey undertaken in 2018 revealed a fall in HIV stigma from 57% in 2015 to 42%. There was a greater tolerance to both HIV and KP related interventions by religious leaders. In addition, the County prevalence decreased to 4.2%, HIV incidence decreased by 33% while HIV related mortality declined significantly. Further, testing rose by 40% while the gaps within HIV cascade narrowed significantly.

Next step: It is now clear that structured involvement of religious sector not only reduces HIV related stigma but also ensures a conducive programming environment for better results across the entire HIV spectra. This has resulted to development of national policies and guidelines of religious sector involvement. The interventions are also being replicated in other parts of Kenya.

WEPED225

Filiation dans le VIH/SIDA: Les Enfants Abandonnés Ne Sont Pas Toujours des Enfants Vivant avec le VIH

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Introduction: Le VIH/SIDA est une réalité encore d'actualité. Au Bénin, on dénombre 6300 enfants infectés (ONUSIDA, 2016). Dans la tradition africaine, l'enfant est un bien précieux, une richesse qu'il faille protéger contre tout danger. Ce travail vise à étudier la fonctionnalité relationnelle entre l'enfant vivant avec le VIH et sa mère.
Matériel et méthode: Il s'est agi d'une étude descriptive, analytique et transversale déroulée à la clinique Louis Pasteur à Porto-Novo. Elle a concerné 19 dyades mères et enfants vivant avec le VIH. La variable étudiée est la perception des mères sur l'enfant VIH.
Résultats et discussion: Nous constatons que pour 15/19 mères enquêtées, l'enfant occupe une place privilégiée. L'affection de toute mère pour son enfant explique la place privilégiée de ce dernier. Certaines mères trouvent que c'est le statut de malade qui lui confère cette place. *« Moi, ma fille m'est très chère parce que j'ai beaucoup enduré à cause d'elle. J'ai tout dépensé pour mon enfant c'est pourquoi je lui prête toute l'attention qu'il faut ».* Les mères qui apportent plus de soins à leur enfant malade qu'aux autres, représentent 12/19 ; contrairement à celles qui traitent également leurs enfants (7/19).Pour les mères, la raison principale qui justifie le fait qu'elles couvrent leurs enfants d'affection est liée au fait que l'enfant suit un traitement (14/19). 10/19 vont même à partager le même lit avec leur enfant, contre seulement 9 des mères dont les enfants ont leur dortoir à part. *« J'ai voulu que mon enfant dorme avec moi pour que j'ai les yeux sur lui parce qu'on ne sait jamais il peut faire une crise dans la nuit et mourir sans que je ne sache »*dit une mère. Le VIH/SIDA exempte les enfants des punitions. *« Je ne sais pas pourquoi, je n'arrive pas à le punir, et j'ai même mal en voulant le faire. »* Dit une mère.
Conclusion: La relation entre l'enfant vivant avec le VIH/SIDA et sa mère est bien fonctionnelle. La souffrance de l'enfant renforce le sentiment d'amour chez la mère. Mais cette relation a aussi besoin d'autres éléments pour sa vitalité tels que la communication avec l'enfant sur la maladie.
Mots clés: Relation, enfant, mère, VIH/SIDA, Porto-Novo.

WEPED226

Contribuer à Réduire les Nouvelles Contaminations au VIH chez les LGBT Stigmatisés par l´Organisation de Rencontres Nocturne au Nord et au Centre de la Cote d´Ivoire: Stratégie Pilote du Centre SAS

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Questions: Comment réduire le taux de prévalence au VIH qui reste encore très élevé chez les LGBT? Comment lutter contre la stigmatisation , la discrimination et les actes d´homophobie pour favoriser un accès équitable de tous au droit à la santé? Comment parvenir à proposer le dépistage chez les LGBT dans un environnement hostile? Depuis 2015, le Centre SAS de Bouaké cherche à trouver des réponses à travers le projet Yelen financé par Sidaction.
Description: Deux pairs éducateurs et une conseillère mènent des activités de ciblage , d´échanges avec les groupes de LGBT a qui ils proposent des offres de santé. Il s´agit entre autre de sensibilisation , de dépistages et de traitement. Pour préserver la confidentialité de ces rencontres et pour en garantir le succès, les focus groups sont réalisés tard dans la nuit. Au cours de ces rencontres, les Pairs Éducateurs et les LGBT échanges sereinement et se font dépister. Le fait d´organiser ces rencontres tard dans la nuit offre une occasion unique de tranquillité et de sécurité aux LGBT qui peuvent s´exprimer sans crainte de représailles car plusieurs d´entre eux ont été agressés physiquement. La présence d´un agent de santé permet de recevoir directement en consultation ceux qui le désire.
Leçons Apprises: Les rencontres nocturnes offre une réelle possibilité de retrouver les LGBT stigmatisés et craignant d´être victime agressions physique et d´injures homophobes. Elles ont permis au centre sas de sensibiliser environ 200 LGBT, d´offrir le dépistage à la moitié d´entre eux et d'enrôler 13 dans les soins. de 2015 , c´est une vingtaine de rencontre nocturnes organisés. Dans un contexte encore très hostile aux LGBT, cette stratégie est la mieux indiquée pour assurer une prise en charge sécurisée aux LGBT.
Prochaines Étapes:

- Développer le service de proctologie afin d´offrir des soins plus spécialisés aux LGBT
- Produire une brochure sur les activités LGBT qui sera diffusé en intra association pour toucher d´avantage cette cible dans la région du nord et du centre de la Cote d´ivoire.
- Mener une étude de satisfaction en lien avec stratégie auprès des LGBT

WEPED227

Cross-sectional Review of Stigma and Discrimination towards People Living with HIV AIDS (PLHIV), Sex Workers and Sexual Minorities in Haiti, 2017

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Background: Stigma and discrimination associated with HIV/AIDS constitute a greater barrier for a proper and impactful implementation of the continuum of prevention and care in the context of UNAIDS 95-95-95 strategy by 2030. Their magnitude is unknown in Haiti. The Haiti Ministry of Health and partners conducted a survey on the behaviors, attitudes and perceptions of the Haitian adult population towards people living with HIV/AIDS (PLHIV), sex workers gender and sexual minorities including lesbian, gay, bi-sexual and transgender. The study objectives were to assess the level of stigma and discrimination towards these groups, to inform public policy discussion and pave the way for effective mitigation strategies.
Methods: Data was retrieved from a population-based cross-sectional survey of adult Haitians (eighteen years plus), implemented in all ten administrative departments from March to April 2017. Secondary analysis was performed on the data collected. Descriptive statistics were computed to answer the questions raised in the scope of the study using Stata 15.1software. Chi-square test was performed for the association of certain variables as well as multivariate analysis.
Results: Of the 1,097 people surveyed, 620 (56.5%) were women and the median age was 32 years. More than 90% of the population surveyed opposed the idea of equal rights to sexual minorities in Haiti. Additionally, a large proportion of the adult population surveyed said that homosexuals (74.0 %), Sex workers (77.0%) and PLHIV (57.9%) should be banned entry into Haiti. Only 5.7% of adult Haitian accept homosexuals and 18.9% tolerate them. Few respondents (38.7%) would hang out with a PLHIV. Only 1.8% of Haitian adults did not report any stigma or discrimination on PLHIV sex workers and sexual minorities. Ever been tested for HIV is strongly associated with not believing that sex workers adjusted odds ratio .05 (95% confidence interval (CI).011 - .28 p=.000), homosexuals 03 (95%CI .01 - .13 p=.000) and PLHIV .25 (95%CI .06 -.97 p=.046) should be banned from entry to Haiti.
Conclusions and Recommendations: Despite the maturation of the Haiti HIV/AIDS program over the past 15 years, stigma and discrimination towards PLHIV, sex workers and sexual minorities are still rampant at a level that may impede the successful control of the Haiti HIV epidemic. The findings call for a well-structured stigma and discrimination reduction program using appropriate communication channels.

WEPED228

Piloting Integration of Harm Reduction Services in a Public Primary Health Facility to Minimize Stigma towards PWUD

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Issues: MDM in partnership with Nairobi County HMT is in the process of integrating harm reduction into primary health facilities with an aim of increasing service up take among PWIDs and strengthening sustainability.
Descriptions: Consultative meetings were held between MDM and key stakeholders to identify a facility where the harm reduction integration would be piloted. Selection criterion included political good will of the facility management team, distance of the health facility from the drug injecting sites and availability of essential clinical services. A SWOT analysis was conducted by the stakeholders and a facility for the pilot was identified. A package was designed for service delivery that : included needles and syringes, viral hepatitis, overdose management, referral for Medically Assisted Therapy. A baseline survey was conducted to assess attitudes, practices, service availability and health systems gaps in harm reduction implementation.
Lessons learned: Health care workers limited knowledge on harm reduction resulted in stigmatizing attitudes towards PWIDs. Training of health care workers to increase knowledge level of harm reduction is therefore key for successful integration of harm reduction services in primary public health care facilities. Availability of commodities and good will from the health care facility management team as well as of health care workers is important for effective harm reduction implementation. Effective harm reduction intervention needs to be supported by good data collection processes to inform decisions for scale up. Successful integration needs investment in training of health care workers, availing necessary commodities and strong political goodwill from the management. Health care workers generally had negative attitude towards PWID.
Limited knowledge of harm reduction among health care workers. 70%believed that sobriety was the only goal in recovery from harm reduction . Health seeking behavior of the PWIDs is poor, 90% said they experienced delays, 90% of the PWID respondents said that the health care workers gossiped about them while 60% said they were treated poorly by health care workers.
Next steps: Invest in training of health care workers and integration of harm reduction services to a public health facility can minimize stigma towards PWUD. Sensitization of PWUD could increase uptake of services in public health facility.

WEPED229

Experiences and Perceptions of Youth Living with HIV in Western Uganda on School Participation: Barriers and Facilitators

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Background: The globally recognized socio-economic benefits of education have stirred many countries in Sub-Saharan Africa like Uganda to promote universal access by removing fiscal barricades for those in primary and secondary schools. However, many Youth Living With HIV/AIDS (YLWHA) in Uganda have been observed to miss or drop out of school. In this study we assessed barriers and facilitators for YLWHA in Uganda to attend school. Basing on these youngster's own experiences, we deduced what a supportive school environment would seem, and we further provided recommendations for interventions to achieve school inclusion and improved quality of life for them.
Methods: We conducted a qualitative inquiry with 35 purposively selected YLWHA aged 12 to 19 years, including 16 females at three accredited Antiretroviral Therapy (ART) treatment centres in Kabarole district in Western Uganda. Individual semi-structured interviews were tape-recorded, transcribed verbatim and subjected to thematic inductive analysis.
Results: We identified six main themes in which barriers and facilitators to attend school were reported by participants. These themes were: treatment and health, emotional wellbeing, relationships, socialization/social inclusion, personal development, and material wellbeing. The key barriers identified were HIV-stigma and financial hitches. HIV-stigma limited status disclosure, medication adherence and social support. Facilitators mainly related to counselling, material support, distractive activities such as games, sports, and clubs as well as individual hopes and aspirations for a better future with continued education.
Conclusion and Recommendation: Most of the barriers reported arose due to HIV-stigma and financial challenges whose genesis transcends school boundaries. While YLWHA reported measures to cope, and support from other people, these were non-sustainable and on a limited scale due to disclosure apprehensiveness at school and the indiscretion of those who learnt about their status. To promote supportive school environments for YLWHA, integrated curricular and extracurricular interventions are necessary to promote comprehensive HIV knowledge, dispel misconceptions about HIV and consequently transform the school community from a stigmatizing one to a supportive one.
Keywords: HIV, youth, school, Qualitative, stigma

WEPED230

HIV/AIDS Stigma and Discrimination in Malawi

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HIV and AIDS is a serious global infection and chronic condition with no cure currently available. Since 1985 when the AID case was identified in Malawi, considerable effort has gone into HIV and AIDS responses including prevention and treatment.
There is significant stigma associated with being HIV and AIDS positive in Malawi, but this can substantial with health implications by interfering with prevention effort and discouraging people with cultural behaviors by seeking diagnosis. Because HIV mostly affects the economically productive age group between the age of 15 and 45 years. Mostly in most places people affected with HIV have been stigmatized. According to the government of Malawi the major economic cost of HIV and AIDS is the loss of human resource in both private and public sectors. The main factor is to review the literature to the factor that fuel HIV related stigma.
For effective response to address HIV and AIDS related issues investigation process that underpin HIV related stigma and their implications for institutional policies and programs that are highly recommended as key areas for the future. Furthermore it is argued that HIV prevation cannot be successful without add resign the associated stigma. It is also recognized that HIV and AIDS stigma can manifest differently in different settings as it is socially constructed and this may pose a limitation to it.

WEPED231

Stigma and Discrimination Associated with Key Population Is among the Main Cause of Spread of HIV/AIDS in the African Region Due to Lack of Access of Quality, Care and Support Services

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Stigma and discrimination among sex workers and other vulnerable community is among the issues that need to be addressed for us to achieve the 90-90-90 target.
This has been addressed in the sex workers academy (SWAA) curriculum which is an initiative for Africa Sex workers where we bring sex workers from different African countries to participate in a seven day workshop.The goal of the Academy is to build the capacity of sex workers groups in Africa,to promote,implement the (SWIT) Sex Workers Implementing Tool and advocate for the sex workers human rights and promote right based HIV/STI progammes set out in the SWIT.
The academy is based in south - south learning and peer peer learning approaches and promote learning through a participatory approach, and the sharing of knowledge,experiences and expertise among female,male and transgender sex workers.This approach has shown to be effective in transferring knowledge and skills within sex worker community and building the sex worker movement at local, national and regional levels.
Since 2014 19 Academies have been held this has increased ASWA membership to more than 100 members across Africa.
ASWA will be bringing sex workers from Northern Africa region and middle East region to attend the Academy as part of learning exchange.

WEPED232

Towards 90-90-90: People who Inject Drugs and HIV in Africa

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Background: People who inject drugs (PWID) are among the groups most vulnerable to HIV infection compared with the general population. Injection drug use is ever-growing in Africa. The purpose of this study was to highlight the factors promoting HIV pandemic among PWID in Africa.
Method: Search for literature was conducted on Internet, PubMed, Scopus, Google Scholar and Web of Science using PRISMA Approach with appropriate key terms. No date restrictions were placed on the search for literature. Only studies conducted with African countries as a target were included. Data was also gotten from USAIDS Report, IAS2017 and AIDS2018 abstract book. Data was extracted and summarized to highlight the factors promoting HIV pandemic among PWID in Nigeria.
Result: 98 articles were reviewed with only 8 articles meeting the search criteria. The factors identified were in three levels: individual, service provision and policy level. At the individual level, the two major factors identified to be promoting HIV pandemic among PWID were limited knowledge and misconceptions on harm reduction strategies available to PWID. At the service provision level, healthcare related stigma and discrimination were noted as prominent factors. At the policy level, heavy crackdown approaches of PWID limited their access to harm reduction strategies available, resulting in an increase in HIV infection.
Conclusion: It is important to increase the knowledge of PWID and policymakers on harm reduction strategies. This will ensure challenges associated with drug use is addressed from a public health perspective, thereby discouraging the heavy crackdown approach common in most African countries.

WEPED233

L'Observatoire des Droits Humains et Prise en Charge de Qualité du VIH: Suivi Biologique des Patients, Atout pour l'Atteinte du Dernier 90

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Questions: La charge virale est un indicateur de l'évolution de l'état de santé des PVVIH, elle permet d'évaluer le succès du traitement ARV et la prise de décision thérapeutique. En dépit de la gratuité du dépistage et du traitement, l'accès à cette dernière par les PVVIH reste encore limité. Ainsi, pour contribuer a l'atteinte du troisième 90, la société civile Guinéenne en collaboration avec ITPC WA s'est dotée, d'un Observatoire des Droits Humains et PEC de qualité pour accompagner les PVVIH et les populations clés depuis mai 2017.
Description: Deux réseaux nationaux de personnes infectées et affectées par le VIH plus deux associations identitaires (PS et HSH) ont fourni des agents collecteurs répondant aux profils de conseiller psychosocial, de personnels médical et paramédical, dont la formation sur le dispositif opérationnel a été organisée en 2017 et 2018. Au cours de ces formations des outils de collectes ont été adaptés et validés. Un circuit de collecte avec supervision trimestrielle ont été défini. 26 prestataires dans 13 sites ont été briffés sur la collecte des données qu'ils vérifient et valident avant la transmission.
Leçons apprises: Au total 6791 personnes ont été dépistées pour une période de six mois (juillet-décembre) 2018 dans les treize sites parmi les quelles 575 se sont révélées positifs au VIH soit 8%. Au cours de la même période 4823 sont sous traitement ARV, seulement 172 (4%) PVVIH ont bénéficié de l'examen de la charge virale et ont reçu leur résultats dans les deux sites qui disposent de l'appareil à charge virale sur les treize sites de l'étude. Ce dispositif a permis d'identifier 41% (n=71, N=172) des patients sous traitement qui ont une charge virale indétectable.
Parmi les groupes cibles ayant une charge virale indétectable les femmes enceintes représentent 61% (n=43, N=71), les filles 15-24 ans 32%(n=23, N= 71), les Hommes 15-24 ans 7%(n=5, N=71).
Prochaines étapes: L'observatoire a apporté une contribution significative à la riposte nationale contre le VIH. Il a permis de mettre en évidence les progrès réalisés dans la prise en charge des PVVIH sous traitement ARV en incitant les patients a effectué l'examen de la charge virale.. Le constat actuel révèle un besoin pressant de mettre à disposition progressive d'appareils à charge virale dans l'ensemble des sites de prise en charge de même que la formation des agents dédiés à cette tâche.

WEPED234

Innover les Approches de Plaidoyer avec LILO afin d'Améliorer la Prise en Charge des Populations Clés au Sénégal

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Questions: La situation épidémique du VIH au Sénégal est caractérisée par une prévalence élevée chez les populations clés (PC) : Professionnelles du sexe (PS), 6,6%, Hommes ayant des relations sexuelles avec d'autres Hommes (HSH), 17,8% et les Consommateurs de Drogues Injectables (CDI), 9,4%. De plus, ces groupes ont un accès faible aux services de santé vue la persistance de la stigmatisation et la discrimination. L'Alliance Nationale des Communautés pour la Santé (ANCS), avec Positive Vibes, introduisent un nouvel outil, le ''LILO'' (Looking In, Looking Out) pour améliorer l'environnement de prise en charge des PC.
Description: L'outil LILO utilise une approche personnalisée explorant l'identité de genre et l'orientation sexuelle pour faciliter le processus de soutien aux PC. Il offre aux participants UN REGARD EN ARRIÈRE, ce qui s'est passé dans leur vie; UN REGARD INTERNE, certaines choses qui se passent à l'intérieur d'eux; UN REGARD EXTERNE, le monde qui les entoure et enfin un REGARD PROSPECTIF pour songer un avenir positif et en toute confiance. En 2018, l'ANCS, à travers 4 ateliers de formation, a renforcé les capacités de 115 prestataires de santé des régions de Kolda, Sédhiou, Ziguinchor et Dakar qui ont sensibilisé 375 autres prestataires sur la qualité de la prise en charge des PC à travers 15 sessions de dialogue communautaire. Les bénéficiaires déclarent avoir plus de connaissances sur la réduction des risques, les notions telles que l'orientation sexuelle, l'identité de genre, les préjugés, les attitudes, la stigmatisation et la discrimination. Ceci a changé particulièrement leurs attitudes d'avant (la pitié et la tolérance) vers l'acceptation et le soutien aux PC, avec des intentions comme : «essayer de me débarrasser de mes propres préjugés et de mes attitudes négatives envers les autres», «être plus empathique envers les autres».
Leçons apprises: Cet outil a permis aux prestataires de réfléchir sur leur posture vers les PC et de les sensibiliser sur les questions de genre, santé sexuelle, stigma et discrimination. LILO est potentiellement un bon outil de plaidoyer pour un environnement plus accueillant pour les populations stigmatisées.
Prochaines étapes: Les bénéficiaires sollicitent le déploiement de l'outil, mais aussi d'établir des partenariats plus solides avec des organisations de PC. Il est prévu un passage à l'échelle de l'utilisation de l'outil dans le cadre des fonds catalytiques du FM et du projet USAID/Neema.

WEPED235

Behavior Change among Adolescents in and out of School within Six Counties in Kenya

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Background: The Positive Teens Positive Lives project is a 2-year program (2016-2018) funded by UNICEF with the aim of monitoring behavioral change among young people aged between 10-14, 15-19 and 20-24 years and equipping them with information on HIV and AIDS. The key area of operations of positive teen positive lives project is the creation of enabling environment that is intended to enable young people to assert their Sexual Reproductive Health rights through meaningful youth participation (MYP) at all levels of programming.
Description: Positive Teens Positive Lives project is being implemented in 6 counties, Nairobi, Mombasa, Kisumu, Migori, Siaya and Homabay for Sauti Skika, who are "Using the Positive Health, Dignity and Prevention" Framework to Explore the Lived Experiences of Young People Living with HIV in Kenya". Youth participation guide has been developed with input from YPLHIV, which is currently used to equip Young People Living with HIV with knowledge on active Meaningful Youth Participation in Reproductive Health and HIV/AIDS programming at institutional and programmatic levels.
Lessons learned: Meaningful Youth Participation is achieved by placing young people at the Centre of the Positive Teens Positive Lives project, through active and meaningful participation throughout the program. There is a realization that youths are experts of their own experiences. Experience sharing is critical, leading to opening up of other YPLHIV. Engagement lead to the realization by political leaders that youths are important partners and credible advocates in the fight against HIV/AIDS and SRHR.
Conclusions/Next steps: Program is led and owned by the youth through Sauti Skika network. This was achieved through involvement of young people in the program development and implementation. During the period of implementation, more than 3000 adolescents where trained and equipped with tools to help reduce Stigma among school going adolescents, afterwards there was a change in attitude among the communities and schools that had the adolescents who were trained This has led to the formation of health clubs in schools and psychological support groups to help disseminate information on Stigma reduction. "Sauti Skika Stigma champions", meaning our Voices are Heard formed.

WEPED236

Community Mobilization: A Key Strategy in the HIV AIDS Response

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Issues: Adolescent MSMs, SRHR knowledge , mobilization.
Descriptions: As a peer educator at the Sexual Rights Centre working with the Msm community i have been involved in a number of key interventions & one of those is the Community Mobilization of Msms to involve them in the work of ending new HIV & STI infections.This strategy focused on MSmS of the adolescents group who are the most at risk of acquiring HIV as they lack information on accessing services.Using the peer educators to reach out ,the program has managed to reach to a number of adolescent Msms these are in Tertiary institutions,school leavers & some are involved into male sex work.Focus groups were used to engage with the Msms in distributing IEC material on SRHR, Human Rights discussions , &familiarization to healthcare service providing facilities.
Lessons learnt: 1)Lack of Knowledge - most Msm adolescents have no knowledge of safe spaces like the Sexual Rights Centre where more activities covering KP advocacy take place.The few of the invited have shown that they didn´t know anything about a "safe space" & expressed gratitude of finding such spaces but a number have also been resistent to attend programs in fear of exposure.
2)Resistance in Uptake of Services - throughout the course of the program it stood out how most of the MSms were confortable with knowing their HIv status but more reluctant in accessing further services like ART/PReP. There is a huge fear especially on PReP side effects & the stigma tied with all ARV treatment in general, this has influenced the resistance.
Next steps: To achieve better results in community engagement & active participation there is need to reach out more to the affected communities on the importance of full engagement to end new HIV infections.More peer-peer based outreach should be crafted & carried out to reach out to a greater number of Msms.Having said that, this should also be accompanied by a constant series of SRHR knowledge distribution ; health advocacy & human right literacy sensitixation programs to equip the young msms.Distribution of condoms & education on how they must be used is also essential to achieve maximum response &uptake of services.

WEPED237

Exploring the Experiences of Third Sector Staff Working with HIV Positive African People in Glasgow/Scotland

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Background: There has been great progress in terms of control and prevention of HIV/AIDS worldwide including Scotland (WHO), 2015), but the number of new infected people still represents a public health concern particularly between African communities in Glasgow (Zimunya, 2015). African communities are between those most affected by HIV in Scotland/Glasgow. The services development for the African is still suffering a historical lack of intervention and critical approach (Burthey & Hosie, 2007). The HIV service development for Africans has been mainly secured by the third sector organisations, the reason why it became important to investigate the work done by the third sector organisation regarding HIV positive African people living in Glasgow/ Scotland.
Methods: A qualitative methodology was used as the study focused on the lived experiences. Semi-structured interview was undertaken to collect data. A purposive sample strategy was composed by six (6) member of staff from a third sector organisation. Data was analysed under a simple thematic approach and followed all the structure as stated by Braun & Clarke, (2006).
Results: Three main themes have emerged: (1) Challenging issues for staff; (2) 'Africanisation' *of staffs* and (3) Job satisfaction factors. These were classified in the following sub-themes; (a) "Stigma"; (b) "Immigration/Asylum seeker/Refugees' status of the clients"; (c) Poor English language"; (d) "African culture and religious believe toward sexual health"; (e) "Creating evidence to sustain project funding". Diversity of Africans as staff working with HIV positive African people led to a shifting approach to engage with HIV positive Africans, partnership work with faith leaders. The gradual change of attitude toward HIV and sexual health led to progress toward client's confidence, capacities, skills and trust building.
Conclusions and Recommendations: These findings suggest that, although there is a lot of issues which are challenging for the third sector staff organisations in their work with HIV positive African people, the third sector staff appeared to be better equipped and more resilient to overcome the barriers identified. The approaches used by staff are suitable for a service user needs and cultural background. The "Africanisation" of staff seems to be the main resource of a successful work for prevention and control.

WEPED238

La Lancinante Question de la Stigmatisation et de la Discrimination des PVVIH à Travers l'Étude « Index Stigma » au Sénégal

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Indiquer le problème étudié, la question de recherche : Au Sénégal, la situation épidémiologique montre que le profil de l'épidémie de VIH est de type concentré, avec une prévalence basse dans la population générale 0,7% en 2005 et 0,5% en 2012 et élevée dans les populations clés les plus exposées au VIH.
La stigmatisation et la discrimination limitent l'accès à une prise en charge des personnes vivant avec le VIH et des populations clés en créant des barrières à la prévention, aux soins et traitement ainsi qu'au soutien.
Méthodes: Pour assurer une bonne représentativité de l'échantillon, les **400** participants sur les **19.595** personnes recensées par la DLSI en **2016**, sont sélectionnés en fonction du nombre de personnes pris en charge dans les régions prenant en charge le plus grand nombre de personnes à savoir pour **6.189** personnes à Dakar **200** personnes seront sélectionnées, **1.411** à Kaolack avec **100** personnes, **1015** à Saint Louis et **2.627** à Ziguinchor avec **50** personnes pour chaque région.
L'utilisation d'un questionnaire de type structuré pour l'index stigma a été administré et est divisé en trois sections axés sur l'information, les expériences de l'année écoulée et les exemples de stigmatisation et ou de discrimination liés au VIH.
Résultats: Sur les **400** participants, **228** étaient des femmes soit **57%** et **172** des hommes soit **43%**. Globalement, plus d'une personne sur deux était âgée de plus de 40 ans. On note une différence entre les sexes **53%** des hommes étaient âgés de moins de 40 ans ce qui est plus important que les **37 %** des femmes de moins de 40 ans.
30% de la population enquêtée était constituée par des personnes appartenant ou ayant appartenu aux populations clés les plus exposées au VIH.
46 % ont relaté avoir eu au moins une expérience de stigmatisation et ou de discrimination et les hommes semblent plus exposés que les femmes en ce qui concerne les commérages, les insultes, les menaces ou agressions physiques.
De façon générale, **70** sur **305** personnes soit **19%** déclaraient avoir connu au moins un épisode de stigmatisation familiale.
Conclusions et Recommandations: La stigmatisation et la discrimination des PVVIH, une réalité qui touche les personnes au niveau familial, social et professionnel qui entraîne des attitudes négatives d'auto-stigmatisation.
Pour améliorer l'environnement des populations clés, il serait important d'accentuer la collaboration entre les associations de PVVIH et celles des populations clés et intégrer les questions de droits humains.

WEPED239

Adolescent Sexual and Reproductive Health Stigma and Other Contextual Factors Associated with HIV Testing Awareness and Uptake among Urban Refugee Youth in Kampala, Uganda

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Background: Scant research has examined urban refugee youth's engagement with HIV testing. Uganda, hosting over 1.3 million refugees, is a salient context to explore the nexus of HIV and urban youth displacement. We examined stigma and other contextual factors associated with HIV testing services awareness and HIV testing uptake among urban refugee youth in Kampala, Uganda.
Methods: We implemented a cross-sectional survey with refugee and displaced young people aged 16-24 living in Kampala's informal settlements. We conducted multivariable logistic regression to determine the adjusted risk ratio for HIV testing services awareness and testing uptake among refugee and displaced adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM).
Results: Among participants (n=445; mean age=19.59, SD=2.60; young women: n=333; 74.7%), two-thirds were aware of HIV testing services in their community and over half received a lifetime HIV test. Key findings in adjusted multivariable regression analysis results include that among AGYW: a) higher adolescent sexual and reproductive health stigmatizing lay attitudes, lower adolescent sexual and reproductive health enacted stigma, and lower adolescent sexual and reproductive health internalized stigma were associated with increased odds of HIV testing services awareness, and b) condom self-efficacy and lower adolescent sexual and reproductive health enacted stigma were associated with increased odds of lifetime HIV testing. Among ABYM, older age was associated with HIV testing services awareness, and transactional sex was associated with lower HIV testing odds.
Conclusions and Recommendations: HIV testing among urban refugee youth in Kampala is suboptimal. Social-ecological factors including adolescent sexual and reproductive health stigma, transactional sex, and condom self-efficacy emerged as important contextual factors associated with HIV testing practices among urban refugee youth in Kampala. There is a pressing need for contextually tailored HIV prevention practices and services to meet the needs of urban refugee youth living in Kampala's informal settlements. Addressing adolescent sexual and reproductive health stigma in families, communities, healthcare settings—as well as among youth—needs to be a central charge of HIV prevention strategies. An intersectional approach can explore the ways in which stigma converges with marginalization processes to shape lived experiences among young refugees.

WEPED240

A Demonstration of How UNFPA Supported Interventions on Addressing Structural Barriers to HIV Services among Sex Workers: The Case of Malawi

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Issues: Over 200 sex workers live and operate in and around Dedza district in Malawi. The group has high HIV and STI infection rates at 62% and 26% respectively. Several factors account for these high rates; these include structural challenges such as stigma and discrimination, police brutality, punitive laws, health worker attitudes. Police brutality coupled with punitive laws have been major barriers to realization and utilization of SRHR and HIV services by sex workers in Dedza district. Sex workers were often arrested by Malawi Police under the laws related to rogues and vagabonds 19 of these were in February 2016. They were charged with living off the avails of prostitution under Section 146 of the Penal Code. Their incarceration resulted in most of them missing out on ART treatment and untreated STIs.
Descriptions: Between 2012 to 2018 UNFPA supported interventions among sex workers aimed at empowering sex worker community to address HIV in their communities. UNFPA trained police officers, magistrates, health workers and sex workers in legal and human rights programming. The initiative ensured that the sex workers knew their full rights and the duty bearers their responsibilities. Sex workers, health workers, the police and magistrates were orientated on the laws relating to rogues and vagabond. A working agreement between sex workers and the police/magistrates/health workers to jointly provide none discriminatory services to the sex workers was hatched. Focal points at police and district hospital were identified. Sex workers who contracted sexually transmitted infections were now able to access services without problems. Sex workers feel safe and are able to ply their trade. Relationship between the sex workers and the police/ magistrates has improved tremendously since the intervention started.
Lessons learned: Structural interventions have the capacity to improve the outcomes of HIV/AIDS interventions by changing the social, legal or environmental factors that determine risk and vulnerability of sex workers leading to reduction in HIV and STIs. Punitive laws, continue to push key populations to the margins of society and deny them access to basic health and social services.
Next steps: The initiative will be scaled up country wide. Community sex worker led initiatives should incorporate legal literacy and human rights education in their programmes.
Keywords: Structural barriers; legal environment, penal code

WEPED241

Confronting Stigma and Discrimination against Key Populations in Ghana: Evidence from the USAID Strengthening the Care Continuum Project

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Issues: Stigma and discrimination (S&D) remain major barriers to HIV epidemic control in Ghana, especially among key populations (KPs) including men who have sex with men (MSM) and female sex workers (FSWs). Healthcare settings are also identified as a significant location of S&D, resulting in low access and utilization of services by KPs. In 2016, the KP Implementation Science (KPIS) study confirmed deep-rooted dual stigma faced by KPs living with HIV and its harmful effects on the uptake of HIV continuum of care services. The results of this study fed into the development of the National HIV and AIDS Anti-Stigma Strategy (NHIVAST), 2016-2020. This abstract presents evidence-based approach in dealing with structural and systemic S&D at healthcare delivery points using the NHIVAST.

Descriptions: The USAID Strengthening the Care Continuum Project, led by JSI has the mandate of building the capacity of the Government of Ghana and local civil society organizations (CSOs) to provide comprehensive HIV services in non-stigmatizing health facilities for KPs and people living with HIV (PLHIV) in Ghana. As part of the roll-out of the NHIVAST, the Project with the National AIDS Control Program (NACP), organized on-site KP competency training for 450 healthcare workers (HCWs) from 119 facilities, in July 2018. Participatory approach was employed by involving KPs at all stages of the training, design, implementation and evaluation. The training equipped HCWs with the requisite knowledge, addressed negative perceptions and attitudes to provide high-quality KP competent services in a stigma-free health facility environment. Standard protocols were developed to ensure that no KP was stigmatized or discriminated against within the health system. The Project measured progress through analysis of CSOs partner reports; peer review meetings; and group discussions.

Lessons learned:

· Training of HCWs in S&D has improved uptake of HIV continuum of care services

· The leading roles of the Ghana AIDS Commission, Ghana Health Service and NACP can lead to sustainability of the intervention.

Collaboration of multiple stakeholders and the KP community is essential in dealing with S&D at the facility level

Next steps:

· NACP should scale-up S&D training to cover all health facilities across the country

· GAC should look for funding to conduct another stigma index study

WEPED242

The Regional Parliamentary Forum for Southern Africa Adopted Bold Minimum Standards for the Protection of Sexual and Reproductive Health and Rights for Key Populations

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Issues:The SADC region with less than 5 percent of the global population is home to over 30% of people living with HIV. Some of the populations most affected are Key Populations (KP), which generally include sex workers of all genders, gay, bisexual and other men-having-sex-with-men (MSM); transgender people; people who use drugs; and prisoners. Members of Parliament if mobilized could play a pivotal role in protecting the sexual and reproductive health and rights (SRHR) for key Populations. The adoption of the Minimum Standards (MS) on the Protection of SRHR for KP by the SADC Parliamentary Forum (PF) was a significant milestone to creating an enabling environment for the populations most left behind in the region.

Descriptions: The community of KP in all SADC Member States have rates of HIV prevalence that are significantly higher than adults in the general population. For example, HIV prevalence for sex workers reaches as high as 72% in Lesotho, for MSM as high as 27% in South Africa, for PWID as high as 32% in Mauritius, and for prisoners as high as 35% in Swaziland. This situation arises as a result of a number of structural factors that increase the risk and vulnerability to HIV infection and that raise numerous barriers to HIV and other SRH programmes meant to promote their health. In light if this disproportionate impact on KP, the SADC Parliamentary Forum (PF) at its 43rd Plenary Assembly in Luanda, Angola, in July 2018, approved the development of MS for Protection of SRHR for KP with technical and financial support from Sida, UNFPA and UNDP.The MS were developed through a consultative process that included Members of Parliament from different countries, communities of KP, civil society organizations and development partners. The MS were adopted by the 44th Plenary Session of the SADC Parliamentary Forum held in December 2018 in Maputo, Mozambique. They define essential requirements and opportunities for improving protections for key populations against stigma, discrimination and violence; addressing the negative effectives of punitive laws, policies and cultural practices as well as ensuring access to relevant information and services for HIV prevention and health promotion.

Lessons learned: Parliamentarians play critical roles in creating an enabling environment for HIV programming, including for key populations.

Next steps: Support domestication of the MS in all SADC countries.

WEPED243

Evaluating Advocacy for Access to HIV Care for Gay and Bisexual Men: Early Outcomes from Project ACT

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Background: The burden of HIV among gay and bisexual men remains unacceptably high. Stigma and discrimination limit gay and bisexual men from accessing HIV-related services. The effects of advocacy to remove these barriers to care is rarely documented. We implemented a 7-country demonstration to reduce stigma and discrimination against African and Caribbean gay and bisexual men in order to promote their access to HIV Care. Project ACT is a partnership between MPact Global Action for Gay Men's Health and Rights and seven civil society organizations in Sub-Saharan Africa and the Caribbean. The project is supported by the Elton John AIDS Foundation through the United States President's Emergency Plan for AIDS Relief. We present first-year outcomes for four partners who serve as project case studies (Affirmative Action, Cameroon; Alternative Cote d'Ivoire, Cote d'Ivoire; JFLAG, Jamaica; Sexual Rights Centre, Zimbabwe).

Methods: Advocacy strategies in each country were tailored to local conditions. Strategic foci included targeting local health care systems and watchdogging news coverage of the epidemic as it affects gay and bisexual men. To evaluate the project, we drew on principles-based evaluation and incorporated techniques from outcome harvesting. We used a triangulated concurrent longitudinal mixed-methods design. Multiple types of data (e.g., interviews, observations) were gathered from multiple sources (e.g., constituents, administrative authorities, health care providers) at multiple time points.

Results: We identified multiple advocacy outcomes in the initial 12 months of project operation, including changes to the practices of local clinics, increased demand by health care workers for sensitization, implementation of accountability mechanisms to monitor stigma-free care provision, and increased use of services by gay and bisexual men. Outcomes empirically linked to project activities and principles of effective advocacy . A small number of unexpected outcomes were also documented.

Conclusions and Recommendations: We find preliminary support for the value of funding targeted advocacy efforts to increase access to HIV care for gay and bisexual men. Further, we find preliminary evidence that advocacy wins are associated with principles of effective advocacy. Early evidence from Project ACT indicates funding for community-led advocacy is vital to addressing stigma and discrimination as barriers to care for gay and bisexual men.

WEPED244

Addressing Key Populations' Legal and Human Rights Barriers to Health Care

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Issues: Men who have sex with men (MSM) and sex workers (SW) face stigma and discrimination (S&D) as a result of social perceptions strengthened by law, obstructing their access to health care. The National HIV/AIDS Strategic Plan 2016-2020 prioritises Key Populations' (KPs) right to health. The Ghana AIDS Commission Act 2016 also protects the human rights of persons living with HIV (PLHIV) or at risk of HIV. MSM and SW however continue to face barriers when accessing health care.
Descriptions: Legal and human rights education is provided for service providers (health and legal) to improve their understanding on human and legal rights of KPs, and the impact of S&D on KP access to services; to community networks to provide a safe and supportive community for KPs; and to KPs to empower them to claim their rights.The projects have enhanced the knowledge on human and legal rights of KPs of service providers and key community members; removed human rights barriers to health and legal services against KPs; established well-informed community level networks and empowered KPs.
Lessons learned: The emphasis on rights of KPs who may also be PLHIV without regard to their corresponding responsibilities creates some disaffection towards PLHIV among health service providers who report cases of intentional infection.
Although Ghana's HIV/AIDS agenda guards the confidentiality right of a PLHIV, laws attempts to balance this right with public health needs. The right to confidentiality is subject to legal requirement for disclosure, and sexual contact between a PLHIV without prior disclosure of HIV status to the other person is criminalized.
This attempt to balance however reveals a potential legal barrier. The criminalization of mere sexual contact creates a potential for abuse and stigmatization of PLHIV. If implemented, persons will avoid HIV testing in order to avoid the disproportionate criminal liability. If unimplemented, the HIV prevention goal equally suffers a blotch.
Next steps: Although national HIV agenda on fast tracking treatment, care and support to PLHIV are on track, HIV prevention target may not be fully met in the absence of a legal responsibility that properly balances the right to health with public health needs.
An amendment of the relevant provision in the Domestic Violence Act is recommended. Additionally, guidelines on disclosure of HIV status is required to compliment the law.
Key words: prevention, barriers, stigma, legal, human rights

WEPED245

Etude de la Notification du Statut VIH aux Partenaires et à la Famille chez les HSH Séropositifs à Douala, Cameroun; Implications pour la Prise en cCharge et la Réduction des Risques

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Introduction: La notification du statut VIH peut faciliter l'implication et le soutien de la famille dans la prise en charge, et prendre des mesures de réduction de risque dans la relation du PVVIH avec son ou ses partenaires. Cependant la notion de double stigmatisation par rapport à l'orientation sexuelle et au VIH nous a fait nous interroger sur la notification du statut VIH des HSH à leurs proches.
Méthodologie: L'étude a été faite auprès des personnes suivies pour le VIH à Alternatives-Cameroun, la majorité étant HSH. Sur une fiche de renseignements, nous notions la personne que la PVVIH a choisie dans sa famille pour être contactée en cas de nécessité. Il était demandé si cette personne-contact était notifiée ou non du statut de la PVVIH. Nous avons ensuite noté le nombre de partenaires que la PVVIH notifiés de son statut, et parmi ceux-ci, combien ont été dépistés. Nous avons exploité 204 questionnaires, parmi lesquels 177 pour les HSH et 27 pour les hétérosexuels.
Résultats: De tous les participants, 98% ont pu donner le contact d'une personne de leur famille. La personne contact est, dans 63% des cas, une personne de sexe féminin : parmi elles la mère (41%), puis la sœur (38%). Les personnes-contact éteint masculines dans 37% des cas : parmi eux le frère (68%), puis le père (12%). Le frère ou la sœur sont donc désignées comme personne contact dans 47% des cas, et le parent, père ou mère dans 31% des cas. Dans 61% des cas, la personne-contact n'était pas notifiée du statut. Cette proportion est juste de 26% pour les hétérosexuels. Parmi les PVVIH n'ayant pas notifié leur statut à la personne contact, ils sont seulement 19% à l'avoir fait à une personne autre, contre 5% chez les hétérosexuels. Les HSH séropositifs notifient leur statut de préférence à la personne contact de sexe féminin (56%), qu'à la personne contact de sexe masculin (36%). En ce qui concerne la notification aux partenaires, 56% des PVVIH HSH ont notifié leur statut à au moins un partenaire, contre 85% pour les hétérosexuels. Parmi les partenaires notifiés, 87% se sont fait dépister, contre 78% chez les hétérosexuels
Conclusion et recommandations: La double stigmatisation rendrait plus compliqué le partage du statut VIH chez les HSH, ce qui renforce la nécessité de les accompagner dans ce processus. L'analyse des types de personnes avec qui le statut est partagé pourrait permettre de mieux adapter l'implication de la famille dans la prise en charge des HSH vivant avec le VIH.

WEPED246

Stigma and Discrimination Is a Silent Weapon in Adherence and Retention to Antiretroviral Treatment for AGYW

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Issues: Incomplete coverage of adolescent-friendly services at HFs, schools, and community sites; Stigma and lack of fidelity to disclosure algorithms and Lack of implementation of MISAU adolescent-specific services

Descriptions: Mozambique is challenged by a low national rate of retention in care and adherence to ART. As of 2018, it is estimated that 13.8 million or approximately 46 percent of the country´s population will be less than 15 years of age (6,917,547 males/ 6,851,897 females). As these youth become sexually active, without comprehensive measures taken now that reduce the pool of HIV positive persons who do not know their status and who are not on ART and virally suppressed the opportunity to achieve epidemic control by 2020 will be lost.

Adolescent girls and young women is a population in need of strategic interventions to improve retention and adherence on ART. Stigma and lack of fidelity to disclosure algorithms, incomplete coverage or insufficient implementation of adolescent-friendly services at health facilities, school, and community sites contribute to the low retention rate and many patients and their caregivers have low treatment literacy. This population is especially vulnerable given the frequency of early marriages (48 percent of females married before age 18), early sexual debut (25 percent have had sex for the first time before age 15). Stigma and discrimination are among the main obstacles to HIV prevention, treatment, care.Research has shown that stigma and discrimination undermine efforts to tackle the HIV epidemic by making people afraid to look for information, services and methods that reduce the risk of infection and to adopt safer behavior for fear of suspicions are raised regarding their serological status.

Lessons learned: Interventions and advocacy should be developed by integrating all community-level follow-ups (religious leaders, community leaders, teachers, community police, matrons) in order to ensure success through demand generation, primary prevention and treatment of the epidemic and greater awareness of risk behaviors.

Next steps: In order to reduce the impact of stigma and discrimination on overall treatment goals, it is necessary to support community dialogues and co-management committees in an effort to sensitize communities about PLHIV and ART; mobilize and train community and religious leaders on stigma and discrimination; raise community awareness about HIV, including treatment options.

WEPED247

The Burden of Stigma and Discriminatory Practices towards Key Populations by Health-care-Providers in Rwanda

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Introduction: We sought to study the burden and factors associated with stigma and discriminatory practices towards men who have sex with men (MSM) and female sex workers (FSWs) in Rwanda by HCPs.

Methods: This was a mixed methods cross-sectional study-design in HCPs, using questionnaires, 7 key informant interviews (KIIs) with hospital directors and 9 focus group discussions (FGD) in KP in Kigali and the Southern Province from November 2016-May 2017.Quantitative data was analyzed using SPSS version 16 and qualitative data using thematic approach.

Results: We approached 463 eligible HCPs to participate in the study and 425 (91.8%) consented. Male to female ratio was 0.5:1 with average age of 37.3 years (SD±8.6), majority were >30-40 years (51.1%) with 40.7% and 27.1% being diploma Bachelor's degree holders respectively. 34.1% of HCP were working in Kigali City and 3.3% in a private HF. Majority were nurses (49.4%), and doctors comprised only 5.6%. Only 6.6% HCP had ever received training regarding provision of stigma and discrimination-free-services among KP.

The prevalence of stigma and discrimination towards FSWs was 40.1% and 37% respectively while MSM was 48.1% and 45.8%. However, 36.4% of HCPs reported that they would be hesitant to work alongside a co-worker who was an MSM compared to 8% with FSW.

Determinants of stigma towards FSW by HCPs were being a resident of the Southern Province AOR: 3.19; 95%CI: 1.1-9.25 while towards MSM were HCP who have never received stigma-free-training, AOR: 5.04; 95%CI: 1.16-21.82, p-value= 0.03. The risk determinants of discriminatory practices towards FSW by HCP were being from the Southern Province, AOR: 1.71; 95% CI: 1.09-2.68, p-value= 0.02 while for MSM were residing in Kigali City and not having written guidelines to protect MSM at their facility, (AOR: 2.04, 95% CI: 1.29-3.21, p-value=0.002 and AOR: 1.01; 95% CI: 1.00-1.02, p-value=0.001 respectively).

The common themes from the FGD with KP were that as long as they did not disclose their trade they did not experience any stigma or discrimination. Overall, most reported having experienced one or more forms of stigma and discrimination especially the MSM.

Conclusion: This study has demonstrated that stigma and discrimination in KP studied are high in the health facilities. There is an urgent need of incorporating structural-stigma-reduction-intervention-strategies into combination HIV-prevention among KP in order to achieve the 90-90-90 target by 2020.

WEPED248

The Prevalence of HIV/AIDS Frames in Kenya Newspapers: A Summative Content Analysis of the Daily Nation

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Background: Kenya has one of highest numbers of people living with HIV/AIDS in Africa. The Nation Newspapers play an important role in the social construction of HIV/AIDS in Kenya due to its wide readership. This article uses the theory of media framing to understand the manner in which Kenyan newspapers make sense of the HIV/AIDS issue between 2011-2015. Specifically, this analysis focuses on the following frames
(a) valence
(b) the action frame
(c) victim frame
(d) severity of HIV/AIDS in Kenya,
(e) causes and solutions
(f) and beliefs about who is at risk.
Methods: A quantitative content analysis was conducted for this study. Key words 'HIV/AIDS' were used to search for news links on the online site of the Daily Nation newspaper. A sample of 295 articles were selected using systematic sampling. The unit of analysis was the entire story.
Results: Findings reveal that the action frame and victim frame were the most prevalent during the time period of the study. The group other are believed to be most at risk (infants and children, men, persons in the gay/lesbian community and any others not considered adolescents, drug users, prostitutes or women).
Conclusions and Recommendations: Results reflect the HIV/AIDS initiatives launched by the government of Kenya and its partners during the study period. In addition, the victim frame was also dominant in the articles revealing the need to better support people living with HIV. Future research should strive to incorporate more daily newspaper outlets from Kenya and other parts of the world.

WEPED249

Socio-demographic Determinants, Knowledge & Myths of HIV/AIDS and Stigmatization towards HIV Infected Persons in Nigeria

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Background: Stigma and discrimination against persons infected by the Human Immunodeficiency Virus (HIV) have been reported as one of the challenges in the care and treatment of persons with HIV infections worldwide. In Nigeria, about forty percent of the population reported that they have non-accepting attitudes or not sure of their attitudes to HIV infected persons in five situations; care for a family member with HIV or AIDS in their own home; buy fresh vegetables from a shopkeeper with HIV; allow an HIV-positive female teacher to continue teaching; would want to keep secret the HIV positive status of a family member; and acceptance of HIV positive children to attend school. The fear of stigmatization and negative societal reaction has contributed to persons with HIV/AIDS keeping their infection secret, resulting in continued spread of the disease. In view of this, this study examined the socio-demographic determinants, knowledge and myths of HIV/AIDS and stigmatization towards HIV infected persons in Nigeria.
Methods: Using the women dataset of the recently conducted Multiple Indicator Cluster Survey (MICS) in Nigeria (n=4994), chi-square tests and multinomial logistic regression were employed to analyze the data in Stata 14.
Results: Findings from the bivariate analysis showed that level of education (p=0.00), geopolitical zone/region (p=0.00), wealth quintile (p=0.00), knowledge of HIV/AIDS (p=0.00), perception on myths on HIV/AIDS (p=0.00) and use of media (p=0.00) were all associated with accepting behaviours towards HIV infected persons in Nigeria and these were fitted into the multivariate model. Multivariate analysis revealed that increasing wealth and educational attainment decreases the likelihood of stigmatization towards HIV infected people. Also, residence in the southern zones of the country, exposure to media, adequate knowledge of issues around HIV/AIDS decreased stigma towards infected persons.
Conclusions and Recommendations: This study has shown the diverse influence of socio-demographic factors, knowledge and myths on stigmatization. It recommends that programmes should take into consideration the differences in socio-demographic characteristics, influence of media, knowledge and myths surrounding HIV/AIDS before designing intervention programmes. It also recommends that policies breaking barriers around stigmatization should be developed and enforced to enhance a stigma free society.

WEPED251

The Effect of HIV Related Stigma on MSM Living with HIV in Uganda

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Background: Pervasive HIV-related social stigma and high levels of homophobic violence caused by conservative social attitudes and stigmatising legislation result in men who have sex with men feeling less inclined to access HIV services in Uganda. The 2017 study shows 40% had experienced homophobic abuse and 44.5% had experienced suicidal thoughts. The Uganda Anti-Homosexuality Act was passed by parliament in December 2013 and officially signed into law in February 2014. Although the law was annulled in August 2014 due to a technicality based on the number of MPs present during the vote, it is thought to have resulted in increased harassment and prosecution based on sexual orientation and gender identities. It has also triggered negative discussions from the general population on social media, in which violence and anti-homosexual discrimination are advocated.
Methods: I conducted a face to face interviews and a field trip to two healthcare centers in Kampala in August 2018 where 11 additional interviews were conducted and two informal focus groups were held. One focus group comprised of MSM people living with HIV; the other comprised a group of different age groups from the general population. All interviews were transcribed. Relevant evaluation data of the impact of media, stigma, public debate, and social attitudes have been included wherever possible.
Results: Stigma related experience was reported by the majority of the participants during the focus group discussions and interviews with men who have sex with men living with HIV. For example some of the participants agreed that 49% often behaved negatively around them once they learned of their sexual orientation and HIV statuses and 30% often avoid contact with them completly. Instead health workers end up taking still photos and videos of MSM living with HIV which are shared by the different media platforms hence influencing public debates about Gay people. And as a result, this has greatly increased the number of HIV new infections and deaths within the MSM community because they don't receive HIV related services at all simply because of who the identify.
Conclusions and Recommendations: Moving forward necessitates the integration of validated stigma scales in routine HIV surveillance efforts, as well as HIV epidemiologic and intervention studies focused on key populations in particular MSM's as a means of tracking progress toward a more efficient and impactful HIV response.

WEPED252

Strategie Innovante de Sensibilisation des Professionnels de Media Pour le Traitement de l'Information sur La Stigmatisation chez les Populations Hautement Vulnerables au Cameroun

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Questions: Dans la société Camerounaise, les masses médias, considérées comme le quatrième, contribuent activement à la réduction de la prévalence nationale en informant et en éduquant la population générale sur le VIH et le sida à travers des campagnes médiatiques. Néanmoins, ils pourraient aider davantage à réduire les effets pervers de la stigmatisation et la discrimination en liaison avec les productions écrites et audiovisuelles, en faisant des communications spéciales sur les populations hautement vulnérables. En Novembre 2017, Affirmative Action dans le cadre de la mise en œuvre des activités du projet «*Partenariat pour les Droits Humains, l'Intégration, la Diversité et l'égalité* (PRIDE)», a organisé 02 cessions de plaidoyer à l'attention des professionnels des media avec pour objectif la sensibilisation visant à Susciter l'implication de la presse écrite et audio-visuelle à la valorisation des droits et la dignité humaine des Populations Hautement Vulnérables.
Description: Diverses approches méthodologiques ont été utilisées au cours de ces sessions. Des techniques d'animation basées sur les exposés illustrés suivi de débats, méta plans, discussions en plénière, brainstormings, questionnaire anonyme et aux travaux de groupe ont été utilisées. Les informations recueillies sur les approches visant à susciter l'implication des médias de la presse écrite et audio-visuelle ont ainsi été regroupées et une adhésion à la lutte contre la discrimination et à la stigmatisation de ces populations hautement vulnérables s'est faite ressentir.
Leçons apprises: une évaluation de la portée de la désinformation à travers les médias ; Une collaboration avec les professionnels de média pour l'instauration d'un environnement social non stigmatisant, qui favorise la prise en compte des droits et de la dignité humaine des personnes hautement vulnérables existe, une vidéo avec un journaliste champion réalisée sur l'histoire de changement de comportement et déjà accessible sur le site web d'Affirmative Action (www.affirmativeact.org).
Prochaines Étapes: Il s'agira pour Affirmative Action de partager cette stratégie aux travers de la vidéo réalisée qui compte déjà 790 vues sur YouTube et de la recommander aux autres organisations de la société civile contribuant dans la lutte contre le VIH chez les populations clés. Des évaluations périodiques de son impact permettront son adaptation continue au contexte socio épidémiologique du pays.

WEPED253

Motorcycle Operators: Unlikely Allies to Improving Access to Healthcare Services for Gay Men, Men who Have Sex with Men, Male Sex Workers and Transgender Individuals in Mombasa Kenya

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Issues: Gays, lesbians, bisexuals and transgender individuals in Kenya face marginalization and exclusion based on religious, social- cultural and legal norms and attitudes that shape public discourse on sexuality, gender expressions and identity, marriage and family. Unemployment in Kenya is on the rise, and it has led to many young men being employed or seeking self-employment as motorcycle taxi operators. These groups have in some instances been a known source of violence and have rioted, destroyed property, attacked and physically harmed individuals. They have been known to be used by politicians, opinion leaders and religious leaders to bring turmoil. As witnessed in 2010 when they attached a HIV clinic frequented by men who have sex with men and male sex workers, in Mtwapa Kenya. it is important to engage them as the biggest perpetrators of violence. They are strategic stakeholders to engage with education as they offer cheap and affordable means of transport and a way of movement for LGBT and female sex workers.

Description: A needs assessment targeting 139 motorcycle operators was carried out in Mombasa and Kilifi Counties to understand the perception of motorcycle operators on LGBT. Members of the LGBT community gave their input on what kind of questions they should be asked. A trained research Assistant and a programs officer collected data using questionnaires which were self administered, data was analyse and a two-day training guide on the importance of people's dignity when accessing healthcare developed. This training targeted 5 regions of Mombasa county with clinics who offer tailored services to gay men, men who have sex with men, male sex workers and transgender,

Lessons learned: By educating the motorcycle operators who are the main mode of transport for low income communities when accessing healthcare facilities. They appreciate peoples' dignity by understanding, respecting and appreciating them.Therefore encouraging Anti- Retroviral intake, amongst MSM,MSW and Transgender.

Being organised and often used for calling out issues, the motorcycle operators can be strategic allies to call out violence towards MSM,MSW and transgender individuals when accessing healthcare services. As a useful means of transport for sex worker mainly at night, they are a great form of security and therefore prevents gender based violence, which can lead to rape and one's loss of ARVs.

WEPED254

Using Non Traditional Methods to End Stigma and Discrimination towards LGBT Persons in Botswana

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Issues: This abstract discusses the different non traditional methods of activism which have been employed in Botswana as strategies to dialogue,interact,educate and consensus-gathering as a means of raising awareness on the harsh and lived realities of LGBT persons in Botswana as well as to promote respect and acceptance of sexual diversity and ultimately show how the art of dance,song,stage play and poetry can be used to advance Sexual and Reproductive Health and human rights of LGBT.
Despite some legal and social advances in the recent years,LGBT continue to face widespread discrimination and violence in health care settings and Police agencies.This leads to exclusion and adversely affects both their lives as well as on the communities and economies in which they live and their access to quality and timely HIV services.
Descriptions: Experiences of LGBT persons often go unreported due to fear of stigma and discrimination from people meant to protect them and there is little room to engage the Political leaders,health care workers and public on the level of stigma and discrimination and understanding how that negatively affects the Response to HIV/AIDS.LGBT irrespective of HIV status have been systematically silenced and experience abuse and stigma while little work has been done to educate the relevant stakeholders and to hold them to accountable for failure to make inclusive and supportive policies.
In Botswana Men for Health and Gender Justices uses the art of dance,song,stage play and poetry to dialogue,educate and engage with the public in raising awareness of the realities of the LGBT which often go unreported and hence unheard.Through the performances,the public and leaders are able to engage with the community and understand from a personal narrative the dangers of stigma and discrimination on the LGBT in regards to their livelihoods,human and health rights
This abstract aims to show how non traditional methods such as art are able to gather audience and a non-judgmental platform to introspect and dialogue.
Lessons learned: This approach proved to work as it was implemented in 3 districts across Botswana and 60 health care workers shared that the messaging through Art allowed them to view the issues from a human face and value and showed interest in attending training of LGBT Rights to be able to provide better and qualified services.
Next steps: The next step is to do formal training for the stakeholders as well as documenting the change and sharing.

WEPED255

Factors Associated with Discrimination and Stigmatization of People Living with HIV among Respondents of a Community Based Survey; North Central Nigeria

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Background: Stigmatization and discrimination are major obstacles to effective HIV&AIDS prevention, treatment, and care, globally. HIV related stigmatization and discrimination is a public health and human rights issue. We identified the the socio-demographic factors associated with these attitudes towards PLWHIV in Kaduna State, Nigeria.
Methods: We conducted a cross-sectional survey of households in Kaduna state. Using a multi-staged sampling method we selected 9,436 HIV negative adult respondents >15years from the survey sample. We defined stigma as being perceived as being different (negative stereotype), and discrimination as being treated unfairly due to a person's identity (HIV status). We asked questions across seven domains to elicit stigmatizing and discriminatory attitudes towards PLWHIV.
Results: Of the 9,436 interviewees, there was a 99.6% response rate. A total 5065 (53.9%) respondents are females, 5918 (62.9%) are married, 6716 (71.4%) live in rural areas, 6054 (71.4%) have at least primary school education and 2333 (24.8%) belong to the middle wealth quintile. Males across all socio-demographic characteristics responded positively to questions on attitude towards PLWHIV. It was found that more men in the lower wealth quintile and lesser educated men had more discriminatory attitudes; were less willing to buy goods from PLWHIV, feels children living with HIV should not be allowed to attend school with other children and would feel ashamed if someone in their family had HIV compared to men in higher wealth categories and women.
We found that as the wealth index and level of education increased, stigmatizing attitudes increased; persons in this category will hesitate to take an HIV test as they´re afraid of how other people will react, will talk badly about PLWHIV, and fear that PLWHIV would lose the respect of others.
Conclusions and Recommendations: Males, wealthier and highly educated persons had fear of personal stigmatization and had internalized or no discriminatory attitudes towards PLWHIV. A higher proportion of people who were less rich, less educated and rural residents would not stigmatize but would discriminate against PLWHIV.
People living with HIV face high levels of stigma and discrimination and often fear disclosure as Nigeria lacks an anti-stigma and discrimination law at the national level with only a few states passing protective legislature. It is imperative that protection of PLWHV be prioritized.

WEPED256

How Advertisers Can Be an Ally in Addressing Stigmatisation of LGBTIQ Communities

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Issues: LGBTIQ communities are no strangers to being negatively portrayed in the media and are almost never seen in advertising. Advertising and media almost always portray strict gender roles and gender binaries which fit cisgender people who are married and have children.In some countries LGBTIQ communities have been demonised and vilified in the media and in countries where homosexuality is criminalised and conservatively religious, the media has been used as a tool to portray LGBTIQ communities as destroying African values and the heterosexual family. LGBTIQ activists have been outed in the media through publishing their contact details, photographs and telephone numbers in a bid to remove them from society. Anti-LGBT stigma is a key structural driver of vulnerability to HIV infection and also reinforces homophobia, lesphobia and transphobia, driving discrimination, hate crime, inequality in society and anti-LGBT attitudes in polices and politics.
Descriptions: But how can advertisers be allies in addressing stigmatisation of LGBTIQ communities? Advertising plays a huge role in influencing social attitudes and perceptions. In South Africa, Accountability International has successfully worked with top advertising agencies in the country to address the negative portrayal of LGBTIQ communities and to visibilise LGBTIQ people through advertising so as to address stigma, discrimination and violence. If LGBTIQ people are portrayed in positive ways, who are part of African society it can play a huge role in decreasing stigma, violence and discrimination. If we are able to do that, the more LGBTIQ people are portrayed positively as human beings it also means that we can reduce the stigmatisation of LGBTIQ people who are living with HIV.The Destabilising Heteronormativity Project an African sexual and gender diversity project works across the African continent, with policy makers, academics, religious leaders, advertisers and LGBTIQ community to destigmatise sexual and gender diversity which in turn will positively affect access to health and other human rights.
Lessons learned: Unusual actors such as advertising agencies plays a huge role in decreasing stigma and discrimination which can have a effect a more positive view in society which can lead to health services and other services being more inclusive.
Next steps: To strengthen our advertisers activist collective across Africa to help reduce stigmatisation of HIV and LGBTIQ communities.

WEPED257

Ambiguous Legislation and Government Decision "UJANA Action" for the Restriction of Sex Work in Kinshasa; Risks, Impacts and Consequence on New STI / HIV / AIDS Infections among Sex Workers

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Problem: The provincial government of the city of Kinshasa decided on September 21, 2018, the arrest of sex workers, cause to hunt down the girls minor sex workers. A real witch hunt was opened, with arbitrary arrests, abuses and serious excesses against sex workers.
More than 775 sex workers were arrested and more than half arrested without facilities, fairground courts in the crossroads of the city of Kinshasa were organized in disregard of total respect for human rights.
The city of Kinshasa estimated at 17,071,000 Hab [1] with a population growth rate of 3.30%, or about 1,536,390 women sex workers or 9% of women are sex workers in a context of poverty and promiscuity. sexual services are in high demand.
The government´s decision pushed sex workers into hiding, favoring the emergence of so-called "standing-up" and "hurried" practices without condoms or lubricants, silence resumed its place and social acceptance of violence against women. sex workers, with a high risk of HIV / AIDS; Annihilating all the actions and efforts of prevention, care and treatment to STIs-HIV / AIDS that was carried out by the Congolese Alliance of Human Rights project sex work, ACODHU-TS in collaboration with these partners UNAIDS and PNMLS in working women´s environments. sex in Kinshasa.
Description: ACODHU-TS with these partners Avocat Ruban Rouge, Rights & Vih Group and UNAIDS, set up monitoring, 409 sex workers were arrested and arrested, 56 sex workers were on ARV treatment and 144 under anti-tuberculosis treatment were treated cut and disturbed.
ACODHU-TS has set up legal assistance, coupled with advocacy for treatment in prisons. Advocacy actions outstanding on the issue of the right to health and sex work helped to review government decisions.
Lesson Learned: Sex workers constitute a significant portion of key populations to fight against STI / HIV / AIDS, estimated at 9% in the city of Kinshasa; This decision has had consequences: (An 11% increase in sexually transmitted infections among sex workers in the city of Kinshasa, an increase in rape and sexual violence, 92 out of 100 sex workers surveyed are no longer concerned condoms;
Conclusions: The fight against STIs - HIV / AIDS among sex workers is the bedrock of the fight, we demand a legal status on sex work in the DR Congo government, the only voice to achieve the objectives 90-90- 90, advocated by WHO by 2030.

WEPED258

Impact of Non Enforcement of HIV Related Laws in Ghana - Case Study of HIV Cure in Ashanti Region

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Ghana has witnessed a number of claims for HIV cure since the discovery of the disease in 1986. Notable among the claims was the infamous Nana Drobo in the early 1990s.
More recently, we have; Dr. Boadi of Doctor Boadi Herbal Clinic, Dr. Mensah, alias Dr. Wonder, all in Ashanti region of Ghana and Dr. Samuel Duncan of Center of Awareness (COA) based in the central region but has branches in Ashanti region as well.
There are others who are claiming to cure the disease through spiritual means which include: Angel Obinim of Glorious way Chapel.
The impacts of these claims are the accompanying morbidity and mortality of the infected people to fall victim to these false claims.
The worrying trend culminated in the documentary 'Pill and Herbs' put together by Joy Tv and partners.
The aim of Pill and Herbs was to expose the canker of false claims for HIV Cure, with the resultant exploitation of victims who fall them.
Pill and Herbs was premiered on 14th and 15th May 2019, but by 5th June 2019, three clear weeks after the premiere, one of the claimants captured in the documentary, Dr. Boadi still had one of his giant bill boards by the roadside displaying the number of diseases his clinic can cure with HIV occupying the first spot on the list.
It has been observed that this blot of non-implementation of laws and policies in Ghana's Drug regulations has derailed most of the gains made in the HIVAIDS response over the years.
The implementation aspect of the regulations which has not been up to expectation.
If National Drug Authorities will promulgate and enforce HIV related laws to check such reckless claims for cure, progress towards ending HIV/AIDS will be facilitated much faster.
However the non-enforcement/implementation of the laws has caused a lot of havoc leading to some avoidable deaths and morbidity challenges for victims (the video titled Pill and Herbs) is a living testament of this observation.

WEPED259

Around Legal Barriers-strategic Partnerships and Networking that Enabled HIV Programming for Key Population in Mombasa County

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Issues: Mombasa County's HIV epidemic exhibits both general and concentrated characteristics. Whereas the County's HIV prevalence among general population was estimated at 4.2% in 2018, prevalence among key populations, PWID, SW and MSM was three to four times higher. HIV Incidence, mortality, risks and vulnerabilities was also high within the indicated 3 sub-groups. Interventions targeting some of this population remained highly impinged by a number of laws that criminalizes them or their practices. Such intervention includes promotion and uptake of HIV prevention and care services such as condoms/lubricants, designated HIV testing and STI treatment sites for MSM and FSW harm reduction interventions for PWID (safe needle and syringe exchange program and medically assisted therapy). More often than not, the intervening health/HIV players found themselves at the loggerheads with legal enforcement agencies, courts and religious/ community leaders.
Description: To overcome some of these legal barriers, HIV players under leadership of the National AIDS Control Council (NACC) and the County resulted to an advocacy campaign that entailed promotion of strategic partnerships and networking. A HIV technical working group that brought together health players, implementing partners, representation from key population, law enforcement agencies, and judiciary, religious and community leaders was formed. The group took lead HIV sensitization, awareness and bridge building processes. The team also met and engaged regularly to address and find a common stand on the emerging issues of HIV programming- especially the KP targeting interventions.
Lessons learned: This building bridge and a strategic partnership initiative increased understanding harmony and team among various players. Despite existence of impinging laws, initiative resulted to a more humane approach on implementation of the laws, relaxation of some of the laws, or their clauses and therefore a better HIV programming environment. As a result, intervention such provision of condoms and lubricants to MSM and FSW, testing and treatment DICES for the same together with harm actions for PWID are now more robust.
Next steps/conclusion: Whereas a change of laws that impinges HIV programming to various populations is the desirable scenario, alternative strategies such as the one adopted by Mombasa County can be devised to secure a conducive HIV programming environment, especially for the KP.

WEPED260

Criminalizing Homosexuality: Threat to HIV Services among Men who Have Sex with Men in Africa

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Issues: The risk of HIV acquisition in 2017 globally was estimated to be 28 times higher among men who have sex with men (MSM) as compared to heterosexual men. HIV risk and other health threats faced by MSM are exacerbated by societal stigma and discrimination that frequently takes the form of physical and emotional violence. Laws and policies that criminalize same-sex sexual relationships give license to discrimination, harassment and violence, isolating MSM and hindering them from accessing vital HIV and health services.

Description: Globally, there are 73 States that are classified as criminalizing States. In many African nations, laws criminalizing homosexuality may be fueling the epidemic, as they dissuade MSM from seeking treatment and health care providers from offering it.

Some countries have strictly blocked the distribution of lubricants or importing them. Most of gay men and other men who have sex with men have refrained from claiming HIV services fearing that they could be reported to the authority and face punishment. Others opt to hide their sexual and gender identity when they seek HIV services be afraid of bad treatment from healthcare providers. MSM who acquire anal STIs are distressed to demonstrate them fearing their sexual orientation could be discovered. Some may choose to talk about other STIs symptoms while they are at clinics or use any other inappropriate medication process. This may fuel the spread of HIV and other STIs among them and their partners. Some clinics or health centers may refuse to receive MSM or decide to provide such services in high secret to avoid any target from community and government. Finally, this has resulted to lack accurate MSM data for HIV prevention programming.

Lessons learned: Anti-homosexuality laws act to restrict access to services and limit provider efficacy, whether intentionally or not. Countries which have done a dramatic step to decriminalize homosexuality or change anti-homosexuality laws and policies, have levelled the services provided to MSM.

Next steps: In order to curb the spread of HIV and improve heath seeking behaviors, especially among MSM, governments, civil society organizations and other stakeholders should work together to revise and tackle hindrances which may snub MSM for accessing HIV services .

Key words: Laws, Homosexuality, HIV services, Men who have Sex with Men

WEPED261

Dépénalisation du VIH: Expérience de Plaidoyer de la Coalition de la Société Civile pour la Dépénalisation du VIH au Niger

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Issues: En 2015, le Niger a adopté la loi 2015-30 du 26 mai 2015 relative à la prévention, la prise en charge et le contrôle du VIH. Cette loi, contrairement à celle de 2007, comporte des dispositions pénales "plus douces" en matière d´exposition, de transmission et de non divulgation du VIH, à travers des clauses de non responsabilité pénale dans certains cas spécifiques. Néanmoins, les personnes vivant avec le VIH continuent d'être victimes de l'application des dispositions des articles 32 et 33 de cette loi à travers plusieurs cas de poursuites pénales en 2017.
Descriptions: En juin 2018, 13 organisations de la société civile intervenant dans la riposte au VIH ont créé la « Coalition Nationale pour la Dépénalisation du VIH au Niger ». Celle-ci a bénéficié de l'appui technique et financier de HIV JUSTICE WORLDWIDE. Les objectifs de plaidoyer de cette coalition au Niger, d'ici 2021, sont:
(1) Abrogation des infractions pénalisant l'exposition et la transmission du VIH;
(2) Rechercher et diffuser des données fiables et probantes sur l'impact de la pénalisation du VIH sur l'accès aux services liés au VIH;
(3) Créer une liste de médecins agréés par le ministère de la justice pouvant être consultés par les juges dans les affaires de transmission du VIH.
Lessons learned: Depuis sa création, la Coalition a mené les activités suivantes:
(1) Atelier national de consultation des parties prenantes de la société civile sur l'exposition, la transmission et la non divulgation du VIH au Niger;
(2) Le développement du Mémorandum du 20 Décembre 2018 intitulé « explorer les voies et moyens pour régler les problèmes de poursuites judiciaires contre les personnes vivant avec le VIH afin de réduire a néant les nouvelles infections, les décès et la discrimination liée au sida » ;
(3) Organisation de plusieurs rencontres de plaidoyer au cours de la journée « zéro discrimination » (mars, 2019) à l'endroit des décideurs publics et partenaires.
Next steps: Les prochaines étapes pour la Coalition sont:
(1) plaider auprès des magistrats de faire preuve de plus de prudence lorsqu'une poursuite pénale est envisagée;
(2) plaider auprès du Programme national de lutte contre le Sida, la réalisation d´une évaluation complète de l'application de la législation pénalisant le VIH;
(3) Plaider auprès du Gouvernement nigérien l'abrogation des dispositions des articles 32 et 33 de la loi N°2015-30 du 26 mai 2015.

WEPED262

Prise en Charge Juridique des Femmes et Filles Vivant avec le VIH Victimes d'Actes de Stigmatisation et de Discrimination à Brazzaville en République du Congo

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Reseau National des Associations des Positifs du Congo, Coordination des Programmes, Brazzaville, Congo

Questions: Comment contribuer à l´atteinte des objectifs 90 90 90 sur le plan juridique au Congo?
Description: Le respect des droits des personnes vivant avec le VIH/SIDA est l'une des meilleures approches pour lutter contre le VIH. Pourtant, il n'est pas rare de voir que ces droits sont quotidiennement violés amplifiant la stigmatisation, la discrimination et mettant un frein à la lutte contre le VIH. Ce constat est d'autant plus grave chez les femmes et jeunes filles vivant avec le VIH. C'est dans ce contexte que le Réseau National des Associations des Positifs du Congo a mis sur pied un projet de « Protection des droits des femmes vivant avec le VIH contre la stigmatisation et la discrimination. » grâce au PNUD.
Activités:
- **Sensibilisation:**
Sensibilisation des agents de santé des services de prise en charge des PVVIH au CHU de Bazzaville sur les conséquences de la stigmatisation et discrimination chez les PVVIH.
- **Permanence juridique**
Accueil et orientation des femmes et filles victimes de stigmatisation/discrimination et toute autre violence liée à leur infection vers les cabinets d'avocats partenaires au projet.
- **Prise en charge juridique**
Assistance juridique gratuite, initiation des poursuites judiciaires contre les auteurs d'actes de stigmatisation/discrimination et toute autre violence liée au VIH auprès du tribunal de Première Instance de Brazzaville
Leçons Apprises: Les résultats obtenus sont les suivants:
- **40** Femmes et jeunes filles vivant avec le VIH sont sensibilisées sur leurs droits et la possibilité de voir la justice rétablie.
- **50%** des femmes âgées entre 25 et 35 ans sensibilisées qui ont bénéficié d'une assistance juridique sont référées vers les cabinets d´avocats.
- **80%** des femmes référées acceptent de porter plainte.
- **95%** soit 18 des 20 femmes ayant porté plainte ont gagné le procès et les auteurs de ces actes, rendus coupables de violation du secret médical suivant l'article 378 du Code Pénal Congolais et la loi N°30-2011.
- **5%** de ces femmes ne se sont pas présentées lors du procès par peur de rendre public leur état sérologique.
Prochaines Étapes:
- Mener les activités de sensibilisation à plus grande échelle, à Brazzaville et sur l'ensemble des départements de la République du Congo,
- Formations des para juristes sur les moyens de lutte contre les discriminations et stigmatisations liées au VIH,
- Vulgarisation de la loi N° **30 - 2011** portant protection des PVVIH au Congo

WEPED263

Contribution du Noyau Anti-Sida du Ministère de La Justice pour un Environnement Favorable des Personnes Vivant avec le VIH Et des Populations Clés

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Questions: Grâce aux efforts du gouvernement et des acteurs de la lutte, la prévalence au VIH au Togo est passée de 2,5% en 2014 à 2,1% en 2018. Cependant cet effort risque d'être sapé par la stigmatisation et la discrimination à l'endroit des PVVIH et populations clés (KP). En effet, bien que le pays dispose d'une loi portant protection des personnes en matière du VIH, la stigmatisation demeure un problème réel. C'est dans le souci de parvenir à un environnement favorable pour ces cibles que le Noyau Anti-sida (NAS), a fait de la lutte contre la violation des droits des PVVIH et KP son cheval de bataille pour leur favoriser un environnement digne. Ainsi est-il devenu la figure de proue en la matière au côté du SP/CNLS-IST et de l'observatoire des droits humains/VIH.
Description: Le NAS composé de 13 membres, est créé par arrêté N°16/MJRIR/CAB du 18 décembre 2009 du ministre de la justice et est chargé de la mise en œuvre de la politique de lutte contre le sida au sein du département de la justice. Dans ce cadre, le NAS dont je suis la responsable, a formé plusieurs magistrats, avocats, OPJ… sur l'atteinte d'un environnement favorable et effectuer des sensibilisations Pour y arriver, j'ai eu à suivre des formations dont le cours en ligne de l'IDLO sur les lois et politiques législatives au service de la lutte contre le VIH/sida en 2012 ; participation :
·avril 2008 à Dakar à l´ atelier sur le renforcement des capacités des personnes ressources pour l'incorporation des droits humains et genre dans les cadres juridiques relatifs au VIH dans les pays d'Afrique de l'Ouest et du Centre ;
·octobre 2008, à Cotonou: atelier sur la formation des magistrats sur la lutte contre le VIH/sida dans le monde du travail en Afrique Sub-saharienne;
·décembre 2009: conférence d'éminents juristes sur le VIH/sida et le droit au 21ème siècle à Johannesburg et celle de Grand Bassam sur le VIH et drogue en milieu carcéral et chez les UDI, etc.
Leçons apprises: les formations organisées par le NAS ont permis aux magistrats : ·une meilleure appropriation de la déclaration de Dakar;
·d'organiser une meilleure protection des PVVIH et KP victimes de stigmatisation et discrimination ;
·d'avoir une bonne représentation des juges Friendly dans les 6 régions sanitaires.
Prochaines étapes: Le NAS est dans un processus de plaidoyer en cours auprès des parlementaires et du ministre de la justice pour l'abrogation des dispositions pénales incriminant les KP, de l'arsenal juridique togolais.

WEPED264

Mise en Oeuvre d´un Modèle Communautaire d´Empowerment des HSH et son Impact sur la Gestion des Cas de Violence à leur Égard à Ouagadougou au Burkina Faso

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Questions: Au Burkina Faso beaucoup d'hommes ayant des rapports sexuels avec des hommes (HSH) ne connaissent pas leurs droits. Aucune étude n'a été menée dans notre pays sur les cas de violences commis sur les HSH, à l'Association African Solidarité (AAS) à Ouagadougou nous avons recensé 49 cas de violence verbale et/ou physique contre les HSH, affectés et infectés par le VIH, entre janvier 2017 et mars 2018.L'objectif est de montrer les voies et moyens pour se protéger, renforcer les connaissances des HSH sur leur droits et de les documenter. La participation aux activités de droit étaient permanemment réclamés par les HSH.

Description: Suite à l'état de lieux, une approche d'empowerment au sein de AAS pour les cas de violences a été mise en place. Des rencontres d'information ont été organisés pour 10 pairs éducateurs (PE) HSH sur le droit, comment faire face aux cas de violence, et comment porter plainte.Puis des groupes de parole sur les droits, des rencontres de sensibilisation, et des causeries éducatives ont été organisés sur le thème «la gestion des cas de violence». L'intervention a été mise en place de juin à décembre 2018 .Au paravent à AAS, les cas de plaintes n'étaient pas rapportés et ceux qui rapportaient refusaient de faire des poursuite par peur de dévoiler son orientation sexuelle et sa séropositivité. L'idée est que les HSH savent comment agir face à des cas de violence dans les Gendarmeries et les polices

Leçons tirées: L'approche a permis de toucher 427 HSH dont 24 HSH VIH + soit 5,62% due à leur statut sérologique associé à l'orientation sexuelle.06 groupes de parole,24 entretiens individuels, 06 causeries éducatives sur les droits (cas de violence) ont été réalisé au cours de la période. Elle a permis de déposer deux plaintes à la Gendarmerie et une plainte à la police. Des alliés ont été créés à savoir les HSH même et un cabinet juriste .Les PE ont observé que les HSH qui s'approchaient de AAS étaient plus épanouis.

Etapes suivre: Nos différentes plaintes n'ont pas abouti car les HSH ont préféré abandonner la suite par peur d'être démasqués par leur famille. La participation des PE est capitale pour la gestion des cas de violence car cela permet de mettre en confiance les HSH . Il faut former les forces de défenses et de sécurité sur les droits en lien avec le VIH , la santé publique et également en lien avec l'homophobie et la stigmatisation

Mots Cles: HSH, droit, Violences homophobe, PE, Empowerment

WEPED265

La Protection Juridique des Personnes LGBTI et son Apport dans la Lutte Contre le VIH-SIDA dans de Contexte Camerounais

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Questions: Au Cameroun, aucune loi ne porte spécifiquement sur le VIH-SIDA. Toutefois, la loi n°2016/007 du 12 juillet 2016 portant code pénal camerounais, punit, en son article 260, le fait de faciliter la communication d'une maladie contagieuse et dangereuse. En plus de ce vide juridique, la réalité est que la gestion du risque de contamination au VIH est fragilisée par des dispositions légales discriminatoires à l'égard des populations clés, à l'instar des personnes LGBT (article 347-1 du Code pénal), des prostitués (article 343) et des UDI (loi n°97/19 du 7 août 1997 relative au contrôle des stupéfiants, des substances psychotropes). De façon schématique, les lois renforcent la stigmatisation et la discrimination, ce qui induit plusieurs conséquences sur la santé mentale, le comportement, le système de soin, y compris les conséquences sociales. A cet effet, concernant les LGBTI, l'étude CAMPHIA de 2018 a révélé un taux de 24,4% à 44,3% de séropositifs parmi les HSH de la ville de Yaoundé et de Douala. Tous ces éléments renforcent la vulnérabilité au VIH et la nécessité de reformer les lois pour un renforcement de la lutte contre le VIH-SIDA s'avère impératif.
Description: Sensibilisation en 2018 et 2019 de plus de 3000 personnes LGBTI sur les droits humains (DH) et les comportements à moindre risque;
Sensibilisation de plus de 150 FMO sur les DH, l'éthique et la déontologie professionnelle et la prévention de la torture des personnes LGBTI;
Mise sur pied d'un Comité d'Intervention Local Mixte qui comprend les membres de diverses corporations tels les prestataires de santé pour agir en cas d'urgence relative aux DH y inclu le droit à la santé;
Accueil dans la maison de refuge de 63 personnes rejetées du fait de leur statut sérologique et SOGIES;
Assistance sanitaire et alimentaire de 45 détenus LGBTI
Documentation de 376 violations des droits des personnes LGBTI.
Leçons apprises: Les actions en faveur du respect des DH en direction des personnes LGBTI au Cameroun ont permis de réduire le taux de prévalence à VIH au Cameroun (4,3% en 2017 à 3,7% en 2018 selon CAMPHIA)
Prochaines étapes: Encourager la création des cellules juridiques dans des espaces de prévention et de prise en charge VIH
Renforcer le plaidoyer en direction des FMO et des parlementaires pour la suppression des pratiques et lois discriminatoires à l'égard des personnes LGBTI.
Mots clés: Droits humains, prévention, VIH-SIDA, Sensibilisation, plaidoyer

WEPED266

Legal Empowerment and Social Accountability (LESA+) Approaches: Leveraging the Impact of DREAMS Core Services

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Issues: Some of the main drivers of HIV among AGYW in Uganda and Tanzania are rooted in local contextual dynamics. Poverty and gender inequality embedded in unequal power relations diminishes the ability of AGYW to refuse or negotiate for safe sex. Violence compounded with barriers to accessing justice legitimizes female subordination. Despite investment in core services to address their vulnerability, AGYW often don´t have the capacity to demand quality HIV-related services. Clear processes to access remedies and structures to compel quality services are often lacking. Lack of accountability in health and justice sectors perpetuate disempowerment.
Descriptions: From 2016-2018, IDLO programming focused on strengthening demand for quality HIV prevention services while increasing capacity of service providers and government actors to use rights-based local engagement and feedback processes for improving HIV prevention service delivery for AGYW. The project used LESA+ approaches to focus on the legal and social drivers of HIV prevention and accountability in Tanzania and Uganda. Local civil society organizations were supported to train AGYW as community health advocates to refer cases of GBV and advocate for quality HIV-prevention services. The project has strengthened the capacity of village health committees (VHCs) to hold service providers accountable.
Lessons learned: An independent evaluation revealed that AGYW often don't know what constitutes GBV, nor the available HIV-prevention services. Providing a rights-based training before inquiring into challenges enabled AGYW to better identify opportunities for service improvement. Because police gender desks can help but are often not engaged - families prefer to resolve issues without engaging the justice sector - capacity building needs included families. Because AGYW often don't have the means or courage to assert their rights in the context of medical care, they need to be accompanied by a trained peer. The combination of LESA+ promotes human rights and social justice and provide skills to individuals and communities to act and seek solutions to problems through grassroots education, mobilization and empowerment.
Next steps: The LESA+ approach offers a fresh approach to addressing poor delivery of HIV services.Interventions to address gaps in the provision of HIV services must adopt a human rights-based approach that empowers AGYW to claim their rights and demand improved HIV services.

WEPED267

Integrating Social Inclusion (Sign Language) as a Social Behavioral Change Communication Tool to Create Demand, Access and Utilization of HIV/AIDS Information among Youths in Uganda

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Issues: About 80 per cent of all persons with disabilities live in developing countries, with 15%of Africans estimated to have moderate to severe disabilities. Young persons with disabilities are three times more likely than non-disabled people to suffer physical, sexual and emotional violence (Esaro.unfpa.org, 2019). For all adolescents the issues of puberty, intimacy, relationships, love, sex, HIV/AIDS and reproductive health. Enabling young persons with disabilities to realize their sexual and reproductive health and rights including their ability to prevent HIV infections/reinfections is vital.
Descriptions: WEtalk Series Uganda created an online platform for young people to engage in discussions and share inspirational stories of key SRHR (HIV issues in relation to challenges and successes faced in different communities entailing social network linkages for the purpose of imparting knowledge, innovation, creating awareness. This is done through information provision and free discussion young people spaces, Live streaming of panel discussion, social inclusion of sign language and tweet up sessions in real time where young people are engaged in discussions on social media such as Facebook, twitter and YouTube to pass on correct S information.
Lessons learned: 1,877,067 people were reached with correctSRHR information on Facebook between 17th June 2018 to 27th September 2018 for this pilot and of these **70.34%** engaged in discussions online as captured by Facebook and twitter analytics. **20** short videos were routinely uploaded within the same time frame and more than **15000** people viewed at most **3 minutes** of the videos uploaded with **3000** more viewing more than **3 minutes** and this was mainly due to adding sign language component to the videos. It was noted that the shorter the videos were the more views and shares it got therefore lessons learned included packaging of essential messages well in short clips.
Next steps: With the current generation of young people whose social lives depend on technology and social media, there is a need to pass on the right SRHR information with integration of social inclusion to universal access to information to promote gender equality. This includes use of sign language and info graphics in relaying messages. Also key to message packaging is brief but well informed online messages as well as SBCC specialist to include sign language in youth HIV/ AIDS programming.

WEPED268

Using the Gender Transformative Approach (GTA) with Health Care Providers to Improve Sexual and Reproductive Health (SRH) & HIV Services for Young People in Kenya

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Issues: In Kenya, young people constitute 66% of the total population.HIV infection remains a big concern among them and affects adolescent girls disproportionally: HIV prevalence among girls 15-24 is 4% as opposed to 2% among boys(NACC 2014). Young women, girls and LGBTIQ face barriers that stem from power imbalances inhibiting them from making informed decisions regarding their SRH, including access to services, which increases their vulnerability to HIV and other STIs. Health providers are key players in ensuring adolescents and young people access services. Therefore, the objective of the program is to increase awareness of health providers on harmful gender and sexual norms related to SRH of young people and to improve - through using GTA - the quality and inclusiveness of SRH services for young people.

Descriptions: The Kenya SRHR Alliance has been implementing the Get Up Speak Out program in 3 counties i.e. Nairobi, Kisumu and Homabay from 2016 to 2020.The program has built the capacity of health providers to provide non- judgmental services to young people.As a pilot 24 health providers from these counties were trained on GTA. The training created more awareness on their own gendered and sexual norms to positively influence their knowledge and attitudes for inclusive, quality care including HIV care and treatment for young women and girls, LGBTIQ, and Young people living with HIV (YPLWHIV). The providers underwent a 3-day training and recorded their experiences in diaries during implementation.They then went through a 2-day follow-up reflection training based on their experiences. This was to ensure they keep track of their own norms and address gender and sexual norms within their work. The trainers also conducted mentoring visits to discuss implementation.

Lessons learned: Health providers struggled to assess themselves on gender norms which hindered service provision especially for LGBTIQ. However after the second reflection training they reported to be more aware of their own norms and how this inhibits access to services and more young people accessed services e.g. condoms and lubricants due to incorporating GTA within their outreaches.

Next steps: Gender transformative content and training methods which provoke beneficiaries to question social and cultural norms around gender are effective in achieving health outcomes. GUSO will continue integrating GTA in it´s training with health providers to ensure young people, LGBTIQ and YPLWHIV access services

WEPED269

Reducing Gender Based Violence among HIV Serodiscondant Couples through Community-based Advocacy in Rwanda

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Issues: The Rwanda Demographic Health Survey (2014/15) showed a high prevalence of Gender Based Violence. Twenty-two percent of females and 5% of males aged 15-49 had experienced sexual violence at least once in their lifetime while 14% of the females and 11% of the males age 15-49 had experienced physical violence within 12 months preceding the survey. Gender imbalances make women more vulnerable to HIV and its impact. HIV and violence are strongly interlinked. Sexual violence in which condom use cannot be negotiated can cause HIV infection in women and violence can be the result of being HIV positive especially among serodiscordant couples.
Since 2018, Rwanda Network of People Living with HIV (RRP+) started the fight against GBV by targeting people living with HIV and actively enrolling ng HIV sero-discordant couples into programs aimed at changing attitude and behaviour towards GBV. The objective of the project is to prevent gender-based and HIV-related violence through community serodiscordant couples.
Description: The project is being implemented in NYAGATARE, GICUMBI and NYAMAGABE districts. With 722 sero-discordant couples (1,444 people), the 2-year project started in 2018 and works with trained model serodiscordant couples and existing structures at community level such as Friend of families and Parent's evenings committees.
Within in the 3 districts, 405 community agents of change have been trained from 111 villages and are actively engaged in the awareness through monthly associations' meetings, monthly community works and house-visits to individual discordant couples that are facing issues associated with GBV.
Lessons learnt: The main lesson learned is that there are still cases of violations of human rights especially Gender Based issues related to HIV because many people do not know their rights.The reported cases of GBV include unconsented sexual intercourse and inability to negotiate for use condom use. The women living with HIV also face deprivation of their rights to property. One year reports from 32 model couples (72 people) show that 864 home visits, 1320 awareness sessions and 156 referrals cases have been conducted.
Next steps: RRP+ is organizing the evaluation of the project to ascertain its impact towards protection and respect of the physical and moral integrity of women and girls in the 3 districts. The evaluation will also determine the need for further advocacy to sustain the gain and the well being of the community.

WEPED270

Promotion de l'Éducation Sexuelle Complète des Jeunes (ESC) dans la Communauté: Une Stratégie Efficace de Lutte contre les IST/VIH/Sida au Togo

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Questions:

• Population: 7,2 millions avec 60% de moins de 25 ans; et 42% de moins de 15 ans
• Taux de fécondité des adolescentes (15-19 ans): 84 ‰
• Grossesses précoces:17,3%
• Connaissance approfondie sur la prévention du VIH: 27,5%
• Age moyen au 1er rapport sexuel: 15 ans
• La non disponibilité de services conviviaux adaptés aux jeunes;

Zone du projet:

Régions Centrale et des Plateaux au Togo: Pour répondre,l´, ATBEF met en œuvre le projet « promotion des droits des adolescents à la santé génésique.

Description: Le projet a permis de créer un environnement communautaire qui favorise la promotion d'une génération de jeunes connaissant leurs droits à la Santé Sexuelle et de la Reproduction (SSR), capables de les réclamer et d'en jouir . Le concept de base du projet suppose que la SSR y compris le VIH chez les jeunes doivent aller au-delà de la résolution des problèmes immédiats de santé et s'orienter vers l'accomplissement des droits à la SSR à travers le renforcement du dialogue jeunes-adultes et l'appropriation de la thématique par les Organisations de la Société Civile . L'environnement communautaire et familial devient ainsi le cadre privilégié de dialogue sur la SSR/VIH et la protection des jeunes. Le projet cible les adolescentes incluant les handicapés, de 10 à 19 ans des milieux ruraux triplement discriminées du point de vue de leur jeune âge, leur genre et de leur localisation en milieu rural. Par ailleurs elle vise à réduire les disparités dans l'offre des services SSR/ IST/VIH/Sida

Période: 1er décembre 2014 au 30 novembre 2019

Leçons Apprises:

· L'implication des jeunes dans le projet a favorisé une meilleure adhésion de la masse juvénile et a contribué à l'augmentation de l'offre de services de SSR/IST/VIH
· Les jeunes sont prêts à assurer un rôle d'avant garde dans la prise en charge de leurs problèmes et besoins en SSR ce qui explique le succès du projet
· La communauté reconnait que leurs enfants ont de sérieux problèmes et besoins en contraception / IST/VIH/Sida et qu'elle devrait mieux s'impliquer dans leur éducation sexuelle complète à travers les activités du projet.
· Les Organisations à Base Communautaires sont capables d'aider les ONG/partenaires dans la riposte contre le VIH/Sida si et seulement si ils sont associés dans les programmes non seulement comme bénéficiaires mais aussi comme acteurs de pérennisation.

Prochaines Étapes:

· Évaluation finale du projet
· Transfert de compétences aux Organisations à Base communautaire.

WEPED271

Strategic Approaches to Reduce Risks and Strengthen HIV Intervention Programmes Targeting Adolescents,Youth, Nakuru County, Kenya

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Issues: Adolescents in the county comprise over 57% of people infected with HIV in the county according to reports from National AIDs Control Council (NACC). Among the youth aged 15-24 years, HIV prevalence is higher among women compared to men from the age of of 17 years. According to Director of Medical services, HIV increased linearly in 2018 with increasing age, with the highest increase between ages 22-23 years. Among men HIV, remained low and stable until age 24 tears.
Description: Study was carried out April - Nov 2018 to identify key factors that contribute to HIV vulnerability among adolescents, youth in the county and gaps in programmes. Questionnaires, interviews were undertaken by a trained duo engaging 245 youth out of school, 128 college students, HIV researchers from local academic institutions , civil society organisations, 34 health providers, officials from county government, 23 youths on ARV treatment, 21 commercial sex workers all purposely selected while observing ethical procedures. Literature review. Data analysis.
Lessons learned: More girls use condoms than boys at their first sexual encounter but abandon as the sexual relationship build. Adolescents, youth account for 70% of pregnancies in the county. Sexual and Gender based violence (SGBV) is high among young women increasing vulnerability to HIV, reducing ability to negotiate safer sex. Income inequalities, poverty leads to economic dependency by girls on men reducing power to negotiate reproductive health decisions and safer sex. Lack of education predispose many youths to HIV vulnerability as only 57% adolescent girls complete primary school. Intervention programmes are gender blind neglecting girls.
Next steps: Promote community-based HIV interventions. Increase income opportunities to youth especially girls. Reduce stigma and discrimination. Develop optimal strategies to reduce risks. Adopt a multi-sect oral approach and evidence -based interventions. Undertake social media campaigns. Reduce sexual, gender and intimate partner violence. Strengthen partnership between civil society, media private sector, parents associations, research institutions ,policy makers. Provide pre-exposure and post - exposure prophylaxis.
Keywords: Community education on risk factors. (comprehensive knowledge), Collaboration and partnership, Stigma reduction, Gender equality (income inequalities), Advanced research.

WEPED272

Uptake of Sexual Reproductive Health and Rights (SRHR) Services of Adolescents Girls in Nigeria, Kenya and Uganda

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Background: This study aims at assessing the knowledge, experience, and exposure of Adolescent Girls and Young Women on sexual education, condom use and Gender-based Violence (GBV), which also contribute in their poor uptake of Sexual Reproductive Health and Rights (SRHR) services.
Methods: An online study comprising of 154 Adolescent Girls and Young Women, age 10-24 of different ethnic background and religion was conducted, from the 1st of January to the 28th February 2019, in Nigeria, Kenya and Uganda. A mixed method approach was employed for this study, involving the use of self-administered online questionnaires to elicit information on Sexual education, condom use and Gender-based violence (GBV). Data collected was analyzed by Google, and presented graphically, in percentages. https://bit.ly/2HejPPf.
Results: Sexual Education- 46.1% of the respondents got their first knowledge about menstrual cycle from their parent, while 35.1% from school, 18.8% from peer group and 8.4% by self discovery.
- 79.2% of the respondents know how to track their menstrual cycle, while 20.8% do not.
- Only 46.1% of respondents have knowledge of their safe period.
Condom:
- 80.5% of respondents have heard of female condom, while 19.5% of respondents have not. -Of the 80.5% that have heard of female condom, 41.3% got their knowledge from peer group, 37.2% from School, 28.9% from Social Media, 3.3% from Parent and 3.3% from Religious groups.
- 43.5% of respondents have never seen a female condom.
- 97.4% of respondents have never used a female condom.
-Of the 2.6% that have ever use female condoms, 84.4% never encounter any challenge using it, while 15.6% encountered challenge using it.
Gender-based violence (GBV):
- 25.3% of respondents are victims of Gender-based violence (GBV). Of all the victims, 66.7% did nothing, 7.7% reported to the Police/Authorities, 5.1% visited health facility to access service and 28.3% reported to their Parent/Guardian.
- Of all the victims that did nothing, 53.1% was because they did not know what to do, 15.6% were threatened, 6.3% were shy and 25% were scared of stigma.
Conclusions and Recommendations: Sexual Reproductive Health and Rights (SRHR) are services we must provide to Adolescent Girls and Young Women. It is therefore paramount that efforts aimed at addressing these gaps and challenges are made, sooner than later, as it will greatly impact on the quality of Sexual reproductive health and right (SRHR) services and it's outcome.

WEPED273

Survey of Drug Use and Abuse among Recreational Facility Users in Oshogbo, Osun State

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Background: Bars, nightclubs and other recreational venues provide young adults with opportunities to socialize. Nevertheless, alcohol and other illicit drug substances are widespread in recreational night settings. Once a person uses a drug repeatedly, the brain undergoes an adjustment process leading to addiction. This study aims to assess the level of drug use, misuse and abuse among Nigerian youths in some selected night clubs in Osogbo, Osun state.
Methods: 6 popular night clubs were visited in Osogbo metropolis between January and April, 2018. Club owners gave permission and anonymity of respondents was guaranteed. Simple Random Sampling was used and an emergent focus group discussion was conducted to obtain perceptions, opinions, and thoughts of respondents. Young adults provided data on their use of key party drugs as well as gender, sexual orientation, race, ethnicity and other demographic variables. Overall, 90 male and female participated willingly in the study. A Micro-interlocutor Analysis was used to analyze data collected and test both reliability of respondents and responses.
Results: Respondents were between ages 18-29 was the age range. 80% of respondents reported lifetime illicit drug use while 66.7% admitted they were already addicted. The study showed the commonly abused drugs to be codeine, tramadol, rohypnol, marijuana, morphine and high-dose analgesics. All respondents indicated usage of alcohol. Codeine was the most commonly abused drug, according to study participants. The study revealed the age of introduction into alcohol and hard drugs to be between 10-14. 33.3% of respondents reported getting tested for HIV in the last two years while nearly 70% have only tested once for HIV in their entire life. One fifth of respondents indicated having had sex in a nightlife setting without protection.
Conclusion and Recommendation: The use of hard drugs is still a common practice among young people, especially those who engage in night parties in Oshogbo metropolis. Educational and policy-based interventions are necessary to reduce the prevalence of illicit drug use in this population.
Keywords: Recreational Drugs, Drug use,Young Adults, Nightlife setting

WEPED274

Role of Disclosure, Romantic Relationship and Sexual Reproductive Health on the Adherence to ART among Adolescent and Young People Living with HIV and AIDS in Nigeria

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Background: Understanding the role of disclosure, romantic relationship and sexual reproductive health on the adherence of adolescents and young people living with HIV is critical to improving their self-efficacy,adherence to Antiretroviral Therapy and in achieving positive treatment outcome . The aim of this study was to assess the mental and emotional health and how it affects adherence of adolescents living with HIV in three major urban cities in Nigeria.
Methods: This is a mixed method cross sectional study was conducted from 2nd to 30th April 2019 among 60 adolescents and young people , randomly selected from three urban cities across Nigeria. Descriptive and qualitative analyses were done to summarize their socio-demographic characteristics, access relationship and disclosure status and its effect on their adherence to ART.
Results: Participants between the age of 15 and 24 participated in the survey as 31.43% were between the age of 15 and 19 and 68.57% were between ages 20 and 25. Among the participants 60% were female and 40% were male.
Among the participants that took the survey 54.29% are in a relationship and 45.71% are currently not in a relationship. Among those not in a relationship 37.14% found it difficult to be in a relationship as a result of their status while 5.71% were indifferent.
On Adherence to ART 22.8% believed their relationship affects their clinical and drug adherence.
Among participants who find it difficult to be in a relationship, 60% believe that they won´t be accepted by their partner due to their status and 42.8% of those who took the survey believes relationship is not for them due to their status.
Regarding disclosure of status, 60% of respondents have never disclosed their status and said they would never, 15.3% had disclosed to their partner who changed towards them after disclosure. Among those who are yet to disclose to their partner, 22.9% always hide to take their medication when with their partner while 14.3% sometimes hide.
Conclusions and Recommendations: Provision of peer-led interventions that fully include psychosocial counselling and support would improve the adherence of adolescents and young people living with HIV and 90-90-90 inclusive of AYPs. Lastly there is a need to educate the public on Undetectable cannot transmit the virus which would tackle disclosure.

WEPED275

"My Friend Says..." Youth Sex Conversations Using Aspects Applied Drama

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Issues: Efforts in HIV prevention programmes in South Africa among young people, in tertiary institutions have been a priority. However, in one campus close to Soweto in South Africa, despite condoms being freely available in all public spaces, there is increased demand of the ´morning after pill´ especially on Mondays. Indications emerged that while students will engage in sex, genuine and honest conversations with partners, friends and even family about sex are still frowned upon and viewed as taboo. There were no safe spaces provided for students to talk about sex freely without judgement and interrogate ideas and perceptions that have been presented to them.
Descriptions: Using aspects of Applied Drama, workshops were conducted to engage the students in conversations about sex and relationships. Different aspects of Applied Drama were explored including image theatre, role play, hot sitting, games and exercises. A facilitator was always at hand to help students process and interrogate issues as they emerged. The only guideline provided by the facilitators were themes to be discussed for each workshop. No script was provided for the role plays and participants had to use their own creativity and applied their lived experience to script the role plays. Workshops were conducted in the student halls of residence. The primary target group were first year students as they were perceived more vulnerable than the older students. Participants actively participated in the creation and modelling of the images and the role plays.
Lessons learned: Despite the progress made in HIV prevention programmes; myths, misconceptions and stigma around sex and condoms continue to influence behaviour and decision-making processes among young people. Continuous engagement and affording young people platforms to engage in meaningful conversation freely remains a pillar in behaviour intervention for HIV prevention. Using Applied Drama provides distancing and containment for young people to speak and engage openly about topics that are taboo in general.
Next steps: Participatory engagement techniques and skills such as those offered by Applied Drama need to be emphasized in facilitating behaviour change workshops as these unlock even difficult conversations. Platforms and safe spaces should be available where there is continuous engagements and dialogues with young people while avoiding didactic communication.
Keywords: Youth, Condoms, Stigma, Myths

WEPED276

Assessing the Psycho-social Challenges of Young People Living with HIV in South-East Nigeria

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Background: Social support to young people living with HIV (YPLHIV) is key but often neglected in health care delivery in Nigeria. The vulnerability of an YPLHIV will be further amplified by poor understanding of certain psychosocial issues facing young people. This study explores the prevalence of these problems in South-East Nigeria.

Methods: Using pretested/piloted questionnaires, 57 YPLHIVs were interviewed in a cross sectional descriptive study in a model comprehensive clinic in Imo State Nigeria. Statistical analysis was done using SPSS version 23 to calculate the frequencies and rates of 6 psychosocial variables.

Results: < 14 years. Thirty-four (59.6%) were males while 23 (40.4%) were females. Fifty-six (98.2%) were already on HIV treatment while 1 (1.8%) started treatment on interview day.Fifteen (26.3%) felt some form of discrimination while attending clinic.

Thirty-three (57.9%) were yet to disclose their status to family members. The reactions of family to the 24 respondents were that of anger (14.0%), sadness (15.8%) while 14.0% were supportive to the YPLHIVs following disclosure.

Twelve (21.1%) felt safe to disclose their status to 2 or more non- family members.

Forty (70.2%) felt hopeful, 5 (8.8%) felt angry, 4 (7.0%) felt scared and 6 (10.5%) felt depressed anticipating the future.

Seventeen (29.8%) felt lonely while 3 (5.3%) did not associate their loneliness with their HIV status. Thirty-six (63.5%) did not feel any loneliness.

One (1.8%) has withdrawn from social activities while 12 (21.1%) participate in select activities. For 44 (77.2%) YPLHIVs, being HIV positive did not affect their social activities.

Conclusions and Recommendations: This study suggests the need to pay attention to the psycho-social factors that affect the uptake of HIV treatment for young people. More research is needed for young people specific HIV treatment interventions.

WEPED277

Impact of School-based HIV and Sexual Violence Prevention Interventions - The Case of the DREAMS Program in Zimbabwe

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Issues: Adolescent girls and young women contribute a disproportionate 30% of all new infections earlier than their male peers. Evidence shows that 52% of secondary school dropouts is among adolescent girls which is attributed to weak community and family supporting structures, harmful norms and practices in relation to early marriage and early pregnancy.
Descriptions: Through the PEPFAR funded DREAMS initiative, FHI360 capacitated teachers, school heads, learners and coaches to deliver the in-school HIV and Sexual violence Prevention curriculum in six DREAMS supported districts. The DREAMS school model consists of a three-pronged approach where teachers, learners and coaches lead and deliver the sessions in class, club and soccer field respectively. The program reached 391 schools, 383 school heads, 1,038 teachers, 171 Ministry of Education teacher supervisors and 40 coaches. A total of 110, 568 adolescent girls and 99,025 boys were reached. The model was replicated in 116 schools reaching approximately 11000 girls in four non- DREAMS supported districts.
Lessons learned: Teachers can extent the health workforce through supporting timely identification, support, referral and access to HIV and sexual violence prevention, treatment, care including post-GBV services for learners. Integration of the DREAMS School Dropout Early Warning System supported teachers and learners to work together to identify and support vulnerable girls and contributed to improved enrollment, retention and transition of girls to secondary school. Supporting and strengthening teacher for improving program quality. School-based HIV and sexual violence prevention programs improve learner outcomes and build sustainability.
Next steps: The DREAMS core package of services combines evidence-based approaches that go beyond the health sector, to address the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of education. The DREAMS partnership supports vulnerable AGYW to stay in school, prevent early pregnancies, prevent sexual violence, reduce child marriages and increase access to post violence care. This successful school model is easy to replicate, cost efficient and sustainable given that implementation is through government education structures. This model, drawn from comprehensive sexuality education framework, can be adopted to different sub-populations in the school environment.

WEPED278

Reduction of Adolescent Girls and Young Women School Drop Outs in Three DREAMS Districts through Layering of Services

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Background: Since the inception of the DREAMS Program in Zimbabwe's, to date over 250 000 AGYW has been reached in which 63% had been reached with minimum service package of six sessions on HIV and Sexual Violence Prevention and 10 hours of 9 sessions on Gender Norms and Sexual Violence Prevention. The comprehensive package can reduce to minimal or eliminate risk of drop-outs by targeting both the child at risk and the household. With education as a proxy indicator for social development, Zimbabwe is ranked as one of African countries with a high literacy rate (97.6%). Due to economic meltdown post 2000 era, school drop-outs have significantly increased. The analysis aimed at highlighting the effect of DREAMS in reducing school dropout rates amongst adolescent girls in secondary schools through implementation of a comprehensive package.
Methods: Secondary data analysis was done from 16 randomly selected schools from 3 DREAMS districts. Trend analysis of data from school records and Ministry of Primary and Secondary Education was analyzed from 2013 through 2018. Programmatic data since 2015 through 2018 was also analyzed
Results: From October 2015 to September 2018, the DREAMS program reached out to 119,663 AGYW aged 15-24years with 73%(87,354) having received minimum service package. A total of 18,937 adolescent girls (AG) in secondary school received education support and 8,681 Caregivers of the same AG received household economic strengthening support. This translated in decline of drop-outs from 263 in 2014 to 100 in 2018. Drop-outs due to pregnancy and marriage decline by more than 60% between from 2014 to 2018.
Conclusions and Recommendations: There is evidence of continued decline in dropouts as well as teenage pregnancy in DREAMS supported districts since inception of the project. Implementing comprehensive package of services, bio-medical and socio-economic through DREAMS reduces new HIV infections amongst AGYW and keeping the girls in school hence resulting in improved education outcomes. School going AGYW tend to delay onset of sex, thereby reducing the risk of new HIV infections.

WEPED279

Tackling Gender Inequality to Reduce HIV and Sexually Transmitted Infections. Results from the Evaluation of the Dance4Life Sexuality Education Programme in Ghana and Tanzania

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Background: Comprehensive Sexuality Education (CSE) curricula addressing gender have shown positive Sexual and Reproductive Health (SRH) outcomes. Dance4Life developed a CSE curriculum - the Journey4Life - with a strong gender component. Through the sessions, 10-19 year olds critically reflect on gender inequalities and build life skills empowering them to lead healthy (sexual) relationships. In 2018 an evaluation took place in Ghana and Tanzania to investigate the achievement of the Journey4Life's ultimate goal: foster positive sexual behaviours among young people (YP).
Methods: A pre-post questionnaire was administered face-to-face among 300 adolescents aged 10-19 years in Tamale and Talensi (Ghana) and self-administered among 103 adolescents aged 13-18 years in Lindi (Tanzania). It explored gender equal attitudes and SRH-related confidence, attitudes and behaviors. Questions and mode of administration were chosen by the partner organizations, as part of the contextualization process promoted by Dance4Life. Data were analyzed using STATA.
Results: Gender equality increased among YP exposed to the Journey4Life. In Ghana, the percentage of YP disagreeing with *common unequal gender beliefs* raised from 60% to 71%, while the percentage of those disagreeing with *unequal gender expectations around SRH choices and responsibilities* increased from 61% to 83%. In Tanzania, this last percentage increased from 49% to 98%, while the percentage of YP disagreeing with *gender stereotypes* increased from 35% to 58%. The increase in gender equality is associated with other outcomes indicating positive sexuality. In Ghana more YP reported to be confident to *carry condoms if sex may happen* (from 48% to 62%); to *discuss STIs status with the partner* (from 64% to 71%); and to *ask the partner to use condoms* (from 58% to 73%). In Tanzania the percentage of YP reporting confidence in *getting condoms in a pharmacy/clinic* increased from 5% to 14%. In terms of behaviours, in Ghana more YP *got tested for STIs* (from 16 to 21%). In Tanzania, percentages of YP *getting tested* increased from 6% to 38% *for HIV*, and from 23% to 32% *for STIs - excluding HIV*.
Conclusion: The emphasis on gender in the Dance4Life CSE curriculum contributed not only to promote gender equality among YP in Ghana and Tanzania, but also to foster positive sexuality to reduce HIV and STIs. CSE curricula should address gender across different sessions and focus on supporting YP to critically reflect on this topic.

WEPED280

Improving the Sexual and Reproductive Health of Adolescents Living with HIV in Nigeria via Camp Program

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Issues: UNICEF estimates that in 2014 about 196.000 adolescents were living with HIV and 11,000 died of AIDS related cases. The National HIV/AIDS indicator and Impact survey (NAIIS) report launched in March 2019 showed that about 8% of adolescents are living with HIV in Nigeria. Despite these realities adolescents living with HIV are still missing in the national response and many are growing up with limited psycho social support. This abstract presents PATA's camp program initiative to enhance the sexual and reproductive health of adolescents living with HIV,

Descriptions: This involves a two-week residential camp program where adolescents meet with their peers, learn essential life skills and bond to develop a support structure.. During the camp intensive interviews and focus group discussions are conducted to gain better insights into who the adolescents are, how many of them are orphans, their standard of living, access to treatment, care and psychosocial support services, their sexual, reproductive health and educational needs and their hopes, aspirations and priorities. Key camp activities include; comprehensive sexuality education sessions using a standardized curriculum, vocational skills training, and sites visits to organizations to acquire practical experiences on how to become advocates.

Lessons learned: Effective in improving adolescents' perspectives about their health status. Effective in mobilizing adolescents from various geopolitical zones for systematic learning. 150 adolescents living with HIV across the six geopolitical zones of Nigeria have participated in 3 camp programs. Facilitates team coherence and bonding with peers. .Promotes treatment adherence and provides a platform for raising new leaders and advocates. About 50 of the camp participants are now in leadership positions at international and national levels and making contributions to adolescent development and policy issues.

Next steps: We recommend the scaling up of the camp program by relevant stakeholders to reach more adolescents in rural and urban settings. The planning and implementation of the program should not be adhoc but systematic and sustained as key strategy for enhancing adolescent sexual and reproductive health. Program planners will find the program very effective in building healthy relationships, and in promoting better understanding of sex and sexuality issues by adolescents in a very relaxed and semi-formal environment.

WEPED281

Precursors of Multiple Sexual Partnering among In-school and Out-of-School Adolescents in Ekiti State, Nigeria

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Background: Adolescents in Nigeria engaged in various risky sexual behaviours including Multiple Sexual Partnering (MSP). Having Multiple Sexual Partners increases the risk of contracting Sexually Transmitted Infections and Human Immunodeficiency Virus. This study therefore examines the prevalence and determinants of Multiple Sexual Partnering among in-school and out-of-school adolescents in Ekiti State, Nigeria.

Methods: The study utilized the mixed, cross-sectional analytical research approach. Multistage sampling technique was used in selecting eligible respondents. The sample include in-school adolescents drawn from Junior Secondary School 1 to Senior Secondary School 3. The out-of-school adolescents were selected from different groups. A total of 600 copies of the completely filled structured questionnaire (400 in-school and 200 out-of-school adolescents) were analysed for the study. Focus Group Discussions (FGD) were collected among the in-school adolescent in the three (3) Senatorial Districts of the state. The analysis of data was done with the Statistical Package for Social Scientists version 22 using Pearson's Chi-square. The FGDs were transcribed and collapsed into themes.

Results: Analysis shows that 20.9% of in-school adolescents had two to three sexual partners and 5.5% had more than three or more sexual partners. Also,12.3% of out-of-school adolescents had two to three sexual partners while 4% had more than three partners.The FGD revealed that "*The reasons for engaging in risky sexual behaviour were peer group influence, poverty, indiscipline, mass media influence and lack of parental care.* The result also shows that there is a significant association ($p < 0.05$) between respondents' age, sex, education, religious affiliation and the practice of multiple partnering among adolescents.

Conclusions and recommendations: This study concludes that in-school adolescents are 2-folds more likely to engage in MSP than the out-of-school adolescents. Age, sex, education, and religion of respondents are likely to influence MSP among the adolescents in Ekiti State, Nigeria. Interventions should be individual-focused at the smallest scale possible through mass media. Further, the adoption of Family Life HIV/AIDs Education (FLHE) model among all adolescents, teachers, and the parents in Nigeria and Ekiti State can reduce risky sexual behaviour among the adolescents.

Keywords: Multiple Sexual Partnering, Adolescent, Risky Sexual Behaviour, Sexual Intercourse

WEPED282

Assessment of the Sexual and Reproductive Health and Rights (SRHR) Needs of Boys and Young Men (10-35 Years) in East and Southern Africa

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Background: The advancement of sexual and reproductive health and rights (SRHR) requires the consideration of men and boys. Men and boys have substantial and diverse needs for SRHR services and information. Addressing these needs contributes to universal access to integrated SRHR, and the pledge of leaving no one behind. The present study aims to assess the structural, social, behavioural and health-related needs of boys and young men to improve their access to integrated SRHR services while strengthening the response to HIV and Gender Based Violence (GBV).
Methods: The needs assessment focuses on boys and young men between 10-35 years old in all their diversity. The assessment is carried out during 2019 in 23 countries in East and Southern Africa, with a specific focus on Lesotho, Malawi, Uganda, Zambia and Zimbabwe. The approach includes desk-based research and in-country field research, conducted in urban and rural settings in the five focus countries using qualitative and quantitative methods.
Results: The assessment presents the SRHR needs of boys and young men and perceived barriers to accessing comprehensive integrated SRHR services and information at local level. A review of the literature highlights the potential of a multi-pronged approach to consider men as clients and equal partners, including community outreach, comprehensive sexuality education and differentiated approaches to service delivery, information and counselling. Research demonstrates the importance of reaching boys and young men at an early age to ensure that they are adequately prepared for adolescence and adulthood and before harmful beliefs and attitudes have solidified. The literature also highlights the relevance of considering gender-transformative approaches, mental health and the involvement of men as partners in maternal and neonatal health. Barriers to strengthening SRHR of boys and young men include limited capacities of health professionals. Present data and knowledge appear scarce in areas such as adolescent boys' specific SRHR needs, key populations and sexually transmitted infections (STI).
Conclusions and Recommendations: The literature review shows that, while there is promising evidence on approaches to address SRHR of boys and young men, gaps remain. The ongoing in-country qualitative and quantitative field research aims to contribute to addressing these gaps in current knowledge and inform programming on SRHR in East and Southern Africa.

WEPED283

Using Legal Empowerment and Social Accountability to Empower Adolescent Girls and Young Women Living with HIV to Demand for Their Rights and Access to Quality HIV Services in 2 Districts in Uganda

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Issues: In Uganda, behavioral, biomedical and structural interventions HIV prevention interventions have been implemented with laudable results at population level. In spite of these interventions, AGYW and their communities most often do not have the capacity, voice and power to hold duty bearers, including service providers, accountable for improved delivery of quality HIV-related services. Even when information is available, it has not enabled them to act.
Descriptions: A community assessment and mapping conducted in Gomba and Mukono districts at the start of the project that is the subject of this paper indicated that health facilities in both districts were not well-equipped to effectively serve AGYW, including survivors of GBV who need time-barred medical care. Facilities were found short of staff, infrastructure, utilities and supplies, and had gaps in client care generally. Support supervision was neither regular nor adequate.
Lessons learned: AGYW learnt a lot about new and existing HIV prevention options, including HIV pre-exposure prophylaxis (PrEP); female condoms which some had never heard of or seen; AGYW vulnerability to HIV and other population groups that are at high risk of infection; health services for survivors of GBV, including HIV post-exposure prophylaxis (PEP) and emergency contraception; the different grievance redress mechanisms, including formal and informal ones; and human rights and patients' rights, including the rights to informed consent, privacy and dignity in access to health care. Peer leaders demonstrated some decent knowledge of what the law provides on HIV and GBV. On HIV and the law, AGYW report to have learnt about the legal framework, particularly the HIV Prevention and Control Act and the HIV-related offences it creates, including the offence of intentional transmission of HIV.
Next steps: District Health Assembly in Gomba and Mukono brought together 400 AGYW with key health officials and district leaders to identify challenges and solutions using the LESA+ Model of the district, including HIV services for AGYW, were discussed. The partnerships with district local governments have led to collaboration in organizing community public awareness campaigns in both districts in convening district health assembly in Gomba and Mukono where AGYW hold duty bearers accountable.:

WEPED284

Social Accountability Monitoring (SAM) Influencing Access to Quality Sexual and Reproductive Health (SRH) Services by Adolescents and Young People

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The abstract presents lessons on how SAM has improved access of youth-friendly services by young people in 6 Southern African countries. Despite targets set in strategies and plans, there is a limited offer of youth-friendly health programs, inadequate health education systems and legal frameworks. Young people´s access to quality health services remains limited, impacting on opportunities for education and livelihoods.

From baseline study findings focusing on SRH services in 6 SADC countries, Access to long term contraceptives was 37% while the unmet need for contraceptives was 22%. Less than 50% of the respondents in each of the 6 countries were able to cite at least two SRH rights they know. Of importance, service provider attitudes, lack of confidentiality and unavailability of services at health facilities were listed as major barriers to accessing satisfactory SRH services.

SAfAIDS through the Transforming Lives programme introduced the SAM4AYSRH Model which seeks to strengthen capacity of young people and networks in SAM for the improvement of youth-friendly SRH services. The MobiSAfAIDS application sits at the core of the model as a tool that is being piloted for SAM of SRH services at local level. With this real-time citizen engagement initiative, technology is not seen as the panacea for addressing HIV prevention and related SRH issues, but is integrated within a holistic framework encompassing other key activities towards advocacy and policy transformation.

Preliminary evidence from first implementing year shows that the use of the SAM4AYSRH Model in Hwange, Zimbabwe has promoted uptake of youth-friendly services by young people by 26%. The use of the app has increased interaction between health staff and young people. A nurse at Lobamba Clinic had this to say about the model:

"*We now have SAM Champions who come to the health facility to do health talks, and it is much better to have a peer talking to her peers. This has seen the clinic receiving a lot more adolescents and young people coming to access services at the clinic*"

SAM is a new paradigm and a viable entry point to tackle some of the issues faced by young people with regards to access of youth-friendly SRH information and services. Scaling up the model to reach a vast number of young people in Southern Africa (and beyond) with the support of governments and regional committees, will strengthen the delivery of youth-friendly SRH services in health facilities.

WEPED285

Youth Leadership, Advocacy & Engagement

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Introduction: For adolescents and young people the challenge continues to be limited access to youth friendly services, lack of policies that speak to their needs,, and lack of representation in high level policy making dialogues for adolescents and young people to articulate their HIV/Sexual reproductive needs. For better service provision it is necessary to modify health policies, systems and environment which young people engage in to have more inclusive policies for adolescents and young people. The case is a study of Unified and amplified voices in engagement with young people from various part of the country, youth led organizations in advocating for their space in the policy making stages. In Kenya the collaborative voices of adolescents' and young people are very powerful in influencing the priorities and decisions of policymakers.

Objective: To Advocate for meaningful engagement of adolescents and young people to take up leadership positions, to be included in high level policy meetings for responsive programming, and champion for integration of other services such as (entrepreneurship, entertainment etc) together with HIV Services.

Description: In 2017 during the Maisha Conference, Maisha Youth was mandated to organize a youth pre-conference by the National Aids Control Council. The whole process was given to the young people from planning to execution which turned out to be very successful. This was a clear example of the benefits and rewards of meaningful youth engagement. Similarly, the event resulted in the rise of other youth networks in different organizations championing for Meaningful youth engagement in their spaces.

Lesson Learnt: When young people are given leadership opportunities and meaningfully engaged, amongst themselves they are able to work very well and have a great impact on peer to peer approach. However, success is also guaranteed if there is technical support from the implementing partners, donors and professions.

Conclusion & Recommendations: Capacity building on Leadership, advocacy, and meaningful engagement (Policy engagement) in HIV/Sexual reproductive health among adolescents and young people is key in decision making process. Guidance on standard definition of meaningful engagement of adolescent and youth in advocacy and policy is needed.

WEPED286

Optimisation et Accès aux Services de Sante Sexuelle et Reproductive chez les Jeunes/ Adolescents Seropositifs (srv+) de 15-24 Ans a Action contre le SIDA(acs) a Lome-Togo

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Questions: ACS est une association qui lutte depuis 1998 contre le VIH/SIDA. Elle suit 1667 Patients dont 75 ados de 15-24 ans (43 filles et 32 garçons). Entre 2012-2016 on a constaté que les jeunes ont des rapports sexuels non protégés. Ainsi 05 cas de grossesses précoces ; 03 cas d'avortements clandestins avec 01 décès.01 fille sur 10 a un condylome, plaintes récurrentes des parents : Mauvaise observance des adolescents (47 ont des CD4 inférieurs à 500), arrêt volontaire du TARV (8 cas),05 cas de fugue. L'objectif de ce travail est de montrer les résultats obtenus avec l'appui de Sidaction et de l'USAID dans l'offre de soins SSR auprès des jeunes/adolescents SRV+ entre 2015 et 2018.
Description: Il s'est agi d'une étude prospective et descriptive de Janvier 2015 à novembre 2018 sur 65 adolescents SRV+ à ACS.
10 Prestataires renforcés sur la SSR aux besoins des jeunes /offre de service a 58 adolescents SRV+ (21 garçons et 37 filles)
10 jeunes leaders/32 parents d'ados formés sur la SSR/psychologie de l'adolescent
Emissions radio sur la SSR des jeunes/ Dépistage gratuit IST/VIH
Causeries sexuelles
Consultation conjointe pédiatre /psychologue
Consultation gynécologique systématisée et/ou au besoin exprimé par l'Adolescent (12 cas de cervicites dépistés et traités sur 30 frottis cervicaux)
Animation de l'Espace ado par le leader
Leçons apprises: 8 adolescentes SRV+ sous PF (0 en 2015) /0 cas de grossesses précoce en 2018
80% des jeunes sexuellement actifs ont accès aux préservatifs
Relation harmonieuse parents/ado ;régression des plaintes (51cas jusqu'en 2015 contre 15 cas en 2018)
83%(54) des ados ont CD4 améliorés/ **59** CV supprimées
Cas d'IST réduits (**12** cas en 2018 contre **39** cas en 2015)
102 visites pour avoir 01cas d'arrêt ;0 cas de Fugue et retour de 6 ado qui ont fugué
Participation active des jeunes dans les actions de prévention sur les IST et Grossesse avec création d'une plateforme Whatsapp animé par un psy.
65 sur 75 parents/tuteurs discutent de la sexualité avec leurs enfants.
Prochaines: L'intégration des soins SSR dans la PEC du VIH est un facteur clé qui favoriserait l'épanouissement des adolescents dans la prévention des IST/grossesses non désirées. Ceci pourra avoir un impact positif dans la réalisation de leurs projets de vie.
Mots clés : SSR adolescents leaders, parents

WEPED287

Knowledge, Attitudes and Perceptions Regarding Sex Education at Home among Parents in Hohoe Township, Ghana

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Background: Sex education is intended to provide youth with the information and skills needed to make healthy and informed decisions about sex. However, the culture of Africa has made sex education at home seems a taboo especially in Ghana, therefore, hindering parents from discussing such issues with their children. This study assessed the knowledge, attitude and perception regarding sex education at home among parents in the Hohoe township, Ghana.
Methods: A cross-sectional descriptive design was adopted involving a multi-stage sample of 113 parents. Data were collected using a pretested self-administered structured questionnaire from December, 2018 to January, 2019 and analyzed using descriptive and inferential statistics, using Stata version 14.1 software program at the significance level of 0.05.
Results: The knowledge level of parents regarding sex education at home was low (48.7%). Traders were 5 times more likely to have a good knowledge of sex education than the unemployed [AOR=5.49 (95% CI:1.00 - 30.14); p=0.050], while civil servants were 86 times more likely to have a good knowledge of sex education than the unemployed [AOR=85.78 (95% CI:3.05 - 2408.45); p=0.009] respectively. The attitude regarding sex education at home was positive (65.5%). A positive attitude was significantly associated with having a good perception [AOR=23.55 (95% CI:6.54 - 84.76) p< 0.001]. Majority of parents had good perception regarding sex education at home (74.3%). Females were more likely to have a good perception than males [AOR=4.61 (95% CI:1.22 - 17.40); p=0.024] and parents with a positive attitude were more likely to have a good perception than those with a negative attitude [AOR=19.08 (5.19 - 70.17) < 0.001].
Conclusions and Recommendations: Adolescents and parents in the study exhibited poor knowledge, positive attitude and good perception regarding sex education at home, though these could be considered as inadequate. Therefore, health promotion programmes should aim at improving knowledge, attitude and perception of respondents but with much emphasis on the unemployed and male parents.

WEPED288

Championing Meaningful Youth Participation in SRHR/HIV Programming and Advocacy in Eastern Uganda

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Issues: Championing meaningful youth participation in SRHR/HIV programming and advocacy in Eastern Uganda
Descriptions: Reproductive Health Uganda (RHU) under the Get Up Speak Out (GUSO) project paid more attention to Meaningful Youth Participation (MYP) in SRHR/HIV programing and advocacy, creates more openness and awareness on how to involve young people and acknowledge that young people can speak for themselves, organize activities and come up with good ideas. RHU and her partners in SRHR alliance Uganda are responsible for realizing this condition of meaningful involvement of young people to be forefront of the SRHR/HIV agenda.
Lessons learned: Youth led social accountability increased the relevance, attractiveness and accessibility of youth friendly SRHR services. Client satisfaction surveys with emphasis on the Community Score Card process was an empowering tool for young people to participate in decision making process where young people, service providers and policy makers meet to assess level of service delivery, systems and structures such as staffing, infrastructure for provision of SRHR services for young people.
Next steps: Structural involvement of young people at decision making and strengthening their capacity to advocate for SRHR issues affecting them has created platforms where young people can mutually work and dialogue with adults to improve SRHR/HIV situations of young people
Young people have been opted to the health management committee to participate in the governance of public health facilities. This has increased the uptake of youth friendly SRHR/HIV services
Young people working as peer educators are disseminating SRHR/HIV information in community through using door to door and group approach of reaching young people with HIV information
Young people have been involved in the village health team structure of health system. These are working as health center one and their primary role is to link their fellow youth to public facilities for SRHR services and information through an effective referral
Meaningful Youth Participation (MYP) created more openness and awareness on how to involve young people and acknowledgement that young people can speak for themselves, organize activities and come up with good ideas. This has facilitated the sustainability of the MYP approach
Engaging young people in monitoring programs at community level strengthened advocacy for youth HIV/SRHR issues at local level

WEPED289

L'Implication des Parents/ Tuteur dans la Santé Sexuelle et Reproductive des Adolescent.e.s Vivant avec le VIH: Capitalisation d'un Projet au Togo

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Contexte: De nombreuses voies d'apprentissage des adolescent.e.s concernant la santé sexuelle et reproductive demeurent liées au milieu scolaire, ce qui rend les adolescent.e.s non scolarisé.e.s d'autant plus vulnérables au VIH et aux infections sexuellement transmissibles. Depuis 2015, Espoir Vie-Togo a mis en place, avec le soutien de Sidaction et de l´Initiative 5% / Expertise France, un projet de formation et d'empowerment des jeunes infecté.e.s ou affecté.e.s par le VIH qui intègre un volet d'implication des parents/tuteurs sur les questions de sexualité. Par le biais d'entretiens individuels, de groupes de parole, de formations sur la SSR et l'observance des traitements destinés aux parents/tuteurs, le programme vise à faire de ces derniers des maillons dans l'éducation à une sexualité sûre et à instaurer une communication parents-enfants positive. Les apprentissages issus de cette expérience ont été tirés à l'occasion d'un processus de capitalisation collective organisé par l'Initiative 5% autour de six organisations investies sur les questions de SSR.

Activités :

1. L'accompagnement des parents/tuteurs visant à lever les tabous sur la sexualité de l'adolescent.e et en particulier de l'adolescent.e VIH+ : entretiens individuels et focus groupes regroupant parents/tuteurs et adolescent.e.s.
2. L'intégration des soignants par le biais de modules de formation et d´une « sensibilisation de proche en proche » entre collègues, visant à sensibiliser, en réunion du personnel, sur l'implication et le renforcement de compétences des parents / tuteurs.

Leçons tirées :

- En plus des adolescent.e.s, l'intégration des jeunes adultes aux programmes de santé sexuelle est d'autant plus nécessaire que les parents/tuteurs se désengagent parfois du suivi de leur enfant lors de cette période de transition. Une certaine lassitude peut être observée chez les parents/tuteurs et chez les adolescent.e.s, liée à la durée du traitement.
- Tous les parents n'ont pas le même niveau d'implication : si cette communication intergénérationnelle est indispensable, elle ne permet pas d'éliminer complètement les conduites à risque. D'autres actions de sensibilisation et de formation doivent être utilisées en complémentarité de l'implication des parents/tuteurs.

WEPED290

Relations Positives Parents- Enfants : Quel Effet sur la Prévention de l'infection à VIH Chez les Adolescentes et Jeunes Femmes Enrôlées dans l'Initiative DREAMS en Côte d'Ivoire

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Issues: Avec 100% des jeunes de 15 à 24 ans exposés au VIH, dont 82% sont vulnérables, 43% très vulnérables et 3% extrêmement vulnérables, la faible préparation des adolescents sur la sexualité, les normes de genre et la santé reproductive, réduit leur habilité à éviter les abus, l'exploitation, les grossesses précoces, les IST/ VIH. 45% des, nouvelles infections surviennent parmi ces jeunes. La communication parents-adolescents/jeunes est quasi inexistante sur l'éducation sexuelle à cause de la représentation socioculturelle du sexe, rendant cette partie du corps humain « tabou ». Save the Children avec un financement de USAID/PEPFAR met en œuvre depuis 2018 un programme parental positif (PPP) afin de favoriser la communication entre les filles enrôlées dans l'initiative DREAMS à Abobo et leurs parents.
Descriptions: Le PPP Ahoundjoue, composé de 14 sessions en groupes mixtes « parents-adolescentes», vise à favoriser la communication sur les sujets de la «vie» entre les adolescentes âgées de 10-19 ans et leurs parents/tuteurs selon une méthodologie qui occasionne l'application des nouvelles compétences lors des sessions hebdomadaires qu'à domicile. Deux animateurs préparent et animent les sessions en utilisant des jeux de rôle et des illustrations portant sur entre autre « Réagir à une crise ; Gérer les problèmes sans conflit », et gèrent le stress des participants.
Lessons learned: De mai 2018 à Juillet 2019, 630 parents/tuteurs (547 Femmes, 83 Hommes) et 630 adolescentes ont bénéficié du PPP.
Résultats: (1) 80% des adolescentes disent avoir une relation rétablie avec leurs parents, (2) 97% des parents adoptent d'autres alternatives à la violence physique ou verbale pour communiquer avec leurs adolescentes, (3) les adolescentes avouent être plus disposées à avoir recours à leurs parents dans la gestion de situations en rapport avec leur vie amoureuse. Elles affirment que la communication ouverte avec les parents, a réduit le recours aux conseils des amies. La disposition des adolescentes à l'écoute des parents et le style de communication améliorée de ceux-ci, favorisent des comportements visant à prévenir le VIH.
Next steps: L'analyse programmatique, amène l'accentuation de la sensibilisation des parents et des adolescentes les plus vulnérables, pour une plus grande adhésion au Ahoundjoue en projetant de toucher 1500 bénéficiaires d'ici fin 2019.
Key words : Communication Parents-adolescents; PPP Ahoundjouè; prévention VIH

WEPED291

"I Would Like to Know, Am I Really at Risk?" Exploring HIV Risk Perceptions among Youth in a Test-and-Treat Trial in Rural Kenya and Uganda

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Background: Perceived HIV risk impacts youth´s rates of HIV testing, and subsequent progression along the HIV prevention and care cascades. An understanding of this complex risk perception and taking is needed to inform targeted HIV prevention and care efforts.

Methods: A qualitative study was embedded within the SEARCH trial (NCT01864603), an HIV test and treat study in rural Kenya and Uganda which offered pre-exposure prophylaxis (PrEP). Data were collected in 2017-18, through eight semi-structured sex-specific focus group discussions (FGDs) of 15-24 yr. olds purposively sampled to balance for age and sex; 93 youth (46% male and 54% female) participated. Audio transcriptions were translated into English and coded using a framework informed by the health belief model.

Results: Youth´s HIV risk was shaped by widespread ARV use, and highly connected social and peer networks. Youth felt at risk due to the high prevalence of HIV, the belief that PLWHA purposefully infect others, dislike for condoms, and doubts about PrEP efficacy. Young women felt they had minimal sexual autonomy, in the context of intergenerational and transactional sex, and rampant sexual advances and assault. Even so, these heightened risk perceptions were often in conflict with risk-taking. The widespread availability and efficacy of ARVs tempered risk perceptions, undercutting prevention efforts. Young men prioritized sexual conquests and multiple partnerships; some viewed transactional sex as the inevitable result of a disposable income. Conversely, young women felt economically disadvantaged and sought transactional relationships with older men; they were also more anxious about pregnancy than HIV. Materialism, peer pressure, and rebellion reportedly drove young women's behavior, while young men reported peer influence and perceived vulnerability to sexual enticement from women. Young men and women held conflicting and incorrect information about prevention methods, due to the lack of exposure/education, inability to discuss HIV with parents, and misconceptions circulating among their peer networks.

Conclusion: Comprehensive sexuality education, through credible and trusted sources, in school or clinics and delivered by peers, could moderate risk-taking. Messaging strategies should leverage youth´s peer and social networks to spread fact-based, gender and age-appropriate information. PrEP should be offered alongside family planning to address pregnancy concerns while reducing HIV risk.

WEPED292

Violence among Urban Refugee and Displaced Adolescent Girls and Young Women in Informal Settlements in Kampala, Uganda: Implications for Age and Gender Tailored HIV Prevention Strategies

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Background: Research on violence targeting urban refugee and displaced adolescent girls and young women (AGYW) is limited, particularly regarding polyvictimization (exposure to multiple forms of violence). Yet there is a global trend of refugee urbanization, and urban AGYW are at the nexus of violence and sexual and reproductive health (SRH) disparities among adolescents, refugees, and slum dwellers. We explored factors associated with young adulthood violence (>16 years) (YAV) and intimate partner violence (IPV) among refugee and displaced AGYW in Kampala, Uganda.
Methods: We conducted a cross-sectional survey with refugee and displaced AGYW aged 16-24 from five informal settlement communities across Kampala using peer network sampling. We assessed YAV (aged >16) (sexual, physical, emotional violence) and recent (past 12-month) IPV (physical, sexual, control violence). We conducted multinomial logistic regression analyses to explore social ecological factors (e.g., intrapersonal: depression; interpersonal: sexual relationship power [SRP], community: food insecurity) associated with YAV and IPV.
Results: Over half of participants (n=333; mean age=19.31; SD=2.56, range=16-24) reported YAV (n=179; 53.7%) and 9.3% (n=41) reported YAV polyvictimization. Most participants in an intimate relationship in the last 12 months (n=200; 85.8%) reported IPV, among these, 45.5% reported one form of IPV and 54.5% reported IPV polyvictimization. In adjusted analyses, experiencing any YAV was significantly associated with: adolescent SRH stigma; SRP; mobile app usage; depressive symptoms; childhood abuse; and childhood polyvictimization. In adjusted analyses YAV polyvictimization was associated with: depressive symptoms; childhood polyvictimization; SRP; and food insecurity. Recent IPV polyvictimization in adjusted analyses was associated with owning a mobile phone and depressive symptoms. Participants with higher SRP had lower odds of recent IPV polyvictimization.
Conclusions and Recommendations: Findings suggest that polyvictimization requires urgent focus among refugee and displaced AGYW in Kampala. Multi-level strategies are required to address intrapersonal (depression, technology-facilitated violence), interpersonal (childhood abuse, SRP), and community (adolescent SRH stigma, food insecurity) factors associated with violence. Multi-level HIV prevention strategies can focus on tailored approaches to advance agency and human rights among urban refugee and displaced AGYW.

WEPED293

Labeling of Adolescents in the Era of HIV Combination Prevention Interventions: A Qualitative Study in Rural South Africa

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Background: Labeling by significant others negatively impacts the lives of people. We used a qualitative approach to explore how the labeling of adolescents by their older carers impact transitions and adolescent life trajectories in a community where HIV combination prevention interventions are implemented in South Africa.
Methods: We conducted 40 repeat in-depth interviews with adolescents (boys and girls) aged between 13 and 19 and their older carers aged 50+ (n=12) as well as HIV programme facilitators (n=2) from October 2017 to September 2018 in uMkhanyakude District, KwaZulu-Natal. Adolescents were recipients of these community interventions and living with older carers. Written informed consent or child assent was obtained from all individuals before participation. All data were collected in isiZulu and audio-recorded, transcribed verbatim and translated into English. Data were analyzed thematically.
Results: Older carers labeled adolescents either 'well-behaved' or 'bad-behaved' based on the acceptability of their behaviours. These behaviours related to peer relations, appearance, mobility, sexuality, schooling and religiosity. Adolescents responded to these labels in several ways, including internalizing them, modifying their behaviours, or resisting them. It seemed that for those who were viewed as 'bad behaved' (e.g. school dropouts, pregnant girls) found it difficult to develop positive relationships with their carers, to engage with healthcare services, to attend school, or to participate in the HIV interventions. In addition, they also faced social rejection within their families and in the community. In the same way, the 'well-behaved' label placed pressure on the adolescents to appear so in the face of their carers.
Conclusions and Recommendations: Labeling may weaken a sense of self, family relationships and create barriers to accessing HIV interventions and therefore further increase HIV risks among adolescents. Creating psychologically safe environments for adolescents and greater awareness of the negative consequences of labeling on the life course trajectories of these young people are fundamental.

WEPED294

Generational Perspectives of Sexual Relationships for Young People in Rural South Africa: Implications for HIV Interventions

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Background: Parents and other carers of adolescents may have views on acceptable dating and sexuality shaped by different norms and expectations from the young people in their care. We used an ethnographic approach to explore generational perspectives, between adolescents and their older carers, of dating relationships, sex and ideal sexual partners for young people in rural South Africa.
Methods: We conducted 18 separate in-depth interviews with six dyads of adolescents (boys and girls) aged 13 - 19 years and their older carers aged 50+ from October 2017 to September 2018 in the uMkhanyakude district, KwaZulu-Natal. Written informed consent or child assent was obtained from all individuals before participation. All data were collected in isiZulu, audio-recorded, transcribed, and translated into English. Thematic analysis was used to compare individual versions.
Results: Similarities and differences between adolescents and their older carers' perspectives were observed concerning: norms and expectations about dating relationships and sex among young people; places for young people to meet sexual partners; and desired characteristics of an ideal sexual partner. Often older carers disapproved of dating relationships when it involved sex. In contrast, some adolescents expressed that dating and sex were important for young people to develop sexual relationship skills. Participants described key life events which signified the acquisition of adult status: completion of high school, reaching the age of 19+ years, or getting married. Older carers regarded churches as suitable places for young people to meet partners; whereas some adolescents mentioned education institutions and taverns. While in several areas, views on acceptable adolescent behaviour differed between adolescents and their older carers, there was a shared concern that an ideal sexual partner should be able to provide money in the relationship. It seemed that older carers were concerned that partners who have no money could lead to additional caring responsibilities for the older carers, in case of children resulting from the sexual relationship.
Conclusions and Recommendations: Sexual relationships based on money can be a result of motivations of generational influence between adolescents and their carers. Such a desire may put young women at risk, e.g. HIV infection. There is a need for family-based HIV interventions to create awareness of risk among young people and their older carers.

WEPED295

Creating Safe Spaces for Young People Living with HIV

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Issue: Despite various approaches to reduce the spread of HIV, it is still a global issue. More than half of those infected with HIV are young people, which is the leading cause of death among them in Africa. According to a WHO report, 30% of new infections globally are estimated to occur among young people aged between 15-25 years. In order to defeat this global epidemic, involvement of young people is mandatory. Sexual reproductive health education is one of the key approaches in ensuring that young people are aware of how to protect themselves from HIV, unwanted pregnancies and STIs, and to access treatment.

Descriptions: The intervention is Safe Spaces for Young People living with HIV. In Homa Bay County, Kenya, young people and adults living with HIV meet in groups regularly to discuss about HIV and sexual reproductive health issues. All the members of the group have an understanding that the group is a safe space for one to share. Young people share their experiences in receiving and accessing SRH services. Service providers are also present to provide other services like counseling, update the group on reproductive health commodities and services. Sexual reproductive health rights are discussed in these sessions**.**

Lessons learned: There is an increased uptake of family planning commodities by young people resulting to reduced teenage pregnancies, keeping girls in school and reduction of HIV incidence. Service providers' attitude has changed and is friendlier. Youth who attend the sessions are empowered with information .Young people have access to services and are able to negotiate with their partners about their SRH issues like negotiating for the type of family planning to get.

Next steps: Integration of SRH and HIV services should be prioritized so as to improve prevention and treatment, save resources and time. It is recommended that this safe spaces initiative is scaled up in other counties. Local media has a role in educating the community on SRH among youth living with HIV.

Key words:
HIV - Human Immunodeficiency Virus
SRH- Sexual Reproductive Health
STIs- Sexually Transmitted Infections

WEPED296

Optimising Implementation for School-based Sexual Health Programming for Adolescents: Early Lessons from a Cluster Randomised Controlled Trial in Cape Town, South Africa

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Background: Adolescence is a period of acute risk and opportunity, which, coupled with social and structural determinants of sexual and reproductive health (SRH), calls for age-appropriate, comprehensive SRH programming, and schools provide a critical entry point. Goals for Girls (G4G), a cluster-randomised control trial, sought to evaluate a sports-based SRH programme for female learners (14-17 years).
Methods: In cohort 1 (C1) of G4G, 10 intervention schools received 10 after-school educational sessions. Low and varied attendance [Range: 22.7-73.2%] prompted a formative evaluation to identify optimal delivery timing. Attendance across three additional sessions was compared between delivery models (after school, in-school, lunchtime, weekends, holidays) in a subset of 5 low performing schools (< 50% attendance). To further assess barriers to attendance, four in-depth interviews (IDIs) with school staff, seven focus group discussions with participants (n=36), and a quantitative survey among participants at the final session (n=97) were conducted.**Results**:Participants appreciated talking freely, exploring in-depth difficult topics, and felt more comfortable asking questions than in school. School staff valued the programme, recognising the need for further SRH education. They attributed low C1 attendance to safety concerns and recommended in-school sessions or development of stronger coach-school-parent relationships. Of the models considered, participants preferred and the highest attendance was achieved with in-school (>90%) and lunchtime sessions. After-school sessions showed moderate attendance (40.7%) and required additional support (transport, teacher engagement, session reminders). Attendance was consistently poor in weekend and holiday sessions (< 15%). Primary reasons cited for non-attendance were competing home/school priorities and safety concerns.
Conclusions and Recommendations: Design of supplementary, school-based SRH programmes should recognise schools as complex communities where individual stakeholder relationships with school staff, parents, and learners are critical for success. SRH programmes in secondary schools show optimal attendance when delivered during school with a flexible, multi-pronged implementation strategy. Even with high programme acceptability, access to school time is restricted, necessitating careful consideration of session timing, particularly in peri-urban settings where after-school programmes require additional support.

WEPED297

Addressing HIV and SRH Vulnerabilities among Young People Affected by Disasters: Gains from a Behavior Change Communication Intervention in Chikwawa and Nsanje, Malawi

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Issues: Malawian youths especially girls are vulnerable to poor sexual and reproductive outcomes, including HIV infection, partly due to early sexual debut and marriage. In 2015/16, 19% of women aged 25 - 49 reported sexual debut before age 15 and 64% before age 18 and 13% were married by age 15, and 47% by age 18 (NAC,2018). This situation is escalated in the southern region of Malawi where natural disasters coupled by negative cultural practices increase the vulnerability of adolescents. This abstract present gains of a social and behavior change communication (SBCC) intervention implemented among young people in Nsanje and Chikhwawa districts of Malawi to reduce HIV vulnerability during post flood disaster in 2015.

Description: An SBCC intervention guided by social ecological model was designed to reach adolescents through peer education, interpersonal communication and radio programs aired on a community owned broadcaster. The intervention also worked with parents to mentor them on positive parenting and comprehensive sexual and reproductive health. The project further worked with traditional leaders, social structures including government stakeholders and community members to influence cultural norms and perceptions around sexual health for young people. Through the intervention, 7039 young people were reached, out of which 49.6 % (3498) were girls. Baseline, midline and end line evaluations were conducted in the life span of the project.

Lessons learned: At the end of the project, there was an increase in the proportion of adolescents that mentioned more than three ways of preventing HIV. The proportion of young people that mentioned abstinence increased from 55.3 percent at baseline to almost universal (98.9 percent). Similar increases were noted for those who mentioned condoms from 72.6 percent to 81.6 percent. There was an increase in knowledge about unprotected sexual intercourse as the main mode of HIV transmission to almost universal levels for both adolescents and adults. The proportion of adults who thought they had a right to force girls into marriage reduced from 13.7 percent at baseline to 4.3 percent at endline.

Conclusion/Next steps: Carefully designed SBCC interventions remain critical in improving knowledge on HIV and SRH among youths and adults in disaster prone areas. Evidence and data need to be used. Adolescents in disaster prone geographical locations are a priority population and need to be included in interventions.

WEPED298

Adolescents' Sexual and Reproductive Health Knowledge, Attitudes, and Behavior in Eight Southern African Countries: Findings from a Baseline Study of the Safeguard Young People Programme

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Background: Adolescents and young people (AYP), in particular, young women in Southern Africa, have experienced a disproportionate burden of HIV infections over the past years, despite an overall decreasing trend in new HIV infections in the region. To combat this burden, the Safeguard Young People (SYP) programme was launched in 2014 in 8 Southern African countries to improve sexual and reproductive health (SRH) among AYP. This study presents findings from a baseline study conducted in 2016 that examined SRH knowledge, attitudes, and behaviors of AYP in the SYP programme areas.

Methods: A mixed methods design was used and included secondary analysis of DHS and MICS data from Eswatini, Lesotho, Malawi, Namibia, Zambia, Zimbabwe; rapid household surveys among AYP in Botswana and South Africa; in-depth interviews and focus group discussions with AYP in all 8 countries. The study examined the SRH knowledge, attitudes, and behaviors of AYP, their rates of HIV prevalence and early childbearing. The analysis included descriptive and cross-tabulations for each outcome of interest, thematic analysis of in-depth interviews and focus group discussions, and triangulation of quantitative and quantitative findings.

Results: HIV prevalence among AYP was high in the region (ranging from 2.4% in Malawi to 7.1% in Eswatini among male youth ages 15-24, and 3.8% in Malawi to 13.1% in South Africa among female ages 15-24), with higher prevalence in the latter group in all country. Adolescent birth rate was highest in Zambia (36.4%) and Malawi (32.1%) and in the other countries it ranged from 8.7% to 27.9%. AYP knowledge of HIV prevention methods ranged from 58.9% in SA to 85% in Eswatini. Condom use at last sex varied, with lowest use in Zimbabwe (31.6%) and highest use in Eswatini (79.6%). Female AYP modern contraceptive use ranged from 35% in Zambia to 89.8% in South Africa. Gender inequities were observed across all outcomes measured. Social, cultural, and environmental factors were identified as barriers to AYP protective SRH behaviors.

Conclusions and Recommendations: The study findings shed light on gaps in the SRH knowledge of AYP and important barriers to their uptake of protective behaviors to prevent HIV and early childbearing. Gender disparities were a common theme across the study findings, stressing the need for interventions to address harmful norms that influence the large gender inequities in the SRH of AYP.

WEPED299

An Evidence-based Approach for Reaching Left Behind Groups through Out of School CSE

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Issues: Vulnerable children and youth are more likely to be out of school and not have access to life-changing education that enables health and well-being. Globally, Sub-Saharan Africa has the highest rate of children and youth out of school and the continuously high rates of HIV transmission in this group, shows the need for effective Comprehensive Sexuality Education (CSE) delivered out of school to empower young people by improving their analytical, communication and life skills for health and well-being in relation to: human rights, family life, cultural and social norms, gender equality, nondiscrimination, power dynamics, and sexual behaviour.

Descriptions: UNFPA has developed the International Technical and Programmatic Guidance on Out-of-school CSE together with other UN agencies to provide guidance on how to develop programmes to equip marginalised children and young people with the knowledge, attitudes and skills that will empower them to realize their health and well-being.

Lessons learned: A literature review commissioned by UNFPA confirmed that sexuality education does not increase sexual activity, sexual risk-taking behaviour or HIV infection rates but has positive effects. In addition, more comprehensive programmes are more effective than single-focus programme, in for example increasing the use of condoms and decreasing unprotected sex.

CSE delivered out of school has several advantages as it can supplement CSE where it is not adequately addressed in school curricula and it can create a more informal and flexible setting, as well as contributing to changing social norms.

In addition, findings show the lack of evidence on what makes some CSE programmes more effective than others, which highlights the need to generate new evidence specifically on out of school CSE.

Next steps: To address the need for reaching young people with contextualised out of school CSE, UNFPA, together with implementing partners, is implementing a CSE program to young people out of school in Malawi, Ghana and Ethiopia, including to young people living with HIV, young people selling sex, young people in detention and to young people with disabilities. As part of the programme, implementation research will be conducted to generate evidence and lessons learned informing future programs on the specific characteristics that make programs effective.

WEPED300

Rolling out Comprehensive Sexuality Education (CSE) for in and out of School Young People in Namibia

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Issues: About 66% of the population are below the age of 30 years, 58% below the age of 25 and 33% between the age of 10-24 years). The national adolescent pregnancy rate is 19%, the highest teenage pregnancy rates are observed in Kunene (38.9%), Omaheke (36.3%) and Zambezi (28.1%) regions.
Descriptions: The education ministry has committed to ensure life skills (LS) based CSE is rolled out in all schools across the country. Namibia was part of the 10 regional country curriculum scan aimed at improving the quality of gender-sensitive, life skills-based sexual and reproductive health education in both in-school and out-of-school settings. In 2012/13, the LS education curriculum was reviewed and CSE content strengthened. The monitoring of CSE in schools was further strengthened by integrating HIV/AIDS indicators into the Education Management Information System (EMIS). The roll out of CSE is a successful exercise, with 3288 LS teachers equipped with knowledge and skills related to the delivery of age appropriate CSE via online and face to face training approaches. More than 80% of schools in Namibia have LS teachers that are trained in CSE and about 90% of schools are providing LS based HIV and sexuality education to learners. The rolling out of CSE has also been extended to Pre-service with all final year education students introduced to CSE content.
Lessons learned: Successful roll out of CSE requires commitment at highest level. The support and commitment of the education ministry management has been critical in the roll out of CSE in schools. However, the education sector alone cannot meet all the needs of young people as they transition through school levels and out of school to adulthood. To ensure sustainability, CSE is being institutionalised in teacher training at tertiary institutions. Gatekeepers' knowledge of CSE was also enhanced through a community mobilisation campaigns.
Next steps: Namibia will continue with efforts to advocate for full integration of CSE in institutions of higher learning and engage religious and community leaders on CSE and SRH. Continuous capacity building of teachers on CSE in all schools as well as monitoring and evaluation of CSE teaching.

WEPED301

Ball-room Culture: An Innovative Space and a Tool for HIV Prevention for Adolescent and Young MSM in Nairobi Kenya

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Issues: Kenya Stigma Index Survey (2013) reported stigma and discrimination at 45%. The punitive laws and policies lead to violence against adolescent and Young MSM which leads to stigma and discrimination index sky-rocking .This makes them to hide out in the closets, where they reel under mental distress and they don't have access to health services.

Adolescent brain maturation does not favor long-term, future thinking and planning, but looks to satisfaction of immediate needs and mitigation of short-term dangers thus they are impulsive and have limited behavioral control resulting to elevated risk behaviors.

Description: Use ballroom culture to foster mental health by creating a space for adolescent and young MSM/MSW to express and accept their true selves, celebration, affirmation, embrace inner sexuality and gender.

The ballroom culture include Voguing, runway**,** Comics, music, choreograph, dance a story line to tell a HIV story or theme, beauty pageant ,dance-modern/old school , poem, runway and cat walking.

Voguing is a form of expressive dance to express true selves without having to hide. The costumes involved, the steps of the dance, convey and imparting HIV message to the adolescent and young MSM.

During these activities the adolescents and YMSM/MSW access STI/HTS screening/treatment, PrEP, PEP. Health education, Condoms /lubes are also offered.

Life Skills Education is also offered. It increases positive and adaptive behavior by assisting adolescent and young MSM to develop and practice psycho-social skills that minimize risk factors and maximize protective factors. It's delivered by competent facilitators and is appropriately evaluated to ensure continuous improvement of documented results.

Lessons learned: Over 4000 young MSM and over young 3000 MSW (Male sex workers) have been mobilized; all of them have been offered health educations, about 4000 have been STI/HTS Screened. Over 200 are on PrEP., Over 200 are on ART and all of them adhere to ART, and are also given psycho-social support.

They are mentored to uptake and adhere to comprehensive health services thus enhanced psychosocial and sexual health outcomes.

Next steps: Youth friendly spaces attract a lot of young MSM since 'youth do not go well with stand-alone clinics.

Inovation in HIV messaging is needed to reach the adolescent and young MSM.

Getting the youth involved in demand creation makes it easy to mobilize and reach the hard to get young MSM/MSW.

WEPED302

Integrating Legal Empowerment and Social Accountability for HIV and Sexual Reproductive Health Services for Adolescent Girls and Young Women in Selected Slums in Uganda

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Issues: While rapid urbanization in Uganda drives economic development, inadequate planning has led to the growth of slums. Unfortunately, slum health has been identified as one of the biggest threats to attaining Sustainable Development Goal (SDG) 3. Adolescent Girls and Young Women (AGYW) in particular face increased risk of HIV/AIDS infections and violation of their Sexual Reproductive Health Rights (SRHR) including; Sexual Gender Based violence (SGBV), unsafe abortions, lack of access to basic health services, lack of access to family planning among others.
Descriptions: Center for Health, Human Rights and Development in collaboration with the University of Warwick implemented a pilot phase that was focused on testing whether the Legal Empowerment and Social Accountability (LESA) approach that CEHURD had successfully trailed in the rural areas of Gomba and Mukono in Uganda could be adopted to slum areas based on their unique challenges of living in crowded insecure areas which don't benefit from the same traditional extended family support structures. The interventions carried out under this phase were; a) in-depth interviews with 3 district leaders and 7 organizations working with AGYW and 3 focus group discussions with stakeholders in the identified slums of Kibwa and Kileku to map their knowledge on rights and practices advancing HIV and sexual reproductive health rights and services for AGYW; and b) 3 focus group discussions with AGYW in order to identify rights vulnerabilities.
From these a research report was developed and presented to policy makers with final findings.
Lessons learned: From the findings, we noted that while the structure and living conditions in slum areas are totally different from the rural areas, AGYW in these two communities face almost similar challenges in accessing HIV and SRH services. Some of the findings included;

- Inaccessibility of health facilities where to access HIV and SRH services many of whom need to work long distances to get to them
- Lack of health worker confidentiality
- Family settlements in cases of SGBV
- Drug stock out at health centers including PEP, PrEP and condoms
- Fear of HIV Testing and counseling
- Issues of consent of AGYW where their parents are supposed to approve their use of family planning methods at health facilities including condoms.

In conclusion the LESA approach can be adopted for promoting of quality HIV and SRH services for AGYW in slums areas of Uganda.

WEPED303

Domestic power and gender determinants of HIV testing uptake among adolescent girls and young women in Zimbabwe: A multi-level model

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Background: Zimbabwe has expanded HIV testing among adolescent girls and young women ages 15-24 years (AGYW) but uptake varies by area of residence and marital status. Domestic power and gender dynamics are key factors in this, yet little is known of their exact determinacy as most research conflates their individual and structural manifestation. This study addressed these questions: 1) Does HIV testing among AGYW vary by area of residence? 2) Are marital status and proportion of married/in union AGYW, separately, related to HIV testing across AGYW's areas of residence? and, 3) Is the association between marital status and HIV testing among AGYW mediated by average age, comprehensive knowledge of HIV, knowledge of PMTCT, capacity to negotiate safe sex, beliefs about intimate partner violence (IPV), IPV and spousal control experiences, respectively?
Methods: A multi-level analytical model was applied to Zimbabwe's 2015 Demographic and Health Survey data for AGYW (n=3890) nested in women ages 15-49 years (N=9955) from 400 census enumeration areas (CEAs) applied as areas of residence. Multilevel binary logistic modelling disentangled the within- from the between-CEA effects. A null model and an intraclass correlation coefficient (ICC) defined how HIV testing among AGYW varied by CEA. Multilevel binary logistic regression predicted the odds of HIV testing by marital status and proportion of married/in-union AGYW, separately, across CEAs. Mediation analysis examined how power and gender factors on average influenced the relationship between marital status and HIV testing among AGYW.
Results: There was significant variation in level 2 means, var(intercept)=.306, ICC=0.085. That is, 9% and 91% of the odds of AGYW being HIV-tested were explained by differences between and within their areas of residence, respectively. Currently/ever married AGYW were 1.17 times more likely to be HIV-tested than single/never married AGYW, exp(B)=2.17, 95% CI [1.26, 3.75]. With one unit increase in proportion of currently/ever married AGYW, the odds of AGYW being HIV tested increased 4.75 times, exp(B)=5.75, 95% CI [3.43, 9.64]. About 13% and 87% of these odds were explained by differences between and within AGYW's areas of residence, separately, var(intercept)=.495, ICC=0.131. The relationship between marital status and HIV testing was mediated by all the domestic power and gender factors in this study except average knowledge of PMTCT.
Conclusion: Power and gender factors operate at both the individual and structural levels in domestic settings to affect disproportionately HIV testing among AGYW in Zimbabwe. Targeted approaches may help enhance HIV testing uptake among AGYW.

WEPED304

Utilizing the Harm Reduction Model and the Legal Defense to Integrate HIV into Sexual Gender Based Violence Programming in Hoima District

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Issues: Uganda has over the past two decades put a lot of efforts towards addressing SGBV especially in the area of formulation of policies and frameworks. To that end, a number of policies such as; the penal code (Amendment Act, 2007), Domestic Violence Act 2010 and Sexual Offenses bill of 2010 have been developed. Equally, the country has ratified number of international conventions including the 1985 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), SDGs 3&5 and African Charter on Human and Peoples' Rights.
However, the implementation of these policies at community levels have been limited hence the continued spike of Sexual and Gender Based Violence (SGBV) especially among Adolescent Girls and Young Women (AGYW).
Descriptions: CEHURD employed the harm reduction model and the legal defense approach in addressing cases of SGBV by addressing the existing obstacles in accessing justice in cases of SGBV. In so doing, CEHURD specifically strengthen the capacities of SGBV champions, at least forty from each sub county, who were already identified as survivors to support in improving access to justice and HIV services. Through the approach, relevant stakeholders such as health service providers and justice actors at all levels were identified in addressing SGBV. In this case, apart from SGBV violations it was found out that the AGYW not only needed services to address Violence issues but also needed HIV and STI services since they violations ranged from rape and unwanted sex. The SGBV champions were empowered to mobilize and follow up the survivors to seek health services and Justice.
Lessons learned: It was found out that for every 10 AGYW who are SGBV survivors 3 of them tested HIV positive, and sometimes having STIs. The stakeholders more especially the local leaders didnt take into account HIV as a consequence of SGBV
Next steps: District leadership in Hoima did enact a by-law to where health workers and the police to always expedite SGBV cases where the survivors need to get PEP first before the justice process continues as a means of saving a life of a victim. More so health centers III in Hoima have been equipped with HIV services as a result of the approach CEHURD used.

WEPED305

How Safe Spaces Can Make Sexual & Reproductive Health Safer for Youth: The Jamaican Teen Hub Case Study

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Issues: The Caribbean HIV prevalence of 1.6% is the second highest in the world after Africa. However, even though it is decreasing among most age cohorts it is increasing within those aged 10-19 and reflects the underlying neglect of adolescents in health and development strategies which have influenced international interventions such as the UN ALL IN Initiative. Both the 2015 Jamaican and global ALL IN Report revealed that young people were largely uncomfortable accessing Sexual & Reproductive Health Services in traditional health facilities due to fear of both age and status discrimination. Hence one of the main recommendations from both reports was the need for safe spaces whether within existing facilities or new structures that catered specifically to youth/adolescents.
Description: The Teen Hub in Jamaica, first of its kind, was heavily advocated by a joint partnership inclusive of the ALL IN Steering Committee chaired by the presenting author Christina Williams, and was successfully opened in April 2017.The Teen Hub is the only government funded Youth Safe Space Programme which provides health services in Jamaica. It is a non-traditional access point, offering several counselling services to youngsters and their parents along with HIV/AIDS testing to youth 16 years and older.
Lessons learnt: The Teen Hub is a good reflection of government accepting youth proposals as meaningful. It is well attended as on average 50 adolescents visit the Hub daily, and during 2018 6,000 young persons in total accessed the services offered. For a large number of those that accessed the hub for HIV/AIDS testing services, noted that it was their preferred choice to traditional health care facilities and they were also more open to follow up counselling regardless of their STI status. However, neither counselling nor testing for HIV/AIDS could be provided to those below 16 years of age.
Next steps: The Teen hub though developed to be a safe space for adolescents/youth, still perpetuates the fundamental issues of inadequate access created by legal barriers as the centre is not allowed to offer HIV services to those younger than 16 due to the age of consent legislation. Also because comprehensive sexuality education is not allowed in Jamaican schools, a Safe Space is necessary to fill this knowledge gap, and therefore should not be confined by the same constraints which originally created the bottlenecks in access and created a need for a safe space in the first place.

WEPED306

Coverage of Sexual Reproductive Health, Gender Based Violence and HIV Services among Adolescents and Young People: Lesson Learnt from a Mapping Exercise in Zimbabwe

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Issues: In Zimbabwe, there is no updated data repository on Sexual Reproductive Health(SRH), Gender Based Violence (GBV) and HIV services targeting adolescents and young people (ADYP 10-24 years).
Descriptions: November 2018 - February 2019, National AIDS Council and UNICEF conducted a national mapping exercise of SRH, GBV and HIV services among ADYP to identify service coverage gaps and overlaps for better programming. An excel database was developed using information from various sources including an electronic self-administered questionnaires to service providers (SPs). Database's detailed information, including GIS coordinate, on Service Provision Points (SPP), related SP and targeted ADYP, were imported into ArcGeographical Information System software to create maps showing geographical SPPs linked to various variables at district and provincial level.
Lessons learned: Database contains information on 1184 ASRHR/GBV/HIV SPPs provided by 325 SPs with an average 159 SPPs per province but not equally distributed (highest in urban Harare; lowest in rural Matabeleland). GBV (59%) was the most SPP, followed by ARHR (10%) and HIV (5%). Local NGOs were the most common type of SP for ASRHR (39%), GBV (38%) and HIV (47%), followed by government institutions (30.4% ASRHR; 29.8% GBV; 24.3% HIV). At district level, Harare Central has the highest number (16) of ASRHR (4.1% in the database), while 7 rural districts recorded 1 SPP per district. On the other hand rural Bandura district had the highest number of GBV SPPs (31) while Hatfield in Harare had the least (1). Harare Central District recorded the highest number of HIV SPPs. SPs targeting 10-14 age group were between 2.3% to 18.6.3%, while 2%-20% for 15-19 years group. Most SPs target in-school ADYP (56.6%) followed by General ADYP (54.7%), out-of-school ADYP (50.9%) and ADYP living with HIV (40%). Less than 30% target AYDP from key populations or living with disability. Matabeleland South had only 8.2% of SPs despite the high HIV prevalence but Harare is well covered (20%). 12 hotspot districts have less number of SPs in SRH/GBV/HIV services compared to 13 medium-risk districts (19.5% vs. 23%)
Next steps: HIV services coverage is inconsistent in terms of integration and differentiation of services across Provinces and within Districts. The database linked to maps should be routinely updated and used as real-time tool to monitor and make priority programme decisions to address ADYP services inequality.

WEPED307

Use of Club Approach in Addressing Sexual Reproductive Health and Rights among Adolescent Girls and Young Women in Mulanje, Malawi

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Issues: Malawi has made strides in reducing HIV prevalence with latest statistics showing a reduction from 10.6% in 2010 to 8.8% in 2016. Despite this, Mulanje, a district located in the Southern region of Malawi, is one of the districts in the country with highest prevalence of HIV at 20.6% in which prevalence among women is higher (25.9%) than men (14.2%) (National Statistical Office, 2017). This is perpetuated by lack of knowledge of the disease and harmful cultural practices.

Descriptions: Christian Aid, in partnership with Malawi Girl Guides Association (MAGGA) and Youth Net and Counselling (YONECO), with financial support from Global Fund is implementing a 3-year project called 'Comprehensive Action for Adolescents Girls and Young Women (AGYW)' in the district whose overall objective is to reduce incidence of HIV among girls aged 15-24 years. The project uses a peer-led approach in which it has facilitated establishment of girls clubs in public schools and those that are out of school.

Lessons learned: The project has established 188 In School girls clubs and 219 out of school clubs. As at the end of Quarter 1 of 2019, a total of 21,660 girls had been enrolled in the project (In School-12,095; Out School-9,565). Overall, 38% of the girls enrolled in the program received a defined package of HIV prevention services. The package for most-at-risk AGYWs includes information on sexual and reproductive health, information on HIV, life skills education and screening/referral for gender-based violence (GBV). Fifty-Eight percent of the out of school girls received the package while 22% of in school girls received it. Of the four components of the Package, most of the AGYWs received Information on HIV&AIDS (76%) with the least being Referral for GBV (15%).

As a result of these interventions, AGYWs have been equipped with information regarding the importance of going for HIV testing. During the period, a total of 6,091 AGYWs were tested for HIV and received their test results. Out of these, 41were found to be HIV positive and were initiated on treatment. In addition, 986 AGYWs received different family planning methods.

Next steps: If adolescent girls and young women are effectively empowered with knowledge and skills, they can refrain from behaviours that put them at risk of contracting HIV. Improved collaboration in community structures in fighting harmful cultural practices is paramount.

Key Words: AGYW, Girls' Club, HTS

WEPED308

Income Generation as a Support to Raise Confidence and Autonomy in HIV-positive Rwandan Youth

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Issues: In Rwanda, commonly-cited reasons for non-adherence often relate to lack of economic resources for medication, transportation to attend follow-up clinic appointments, food and nutritional supplements. HIV-positive youth lacking financial resources and independence are stigmatized, lack self-esteem, suffer from depression, and adhere poorly to HIV medication regimes. The objective of this project was to assist youth transitioning from adolescence to adulthood by empowering them through income-generating projects to increase autonomy , enhance adherence and improve mental health.
Description: In 2015, youth, ages 18--27, attending Ruhango Health center in Southern received the opportunity to apply for funds from Groupe ICHEC/ISFSC and Wallonie Bruxelles International for individual or collaborative income-generating enterprises. Twenty projects involving 36 youths (16 male, 20 female) were financed in enterprises such as, farming, clothing sales, hairdressing. All received training in creating business plans and leadership concepts from NGOs, including USAID. Participants were required to open bank accounts and attend bi-weekly supportive group counseling. A youth committee trained in peer support methods by Women´s Equity in Access to Care and Treatment (WE-ACTx) followed all participants regularly for three years and met regularly with the clinic management committee (project director, clinic director, 2 social workers).
Lessons learned: All youth participating in the project continued their clinic treatment regime regularly: 11/36 youths (30%) had a viral load < 200 in 2015 and 33/36 (98%) had a viral load < 200 in 2018. Twenty-five completed the business project; 10 are working or in school.
Income generation, plus training and support, enables youth to increase adherence to prescribed HIV medication regimes and regain confidence and autonomy.
Next steps: Based on these encouraging results, the project continues in an other health facility in Eastern.

WEPED309

"Promoting Youth Engagement in HIV and AIDS Advocacy through the Meaningful Youth Participation". Lessons from SRHR SAT Zimbabwe

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Issues: In Zimbabwe only 64% of young women (15-24) and 47.5% of young men have been tested for HIV, and prevalence among this group could be significantly higher (ZDHS, 2016). In the same vein, progress towards 90/90/90 targets indicates that more still needs to be done for HIV testing, treatment and viral suppression especially among young people. Against this backdrop, there is need for more engagement with young people. One such means is the promotion of young people's access to Sexual Reproductive Health and Rights (SRHR) services and information for both in and out of school youths.
Descriptions: The SRHR Africa Trust whose mandate is to promote access to SRHR information and services, held a training workshop on the Meaningful Youth Participation. This was based on previous interaction with youth and the workshop sought to -Consolidate the views of young people in SRHR and HIV services,
Identify key challenges affecting youth participation in SRHR and HIV service provision and access,
Equip young people with Leadership knowledge, and advocacy approaches which can be used in engaging young people in the fights against HIV.
The workshop was participatory over a 3 day period and drew participants including those from the LGBTI and disabled community. The workshop highlighted grievances including negative attitudes by SRHR service providers. Youths also tend to compete amongst themselves instead of working together for a common cause. Need for involvement of all young people regardless of their differences (sexual orientation, disability, religion). Youth participation has become a livelihood amongst young people, thereby diluting the agenda as well as the motives of youth representation and participation at different forums. Young people are attracted by monetary, and opportunities to travel, thus over shadowing constituency representation.
Lessons learned: Youths are key in the establishment of youth friendly SRHR and HIV services. They are aware of their needs but service providers often assume the needs of the youths.
Next steps: Need for young people to have a clear ask on, what they want in as far as access to SRHR and HIV information and services.
Need to create a toolkit to assist young people on what meaningful youth participation entails
Need for clear meaningful representation of young people in policy fora so that they can advance the youth agenda.
Need for Skills building for youths to act in complementarity rather than in competition

WEPED310

Determinants of Adolescents and Youth Access to Information on Sexual and Reproductive Health at House Hold, Community and Health Facility Levels in Chilanga District, Zambia

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Background: The study was conducted to assess adolescents Sexual & Reproductive Health (SRH) Knowledge, Attitudes & Practices (KAP) in the peri-urban district of Chilanga, Zambia. Main purpose was to collect baseline information relating to the ADH District Situational Analysis. Study focused on determining the demographic and socio-economic characteristics of adolescents, establishing adolescents levels of knowledge and understanding of sexual and reproductive health, ascertaining heterosexual relationships among adolescents and use of contraceptives and their perceptions of health services.
Methods: The data was collected from adolescents through an interview using a household-based paper questionnaire with an intended sample size of 175 adolescents (100 female and 75 male adolescents). The study adopted the Central Statistical Office (CSO) sampling frame. An eligible respondent in this study was any unmarried girl or boy aged from 10-18 years. 15 girls and 10 boys randomly selected were interviewed from each Standard Enumeration Areas (SEAs). Information and data collected was analyzed to answer; Knowledge and understanding of sexual and reproductive health, Knowledge and Use of Contraceptive Methods, Sexuality, Gender and Norms, Use and Perception of Health Services.
Results: 64.2% of the adolescent respondents were able to read. The majority of the adolescents said that their most important source of information on puberty was school teacher (57.2%) while the church scored least (1.7%).64.7% stated they had no boy/girlfriend while 32.4% had before. First sexual encounter for male was 13yrs while for the female, the majority delayed their sexual debut, with 5.5 % experiencing first sex at 17yrs. 75.3% male adolescents had heard of HIV/AIDS, compared with 73% of the females. Current/most recent visit to seek SRH services at health facilities revealed 78% had not visited while only 11% did.
Conclusions and recommendations: HIV/STI infections, pregnancies, dropping out of school during pregnancy and early marriages are prevalent among adolescents. Literacy programmes for out of school adolescents must be encouraged to enable them read various literature on SRH. Parents (especially father) should discuss sexual related matters with their children. Health personnel need to develop adolescent- friendly strategies of reaching out to them and up their efforts too. A similar study involving a larger sample and wider coverage must be undertaken.

WEPED311

Facteurs Associés à la Survenue des Grossesses chez les Adolescentes Séropositives (AVVIH) Suivies au Centre de Traitement Ambulatoire (CTA) et Devenir de Ces Adolescentes à L'issu de leur Grossesse

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Situation préoccupante chez la plupart des adolescentes, la survenue d'une grossesse chez les AVVIH est plus délicate quant à l'impact que cela suscite tant sur le plan affectif que comportemental. Cette étude a pour objectifs : d'identifier le niveau de connaissance et d'utilisation des méthodes contraceptives par les AVVIH, d'apprécier la capacité d'annonce de la sérologie au partenaire, de déterminer l'issu de la liaison après l'annonce et d'Indiquer le devenir de ces AVVIH à l'issu de leur grossesse.
Méthodes: Etude qualitative rétrospective effectuée auprès des AVVIH âgées de 15 à 19 ans, incluses au CTA avant 17 ans et ayant participé aux groupes de parole avec éducation sexuelle et devenues enceintes avant 21 ans. Le recueil des données s'est fait sur fichier Excel, par questionnaire et sur le logiciel Santia. Les AVVIH ayant avorté et celles arrivées au CTA en état de grossesse n'ont pas été retenues.
Résultats: Sur les 143 AVVIH recensées entre 2010 et 2017 et incluses au CTA entre l'âge de 2 et 17 ans, 32 ont été enceintes soit 22,4%. 21 étaient des orphelines totales (65,6%). L'âge moyen de survenu de la grossesse est de 15,8 ans. La non maîtrise des méthodes contraceptives et la vulnérabilité en sont la cause. En dehors du préservatif utilisé seulement dans certaines circonstances par 87 AVVIH (60,8%), seules 27 (18,9%) ont connu et utilisé les autres méthodes contraceptives. La difficulté d'informer le partenaire est également un facteur contributif de ces grossesses majoritairement non désirées (90,6%). Parmi les AVVIH enceintes, 9 (28%) avaient révélé leur séropositivité à leur partenaire avant la grossesse avec comme conséquence 5 cas de rupture de liaison. Cette annonce est de 65,6% en post partum et souvent révélé par des tiers compliquant la suite de ces liaisons ainsi que l'avenir des AVVIH. Après la naissance, on a noté 87,5% de rupture, dont 65,7% avant les 6 mois et 21,8% après. A l'issu de leur grossesse, 8 AVVIH sont restées stables avec charge virale indétectable, 14 étaient décédées, 11 dans le groupe des orphelines totales; 5 ont quitter la ville par peur de stigmatisation, 3 ont eu la dépression. La scolarité a été arrêtée chez 66,1% des vivantes.
Conclusion: Outre l'annonce de la séropositivité au partenaire les causes des grossesses restent identiques aux adolescentes. Cependant il y a lieu d'assurer un bon accompagnement pour cette catégorie d'adolescentes afin que leur vie de façon générale ne soit pas compromise.

WEPED312

Homosexuality and the Prevention of HIV AIDS: Stigma and Discrimination Obstacles to the Field Action

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Background: The homosexuality is still been tabou in Togo; the fieriness around it affect negatively the fight against HIV/AIDS. This has the consequence of non possession of the incidence on HIV/AIDS. 2AVIE, thinking about the rate of HIV has set up for almost 2years the care of MSM in to his program. Meanwhile she has to face with the group the stigmatization and the discrimination of MSM daily with: Reduction of the incidence of HIV among MSM with proximity interventions: adapted treatments and care; adapted prevention to MSM in the region, access to some activities leading to reduce stigma and discrimination.
Methods: For social considerations such us culture,religion and/or politik, ;MSM live their sexuality in clandestinity, 2AVIE has devleopped a particular approch enhancing:

- mobilsation of MSM by community leaders and peer educators
- care of real need: counseling ,orientation, treatment and care
- permanent proximity services
- permanent team for individual or collective needs
- care base on the ethic mobilization and plead

Results:

- Training of teams at the service of MSM
- Participation and implication of local partnership
- Self esteem of MSM
- Engagement on the action for peers
- Progressive mobilization of MSM around 2AVIE objectives and action

Conclusions:

- Need of special health services
- Absolute need to integrate authorities in the program on MSM
- Difficulty penetration of the circle of MSM because of social behavour
- Cruxial need of specifique tools for MSM prevention
- Implication of all counterpart without restriction in mobilization, plead and mthe monitoring of activities

THPED221

Health Needs, Health Care Seeking Behaviour, and Utilization of Health Services among Lesbians, Gays and Bisexuals in Ethiopia

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Background: Studies show that sexual and gender minorities have unique health care needs and encounter complicated problems to access health services. This paper examines the intersecting factors that determine health care seeking behaviour and utilization of health care services among LGB in Ethiopia including the diversity in experiences of these determinants and differences in the coping mechanisms to navigate these challenges within the LGB group. Despite the importance, there remains a paucity of evidence on the topic in Ethiopia.
Methods: We draw on Intersectionality Theory to frame the research, and explore differences in the lived experiences of LGB. A concurrent mixed method design was used including survey of 93 LGB and in-depth interviews and an FGD with 10 and 8 participants, each respectively. The quantitative data was analysed using descriptive statistics. Qualitative data was analysed thematically and triangulated with quantitative data
Results: The study found that sexual and mental health problems to be main concerns of LGB. LGB live under acute anxiety and fear of being exposed, or bringing shame and humiliation to themselves or their families. Informants emphasized link between mental health and risky sexual practices. Risk perception to HIV was high among LGB, with two-thirds reporting high risk. Only 37.5% (33/88) stated being always motivated to seek care when sick and the rest cited the following barriers that stifled their health seeking behaviour and utilization of health care services: Stigma and discrimination, (83%), shame and embarrassment (83%), fear of being discovered (78%), lack of LGB friendly services (45%), affordability (18%), distance (17%), and health care professional refusal (10%).
Conclusions and Recommendations: The study suggests that heterogeneity of risk, diversity of sexual and mental health needs, and difference in coping mechanisms (disadvantages and privilege) among LGB. Looking at the experiences of LGB group from intersectional approach reveals that the homophobia and criminalization of homosexuality, heteronormativity of health care services in Ethiopia affect health seeking behaviour and utilization of health services. It is imperative to recognize the existence of LGB and their diverse sexual and mental health needs, and avail appropriate services to improve health seeking behaviour, and link to care and utilization of services including HIV/AIDS prevention and treatment.

THPED222

La Prévention du VIH et Prise HSH Migrants à Paris

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Issues: En France une analyse montrait que « le vécu des HSH migrant est caractérisé par une forte pression psychologique, un contrôle social sévère, une grande souffrance, de fréquents rackets, des chantages, une angoisse, un silence, un isolement, une auto stigmatisation, des violences, des rejets, des dénis de justice, une stigmatisation dans les structures de santé dans leurs pays d'origines, entre autres exclusion au sein des familles ». Cette analyse avait aussi identifié un certain nombre de besoins des leaders des associations de HSH en termes de renforcement de capacités et d'accompagnement pour améliorer leur système communautaire par Ardhis en France. C'est dans cette perspective que la mise en place d'une association a été créer pour leurs accompagnés dans leurs demandes d'asiles, centre d'écoute, d'orientation et d'offre de services adaptés aux HSH.
Description: L'Ardhis s'est positionné comme un lieu de vie, un espace de rencontre et de socialisation, un cadre de travail pour les HSH et un centre de référence sur les questions en rapport avec l'homosexualité et d'accompagnement pour l'accès au titre de séjour résident, mais aujourd'hui il met en place un système de soin de santé et de prévention IST/VIH à chaque réunion mensuelle. Le centre est fréquenté par les HSH, bi, gay, trans on peut également inclure le grand groupe LGBT et les Professionnels de sexe. La gestion et l'animation de prévention IST/VIH est faite par un HSH migrant qui était déjà militant dans son pays d'origine et il est étudiant en France en Santé publique. Le paquet de services offert et tourne autour de trois axes : l'espace convivial, les services de santé et autres. Les services de santé prennent en compte le diagnostic et traitement des IST, le dépistage rapide du VIH (Afrique Arc-En-Ciel de Paris) accompagnement et suivi des HSH séropositifs. Les autres services offerts incluent l'assistance juridique et les consultations psychologiques.
Lessons learned: De part sa création de Juin 2017 à Février 2018, nous avons a enregistré comme nombre de visite 6760 HSH, en ce qui concerne la prise en charge en consultation médical des IST on note 386 HSH et en conseil dépistage volontaire 301 HSH. La distribution de condom et de gel est de 16276 chacun. Il faut dire que l'impact est considérable au vu des résultats.

THPED223

High Prevalence of Mental Health Problems among Nigerian Men who Have Sex with Men (MSM)

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Background: Men who have sex with men (MSM) have higher prevalence of mental health problems, compared to the general adult populations in high income countries, but less is known about these outcomes among MSM in low income countries, including in Nigeria. To fill this gap, we examined the prevalence and correlates of mental health problems among MSM in Lagos, Nigeria.

Methods: Fifty MSM in Lagos, Nigeria were recruited through local community-based organizations between May-August 2017. Participants completed an interviewer-administered assessment which included sociodemographics, HIV sexual risk, and mental health problems (clinically significant depressive symptoms (CES-D); post-traumatic stress disorder (PC-PTSD). Bivariate and multivariable logistic regression models were used to examine factors associated with mental health problems.

Results: Participants mean age was 27.1 years (SD=4.7). Most identified as Christian (90%), gay/homosexual (75%), single (70%), had some university or higher educational attainment (68%), and were currently employed (64%). Overall, the prevalence of mental health problems was high: 56% had clinically significant depressive symptoms and 78% had PTSD symptoms. In a multivariable model, factors associated with depressive symptoms included HIV infection and history of PTSD. In a multivariable model, factors associated with PTSD symptoms included problematic alcohol use, and history of marijuana use.

Conclusions and Recommendations: Our analysis demonstrated a high prevalence of mental health problems among Nigerian MSM. We also found a significant co-occurrence of mental health problems, substance use, and HIV seropositivity. It is critical that mental health service providers undertake an integrated health provision approach that includes substance use cessation services and HIV-related counseling. Consequently, engagement in these auxiliary services might both improve mental health and substance use behavior and reduce HIV sexual risk.

THPED224

High Prevalence of Substance Use among Nigerian Men who Have Sex with Men (MSM)

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Background: Men who have sex with men (MSM) have higher prevalence of substance use compared to the general adult population in high income countries, but less is known about these outcomes among MSM in low income counties, including in Nigeria. To fill this gap, we examined the prevalence and correlates of substance use among MSM in Lagos, Nigeria.

Methods: Fifty MSM in Lagos, Nigeria were recruited through local community-based organizations between May-August 2017. Participants completed an interviewer-administered assessment which included sociodemographics, HIV sexual risk, and substance use (problematic alcohol use (past 3 months), tobacco use (lifetime), recreational marijuana use (lifetime) and any hard drug use (cocaine, heroin, amphetamine, sedatives/depressants, hallucinogens, and tranquilizers; lifetime). Bivariate and multivariable logistic regression models were used to examine factors associated with substance use.

Results: Participants mean age was 27.1 years (SD=4.7). History of substance use was high: 46% alcohol dependence; 56% tobacco use; 54% marijuana use; and 42.0% hard drug use. In a multivariable model factors associated with: problematic alcohol was increasing number of male sexual partners, being currently employed, PTSD symptoms; tobacco use was history of STI diagnosis; marijuana use was history of STI diagnosis, PTSD symptoms, and hard drug use; hard drug use was marijuana use

Conclusions and Recommendations: We found high prevalence of substance use among Nigerian MSM. There is a need for an integrated approach to tackle the co-occurrence of substance use among Nigerian MSM, especially as it relates to mental health problems and sexual risk.

THPED225

Bisexualité, Partage du Statut Sérologique et Barrières à l´Accès aux Soins chez les HSH Séropositifs à Dakar

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Contexte et objectifs: Au Sénégal la prévalence du VIH est basse dans la population générale (0,5%), mais élevée (27%) chez les HSH. L'homosexualité est pénalisée et stigmatisée. Cette étude explore le vécu des HSH séropositifs, ses effets sur le partage du statut sérologique et l'accès aux soins à Dakar.
Méthode: Enquête qualitative, en 2018 et 2019, auprès de 40 HSH vivant avec le VIH, suivis dans deux formations sanitaires de Dakar, et de douze professionnels de santé et acteurs communautaires. Des entretiens semi-directifs ont été enregistrés, retranscrits puis ont fait l'objet d'une analyse thématique.
Résultats: Les 40 HSH sont pour 88% d'entre eux âgés de moins de 35 ans. Tous sont traités par ARV depuis au moins cinq ans. La première expérience sexuelle avec un homme a souvent eu lieu dans l'adolescence. Un quart des personnes ont subi des abus sexuels dans l'enfance. Par la suite, les rencontres se font dans les lieux publics ou à travers les réseaux sociaux.
La révélation de l'homosexualité est rare, souvent involontaire, et a parfois abouti à une exclusion familiale. Très mobiles, les HSH quittent leur logement en cas de suspicion du voisinage.
Le partage du statut sérologique est peu fréquent, même avec leurs partenaires et l'utilisation des préservatifs n'est pas systématique.
La majorité des HSH de l'enquête sont célibataires, 80% ont aussi des relations avec les femmes. Ils envisagent de se marier, sous la pression familiale ou par envie de fonder une famille. Ils sont préoccupés par le risque de transmettre la maladie mais n'utiliseront pas le préservatif par peur de questions et par désir d'enfant.
La plupart des HSH sont satisfaits du suivi médical mais craignent d'être reconnus sur le lieu de soins. Leurs fréquents déplacements entrainent des arrêts de traitement, car ils sont peu enclins au « dépannage » de peur du dévoilement du statut.
Conclusion: Les HSH séropositifs à Dakar sont confrontés à une double stigmatisation qui a un effet sur le partage du statut et l'observance. La majorité d'entre eux sont bisexuels. Des interventions spécifiques doivent être menées pour faciliter la référence entre structures, préserver la confidentialité et renforcer l'observance pour rendre la charge virale indétectable et éviter le risque de transmission de l´infection.
Mots clés: HSH, VIH, Sénégal, bisexualité, accès aux soins

THPED226

Évaluation des Besoins en Santé Sexuelle des FSF: Résultats Préliminaires d´une Étude Communautaire auprès des Bénéficiaires de l´OBC Alternatives Cameroun à Douala

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Introduction: L'offre des services dans le domaine du VIH et plus généralement en santé sexuelle a Alternatives Cameroun atteint de façon disproportionnée les HSH, comparativement aux FSF, qui font elles aussi partie de la cible de l'association qui est les minorités sexuelle, ou LGBTI. Le reflexe a souvent été d'offrir les mêmes services aux FSF et aux HSH. Ayant constaté en 2016 que les FSF représentaient juste 3% de nos bénéficiaires, nous avons essayé de mieux identifier leurs besoins à travers une étude comparative des besoins respectifs des FSF et des HSH.
Méthode: Un questionnaire a ainsi été administré à 105 HSH et 104 FSF lors des causeries au Centre Access et hors les murs. Le questionnaire intégrait 3 tests psychologiques et une trentaine de questions sur la sexualité et le VIH, les droits humains, les violences et la santé mentale.
Résultats: Les résultats ont révélé que les FSF avaient des comportements sexuels moins à risque que les HSH. Les FSF étaient 4% à avoir au moins 3 partenaires sexuels le mois précédant l'enquête, contre 25% de HSH. Par ailleurs, 58% de HSH et 55% de FSF avaient une bonne connaissance du VIH ; 100% des HSH et 92% des FSF interrogées s'étaient déjà fait dépister, cependant, l'utilisation du préservatif entre FSF est presqu'inexistante. Chez les FSF, 78% voulaient avoir des enfants, et parmi elles, 78% voulaient les avoir à travers un rapport hétérosexuel. La santé mentale des FSF serait également préoccupante car elles étaient 80% à consommer de l'alcool (dont 27% de façon forte), 58% à consommer le tabac et 18% à consommer de la drogue ; une dépression sévère a été diagnostiquée chez 32% de HSH et 30% de FSF. Elles sont 73% de FSF à subir des violences basées sur le genre et l'orientation sexuelle. Mais dans le même temps 84% des FSF ne connaissent pas leurs droits.
Conclusions et Recommandations: A la suite de cette étude, nous avons du redéfinir les services à offrir aux FSF, un paquet qui tient en trois points :
1) l'éducation aux droit humains et au genre
2) la gestion des violences basées sur le genre et l'orientation sexuelle, et
3) une offre variée de services de sante spécifiques aux FSF, incluant le VIH comme un élément, mais aussi la santé mentale, l'accompagnement à la procréation, les consultations médicales pour femmes.

THPED227

Championing Community Led Health Initiatives through Investing in Increased SRHR Knowledge and Affirming of Accountability Frameworks

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An analysis of the processes and varied impact of SRHR literacy as a service enabler in the HIV and STI Response for the Gay, Bisexual Men and Men Who Have Sex With Men population in Bulawayo, Zimbabwe. An outline and investigation into the work done by the Sexual Rights Centre, a CSO working with the LGBTI community, to show the role of SRHR knowledge and comprehensive health awareness in creating conducive service environments, improving the HIV/STI service chain, as well as in promoting stakeholder mobilization, service uptake and adherence.

A multi-stakeholder analysis of the impact of low SRHR literacy levels. Ignorance of basic human rights as a cause of low service pursuit and uptake by target populations. Why healthcare facilities have been institutions of oppression? Highlighting the effects of low accountability with discrimination cases- showing the impact of poor accountability frameworks. Identifying new areas for funding showing why investing in knowledge and information is a cost-effective and sustainable measure.

Sustained ignorance levels result in pervasive stigma and discrimination which act as service disablers. Ignorance of human rights and low SRHR knowledge is one of the causes of stigma among service providers. Effective accountability is difficult in an environment where there is low SRHR knowledge. Poor SRHR policies usually exist in environments where there is low policy maker commitment, often creating challenges in seeking redress for healthcare stigma. Knowledge is a transferrable resource and increased multi-stakeholder commitment and investment in knowledge creation and distribution will actively empower communities. Knowledgeable stakeholders are more assertive and capable of self-mobilizing. There is overall low investment in knowledge-based interventions and little commitment to efforts to curb stigma which lead to poor accountability measures and sustained levels of service provider stigma. Creating opportunities for community and stakeholder visibility at all levels of decision-making. Improving capacity of institutions to be LGBTI inclusive, creating spaces within HIV Country Coordinating Mechanisms to ensure high level accountability. Strengthening accountability frameworks at facility level to ensure a quality and affirming service cascade. Harnessing constituencies through grassroots and community level interventions such as knowledge dissemination to ensure community owned health initiatives and responses.

THPED228

Patterns and Correlates of Gender Based Violence (GBV) in Rural and Urban South African Communities

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Background: Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, a group or community that either results in or has a high likelihood of resulting in injury, psychological harm or death. The objective of the study was to determine the incidents & risk factors for gender based violence in South Africa.
Methods: This study was a cross sectional study. Data was collected by trained volunteers and supervised by appointed supervisors and investigators, by a face-to-face interview using a pre-tested structured questionnaire on GBV. Frequency count was generated for all variables and statistical test of significance was performed with Chi-Square test.
Results: A total of 145 consenting respondents participated with a mean age ± SD of 31.93 ± 11.26 years. 73 (50.3%) have experienced physical violence with 47 (32.4%) beaten, slapped and stabbed & 29 (20.0%) of the incidents occurring within the last 6 months. 34 (23.4%) have experienced sexual violence mostly sexual touch (breast/buttock), attempted rape & rape. 21 (14.5%) have had an unwanted pregnancy with 6 (4.1%) aborted. 86 (59.3%) have experienced emotional violence either verbal insult or threat. Partner alcohol consumption is associated with experiencing physical violence ($\chi^2 = 4.32$, df = 1, P = 0.001) with higher odds (OR: 2.01, 95% CI: 1.04 - 3.89).
Conclusions and Recommendations: Gender-based violence is common in South Africa with alcoholism being a serious risk factor for this violence in the society thus alcohol control law implementation is key to halting this trend.

THPED229

Young Women's Engagement in Student Leadership Structures - Lessons Learned in SAYWHAT

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Issues: The lack of representation and capacity in high level policy making meetings for adolescents and youth to articulate their sexual reproductive health needs restrict access to youth friendly services.
Descriptions: In 2013, SAYWHAT conducted a review of constitution and operating handbooks with the goal to ensure that there was equal representation of males and females in provincial and national student leadership structures. From 2013 to 2014 the national coordinating committee identified that the constitution was silent about equal representation in student leadership in HIV advocacy. The process was conducted by the National Coordinating committee which is the highest student leadership structure. The constitution was amended through the analyses and female student focus groups discussing about female student leadership and involvement in HIV response.
Lessons learned: 6(50%) males and 6(50%) females were enrolled in the National coordinating committee. The constitution allowed equal participation and representation of both male and females in student leadership structures in HIV response. 6(50%) young female students participated in the Harare provincial coordinating committee working group in Sexual and reproductive health. The 2014 national coordinating chairperson was a female student. She participated in the roll-out of HIV option B+ where HIV positive mothers were able to give birth to HIV negative mothers. Furthermore, after reviewing its constitution and structures handbook in 2014 allowing for equal representation of male and female students SAYWHAT realized that a total of 3 female students were elected to be chairpersons of the National coordinating committee versus 2 male students to date. Previously only 1 female student had been chairperson of the National Coordinating Committee since inception in 2003 thus covering a period of 10 years of male dominance
Next steps: Scaling up young females' leadership and meaningful participation is critical in combating HIV infections among young people. This model should be scaled up and replicated in many sexual and reproductive health leadership structures. The government should allow young females in sexual and reproductive health leadership structures. Youth serving organisations should be intentional in reviewing their governance and strategic documents to facilitate for young women to be leaders at all levels.

THPED230

Les Barrières à l'Accès aux Soins au Centre de Prise en Charge des Addictions de Dakar (CEPIAD): Différences de Perceptions entre Femmes et Hommes Consommateurs de Drogues Injectables

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Introduction: Moins nombreuses que les hommes parmi les consommateurs de drogues injectables à Dakar, Les femmes sont décrites comme étant plus vulnérables au VIH. En 2019, elles sont toujours minoritaires parmi les patients suivis au Centre de Prise en charge Intégré des addictions (CEPIAD, premier centre ouest-africain offrant la méthadone. Depuis 2016, l´acceptabilité et les effets sociaux de ce centre pilote sont évalués. Cette présentation vise à décrire les freins à l'accès identifiés par les hommes et les femmes afin de comprendre la sous-représentativité des femmes.
Méthode: Cette étude fait partie d´une thèse en cours associée aux projets de recherche CODISEN / CODISOCS (ANRS 12383). Des observations et des récits de vie, menés entre 2016 et 2019 avec 10 femmes et 10 hommes qui ne fréquentent pas ou ont abandonné le CEPIAD, ont fait l'objet d'une analyse thématique inductive.
Résultats: La plupart des hommes interrogés ont un travail. Certains ont recherché des soins au CEPIAD puis abandonné le traitement par manque de temps. D'autres perçoivent la méthadone comme une « autre drogue » et dénoncent l'absence de proposition de sevrage. Certains regrettent que leur traitement ait été suspendu pour cause d'incarcération ou de bagarre dans le centre, et critiquent cette forme de sanction qui risque de les reconduire dans l'addiction. La majorité des femmes rencontrées sont des travailleuses sexuelles (TS) clandestines ou professionnelles, parfois sans domicile fixe, qui ont accès à des services de dépistage à travers des associations ou ONG. Au CEPIAD, elles craignent d'être stigmatisées par leurs homologues masculins et par les prestataires de soins, en tant que CDI mais aussi TS. Leur statut de mères induit la peur de se dévoiler pour ne pas porter atteinte à la réputation de leurs enfants.Certaines ne sont pas convaincues de l'efficacité du traitement de la consommation de cocaïne qui est leur principal problème. D'autres déclarent manquer de temps et de motivations et déplorent le manque d'interventions attractifs pour les femmes.
Conclusions et Recommandations: Des différences de genre pour l'accès sont observées. Les hommes redoutent surtout une nouvelle addiction tandis que les femmes ont peur de la stigmatisation. Etant souvent TS, elles cumulent des discriminations multiples. Réduire le risque de stigmatisation et améliorer l'efficacité de la prise en charge de la cocaïne pourrait améliorer l'utilisation des services du CEPIAD par les femmes.

THPED232

Key Barriers to Women's Access to HIV Treatment: A Global Review

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Issues: HIV is a leading cause of death for women (ages 15-44) worldwide, with adolescent girls and young women (ages 15-24) in the hardest-hit countries accounting for over 80 per cent of new HIV infections in their age group. Progress in curbing HIV worldwide depends on understanding what factors enable or deter women from accessing HIV treatment, usually compounded by the unique obstacles women and girls face due to traditional gender roles.

Intervention: UN Women in partnership with the AIDS Vaccine Advocacy Coalition, Athena Network, and Salamander Trust undertook a multistage review to explore the micro-, meso-, and macro-level factors that impact women's experiences of treatment availability and their decision-making processes around its uptake. This review was led and governed by 14 Women Living with HIV (WLHIV) from 11 countries.

Lessons learnt: Findings revealed an interplay of structural factors that affect women's overall access to health and resources in regards to HIV/AIDS. These include lack of access to and control over resources, poverty, lack of decision-making power, stigma and discrimination, actual and/or fear of gender based-violence, human rights violations, treatment side effects, low treatment literacy, traditional gender roles and care responsibilities, and fear of disclosure of HIV status, among others.

Evidence demonstrates that women and young girls, who are part of marginalized populations or partners of men who are at increased risk, face higher levels of stigma and discrimination that impede access to treatment.

The review strongly indicates that globally, more women access treatment than men, partially as a result of the provision of ARVs to pregnant women, yet, treatment access literature has concentrated on the numbers of people with HIV receiving treatment rather than on the quality of services.

Women in all their diversities welcome the offer of Antiretroviral therapy (ART) in programmes, but want this intervention to be presented as a voluntary, informed choice in an environment that is confidential, respectful, supportive, and closely connected to community- based resources for treatment literacy and peer support.

Next steps: The review recommended a Six Point Plan for Action: Human rights, Gender, Diversities, Multiple levels, Gender-based community engagement and Peer-led involvement for immediate action. The framework focuses on a demand-driven and sustainable service delivery model that addresses gender equality and women's rights at all levels.

THPED233

Status of Sexual and Reproductive Health and Provision of Services to Under-18 Female Victims of Sexual Violence at 7 Isange One Stop Centers in Rwanda

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Background: In October 2017, Oxfam in Rwanda won a grant from the Scottish Government for a project entitled ***"Claiming Sexual and Reproductive Health Rights in Rwanda*** (CSRHRR)***"***. Under this project, Rwanda Interfaith Council on Health (RICH) as the Implementing Organization, collaborates closely with key stakeholders .Findings cover the period of January 2018 to December 2018 for 1951 victims.
Methods: A retrospective study was designed and data collection tools were developed. A desk review done through dossiers of female victims of sexual violence, focus group discussions and interviews with key informants were also conducted. The abstract will summarize findings of the study including recommendations.
Results: ü Most (67.95%) of under-18 female victims of sexual violence were aged 10-17 years, a sizable proportion (19.41%) were aged 5-9 years while under 5-year-old victims represent 13%. The majority (50.8%) of the victims was in primary schools.
ü The main type of sexual violence reported is the penetration of penis in vagina (78% of victims); followed by the sexual violence of level 1 (38.1% of victims) and sexual touching (29.4% of victims).
ü The consequences include unwanted pregnancies (24.4%), risky behaviors manifested as follows: 69.8% of victims dropped out school, 6.1% of victims have been involved in prostitution, 4.5% and 4.2% respectively presented depression and anxiety, while 2.4% had experienced suicidal thoughts and ideations. Other consequences were related to sexual transmitted infections including HIV. 8.5% of victims were affected as follows: 6% with STI, 1.6% with HIV and 0.5% with Hepatitis C.
ü 81,9% of victims know their perpetrators: neighbors (51.7%), friends (23.2%), strangers (16.2%) or a family member (8.6%).
72% of victims of sexual violence reported not having information or access to the use contraceptives while 82% reported
ü 476 (24.4%) victims had unwanted pregnancies. Among them, 240 (50.4%) victims requested assistance for a safe abortion and 145 (30.5%) victims were refused assistance of abortion by medical services.
Conclusions and Recommendations: Female under-18 are the most victims of sexual violence and one of the major consequences are teenage pregnancies. Low level of education on sexual and reproductive health and negative social norms fuel gender based violence. Community awareness and is key and needed as well as economic empowerment interventions for victims to reduce sexual violence incidence

THPED234

Justification of Physical Intimate Partner Violence among Men in Sub-Saharan Africa: A Multinational Analysis of Demographic and Health Survey Data

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Background: The study sought to assess factors associated with the justification of IPV among men in sub-Saharan Africa using data from current Demographic and Health Survey (DHS) of 27 countries
Methods: The study made use of data from the male file of the most current Demographic and Health Survey (DHS) conducted in 27 countries in sub-Saharan Africa. Men aged 15-64 were used (N=170,361). Binary logistic regression models were used to examine the relationship between the independent variables and justifying at least one form of physical IPV.
Results: Overall, 33% of men in this sample reported that at least one form of physical IPV was justified, ranging from a high of 67% in Guinea to a low of 12% in Malawi. Results showed that justification of physical violence varied by country. The odds of justifying IPV for at least one of the five situations ranged from 0.42 (OR= 0.42, CI= 0.36 - 0.51) in Malawi to 4.86 (OR=4.86, CI= 4.45 - 5.32) in Guinea compared to men in Burkina Faso. Education (no education [OR=2.80, CI=2.53-3.10]),wealth status (poorest [OR=1.58, CI=1.46-1.72]), place of residence (rural residence [OR=1.13, CI=1.06-1.21]), marital status (married men [OR=0.88, CI=0.83-0.92] separated men [(OR=1.16, CI=1.04-1.30]), occupation (Employed men [OR=1.23, (CI=1.17-1.30]), and age (men aged 55-64 [OR=0.78, CI=0.74-0.82])predicted justification of physical IPV among men in sub-Saharan Africa.
Conclusion and Recommendations: This study finds that men's justification of IPV against women in sub-Saharan Africa is substantial, although not universal across nations. Policies and interventions should be geared towards breaking the societal norms that affirm women´s vulnerability in the society. Advocacy to stop physical intimate violence against women should be strengthened by NGO's, civil groups and government agencies.

THPED235

Secondary Distribution of HIV Self-testing among Malawian Men: A Qualitative Study Exploring Perceptions, Experiences and its Influence on Masculinity in Blantyre, Malawi

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Background: In Sub-Saharan Africa (SSA), nearly half of the population that is living with HIV is not aware of their status. This has prompted the need for novel approaches to HIV testing and various community-based HIV counselling and testing approaches have proved to increase HIV testing uptake. However, despite the positive strides by these approaches, some segments of the population such as men still remain a challenge for uptake. HIV self-testing (HIVST) has proved to be one of the novel approaches to increase uptake of HIV testing. Challenging the potential of increase in access to HIV testing is the low uptake of HIV testing and poor linkage to care among men compared to women. Secondary distribution of HIVST has potential to increase access to HIV testing and linkage among men. To explore experiences, perceptions and its influence on masculinity, a qualitative study was conducted within the ANC Cluster Randomized trial of secondary distribution of HIVST being implemented in southern Malawi.

Methods: A qualitative design was used to understand experiences and perceptions of secondary distribution of HIV Self-testing and its influence on masculinity. Respondents were both conveniently and purposively sampled in areas where secondary distribution of HIVST was being carried out. In-depth Interviews (n=45) were conducted with men who received HIVST kits. Female partners (n=15) who initiate secondary distribution were also interviewed. Data collection was carried out in an iterative way where research questions were reviewed after every set of interviews to develop deeper research questions. Data analysis employed a thematic approach, using pre-determined and emerging themes from an iterative approach of data collection and analysis.

Results: (To have finished data collection and analysis and have new findings by Conference dates):HIV self-test kits offered to men by their pregnant partners may undermine men´s decision making power and their domestic position. Most women powerless and struggle to convince their male partners to accept the HIVST kits because of theirdisempowered economic position.

Conclusions and Recommendations: Secondary distribution can accelerate reaching populations that do not access HIV testing services such as men. However, female partners that distribute the kits need to be well inducted to provide accurate information to their partners since this contributed to their partner's decision to accept the kits or not.

THPED236

Ethnographic Mapping to Identify HIV Impact in Transgender Sex Workers in Zimbabwe

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Issues: HIV epidemiology in a given population is strongly influenced by a multitude of factors, including social and cultural realities. Identifying these is key in creating an effective health intervention to challenge the spread of HIV. Despite this common knowledge, there is a noticeable gap in available information on the socio-economic aspects of the Zimbabwean trans* sex worker reality. As such, it is important to understand these factors (and the influence on the incidence of HIV in the trans* sex worker community) in order to be able to formulate effective health policy and interventions for this key population.
Descriptions: This ethnographic study, carried out in 2017, focused on the experiences of trans*women sex workers in Harare, Zimbabwe. Four sites (all peri-urban and selected using convenience sampling) were selected from which to draw the 15 research participants for the study. The 15 participants selected (who all identified as Trans women, between the ages of 18-30, and sex workers) participated in Key Informant Interviews and Focus Group Discussions facilitated by an external researcher.
Lessons learned:
· Poverty, peer pressure, and the need for romantic/ social and sexual companionship were identified as the main reasons why transwomen end up taking up sex work.
· Sources of challenges for transwomen sex workers were clients (particularly on the issues of sexual violence by clients, charges to their clients, and negotiation methods), access and use of STI prevention methods,
Next steps:
· Social determinants of health play a key role in prevention programming regarding transwomen in Zimbabwe.
· Livelihood programming, protective barrier distribution, negotiation skills training, hotspot monitoring, and collective security training and mobilization programming are key to addressing the social barriers that impact HIV prevalence in transwomen sex-workers

THPED237

Gender Analysis of Sexual Networking and HIV Infection: Case of Ibiakpan, Akwa Ibom State, South-south Nigeria

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Background: The exponential increase in HIV sero-prevalence rate of up to 36% among women working in the commercial sex is worrisome and calls for urgent measures to stem the tide. Although commercial sex work is not culturally sanctioned in Nigeria, and is seldom a preferred choice of vocation, women are commonly coerced into it for variety of reasons including involuntary divorce, joblessness, widowhood and in some cases infertility. Because sex work is illegal and highly stigmatized, female sex workers in Akwa Ibom State become part of a vicious cycle of exploitation and harassments by their clients, hotel owners, managers as well as law enforcement agents. This leads to and perpetuates very low self and group esteem among the women who commonly referred to one another as "ashawo", a derogatory local name for commercial sex workers. And given the fact that the price for their services as often determined by clients has remained same for over a decade despite spiraling inflation, the women are compelled to seek and accept a high number of clients sometimes without condom.
Methods: This paper presents Knowledge, Attitude and Practice (KAP) study of sexual networking among mobile and relatively stable population of female commercial sex workers (FCSW), matrons, young girls(hawkers), long distance drivers (LDDs), motorcyclists, and pimps(intermediaries) in a major road junction town in one of Nigeria´s south-south State. The study was carried out by Silverline Development Initiatives (SDI) with the support of Centre for Population and Development Activities (CEDPA) to provide baseline information for targeted interventions in the area using qualitative FGD from 28 FCSWs,casual sex workers and their clients in 3 sessions.
Results: The result of the study showed that although commercial sex work in the areas is fairly organized and has an enduring pattern of interaction among different categories of people,it is skewed in disfavor of the women. The social stigma attached to sex work and the other factors such as alcohol and drug use,inconsistent use of condom, multiple sex partners, little or no access to family planning and health information etc make them vulnerable to HIV infections.
Conclusions and Recommendations: Gender inequality in all dimensions fuels the disproportionate rate of HIV infection among women and effort to halt the trend must consider mainstreaming gender and human rights issues into HIV programming across all sectors and domains.

THPED239

The Influence of Gender and Sexual Role Preferences on Uptake of Oral Pre-exposure Prophylaxis (PrEP) among Men who Have Sex with Men (MSM) in Kenya

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Background: In Kenya,men who have sex with men (MSM) remain disproportionately affected by HIV with an estimated 18% prevalence resulting from unmet HIV prevention needs.In this context,PrEP represents a relevant complementary HIV prevention approach. However,to date,there remains limited data on determinants of uptake of PrEP among MSM in Kenya.This study aimed to explore how gender and sexual role preferences among MSM were associated with PrEP uptake.
Methods: Seven focus group discussions (FGDs) were conducted among 59 MSM from four counties in Kenya. Participants were identified through network-referral using MSM peer educators affiliated to six drop-in centers.FGDs were carefully planned to create a private and conducive environment in which participants could talk openly.FGDs on average lasted 120 minutes and were conducted by trained moderators. Data were recorded,transcribed,and analysed on Nvivo 11.0 using thematic analysis.
Results: Participant mean age was 27 years (range 19-45) and were mostly unemployed.Two broad roles emerged;gender and sexual roles.The roles determined sexual preferences during anal intercourse;receptive partner who played feminine role, insertive partner who played masculine role and versatile who played both receptive and insertive role. Receptive partners identified themselves with higher risk to HIV, which was a key motivator to PrEP uptake.Their risk factors included; often engaging in sex work, experiencing violence and sexual trauma during intercourse,resource-driven power dynamics, perception of higher vulnerability and inability to negotiate safe sex. These risks made receptive partners eligible for PrEP and higher tendency to access PrEP and other prevention services.Conversely,insertive partners were more likely to be secretive and hardly disclosed their MSM identity; desiring to protect their image which deterred their openness to access services including PrEP.The versatile perceived themselves as gender balanced and entered relationships guided by mutual understanding, were hardly influenced by financial gains and had lower HIV risk perception,hence barely found need for PrEP.
Conclusions and Recommendations: In this study, gender and sexual role preferences emerged as important variables for consideration in PrEP programming for MSM.Oral PrEP and HIV prevention programs for MSM may need to consider meaningful stratification based on gender and sexual roles.Further research involving robust methodology is required.

THPED240

Breaking the Silence on Sexual Reproductive Health in Religious Circles

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Issues: Knowledge of family planning methods in Malawi is nearly universal with 98% of all women and 100% of all men age 15 to 49 reporting that they know at least one modern method of family planning. Despite the above, several barriers hinder contraceptive access in Malawi, mainly among youth and rural populations. Although most of the youth are engaging in premarital sex, most do not use modern contraceptive methods because of societal norms that dictate that contraceptives are to be used by married people only. It is based on this understanding, in 2013, PSI Malawi in partnership with Family Planning Association of Malawi (FPAM), Action by Churches Together (ACT) Alliance and PACT on behalf of the Ministry of Health with funding from the German Cooperation through the Kreditanstalt für Wiederaufbau (KfW) rolled out a five year Project in 10 districts, namely: Neno, Ntcheu, Ntchisi, Thyolo, Blantyre, Rumphi, Mwanza, Mzimba, Machinga and Likoma.
The project aimed at improving knowledge and acceptance of Family Planning (modern methods) and access for SRHR services in the framework of a rights based and gender sensitive approach (especially for the youth and rural populations) utilizing faith-based organizations.
Descriptions: ACT Alliance partners (Action by Churches Together) focused on social and cultural issues that hinder women and youth from realizing their Sexual and Reproductive Health Rights by working with religious and community leaders.
Various SRHR capacity building interventions for faith institutions were also strengthened and targeted secluded groups like 'Gule wa Mkulu' were involved to help in the abolishment of harmful cultural beliefs which hindered access of SRHR services. Girls specific SRHR issues were addressed through girls' clubs. Partner institutions developed institutional SRHR policies that guided their approaches to youth and SRHR. In addition, ACT Alliance developed Muslim and Christian SRHR teaching guides to help in reaching youth with appropriate faith based SRHR messages.
Lessons learned: Involvement of religious and community leaders in the implementation of various community interventions targeting key populations like young people and women is vital. This is so because religious and community leaders act as key contact point for people hence information easily passing on to the entire
population.
Next steps: Continuous engagement with key right holders in implementation of SRHR projects.

THPED241

Sexual Dysfunction among Adult Women Accessing HIV Care in Tertiary Hospitals in Ogun State, Nigeria

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Background: The increased access to antiretroviral treatment which is effective has led to an increase in life expectancy among people living with HIV. As such, many scientists now regards HIV infection as a chronic disease. Chronic diseases have an association with psychosocial factors which are known to influence sexual functioning. This study assessed the sexual functioning of women living with HIV in Ogun State, Nigeria.

Methods: In this HIV program-based cross-sectional study, 234 adult women accessing HIV care in two tertiary hospitals in Ogun State, Nigeria were interviewed using a validated questionnaire. We used the Female Sexual Function Index to assess sexual functioning and used a score of 26.55 as the cut-off for female sexual dysfunction. We determined the prevalence of female sexual dysfunction and used bivariate analysis and multivariable logistics regression to determine the participants' characteristics that were related to female sexual dysfunction [$p \leq 0.05$]. We included all the participants' characteristics that showed a p-value ≤ 0.250 on the bivariate analyses in the regression analysis.

Results: The prevalence of female sexual dysfunction was 82.05%. Fifty-two [22.22%] of the women had experienced intimate partner violence at least once in their lifetime. The result of bivariate analyses showed an association between female sexual dysfunction and some participants´ characteristics; age, spousal age, spousal education, employment status, type of marriage, parity, spousal alcohol usage, and the perception of their household decision making power. However, after adjusting with multivariate logistic regression, only age [OR 1.054, CI 1.009-1.102] and spousal education [OR 0.543, CI 0.343-0.860] were related to female sexual dysfunction.

Conclusions and Recommendations: Female sexual dysfunction and intimate partner violence are prevalent among HIV positive women in Ogun State, Nigeria. Female sexual dysfunction is commoner with increasing age and lower spousal education. It is, therefore, critical for health workers to pay attention to the sexual needs of PLHIV to enable them to attain optimal sexual health.

THPED242

Commercial Sex Work among Female Injecting Drug Users in Kathmandu, Nepal

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Background: People who inject drugs and sex workers are identified as high-risk groups for HIV transmission. However, the intersection between sex work and drug use is often overlooked within HIV and harm reduction policy and programs. This study aims to examine prevalence of sex work in exchange of money among female injecting drug users in Kathmandu, Nepal.
Methods: The data for this study is taken from first round of Integrated Biological and Behavioral Surveillance Survey (IBBS) among Female Injecting Drug Users (FIDU) in Kathmandu Valley in 2016. IBBS surveys are taken as the effective second generation surveillance tools to generate evidence-based data. This survey used Network Sampling method to recruit a total of 160 sample needed. Network Sampling is a probability sampling generally used in sample surveys among rare population.
Results: More than a fifth (21%) of the FIDU were adolescent less than 20 years with mean age of 24.4 years. More than a third had basic education (34%). More than a tenth (11%) had got divorced/separated. Almost two thirds lived in rented house (64%). More than a fifth (23%) consumed alcohol every day. Almost two in five (38%) had ever been imprisoned. More than three fifths of the FIDU's (61%) male partner also injected drugs. Almost a tenth (9%) had HIV, more than a fifth (22%) had HCV and six percent had both HIV and HCV infection.
Almost one in five (17%) FIDU had sex in exchange for money in the last 12 months. A significantly higher percentage of FIDU who were illiterate (25%), who were divorced/ separated (29%), who lived in rented house (20%), who lived in Kathmandu since more than 5 years (31%), who consumed alcohol daily (35%), whose male regular partner also injected drugs (30%), who had HIV (39%) and who had co-infection of HIV and HCV (25%) had sell sex in exchange for money.
Conclusions and Recommendations: A significantly higher percentage of female who injected drugs were also found to sell sex in exchange for money making them increasingly vulnerable to HIV infection. It is notable that a higher percentage of female drug users who had HIV and HCV co-infection were also working as sex workers which indicates that this subgroup is an important bridge population for HIV and HCV transmission. Thus, innovative programs and interventions that prevent high risk behaviors and promote safer sex and injection drug use should be designed targeting FIDU involved in commercial sex.

THPED243

The Nexus between Gender-based Violence and HIV Transmission

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Background: South Africa has the highest rates of both gender-based violence and HIV and AIDS in the world. The relationship between Gender-based violence and HIV transmission is well documented in previous research, especially on violence against women. This paper reports findings on the relationship between gender-based violence and HIV transmission through the perceptions of student social workers in a public university in South Africa's province of Gauteng. The purpose of the study was to determine the perceptions of student social workers regarding gender-based violence and their preparedness for practice.
Methods: The sample consisted of thirteen students, of which nine were female and four were male. The data were collected through semi-structured in-depth individual interviews and a focus group discussion.
Results: The participants highlighted the risk of HIV/AIDS due to violence against women and its co-occurrence with other social issues such as poverty. Poverty has also been identified as a risk factor to both gender-based violence and HIV and AIDS especially among the student population. Students were reported to be an at risk population that engages in transactional relationships to earn an income, and as such they fall victim to exploitation and abuse during transactional sex. It was further reported that female students who engage in transactional sex with older men are less likely to negotiate the use of condoms due to the power dynamics in the relationship. Hence, increasing the transmission rate of HIV and other sexually transmitted infections. The study also found that sexual violence is another driving factor of HIV transmission, since HIV positive perpetrators are unlikely to use condoms or any form of protection.
Conclusions and Recommendations: Given that gender-based violence and HIV are intimately intertwined, efforts to eliminate both must focus on prevention education.

THPED244

'From Worse than Dogs and Pigs to Key Populations': Unmeeting and Meeting Men who Have Sex with Men's Needs in National Strategizing against HIV in Zimbabwe

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Background: In August 1995 the then President of Zimbabwe, Robert Mugabe used a strong metaphor *'worse than dogs and pigs'* to describe homosexual behavior which consequently shaped popular local discourse on homosexuality, lesbians, gay, bisexuals and transgender (LGBT) social categorisations and their subjective identities in Zimbabwe. The discourse that followed the homocritical utterances by Mugabe portrayed sexual minorities as an unwanted category. Whilst not the only contributing factor, Mugabe's proclamation on homosexuality influenced what could possibly be included in the national HIV strategy as it constructed a representation of reality influencing rules of inclusion/exclusion. This is despite the fact that in Zimbabwe HIV among men who have sex with men (MSM) is estimated to be 23.5% compared 14.6% among adults aged 15-64 years. The paper explores Zimbabwe's national HIV non/programing for LGBT population from 2006 - 2018.
Methods: The study draws on qualitative research that incorporated in-depth interviews with purposely selected participants from government, National Aids Council and LGBTI organisations working in Zimbabwe. Additionally the researchers engaged in an extensive review of the national HIV strategy documents.
Results: The findings show that Zimbabwe National AIDS Strategy (ZNASP) I & II simply acknowledged the existence of MSM and the criminalisation of same-sex sexual conduct but were silent on recommendations on how to address MSM needs in the context of HIV. ZNASP III (2015 to 2018) departed from the previous strategies claiming inclusivity so that every person in need can effectively and timely benefit from the relevant interventions and services on HIV. ZNASP III concedes that the legal and policy framework is a barrier. ZNASPIII was revised resulting in Extended Zimbabwe National HIV/AIDS Strategic Plan 2015-2020 which reflects a change from previous positions taken by the government as it deliberately provides opportunities for interventions customized for MSM. It provides for sensitization of health care workers, provision of a minimum service package and drop in centers for MSM.
Conclusions and Recommendations: There is need to address the legal environment which produces vulnerability and risk for HIV acquisition and transmission. It is also important to put in place robust monitoring mechanism to check on the effect of health care worker training and experiences of MSM in accessing health services.

THPED245

Boosting Prevention, Care and Treatment of HIV for People who Inject Drugs through HIV Champions in Harm Reduction Programs: A PWID Initiative

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Issues: A summary of the issue(s) addressed by the abstract.
- There is a lot of stigma for HIV among people who inject drugs
- Hepatitis C is more accepted and PWID readily disclose their HCV status but not HIV status.
- Rate of HIV among PWID is 18.7% while the rate of Hepatitis C is 50%.

Description: A description of the intervention, project, experience, service and/or advocacy.
- We noted that as a result of the stigma which is a reflection of the stigma in the general population PWID did not go for HIV testing or they did not adhere to their ART regimen to avoid being known that they have HIV.
- We formed a group called Kenya PWUD HIV Advocacy Group constituted of 20 members who were HIV positive and wiling to be champions of HIV and HCV.
- We give health talks on HIV to PWIDs in the dens on harm reduction particularly on HIV and HCV prevention, care and treatment.
- We are also the focal points for the CSOs in reaching out to the PWID who need peer support in HIV management
- We conduct referrals to hospitals for the HIV+ clients as they are able to relate with us.

Lessons learned: Conclusions and implications of the intervention or project. Data that support the lessons learned and evidence must be included.
- The testimony of a PWID is very important in influencing other PWID to go for testing, care and treatment for HIV
- HIV champions play a great role in the success of Harm Reduction programs
- PWID are a key agent in the management of HIV among their populations.
- Peer led approach is the cornerstone to successful harm reduction programming

Next steps: Possible next steps for implementation, or recommendations.
- Register the group
- Give health talks in the dens on HIV.
- Encourage more HIV positive PWID to join the group to be a big movement to fight stigma on HIV among the PWID as well as in the general population.

THPED246

Policies, Programs and HIV Response the Role of PWUDS who Use Drugs in the Sensitization of Police to Promote Harm Reduction

Wanjiku Simon
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Issues: A summary of the issue(s) addressed by the abstract.
- People who use drugs are the best to be the face of harm reduction sensitizations for police.
- Sensitizations should be done with the active presence of the people who use drugs.
- The people who use drugs have a lot of experience with the police but in a negative way during site raids and the best ways to address that is to let them address the police in the presence of harm reduction programs

Description: A description of the intervention, project, experience, service and/or advocacy.
NACC 2015 indicates that Kenya has a general HIV rate of 6% but the HIV and Hepatitis C prevalence among PWID are 18.7% and 50 % respectively. Kenya is one of the major drug-trafficking routes in East Africa (UNODC, 2018) with roughly 18,000 people who inject drugs (PWID) in the country.

Project: The PWUD led police sensitization was developed from the realization that police and people who use drugs already had a relationship at the drug using site. Only that it was a hostile relationship. Police saw the PWUD as criminals while the PWUD perceived the police as their enemies. This relationship was taken advantage of by endeavoring to change it into a positive relationship where the PWUD with the support on CSOs had an opportunity to sensitize the police on the unique challenges of PWUD and why harm reduction.

Lessons learned: Conclusions and implications of the intervention or project. Data that support the lessons learned and evidence must be included.
332 police officers (field staff and their supervisors) have been sensitized and 3 dialogue days. Program data shows reduced confiscation of NSP materials by police, greatly reduced police raids, arbitrary arrests and raids.

Next steps: Possible next steps for implementation, or recommendations.
- Registration of community groups
- Paralegal training for the community members
- Peer led courtesy calls and sensitizations
- Engagement of PWUD in drug policy review debate

THPED247

Introducing Harm Reduction in West Africa: Paradoxes among IDUs' Positive Perceptions in Dakar

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Background: Achieving the goal of ending the AIDS epidemic in 2030 requires innovative programs adapted to key populations, particularly in West Africa. In Senegal, a pilot project for harm reduction (HR) for injecting drug users (IDUs) offering methadone, needle exchange, condoms, and information/awareness building based upon the Centre Intégré de Prise en Charge des Addictions de Dakar (CEPIAD), opened in 2014. How do the IDUs involved in this program perceive these measures?
Methods: Data were collected as part of the social science component of the CODISOCS research project (IDUs and Social Dynamics in Senegal, ANRS 12333). The acceptability of the program and interventions with IDUs were explored through individual and group interviews with program participants and observations of the program development.
Results: Institutional adjustment were made around a consultation framework to implement the HR program and treatment for IDUs.
CEPIAD and outreach teams are now well accepted by IDUs. For them, free methadone is seen as a product that avoids drug-related expenses that allow them to use the money for family or projects. However, some HR measures are perceived as paradoxical by people on methadone:
-They view methadone distribution as a "new drug" that do not help them out of addiction.
- Simultaneous distribution of condoms is not understood by those who married after stabilization through the methadone program, and feel that having an orderly sex life, they do not need condoms
- Participants consider syringe distribtuion as an "incentive" to consume injectable products, while the urine tests for detecting drugs, carried out periodically at CEPIAD, are experienced as a control measure used to punish people who have consumed other products. Some take the syringes and redistribute them to diabetic parents for their insulin injections.
Conclusions and Recommendations: Under the pressure of IDUs' protests, caregivers are flexible in adjusting the treatment to maintain what they see as benefits for both patients and caregivers. But some HR measures appear to be contradictory to their desire to abandon an environment and practices negatively percieved in Senegalese society. Paradoxical perceptions of HR measures need to be considered when aiming to improve the acceptability of the system and CEPIAD since IDUs could leave the program to avoid dealing with them.

THPED248

Prise en Charge Globale des Personnes Vivant avec le VIH (PVVIH) dans la Ville de Toliara

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Background: La prévalence de l'infection à VIH à Madagascar est estimée à 0,3% au niveau de la population générale de 15 à 49 ans[1]. L'épidémie est concentrée chez les populations clés : les hommes ayant des rapports sexuels avec les hommes à 14,8%, les consommateurs de drogues injectables à 7,2% et les professionnelles de sexe à 5,6%. Madagascar a ainsi adopté la Déclaration Politique de l'Assemblée Générale des Nations Unies pour « accélérer la riposte au VIH d'ici 2020 et parvenir à l'élimination de l'épidémie de sida d'ici 2030 ». L'objectif de cette étude consiste à déterminer la prise en charge des PVVIH à Toliara.
[1]*Spectrum 2017, ONUSIDA, SE/CNLS, MSANP et autres parties prenantes nationales*
Methods: Il s'agit d'une étude rétrospective, descriptive, analytique menée auprès de 54 PVVIH prises en charge au centre de référence du CHU Toliara. L'étude s'est déroulée du mois de juin 2018 au mois de mai 2019.
Results: Plus de la moitié des PVVIH ont été âgés de 25 à 39 ans. Le sexe ratio a été de 0,54. Un tiers ont été mariées. Le centre de référence a été joignable à pied pour 77,8%. 38,8% d'entre elles n'ont pas eu d'activités rémunératrices. Le revenu mensuel de celles qui ont travaillé (51%) a été inférieur à 25 dollars. Près de 4/5 soit 79,6% des PVVIH ont affirmé avoir des confidentes. Concernant leur niveau de connaissances en matière de VIH/SIDA, près de ¼ soit 25,9% ont eu un bon niveau. Plus de 80% des PVVIH ont affirmé avoir été satisfaites par rapport à l'accueil et par rapport à la prise en charge. Les raisons de non satisfaction ont été les longues heures d'attente, et le bilan paraclinique payant. En pratique, 63,8% ont utilisé régulièrement des préservatifs. Un homme sur cinq a eu de rapports sexuels avec des hommes. Parmi les enquêtées, 12,3% ont ressenti une forme de discrimination/ségrégation au centre de référence sous forme de comportement méprisant.
Conclusions and Recommendations: La prise en charge des personnes atteintes du VIH est assez bonne mais il existe encore des discriminations. Un effort de sensibilisation et de plaidoyer est nécessaire.

THPED249

Home Delivery of HIV Medication. Differentiated Models of Care in a Remote Rural Setting in Delta State, Nigeria

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Issues: Uptake of HIV care and services in remote rural communities remains challenged by stigma and a fear of being ostracized or discriminated against. To avoid this, people living with HIV (PLHIV) may choose to travel to access care where they are least likely to be recognized. transportation costs and work commitments are other significant contributors to missed appointments among PLHIV in rural settings in the mostly riverine Delta State in Nigeria. Differentiated Models of Care (DMOC) are patient-centric service delivery models aimed at improving access to treatment and retention in care.
Descriptions: Continued adherence to lifelong Anti-Retroviral Therapy (ART) and retention in care is key to sustained virologic suppression in people infected with HIV. Barriers that deter patients from regularly attending clinic appointments and picking their HIV medication significantly affect viral suppression rates. St Francis Catholic Hospital, Okpara inland, is located in a remote rural setting in Delta State and provides care to over 700 patients. The challenges of living positive in a small close knit traditional community led the facility to implement home delivery of HIV medication to eligible PLHIV who had missed more than one appointment due to reluctance to be seen in the hospital, transportation issues, financial constraints or work related challenges. Eligibility criteria used were adults who had achieved viral suppression and had no indication of TB co-infection. ARVs were prepackaged and delivered based on client appointment dates. Deliveries to multiple service users in proximal locations were prioritized.
Results: 119 PLHIV (80F, 39M) across all age groups have benefitted from the service since inception in May 2018. Patients' preference for home delivery service stemmed from reduced chances of being seen in the hospital on ART clinic day, reduced transportation costs and convenience. No patient opted out of the delivery service.
Lessons learned: Home delivery of HIV medication was challenged by poor communication networks and lack of formal addresses. Drugs are delivered to the patient and not a proxy. Way-billing drugs in nondescript packaging also worked. Facility documentation needed to be meticulous to ensure that Home delivery patients were not captured as missed appointments or defaulters from care.
Next steps: Accelerated scale up of DMOC for eligible patients is recommended.
Key Words: Nigeria, Rural, Home - Delivery, Retention, DMOC.

THPED250

Access to HIV Prevention Services amongst People who Inject Drugs in Nigeria - A Situation Analysis

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Background: People who inject drugs (PWIDs) are among the groups most vulnerable to HIV infection. Sharing needles, syringes, or other injecting equipment to inject drugs puts PWIDs at risk of contracting or transmitting HIV. Providing PWIDs with HIV prevention services will help minimize this risk and control the epidemic among them. This paper aims at determining the coverage of HIV prevention services amongst PWIDs in Nigeria.
Methods: This study was conducted in 10 states in Nigeria in 2018, using a programmatic mapping approach. It involved a two-level process. In the first level (L1), secondary key informants were interviewed to gather information regarding the geographic locations and description of their hotspots. The second level (L2) was focused on validating the information collected and collated in the previous L1 exercise and profiling of identified "hot spots" to characterize, operational dynamics and estimate the size of the key populations. Information regarding access to HIV prevention services six months prior to this exercise was collected.
Results: Total number of PWIDs estimated was 49,876 across the 10 states. Oyo, Kaduna, Kano and Gombe states accounted for about 75% of the estimated PWIDs. A high proportion of known PWIDs in Imo (43%), Abia (26%) and Enugu (34%) states and about a quarter of PWIDs in Oyo states do not visit spots. 19,918 out of the total estimated 49,874 PWIDs share needles, with Oyo state having the highest proportion (41%). Of all the states, access to HIV prevention services six months prior to the exercise was highest for all services in Gombe state while Edo state had no access at all. 24% of spots in Gombe had peer education services. Condom services were available in 30% of spots in Gombe and 20 % of spots in Anambra state. Availability of lubricants was 25% of spots in Gombe and less than 10% in the eight other states. HIV testing service was available in 30% of spots in Gombe and 13% of spots in Kaduna state and other states having lower rates. HIV treatment services, needle replacement and safe needle disposal services were hardly available.
Conclusions and Recommendations: There was very poor access to HIV prevention services amongst PWIDs hence a large amount of unmet need. Further research is critical to ascertain emerging hotspots typologies, understand the barriers to service coverage and design the best implementation model to deliver these prevention interventions.

THPED251

What Barriers Do Sex Workers Experience to Participate in Policy-making?

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Background: The purpose of this investigation was to contribute to South Africa's national HIV response strategic planning and subsequent resource prioritization discussions. Most marginalized populations like sex workers are pushed to the fringes of society, dependent on public health experts to make decisions that affect their lives and wellbeing. Sex workers in particular face high levels of stigma and discrimination due to criminalization which exacerbates their already high risk and vulnerability to HIV infection. These factors contribute to the myriad of barriers sex workers face when seeking accountability, respect and access to health services. In addition, sex workers are excluded in decisions on HIV program design, implementation, monitoring and oversight - a violation of their human rights.
Methods: This was a qualitative study conducted in Johannesburg, South Africa using grounded theory. Data were collected through structured interviews with key informants (policy makers) and sex workers. Study participants were asked a series of questions related to participatory health governance, availability and accessibility to platforms and mechanisms which facilitate consultation and participation in health policy decisions, and experiences of social exclusion, lack of education and agency (political, human and social).
Results: The analysis found that the most prominent barriers experienced by sex workers to participate in HIV-related policy-making processes include high levels of stigmatization, exacerbated by the criminalization of sex work; time away from income earning activities; lack of political support from policy makers; and lack of resources and technical assistance to bring sex workers, and other marginalized populations into polity forums.
Conclusions and Recommendations: Evidence strongly suggests that barriers experienced by sex workers have not been fully incorporated into strategies and policies to enhance participation of key populations in the South African HIV response. Not accounting these factors when designing participatory and oversight mechanisms is problematic. Going forward, a comprehensive analysis of the global health architecture on community engagement and empowerment for marginalised populations is required which should be linked back to key populations to understand what this means to them. Only then would we be able to design and implement a fully inclusive participatory mechanism for key populations in the HIV response.

THPED252

National HIV Research Priority Setting: A Sure Path for Effective and Efficient HIV Program Implementation in Nigeria

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Background: The HIV epidemic in Nigeria is dynamic and still poses a public health threat despite the enormity of efforts and resources committed to its taming. A national HIV research priority setting is essential to gain consensus about areas where increased research effort including collaboration, coordination and investment will address the course of the current HIV epidemic and yield maximum public health benefit to the country.
Methodology: The National Agency for the Control of AIDS Nigeria led a consultative process involving a broad range of stakeholders in the country's national HIV/AIDS response. The processes include
(1) Literature review of relevant publications of HIV and AIDS;
(2) Online primary data collection of priority research topics from diverse stakeholders in the national response. These topics were classified under thematic areas that aligned with key areas of the country's National Strategic Framework (2017-2021);
(3) A three-day consultative workshop was organized to collate, refine and prioritize all suggested research topics on the basis of their effectiveness to address the HIV and AIDS epidemic in the next five years. These topics were rated and ranked in order of priority; and
(4) A one-day validation workshop was held to endorse the final list of research topics.
Results: A total of forty priority topics were validated as the country's national HIV research priorities. These topics were classified under three thematic areas in varying proportions - Prevention of HIV among General and Key Populations, and Elimination of Mother-To-Child Transmission (eMTCT) (20%); Treatment, Adherence care and support (60%); And cross cutting issues/programme enablers (20%). The top research topics were related to Optimization of eMTCT services in Nigeria; HIV prevention, treatment, care and support services for adolescent and young people; PrEP; HIV prevention technologies, Key population size estimates; HIV Prevention and the Internally Displaced People; HIV drug resistance in Nigeria, Optimizing HIV funding in Nigeria; Integrated models or approaches for controlling HIV epidemic in Nigeria; and Sustainability and Country ownership.
Conclusions: These HIV research priority needs will guide smart mobilization and allocation of resources for HIV research in Nigeria. Evidence generated from these research priorities will drive planning, promote focused programme interventions and policies, and ultimately enhance efficient utilization of resources.

THPED253

Cancer & Palliative Care Policy Development: Lessons from Zambia

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Introduction: Zambia, had an estimated 136.2 per 100,000 age-standardized incidence rate for all cancers, in both sexes and all ages. This is translated to about 12,052 new cases of cancer per year. Cervical cancer remains the most common cancer in Zambia with an estimated 3000 cases annually. Unfortunately, most of our patients present late, hence the need to improve & integrate cancer screening & palliative care (PC) services at all levels of health care delivery. Zambia is committed to achieving universal health coverage across all spectra of health care.
Aim: To create a policy environment that encourages the development of cancer and palliative care services in Zambia
Methods: The government through the MOH held a series of meetings with key stakeholders, including professionals, cancer specialists and palliative care associations that discussed on a number of activities that needed to be done to improve cancer and PC integration.
Results:

- The first draft of the National Palliative Care Strategic Framework (NPCSF) was developed in 2012
- Zambia developed the 2016-2021 National Cancer Control Strategic Plan prioritizing 4 cancers (cervical, prostate & breast cancers and retinoblastoma) and palliative care. On PC, the strategy aims to; develop an effective PC service at all levels of the health care system; & complete and implement the NPCSF
- Hospices were saved from closure as a result of inadequate funding from international donors, as the MOH provided direct funding to support hospices and placed medical personnel on government payroll to provide care.
- Government with support from partners expanded the cervical cancer screening programme
- The government continued to support the training of health care workers in radiation-oncology and palliative care
- In 2015, Zambia hosted the Malawi-Zambia-Finland (MaZaFi) Nursing, Cancer and Palliative Care Conference. The First Lady of the Republic of Zambia was Guest of Honour
- The Zambian government has continued to create funded PC specialist positions for medical doctors and nurses within its establishment
- To improve health care financing, in an attempt to reach universal health coverage, Zambia signed into law the National Health Insurance Act in 2018

Conclusion: It is possible to integrate cancer care and palliative care services within the health systems in a country like Zambia due to strong government will and institutional frameworks and policies that support its integration.

THPED254

Working with Children and Young People as Agents of Change for Better SRH/HIV Health Outcomes in Zambia: Yes it Is Working

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Issues: Zambia has a young population which faces various SRH/HIV challenges that threaten their health including early sexual debut, teenage pregnancy, child marriages & HIV. The country has over the past two decades been at the epicenter of the HIV epidemic resulting in 13.3% of young population aged 15-49 estimated to be HIV-positive (ZDHS,2014). The current Ministry of Health policy is to allow adolescents, from the age of 16 years, to access HIV services without parental consent. In addition, the Family Planning policy states that mature minors can also access SRH/HIV services. Although evidence has shown that policy pronouncements have prioritised SRHR services for adolescents and young people but is it a main concern in Zambia? It is against this background that SAfAIDS is implementing a Social Accountability Project whose aim is to strengthen social accountability and advocacy skills of adolescents as the right holders to hold duty bearers accountable in public resource management for SRH/HIV
Descriptions: SAfAIDS built capacity in 20 Social Accountability Monitors to take action and responsibility for their SRHR and hold government accountable in public resource management in the provision of SRHR services. The monitors analyze the documents from the health facilities such as the activity workplans, annual reports and budgets. Apart from analyzing the documents the monitors also conduct meetings with the youths that access services from the youth friendly corners at the health facilities in order to encourage them to realize their rights to accessing SRH services as a lived capability thus resulting in an increase in the uptake of services.
Lessons learned: Young People can be powerful drivers of social change, when availed with requisite tools, resources, confidence and entry into strategic and safe spaces to navigate the SRH/HIV allocations to meet their specific needs. Evidence generated by the monitors has paved way for evidence based monitoring and engagement of key stakeholders at community level and community level advocacy has resulted in key actions at national level for provision of ASRH services.
Next steps:Hosting of national policy dialogues with key government representatives and to ensure the young people access to SRH information, access to care centers and adequate services through harmonised SRHR policies & advocating for adequate financing for SRHR.

THPED255

Retesting for Verification of HIV Diagnosis before Antiretroviral Therapy Initiation in Harare, Zimbabwe: Is There a Gap between Policy and Practice?

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Running Head: HIV Retesting in Zimbabwe

Background: The World Health Organization recommends retesting of HIV-positive patients before starting Anti-Retroviral Treatment (ART). There is no evidence on implementation of retesting guidelines from programmatic settings. We aimed to assess implementation of HIV retesting among clients diagnosed HIV-positive in public health facilities of Harare, Zimbabwe in June 2017.

Methods: Cohort study involving analysis of secondary data collected routinely by the programme.

Results: Of 1729 study participants, 639 (37%) were retested. Misdiagnosis of HIV was found in 6 (1%) of the patients retested - all were infants retested with DNA-PCR. There was no HIV misdiagnosis among adults. Among those retested, 95% were retested on the same day and two-thirds were tested by a different provider as per national guidelines. Among those retested and found positive, 95% were started on ART, while none of those with retest result negative were started on ART. Of those not retested, only half (51%) were started on ART. The median (IQR) time to ART initiation from diagnosis was 0 (0-1) days.

Conclusion: The implementation of HIV retesting policy in Harare was poor. While most HIV retest positives were started on ART, only half non-retested received ART. Future research is needed to understand the reasons for non-retesting and non-initiation of ART among those not retested.

Keywords: False-positive HIV, HIV misclassification, Inappropriate ART initiation, Operational Research, Retesting, SORT IT

THPED256

Scaling up Public Health Approach to Law Enforcement to Remove Human Rights-related Abuses against Key Populations

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Background: Police are a critical sector in determining the risk environment for HIV in most key affected populations (PAPs), especially Sex Workers, People who inject Drugs, and other marginalized communities. In the global response to HIV, the key importance of the police's role has been recognized. In most developing countries however, police continue to serve as barriers to effective HIV responses and their role in human rights violations against KAP. Targeted programs with the Ghana Police seeks to change most of these situations.
Methods: A three prongs approach was adopted for this intervention:
Buy-in from the Police Hierarchy
In service training and sensitization of in-service personnel
Pre-service training for recruits
Results: Three meetings with the top hierarchy of the Ghana Police Service were held to solicit their buy-in. These were: one on one with the Inspector-General of police and two separate meetings with the Police Management Board (POMAB).
Intense in-service sensitization meetings were held across 22 Global Fund Implementation Districts spread across 9 out of the 16 Political Regions. Topics treated in these sessions include Human Rights abuses, arrest procedures, SGBV, and the review of a video which highlights HR abuses.
Curriculum drawing from the key sectors has been produced to serve as a textbook for all 7 police training institutions in Ghana to equip all personnel who would pass through them.
Conclusions and recommendations: It is expected that by the end of the 3-year program, 70% of those trained would become champions of the Public Health Approach to law enforcement. It is also expected that there is sustained change in Police policies, culture and practice with peer education (combined with law and policy reform) and increased partnerships with partners such as the Global Fund/WAPCAS and other key stakeholders to promote the Public Health Approach to Law Enforcement.

THPED257

Revitalizing HIV Prevention in Botswana: From National to Sub-national Programming

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Issues: Botswana has one of the highest HIV prevalence rates in Sub Saharan Africa of 20.29% among adults 15- 49. Successes have been witnessed under HIV treatment while HIV prevention interventions are yet to record noticeable successes. New data indicate that new infections remain high among adolescent girls and young women (AGYW), with girls 10 - 19 years three times as likely to be infected with HIV.

Descriptions: Botswana has made great strides in the HIV response, with successes mainly concentrated under HIV treatment having implemented a sustained treatment programme that has pushed the country closer to reaching the UNAIDS 90 - 90 - 90 targets. However, HIV prevention efforts have stagnated; only 10% of the total budget for the national HIV response was allocated to prevention between 2009 and 2016 which resulted in limited focus on prevention interventions. Prevention programmes are often not targeted, services are not differentiated and not focused to high burden regions. To revitalize combination prevention, advocacy efforts were undertaken with Government to shift the national response and prioritize prevention while doubling the pace on HIV treatment. The work involved re-positioning the national response to use lessons from the HIV treatment programme to utilize them for HIV prevention to address the rising new HIV infections.

Lessons learned: Following the advocacy, the Government development a transformative National Strategic Framework for HIV & AIDS (2019 - 2023). This marked the shift to targeted, locally tailored interventions for priority populations in high burden regions offered in an integrated approach. The shift was necessary to move from implementation of generic HIV prevention interventions, which often lacked the right dosage and intensity to achieve impact. To ensure efficiency and standardized delivery of HIV prevention services, differentiated service packages were developed for adolescents and young people and for key populations. The service packages defined high impact interventions for AGYW, young key populations, adolescent living with HIV and boys and young men.

Next steps: The next steps involve building capacity of implementers on delivery of defined interventions for each population.The differentiated package of services are expected to serve as a resource mobilization tool to ensure sufficient investment for HIV prevention interventions, and ultimately reduced new HIV infections in Botswana.

THPED258

Contribution du Secteur Privé dans la Réponse Nationale au VIH: Expérience de Nantou Mining Burkina Faso S.A.

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Issues: Le VIH/Sida est un problème de développement dont la réponse doit être multidimensionnelle et multisectorielle. Avec l'amenuisement des appuis financiers extérieurs, la mobilisation de ressources endogènes s´avère indispensable. Le secteur privé a un rôle important et l'intervention de Nantou Mining s'inscrit dans cette dynamique.
Descriptions: L'intervention a lieu dans la région du Centre Ouest où le taux de prévalence est souvent au-dessus de celui national:1,4% en 2017 contre 0,8% au plan national (données sites sentinelles). Nantou Mining s'est engagée à mener des actions multiformes contre ce fléau: ouverture d'un service de santé adapté; création du comité d'entreprise de lutte contre le VIH/Sida (CELS); mise en œuvre d'actions au profit des intervenants sur la mine et des populations locales: sensibilisation/éducation de 20.000 personnes par les activités de proximité; 8.000.000 de personnes par les activités mass-média; formation des acteurs; dépistage du VIH (400 travailleurs/an) avec prise en charge des cas dépistés positifs; dépistage, prévention, prise en charge de l'hépatite et cancer du col de l'utérus; octroi de vivres à 500 PVVIH et OEV; distribution de préservatifs; prise en charge des cas d´infections sexuellement transmissibles; dons de sang; renforcement des services de santé (construction d´infrastructures et renforcement des plateaux techniques); appuis financiers aux structures nationales, régionales et provinciales du CNLS et de la santé; renforcement des capacités de 09 structures communautaires.
Leçons Apprises: Renforcement de l'audience/l'assise de l'entreprise auprès des communautés et des autorités. De par son leadership, Nantou Mining est aujourd´hui une référence nationale dans le partage d'expériences entre entreprises et sociétés privées, l'animation et la dynamisation de la coalition nationale du secteur privé et des entreprises pour la santé (CNSPE). Son Directeur Général/Président du CELS a été le seul dirigeant d'une entreprise privée à avoir été élevé au rang de Chevalier de l'Ordre National dans la lutte contre le VIH/Sida. La société a été félicité par le Chef de l'Etat, Président du CNLS-IST.
Prochaines Étapes: Dans la perspective de l'atteinte des objectifs de la lutte à l'horizon 2030, il est indispensable d'intensifier les actions de l'entreprise en interne, aux niveaux régional et national; d'obtenir d'autres sources de financement; maintenir le leadership de la lutte dans le secteur privé et minier.

THPED259

Les Bénéfices de la Consultation Psychologique Exploratoire dans la Prise en Charge du VIH/Sida: Expérience du Bénin

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Introduction: L'appui et le soutien psychologique sont intégrés au dispositif de prise en charge des personnes infectées par le VIH au Bénin grâce au Fonds Mondial. Il est proposé aux personnes infectées ou affectées par le VIH/Sida à divers moments de leur suivi. Notre étude s'intéresse aux patients reçus en consultation psychologique exploratoire, dans le but de déterminer l'intérêt de cette approche, chez des patients ne présentant aucun motif de référence.
Méthode: Il s'agit d'une étude rétrospective de type analytique conduite sur les sites de prise en charge du Bénin abritant un Psychologue Clinicien. Sont pris en compte les patients âgés de plus de 24 ans, présents sur les sites entre mars et décembre 2018 et qui ont bénéficié d'un entretien psychologique exploratoire. L'analyse des dossiers a permis d'identifier l'issue de l'entretien, les difficultés, les symptômes et les pathologies retrouvées. Le logiciel SPSS est utilisé pour le traitement des données.
Résultats: 3076 dossiers sont éligibles, avec une prédominance féminine de 2/3. Le besoin d'appui psychologique est identifié chez 89% des cas. Les difficultés relevées sont liées au suivi médical dans 45% des cas ; à la vie relationnelle : rejet, stigmatisation, soutien (40%) et aux problèmes d'adaptation personnelle chez presque tous les patients. Toutes ces difficultés, dont les patients ne se sont pas plaintes au cours de leur visite sont à la base de problèmes psychologiques (les troubles anxieux, les troubles du comportement, les troubles psychosomatiques, les troubles dépressifs mineurs, les troubles de sommeil, les troubles dépressifs aigus et les troubles psycho-affectifs,..). Les difficultés d'adaptation personnelle sont exacerbées par les problèmes relationnels et l'adhérence au suivi. Notre étude retrouve un taux élevé de troubles psychologiques (71,1%) chez les patients ayant connu leur sérologie il y a moins d'un an. Ces troubles sont retrouvés également chez les patients après plus de deux ans de suivi).
Conclusion: Vivre avec le VIH/SIDA, exige du patient une grande capacité d'adaptation. La consultation médicale périodique a pour objectif d'évaluer la réussite thérapeutique. Mais cette réussite peut être menacée à court, moyen ou long terme par des troubles psychologiques qui envahissent souvent tout le champ relationnel du patient. L'entretien psychologique exploratoire révèle les troubles du patient et permettent d'envisager leur prise en charge précoce afin de contribuer à la réussite thérapeutique

THPED260

Study on Adolescents and Young People HIV Social Protection Mechanisms in Partner States in East Africa

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Issues: Despite substantial progress in the global AIDS response, children and adolescents in low-resource settings, are still heavily affected by the epidemic. To this end there has been growing calls for the implementation of child and HIV-sensitive social protection programmes to address the multiple individual, community, and societal factors that place young people at a heightened risk of HIV and AIDS. The purpose of this study was to map social protection mechanisms in the EAC and explore the extent to which they are child and HIV-sensitive.
Descriptions: The study used the rapid appraisal technique. Within the framework of this methodology, this study used document review which entailed an in-depth and analytical desk-top review of regional and national instruments and documents related to social protection in the EAC. In addition, a review of programme evaluations and situational analyses of social protection programmes in the EAC was also conducted.
Lessons learned: The most prominent social protection mechanisms in the EAC are promotive, protective, transformative and preventive, in that order. The focus is education, health and active labour market programmes - public works. Also prominent are school-feeding schemes and other food and nutritional programmes that address food insecurity among children and the school-aged. Conspicuously absent are 'cash plus' programmes that have been shown to reinforce the positive effects of cash transfer programmes by addressing some main structural barriers placing adolescents and young people at the risk of HIV and AIDS. Other key findings include neglect of informal social protection systems; lack of or limited access to strategic data; overall weak stakeholder coordination at national and local levels.
Next steps: While EAC Partner States recognize social protection as valuable to attain socio-economic development, targeting, coverage, scope and coordination of current programmes and policies suggest that social protection programming in the region is missing some most critical entry points for intervention. Consequently some important and vulnerable populations are not being reached. Recommendations are made to improve the quality of available data; human and other resources capacities to adequately manage social protection programming and provision; establish strategies to integrate informal social protection systems into current programming; and improve the coordination of stakeholders´ efforts.

THPED261

Women Living with HIV Lead the Advocacy for Access to Dolutegravir (DTG) as a Treatment Option

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Issues: Dolutegravir (DTG) is promoted to the preferred drug of choice for all people living with HIV starting first- and second-line treatment. Studies have showed DTG to be superior for reducing viral load in those starting treatment in their third trimester, But its status as the 'golden child' of HIV treatment options was marred slightly in May 2018 when the WHO released a security warning cautioning its use in women wishing to conceive following evidence from Botswana Tsepamo study of a potential link to birth defects. Led to the removal of DTG as an option for all women living with HIV of a childbearing age, regardless of whether they wanted children or were on effective contraception in some countries
Descriptions: ICWEA carried out a consultation on DTG with Adolescents Girls and young women in their reproductive age: Engaged the Ministry of Health in Uganda during the review of the Consolidated ART treatment guidelines to ensure that the voice of women living with HIV are heard around the DTG. Participated at Regional Dialogue with African women from 18 countries on dolutegravir use by women of childbearing (Kigali - Rwanda. ICWEA wrote a statement outlining the needs and priorities of women living with HIV in relation to contraceptive use, conception and HIV treatment and the need to have information on DTG and FP to enable women take critical decisions, integrate SRHR services in ART clinics. ICWEA generated messages on DTG use for women living with HIV used during the DTG protest March
Lessons learned: Women Living with HIV have an individual rights and deserve access to the best, evidence-based treatment available and the right to be adequately informed to make a choice. They have diverse reproductive needs and plans. Some have had the number of children they are happy with and have no plans to have more, while may have children in the near future Some women were having problems with the current regimen and wished for a change to DTG or any other drug that would give them better health outcomes with less adverse effects
Next steps: More information on the long term side effects ARV's broadly to enable women make informed choices DTG advice should propel integrated HIV and sexual reproductive health rights (SRHR) agenda for women living in lower resourced contexts.
Given current evidence, the benefits of DTG far outweigh any potential risks, and they should not derail its the roll-out across low- and middle-income countries.

THPED262

Approaches to Reaching Men with HIV Services: The Experience of USAID Boresha Afya Southern Zone

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Issues: Multiple social and service delivery barriers impede male involvement in health. Entrenched, unequal gender norms, -social expectations of men and women behaviors-, are among the strongest factors preventing men from seeking health services and also fuel Tanzania's HIV epidemic. Consequently, men get fewer benefits from the newly introduced Test and Treat Policy thus threatening the country's ability to reach the 90-90-90 targets by 2020. In line with the revised national ART guidelines, differentiated models of HIV testing, care and treatment services targeting men need to be introduced to address this gap in Tanzania's HIV programs. This paper summarizes efforts to reach men in five regions in Southern Tanzania (Njombe, Iringa, Lindi, Mtwara and Morogoro).
Descriptions: USAID Boresha Afya Southern Zone, PEPFAR funded program, employed a mix of approaches to increase uptake of HIV services among men:- Promote index testing

- Reach men at ANC using invitation letters, couple seen first and by-laws
- Provision of Male Friendly Health Services (MFHS) in selected high volume health facilities
- Capacity building (training, mentorship and supportive supervision) of HCWs on MFHS
- Facility improvement for multi disease service package [e.g. Diabetes testing, SRH, HTC, TB screening, BMI, etc] to attract men through establishment of male corners.
- Community sensitization using Male Champions, trained Community Mentors (using 'Men as Partners') and IEC materials

Key results from two quarters include:

- Trend analysis showed that the proportion of male case identification through index testing was almost equal to females
- Male case finding at ANC increased by 13%
- Male case identification at male corners doubled and all cases were initiated on treatment.
- Increased number of male partners visiting supported facilities for care

Lessons learned:

- Efforts to reach men for health services work effectively when comprehensive approaches are used, focusing on men as Clients, Supportive Partners and Agents of Change.
- Provision of comprehensive male friendly packages of integrated health services promotes health seeking behavior by men.

Next steps:

- Scale up approaches to additional facilities and advocate for inclusion in local governments plans to ensure sustainability.
- Disseminate lessons to stakeholders such as Development Partners, Policy Makers, Implementing Partners and relevant Technical Working Groups.

THPED263

Accélération des 90 90 90 : Bilan du Plan de Rattrapage au Sénégal

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Background: Le Sénégal a élaboré et mis en œuvre son plan de rattrapage 2018 pour accélérer les interventions vers l'atteinte des objectifs 90-90-90. Le nouveau Plan stratégique national 2018-2022 s'inscrit dans une dynamique d'accélération de la mise en œuvre à travers des interventions dont le plan de rattrapage 2018 basé sur onze interventions prioritaires avec 6 objectifs notamment, le diagnostic de 80 % de PVVIH, la mise sous ARV de 78 % des PVVIH, la rétention d'au moins 80 % des patients sous ARV, la charge virale indétectable chez 61 % des PVVIH sous TARV, la mise sous ARV de 80 % des femmes enceintes et le diagnostic précoce de 60 % des enfants nés de mères séropositive. Une évaluation est effectuée pour mesurer l'atteinte des objectifs du Plan de rattrapage de 2018.
Methods: Il s'agit d'une étude évaluative, rétrospective qui pose les axes d'amélioration dans l'atteinte des objectifs des 90-90-90. L'étude est menée dans l'ensemble du pays de 2013 à 2018. La collecte des données est faite selon une approche mixte. L'analyse porte sur les progrès réalisés de 2013 à 2017 et de 2017 à 2018 avec une attention particulière sur les gaps en 2018.
Results: Le nombre total de PVVIH est estimé à 42 434 en 2018. Parmi elles, 30511 connaissent leur statut sérologique soit 72%. Parmi les personnes dépistées, 26625 sont régulièrement suivies soit un taux de déperdition respectif de 12,7 % contre 23 % en 2016.Le nombre de patients sous TARV a presque doublé entre 2013 et 2018. Il est passé de 13 716 (en 2013) à 20 663 (en 2017) puis 26 464 (en 2018). Ce qui témoigne de réels progrès dans la mise sous traitement.
En 2018, sur les 26 464 PVVIH sous ARV, 20 907 ont atteint une suppression virale soit 79%. La situation des Gap selon les objectifs de rattrapage 2018 ne concerne que le 1^{e} 90 soit 8%. Pour faciliter les objectifs de rattrapage en 2020, il faut tenir compte des trois facteurs que sont : l'accès aux médicaments ARV et réactifs; les facteurs institutionnels et la faible couverture de la mesure de la charge virale.
Conclusions and Recommendations: Des résultats encourageants ont été notés. L'orientation des ressources montre toute la volonté a œuvré dans le sens des engagements du pays pour atteindre les 90-90-90. Les stratégies novatrices notamment, le dépistage par autotests, les soins différentiés, la disponibilité des nouvelles molécules ainsi que les plateformes de GeneXpert démontrent les potentialités du Sénégal à être au rendez-vous de 2020.

THPED264

Factors Associated with Rapid ART Initiation in the Wake of 'Test and Treat' Policy in Ghana

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Background: The WHO "Test and Treat" policy requires that every person who tests HIV positive is put on treatment. Ghana adopted the policy in mid-2017 and is expected to accelerate ART initiation leading to at least 90% of people living with HIV on ART by 2020. However, ART initiation is noted to be affected by several individual and systemic factors. The USAID Strengthening the Care Continuum Project, examined the association between the time it takes to put KPs (men who have sex with men (MSM) and female sex workers (FSWs)) on ART and other factors in four regions in Ghana

Methods: We extracted data of 2,049 KPs who tested positive and were initiated on ART between September 2016 and December 2018. We looked at how long it took to put them on ART after testing positive as our outcome of interest. We then looked at the association between the time and four main factors (KP type, health facility type, age and geographical location). We performed descriptive and multivariate logistic regression analyses controlling for biases within geographic locations and facility types to assess factors associated with the time for ART initiation.

Results: Duration for ART initiation dropped significantly ($p < 0.01$) since the introduction of the "Test and Treat" policy from three to four months in PY17, to less than a week by December 2018 with considerable variations between FSW and MSM. We also found that FSWs are 10% more likely to be initiated on ART on the same day compared to MSM, whereas the nonpaying partners of FSW are about 75% more likely to be initiated on ART in same day. KPs who are 30 years and above are 49% more likely to be initiated on ART than their younger counterparts (< 30years). District health facilities are 35% more likely to initiate PLHIV on ART on the same day compared to other health facilities. We also found a significant association between duration of ART initiation, age and facility type. ART initiation was not associated with KP type and geographical location.

Conclusions and Recommendations: Findings suggest that, being KPs (30 years and above), FSWs and receiving HIV services from district level health facilities are facilitative factors for early ART initiation. more innovative, non-conventional approaches for ART initiation is necessary and must take into account the age and type of facility. Further investigation into the factors that hinder early ART initiation in health centers, regional hospitals and teaching hospitals is necessary.

THPED265

An Active Case Finding Approach to Identify Unrecognized HIV, Prevent New Cases of TB and Reduce the Community Reservoir of Endemic Disease in Mozambique

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Issues: Mozambique is severely affected by dual epidemics of HIV and tuberculosis (TB). It is among 22 countries with the highest TB burden in the world and among the top 10 countries with the highest rate of TB/HIV co-infection at 40%. The risk of progression to active TB among untreated HIV positive contacts is 7-10% annually. The Mozambican Ministry of Health recommends household (HH) contact investigations (CI) for persons diagnosed with TB. HIV testing of TB case contacts provides an important opportunity to find undiagnosed HIV and TB and prevent progression to active TB by providing antiretroviral treatment (ART) and TB preventive treatment (TPT).

Descriptions: Mozambique has a population of 29 million residing in 162 districts in 11 provinces. A national HIV prevalence survey in 2015 reported 12.9% of the adult population HIV infected with just over half (55%) on ART. The prevalence of TB infection is unknown among HH contacts to TB but is estimated at 37% in the general population. We reviewed HIV prevalence data, TB surveillance data, and UNAIDS *Spectrum* estimates of persons living with HIV (PLHIV) and antiretroviral treatment (ART) coverage to identify TB index cases and geographic areas with HH where persons exposed to TB were likely to be HIV infected.

Lessons learned: Including home-based HIV testing in TB index case CIs is a feasible and efficient approach to identify and provide preventive treatment to persons at highest of disease progression. Among 1,009 TB index cases and 1,872 HH contacts, 27 (1.5%) previously undiagnosed TB cases, and 89 (4.8%) undiagnosed HIV cases were identified. Among 190 TB/HIV co-infected cases in another area 524 HH contacts were screened, and 25 (4.8%) previously undiagnosed TB cases, and 48 (9.1%) HIV positive cases were identified with 28 (5.3%) previously undiagnosed.

Next steps: Systematic review of national TB and HIV data with estimates of PHLIV and ART coverage rates will be used in CIs with home-based HIV testing to identify unrecognized HIV, and through early initiation of ART and TPT, will prevent progression to active TB and will reduce mortality.

THPED266

L'Impact des Week-ends Thérapeutiques sur la Prise en Charge des Adolescents(es) Vivant avec le VIH: L'Expérience de l'Association Kénédougou Solidarité Sikasso

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Introduction: L'adolescence est une période de croissance et de développement humain qui se situe entre l'enfance et l'âge adulte. Ce processus est une période délicate dans la vie de l'adolescent et surtout porte un impact sur sa prise en charge car source d'inobservance répétitive. Devant ce constat et grâce à l'appui financier de Sidaction à travers son programme GRANDIR, l'association Kénédougou solidarité organise un week-end thérapeutique chaque année au profit des adolescents (es) en situation d'inobservance.
Méthodologie: Sélection des adolescents (e) en situations d'inobservance à travers le registre de suivi du TARV Prise de contact avec les parents/Tuteurs des adolescents (e) concernés Choix d'un cadre d'internat pour le déroulement des activités en dehors de la structure de PEC 30 adolescents (es) (15 garçons et 15 filles) ont été sélectionnés et qui avaient des difficultés d'observance Résultat : Parmi les 30 adolescents(es) ayant participé aux weekends thérapeutiques après suivi, 27adolescents soit 90% ont vu leurs observances renforcés. Seulement 03 soit 10% ont des difficultés dans l'observance. Nous avons constaté une hausse du taux de CD4 et une régularité dans les rendez-vous de consultation. Parmi les 30 adolescents 20 ont bénéficié de CV Soit 66,66% et dont 17 ont eu une CV indétectable soit 85%.
Conclusion: Le Weekend thérapeutique est un cadre idéal pour les adolescents car un lieu d'échange avec les pairs, ludique et surtout d'auto-support. C'est une excellente activité au profit des adolescents(es) qui permet d'évaluer et de renforcer leur observance.

THPED267

Laboratory System and the Ambition to Ending AIDS, Tuberculosis (TB) and Eliminate Viral Hepatitis in the African Region

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Background: African countries have committed to End AIDS, TB and eliminate Viral hepatitis by 2030. To facilitate attainment of set 2030 targets, WHO developed global strategies for each of the diseases, identifying key requirements including diagnostic systems. To determine the extent to which the laboratory systems in African countries are supporting the achievements of the 2030 targets, we assessed key pillars of the laboratory systems during joint HIV, TB and Hepatitis programme reviews, aimed at assessing implementation status of the National Strategic Plans (NSPs) as it relates to attainment of the set targets.
Methods: We conducted reviews between 2017 and 2019 in 16 African Countries in response to Country´s requests (Burundi, Cameroon, Congo, Cote d´Ivoire, DRC, Eritrea, Ethiopia, Gabon, Guinea, Guinea Bissau, Lesotho, Liberia, Malawi, Mozambique, Uganda and Zimbabwe). The programmatic review included data collection through desk review of strategic documents, interviewing key informants, and direct observations at selected health facilities across all tiers of the health system. Data collected included information on national laboratory policy and strategic plans, human resources, laboratory services integration and lab quality management systems towards attaining the 2030 targets. The review was conducted by a mix of international and local experts on the area.
Results: We reviewed 16 (34%) countries in Africa, in which 5 (31%) had an approved laboratory policy and 2 (13%) had integrated Laboratory NSPs. Most of the diagnostic services are donor funded and vertical. Despite existence of specimen referral system and electronic Laboratory Information system in 8 (50%) of the countries, all reported a prolonged Turn Around Time of results. Seventy percent have equipment service contracts, however, there has been frequent equipment downtown. The countries are implementing task shifting, however competent human resource is still a gap. Countries have invested on diagnostic equipment for HIV and TB testing, and are at various stages of diagnostic integration. However, only one country is implementing routine testing for Viral Hepatitis.
Conclusions and recommendations: We observed slow laboratory policy reforms, affecting the provision of laboratory services and achievements towards reaching the SDG 2015 targets, as also observed using WHO AFRO scorecards. We recommend implementation of the 2008 Maputo declaration for a sustainable laboratory services.

THPED268

Vers l'Autonomisation des Orphelins et Enfants Vulnérables du Fait du VIH/Sida: Approche par l'Insertion Socioprofessionnelle dans Quatre Villes de la Côte d'Ivoire

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Sujet: La Côte d'Ivoire fait face à une épidémie généralisée de VIH/sida, avec une prévalence 2,9% et évolue dans un contexte de pauvreté généralisée. Cela accroit la vulnérabilité des ménages affectés par le VIH/sida et réduit les possibilités pour les Orphelins et Enfants rendus Vulnérables (OEV) du fait du VIH/sida d'accéder aux services sociaux de base. Face au nombre croissant d'OEV déscolarisés (11,9%) et l'incapacité des familles à les prendre en charge, l'une des alternatives est de former ces adolescents à la gestion des ressources qu'ils mobilisent. C'est dans ce cadre que Health Alliance International (HAI) a bénéficié d'un financement du Centers for Disease Control and Prevention (CDC) pour former des OEV en gestion financière dans quatre villes de la Côte d'Ivoire.
Description: Le projet d'une durée de six mois a permis de former 58 OEV venant de Dabakala, Boundiali, Ferkessédougou et Sakassou en gestion financière. L'âge médian des OEV était de 16 ans (IQR=15-18) avec des extrêmes compris entre 15 et 18 ans. En fin de formation, une fiche d'identification des besoins en apprentissage a été soumis à chaque OEV. Ainsi, 28 (15 filles et 13 garçons) OEV ont exprimé le besoin d'être mis immédiatement en apprentissage après la formation. Les métiers sollicités étaient la coiffure (50%), la couture (39,3%), la menuiserie métallique (7,1%) et la mécanique moto (3,6%). Si les deux derniers métiers étaient exclusivement choisis par les garçons, les métiers de la coiffure et de la couture étaient quant à eux conjointement sollicités par les deux sexes dont une majorité de filles. La répartition selon le sexe indique que 72,7% (couture) et 78,6% (coiffure) contre 27,3% (couture) et 21,4% (coiffure) pour les garçons. Après deux mois de mise en apprentissage, sur les 28 récipiendaires, 24 étaient toujours en apprentissage (85,7%), trois (3) ont achevé leur formation (10,7%) et une (1) OEV (3,6%) a arrêté momentanément sa formation pour cause de maternité.
Leçons Apprises: L'implication des OEV dans l'identification des activités les concernant précédés d'une formation favorise leur engagement.
Prochaines Étapes: Suivi des bénéficiaires par les institutions nationales et les ONG locales.

THPED269

Soins Post Viol des Enfants et Adolescents en Contexte de VIH/Sida: Mise en Place d'un Système de Notification des Cas en Milieu Clinique en Côte d'Ivoire

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Sujet: La violence sexuelle est un problème de société en Côte d'Ivoire : 35,6% enfants de 0 à 17 ans révolus sont victimes de VBG toutes formes confondues ; 61,5% sont victimes de viol et 55,7% victimes d'agression sexuelle. Cependant, les cas de violences sexuelles demeurent sous notifiés. En réponse à cela, Health Alliance International (HAI), avec un financement du CDC, a contribué à mettre en place un système de notification et de rapportage des violences sexuelles faites aux enfants et adolescents vus dans les structures de santé afin de systématiser la collecte d'information.
Description: La mise en place du système de notification débute par la formation de 297 prestataires de santé (227 prescripteurs ARV et 70 Chargés des Services d'Action Sanitaire (CSAS) à la prise en charge holistique des enfants et adolescents survivants de violences sexuelles. Les auditeurs étaient majoritairement des hommes (60,6%) contre 39,4% de femmes. La formation comportait trois volets (médical, psychosocial et juridique). Au terme de chaque formation, un système de notification des cas est constitué. Les auditeurs formés devenant ainsi les Points Focaux (PF) de structures de santé représentées. Le cadre de référence adopté met en interaction trois types d'acteurs appelés Points Focaux VBG : le prestataire de santé formé (PF VBG de sa structure de santé), le CSAS (PF VBG du district sanitaire) et le PF national de la thématique VBG situé au niveau central (Programme National de Santé Mère Enfant (PNSME)). Les PF VBG des structures de santé rapportent chaque semaine les cas de violences sexuelles sur enfants/adolescents notifiés et prise en charge dans leurs structures de santé au CSAS de leur district sanitaire ; lequel CSAS rapporte à son tour mensuellement ces cas au PF VBG national. Une version électronique de la fiche de collecte de données élaboré par le PNSME a été remis aux CSAS et à chaque PF VBG de structure de santé pour le tracking des informations.
Leçons apprises: Traçabilité systématisée pour la prise de décision ;
Prochaines étapes: Suivi de la mise en œuvre de cette stratégie de notification des cas en milieu clinique.

THPED270

Social-economic Empowerment Strategy to Reduced HIV Vulnerability among People who Inject Drugs in Mbale, Uganda

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Issues: Low income, unemployment, lack of access to health care, among other factors increase PWIDs' (People Who Inject Drugs) vulnerability to HIV. In the past social-economic approaches to HIV programming were aimed at lessening the impact of social-economic disparity on people living with HIV rather than addressing those disparities at their root as a prevention strategy.Low incomes, unemployment, and lack of access to health care among PWIDs is shaped by legacies of disenfranchisement and social upheaval; and the roles of stigma, discrimination and criminalization of PWIDs which increase their vulnerability to HIV. With an HIV prevalence of 16.7% and 6% of 42,000 new HIV infection in Uganda being PWIDs is alarming. (UNAIDS 2018)
Description: HIV and Harm Reduction Eastern African Regional project which implemented interventions that seek to change the context that contributes to PWIDs' vulnerability to HIV. They included policies that aimed to change the conditions in which PWIDs live , community responses that bring about social-economic change. For example, creation of a policy and legal environment that allows for NSP (Needle and Syringe Program), implementation of anti-stigma and discrimination measures that reduce HIV vulnerability among PWIDs and funding for the active involvement of PWIDs' communities in developing and promoting HIV prevention interventions.
Lessons learned: Trained 87 PWIDs with 32 being females in various business development strategies including hairdressing, barbering, soap making. Registration of 7 PWIDs' community-based organizations across the country and with a policy of employment of 30% females on every organization executive and peer outreach HIV prevention programs provided employment which addressed the issue of unemployment. Referral of 112 PWIDs with 38 being females to different HIV service centers, this increased PWIDs' access to health care.(Uganda Harm Reduction Network 2017 Annual Report) The project showed that social-economic approaches to HIV prevention must be complemented by other prevention programing, including interventions that influence individual behavior to achieve an effective and continued reduction in HIV vulnerability among PWIDs.
Next steps: More funds are needed for business support, business development strategies and skills training for social-economic empowerment, as well as behavior change among PWIDs as an HIV prevention strategy.
Keywords: PWIDs, HIV, Vulnerability, Social-economic

THPED271

Burundi Nutritional Status and Vulnerability Profle of Person Living with HIV and Prevention of Mother to Child Transmission

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Background: Burundi is a resource-poor, low-income, food deficit country. Pockets of high prevalence of malnutrition are found among people living with HIV and their households. It is a Global Plan 22 Prevention of mother-to-child transmission priority country.
A joint United Nations World Food Programme (WFP) and UNAIDS national study was conducted to provide baseline information on the nutrition and food security status of PLHIV, including PMTCT clients and to gather data for the development of the Global Fund concept note and the Burundi National Strategic Plan to Fight Against HIV/AIDS (2018-2022).
Methods: The cross-sectional study covered 19 pre-ART sites, 14 PMTCT sites and 16 ART sites selected in 12 out of 18 provinces of Burundi. a total of 1207 PLHIV were sampled (395 women under PMTCT, 365 PLHIV pre-ART, 449 PLVIH on ART). Data was collected from ARV, CDV and PMTCT sites by 17 teams comprising 34 enumerators, 9 supervisors, a local coordinator (technical committee chairperson) and an international consultant (principal investigator. Data collected included anthropometric measurements of weight, height, MUAC, and age. Microsoft Excel 2016 and the Statistical Package for Social Sciences Software (SPSS v.21) were used for analysis.
Results: Among PLHIV on ART 55.2% had a BMI within the normal range, 32.3% were undernourished, 9.3% were overweight, and 3.2% were obese. Among pre-ART PLHIV, 54.3% had a BMI within the normal range, 30.4% were undernourished, 13.0% were overweight, and 2.2% were obese. Among PMTCT clients, 50% had a BMI within the normal range, 8.9% were undernourished, 31.8% overweight, and 9.2% obese.
Undernourishment was highest among PLHIV on ART (32.3%), followed by non-ART PLHIV (30.4%) and PMTCT clients (8.9 %) ($p< 0.01$). Undernutrition prevalence rate among male PLHIV (41.5%) is almost double that of female patients (21.7%). ($p< 0.01$). Overweight and obesity was highest among PMTCT clients (41%). Overweight was more prevalent in urban areas (23.5%) than in rural areas (12.1%) ($p=0.004$).
Conclusions: High levels of undernutrition co-exist with high levels of obesity among the study participants. The growing double burden of malnutrition calls for the integration of undernutrition treatment programmes with social behavioral change communication and education campaigns to prevent the increased risks associated with chronic non-communicable diseases, such as diabetes, cardiovascular diseases (hypertension) and cancer.

THPED272

Engaging Private Sector to Invest into Sexual Reproductive Health and Gender Equality Interventions at the Workplace Policies

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Issues: Since 1982, HIV&AIDS burden in Uganda, its prevention has remained a huge challenge. In 1988 Federation of Uganda Employers (FUE) started an HIV&AIDS program focusing on HIV&AIDS at workplace. Sexual reproductive health and gender equality (SRHR&GE) needs had remained a challenge as businesses were reluctance to invest in HIV&AIDS interventions despite its impact on productivity and competitiveness. With a largely young population (52%), many are faced with HIV & AIDS (6%), unwanted pregnancies, unsafe abortions, sexually transmitted infections with gross impact faced by women.
Descriptions: In 2017 Danish Family Planning Association, supported FUE to engage private sector to invest in sexual reproductive health, gender equality initiatives at workplace initially starting by management awareness on business case to invest in health, capacity building to develop safety/health policies, establish measures combating sexual harassment and gender based violence. Conducted policy advocacy to observe labour rights by companies dominated by female employees who are in low paying and economically disempowered in flower, manufacturing and service sectors aged 18-30 were targeted. Interventions also involves addressing socio-cultural practices, attitudes and behavioral factors and service delivery for sexual reproductive health such as family planning, sexually transmitted infections management.
Lessons learned: engaging decision-makers in private sector companies creates buy-in to business case for support and commitment.
Twelve companies have been engaged, implementing SRHR&GE interventions benefiting 32,000 workers.
Sexual harassment, HIV&AIDS workplace policies including SRHR&GE have been developed & implemented.
Company structures promoting SRHR&GE at workplaces like occupational safety, health and Gender committees have been established in 12 partner companies.
72 duty bearers have been engaged on need to integrate SRHR&GE into national labour legislation.
Next steps: Businesses can play a huge role in realizing workers rights to health, equality and decent work such as signing up to the UN Global Compact and by adhering to the UN Guiding Principles of Business and Human Rights.
Workplace SRHR/GE responses require simple innovative approaches demonstration benefits to bottom. Addressing SRHR&GE gaps are still minimal hence need to engage and capacitate private sector develop and strengthen workplace practices and initiatives.

THPED273

The Role of HIV and AIDS Workplace Programmes in Fostering Self-disclosure of HIV Status

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Background: Malawi has had a HIV and AIDS Workplace Programme for the Public Sector since 2004. The Programme is meant to improve the quality of life of infected and affected employees. However, a recent review of the programme revealed disturbing rising trend in new infection rates, revealing some internal inefficiencies of the programme, such as the inadequacy of self disclosure among PLHIVs to enable them access support.
Methods: In 2018, we conducted a cross sectional anonymous survey of 969 public servants, randomly sampled from countrywide public service establishments. Analysis consisted of descriptive statistics and bivariate analysis between sero status and selected demographics.
Key results: The findings showed that 12% of the surveyed civil servants were HIV positive of which 68% were on ART. At least 69% of the PLHIVs admitted to have disclosed their status. Of these, 55% were at peace with the decision to disclose whereas 14% regretted the move. The majority of the disclosers (68%) had disclosed to their primary partners. The findings show that despite the workplace programme being in place, few PLHIVs rush to disclose their status to the employer.
Conclusion: The findings are consistent with research done elsewhere which show that, generally, PLHIVs find it relatively easier to disclose their status to primary partners. Available evidence indicates that rates of disclosure to primary sex partners range from 67% to 88%, with the likelihood of disclosing to other parties markedly decreasing. The findings show that although the Workplace programme has been in place for years, it has not been instrumental in fostering self disclosure to the employer. This is because of the lingering HIV related stigma and discrimination in the workplace.
Implications for policy: HIV and AIDS workplace programmes should have robust strategies for addressing stigma and discrimination elements. Furthermore, spousal inclusion should be an integral part of the programmes as this can nurture mutual openness and, in turn, foster self disclosure at the workplace. These additions have enormous potential in enabling PLHIVs access support and in so doing contain the spread of HIV, including reversing rising HIV infections.
Keywords: *Workplace programmes, self-disclosure, public service*

THPED274

A Cross Sectional Study on Risk Factors for School Non-attendance among HIV Infected or Affected Orphans and Vulnerable Children (5 - 17 Years) in Calabar, Nigeria

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Background: There are estimated 13.2 million out-of-school children in Nigeria, of whom 2.3 million are orphaned due to HIV and AIDS related causes. Limited access to education is one of the adversities associated with HIV infection among Orphans and Vulnerable Children (OVC) in Nigeria. Although Federal Ministry of Women Affairs & Social Development have put in place OVC case management policy that ensures vulnerable children are schooled; they continue to encounter barriers in school attendance. The objective of this study is to identify risk factors associated with school non-attendance among enrolled school age OVC (5-17 years).

Methods: A cross sectional study of Caregivers of enrolled OVCs (5 - 17 years) was conducted at household level between October 2017 and March 2018 using a structured questionnaire. The study was nested within an ongoing community OVC intervention project - HIFASS LOPIN-3, in Calabar, Nigeria. Data was collected on OVC education, HIV and household economic status. In this study, a child is considered having school non-attendance if he or she missed school, 5 days or more over a four-week period consecutively, during a terminal academic session. Logistic regression analysis was conducted to assess caregiver and child-related factors associated with school non-attendance among them.

Results: 289 Caregivers of 816 OVCs were interviewed, among which 65% (n=185) are females. The median age of the Caregivers and OVC were 35 and 10 years respectively. Among all the school age OVCs, 4.6% (n=14) are HIV positive while only 3% (n=8) of the Caregivers were equally infected with the virus. Eighty-nine percent (89%) of the children are currently enrolled in primary or secondary education. However, 60% (n=133) of the OVCs had non-attendance in school, of whom 10% (n=14) were HIV positive. Household related associated factors of OVC non-attendance included non-payment of school fees or levy (81.2%), food insecurity at the household level (7.7%), and child being sick (5.9%). Seventy-two percent of the caregivers earn $0.92 per day.

Conclusions and Recommendations: Weak financial capacity of caregivers is the major risk factor for non-attendance of school by OVCs in Nigeria. Policy review to include empowerment support to caregivers of infected or affected children under the social intervention program of government will improve school attendance among OVCs.

THPED275

Early Access to Dolutegravir-based HIV Treatments in Low- and Middle-income Countries

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Issues: Despite progress scaling up ART worldwide, approximately 41% of adults and 48% of children living with HIV still lack access to ART. Among people on ART, still many are on suboptimal treatment, often for lack of access to affordable versions of optimal treatments. Access-oriented licences on patented medicines facilitate access to affordable, quality-assured generic medicines, benefitting millions of people in LMICs.
Description: Medicines Patent Pool (MPP) public-health oriented licences allow distribution of patented medicines in LMICs and development of new treatments (e.g., paediatric formulations and fixed-dose combinations). Competition among multiple manufacturers brings prices down, supporting scale-up. In 2014, the MPP announced licences for DTG, which displays few drug interactions, achieves rapid viral suppression, has a high genetic barrier to drug resistance, enables low cost production and is effective against both HIV-1 and HIV-2. DTG is recommended as part of preferred first- and second-line HIV treatments for children and adults by WHO. MPP licences have enabled swift development of affordable, quality-assured generic versions of DTG and the fixed dose combination TLD.
Lessons learned: The DTG licence covers 94 countries, in addition to those with no patent in force, which may also procure from MPP licensees. As of March 2019, six MPP licensees had received stringent regulatory approval, with generic DTG and TLD being sold in 66 countries (including 28 in sub-Saharan Africa). DTG licences have allowed an unprecedented short timeline from originator development to generic uptake, with nearly 3.9 million PLHIV in LMICs having access to optimal treatment at the same time as patients in high-income countries. The non-exclusive nature of the licences has promoted strong generic competition (with prices already below 70 USD per person per year).
Next steps: TAF + FTC (or 3TC) + DTG has been identified as a potential first-line treatment by WHO experts. TAF may have safety advantages over TDF and enable further cost savings. The territory covered by both TAF and DTG licences is 87 countries. As of March 2019, 11 MPP licensees were developing TAF/FTC/DTG. Rapid licensing of DTG has enabled early access to quality, affordable generic versions of TLD and other promising treatment options, setting new standards in access to medicines. It now is important to ensure generic manufacturers register the products in all licensed countries.

THPED276

The Logic Model of the Haiti National Quality Improvement Program (HEALTHQUAL-Haiti)-Lessons for Other Developing Countries

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Background: A national Continuous Quality Improvement Program, HEALTHQUAL-Haiti, is being implemented in more than 100 health facilities. Access to health care for Persons Living with HIV is not enough. That is why the Ministry of Health in Haiti put emphasis not only on access but also on the quality of care. The logic model of a program explicit the link among the resources, the activities, the results and the mechanisms that lead to the results. The purpose of this article is to present the Logic Model and some lessons learned. The end goal of this research is to understand the factors that influence the implementation of a quality improvement program in the context of Haiti. It's about implementation analysis or evaluation (Implementation science).
Methods: We conducted a literature review, interviews with key stakeholders at the national level and at 2 health facilities, document analysis, observations of training for coaches and practices at health facilities, consultations with the research team and attended a validation meeting. A qualitative analysis (with Atlas ti) of all data collected allowed for the consolidation of evidence from the different concepts, mechanisms, and relationships among resources, activities, processes, and results of the HEALTHQUAL-Haiti program.
Results: The activities realized are the following: Training in CQI; Coaching/Mentoring; Performance Measurement; Process improvement activities based on performance data; Focus on the needs and results most important for the patients; Problem-solving activities; Adaptation or adoption of change; System strengthening by process analysis. The expected results are the following: Reduced Mortality; Health Status improved; Quality of Life improved; Costs reduced. The mechanisms by which the HEALTHQUAL Program reach its results are the following: Competencies' improvement; Utilization of Quality Improvement tools; Leadership at different level; Work in multidisciplinary team; Process analysis; Improve working environment / Work climate; Employee motivation; Improvement of continuous quality improvement culture; System improvement; Process improvement; and organizational learning.
Conclusions: Leadership at different levels, work in a multidisciplinary team and system improvement and development of a quality culture are the key drivers that lead to the outcome.

THPED277

Advocating for the Decriminalization of Sex Work in Rwanda: Sharing Lessons Learned in the Penal Code Review Process

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Issues: Article 205 of the former penal law provided sanctions against any person involved in the sex work (SW). Evidence shows that, women are more vulnerable to HIV and other Sexually Transmitted Infections (STIs) -both through their engagement in SW and through clients of sex workers (SWs). Indeed, criminalization of SW forces people engaged in SW (UNAIDS, 2002), limits condom use and fear of carrying condoms (Decker, 2015) hinders vulnerable women from seeking services for sexual violence (UNAIDS, 2014), and causes a lack of health services among the key populations (KP). The prevalence rate of HIV among women engaged in SW is 51% - more than 17 times higher than that of the general population. Female sex workers (FSWs) contribute up to 46% of new HIV infections, while their clients contribute to 9-11% (Ministry of Health, 2011).
Intervention: By conducting advocacy with government institutions and civil society organizations (CSOs), HDI demonstrated how article 205 adversely affects efforts to reduce the impact of HIV among SWs, a group significantly affected by HIV as highlighted in the HIV/AIDS National Strategic Plan.
Methods: In 2016, HDI demonstrated how the criminalization of SW endangered SWs and increased risk of violence, discrimination, and clients who were less inclined to use condoms. By conducting coalition meetings with CSOs and lobbying meetings with ministries, HDI established a strong relationship with the Parliament who now updates HDI on legislative processes and upcoming laws.
Result: Working with multiple stakeholders to develop cohesive arguments, increasing the basis for support, spreading awareness on the issue, lead to the decriminalization of SW. Even though SW was decriminalized, clients are still criminalized.
Lessons learned: The decriminalization of SW has the potential to increase SW' access to sexual and reproductive health services, especially for women at an increased risk for HIV. However, HDI remains concerned that article 31(7) of the human trafficking law will target organizations providing health services to SWs and their clients, as the law criminalizes anyone who knowingly helps, assists, or protects prostitution. Thus, this law will impede government efforts to fight HIV among this KP group with a higher risk of exposure. HDI learned the value of working within diverse coalitions in order to reach high-level decision-makers.

THPED278

Meaningful Engagement of Youth Advocates in Policy Influencing: Experiences from Kenya

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Issues: Approximately 25% of the world's population are adolescents and young people (AYP) aged 10 - 24. In Kenya, they account for 33% of the population;15 - 24 years accounted for a third of all new HIV infections. The AYP potential is hindered by extreme poverty, communicable diseases like HIV, discrimination, lack of involvement in decision making and information. There has been a global call for stakeholders to be deliberate in engaging AYP. To respond to this call especially in contributing to Kenya's realisation of UHC goal by 2030 and zero new HIV infections by 2020, LVCT Health developed a programme to improve the quality and frequency of AYP engagement in health decisions to influence change within devolved administrative units known as counties.

Descriptions: The programme developed a criteria for selecting 150 AYP at county level to form youth advisory councils (YAC) in collaboration with 6 county governments, youth organisations and implementing partners. Baseline information was collected on HIV and SRH knowledge, level of education, interpersonal skills and their reasons for wanting to be involved in advocating for change. The YAC are taken through a 3-day training that includes advocacy, sexual reproductive health and rights (SRHR), peer support, life skills, self-care and documentation. Bi-monthly mentorship forums are held to strengthen knowledge on SRHR, advocacy strategies and partnerships. YAC members identify advocacy opportunities and are facilitated by implementing partners to engage in decision making forums at the County such as technical working groups, budgeting processes, project cycles and conferences.

Lessons learned: Mentorship for AYP needs to be structured and informed by baseline information. As mentorship is conducted AYP should be assessed biannually on improvements in knowledge, engagement with peers and contributions in advocacy forums. AYP need to be linked to platforms and provided with information to inform their decisions. For instance, YAC in Nairobi and Mombasa utilised county level data on SRH indicators among AYP to successfully advocate for support for peer-to-peer model and development of AYP SRH strategy respectively.

Next steps: The AYP in YAC will identify their peers who can be mentored to continue with advocacy as some of them grow beyond 24 years. We recommend this approach to be scaled up in all counties and regionally as a best practice in meaningful engagement of AYP.

THPED279

Key Issues in Breaking the HIV Infection Epidemic Chain: Evidence from Multiple Indicators Cluster Survey (MICS) 2016/17 & Preliminary Findings of Nigeria AIDS Indicator & Impact Survey (NAIIS) 2018

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Issues: Eradication of new infections through status awareness (HIV testing) and viral load suppression through access to, linkage to, AND uptake of care remain indispensable in breaking the HIV Infection Epidemic Chain. From recent findings, higher prevalence of HIV among economically active women (1.9%) and women of reproductive age (1.9%), suboptimal viral load suppression (VLS) among men (34.5%), and low rates of HIV testing across genders (15.1%) are recurrent indicators of continuance of the epidemic in Nigeria. This review seeks to identify socio-structural drivers of these indicators with a view to proposing realistic policy-based interventions that will permanently and effectively disrupt the infection cycle

Descriptions: Both MICS 2016-17 and NAIIS 2018 are household based surveys. MICS as a cross-sectional survey covering a wide range of indicators across the spectrum of the MDGs/SDGs while NAIIS assessed HIV prevalence, coverage and impact of services and measured other related markers like risk behaviours.

From these two surveys, it is seen that a high level of awareness of testing centres i.e. access (70.8% - men; 60.4% - women) did not translate into status awareness (15.1%) nor did knowledge of treatment centres i.e. linkage to care translate into uptake of care. It is also seen that accepting attitudes (non-discrimination & non-stigmatization) toward PLWH is very low (8.3% -women; 14.3% - men).

Lessons learned: The disparity observed between access to testing and awareness of status is indicative that

a) the fear of required life choices adjustments in the event of testing positive makes the bliss of ignorance attractive

b) perception of HIV Counselling & Testing Centres (HCTs) as HIV Treatment Centres (HTCs) and the concomitant fear of discrimination and stigmatization through 'mistaken identity'

The fact that treatment centres provide confidentiality of service without anonymity in access and linkage to care is inimical to uptake of care and adherence/compliance and by extension, VLS

Next steps: Law should be used motivatively and not punitively. Evidence of HIV status awareness (not status disclosure) should form part of renewal of regulatory identity (passport, driver's licence, BVN etc) Increasing Uptake of ANC as a platform for increased status awareness and access to care for (WRA) Anonymity (not just confidentiality) for males in the linkage to care process to achieve optimal viral load suppression

THPED280

Les Élections Présidentielles comme Opportunité de Plaidoyer en Faveur des Droits et l'Accès aux Soins des LGBTI au Cameroun: Expérience d'Alternatives-Cameroun

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Problème: Au Cameroun, la question sur la dépénalisation de l'homosexualité reste un sujet peu commun ou exploité plutôt négativement, par calcul politique lors des événements majeurs. Nous avons vu en l'élection présidentielle de 2018 une opportunité de plaidoyer, afin de faire inclure la question homosexuelle, et notamment leur accès aux soins, dans le débat politique au Cameroun.
Méthodes: Nous avons commencé par collaborer avec l'Instance en charge des élections au Cameroun, pour renforcer l'inscription des LGBTI sur les listes électorales. Cette instance est arrivée dans nos locaux et y a procédé à l'enregistrement d'une quarantaine de personnes, et est revenue au centre pour remettre les cartes d'électeurs. Puis nous avons analysé à travers les archives les positions des 9 candidats aux présidentielles sur la thématique homosexuelle. Nous les avons labélisés selon trois couleurs différentes : le vert pour les candidats en faveur des droits des homosexuels, le rouge pour ceux qui sont contre, et l'orange pour ceux ayant une position mitigée. Ce profilage a été publié sur nos comptes de réseaux sociaux, à la société civile et aux médias. Dans un second temps, nous avons remis à chaque candidat une lettre cosignée par 8 organisations identitaires, invitant les candidats à inclure la question homosexuelle dans leurs programmes politiques.
Résultats: Le profilage des candidats montrait que 2 étaient favorables aux droits des homosexuels au Cameroun, 3 contre et 4 sans position claire. La diffusion du profil a fait le tour des toiles et animé le débat sur la question. Certains en ont tenu compte dans leur choix électoral. Les candidats ont réceptionné notre lettre sans offrir de réponse. En revanche, lors du profilage, la position d'un candidat avait évolué dans le bon sens entre temps, passant du rouge à l'orange. Ce candidat avait exprimé à la radio sa position en faveur de l'accès aux soins des LGBTI, en condamnant les stigmatisations dont ils étaient victimes dans les centres de santé. Comme quoi les politiques seraient plus sensibles aux arguments liés à la santé, pour promouvoir les droits des LGBTI.
Conclusions et Recommandations: Nous projetons reproduire la même opération lors des futures élections à savoir les régionales, sénatoriales et municipales. Plus en encore, nous entendons favoriser la candidature d'un LGBTI lors d'une élection afin de faire valoir les droits des personnes LGBTI dans une société égalitaire.

THPED281

Progress of African-led Advocacy for HIV Prevention Research

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Issues: A core challenge for the HIV prevention field is to sustain momentum in research and development (R&D), while scaling up available HIV prevention tools, amidst a shrinking resource envelope. As prevention research becomes increasingly complex, advocates must align their agenda to address the most urgent priorities.
Descriptions: The Coalition to Accelerate and Support Prevention Research (CASPR), designed in 2016 by AVAC with partners and supported by USAID, is an Africa-based Coalition to leverage expertise in advocacy, research translation, research preparedness, and policy engagement to accelerate biomedical HIV prevention R&D. In its first three years, CASPR influenced national guidelines and strengthened Good Participatory Practices in trials. CASPR convened in February 2019 to analyze learnings thus far and assess the most urgent issues affecting HIV prevention research.
Lessons learned: CASPR identified four priority issues critical to efficient and ethical scientific advancement of HIV prevention R&D: domestic financing, the women's research agenda, mapping and identifying R&D pipeline priorities, and engaging in next-generation HIV prevention trial design. Illustrative objectives include:

- Influencing policymakers to adopt supportive policies or funding streams that increase domestic financing for HIV prevention R&D, using health research as a platform for future investment in HIV prevention R&D.
- Highlighting emerging issues, and strengthening collaborations established amidst the ECHO trial and MTN 034/042/043 consultations to accelerate progress towards an integrated, women-centered approach in trials.
- Documenting a clear pathway following efficacy trials to conclude from 2019-2022, regardless of trial results - both in terms of clear next steps and clearly articulated translation and/or implications on next generation candidates in the current and future pipelines such as MPTs.
- Ensuring stakeholder perspectives are part of the next-generation era to ensure smooth, ethical progress of trial design and implementation in the development and introduction of new prevention interventions.

Next steps: CASPR stands as a unique mechanism for African-based HIV prevention R&D advocacy. It is well-placed to drive strategic advocacy priorities for advancing the field. In the coming years, CASPR will implement programs focused on the four advocacy issues identified and will track them against progress in the field.

THPED282

Introducing Photo Voice as an Advocacy Tool for Promoting Harm Reduction and HIV Prevention among People who Inject Drugs in Nigeria

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Issues: The Integrated Biological and Behavioural Surveillance Survey (IBBSS) conducted in 2014 reported an HIV prevalence of 3.4% among People Who Inject Drugs (PWIDs) in Nigeria. Also, the 2019 report of the National Household survey on drug use by the United Nations Office on Drugs and Crime (UNODC) shows about 80,000 people inject Drugs in Nigeria, of which, injecting drug use contributes about 9% of annual new HIV infections in the country. This clearly poses public health threats in the country.People Who Inject Drugs often experience stigma and discrimination; this drives them to the ground, thereby hampering their access to required treatment and support services. PWIDs are often "Left behind" in HIV programming and intervention, coupled with the non-implementation of Harm Reduction in Nigeria which bears with it consequences that impact negatively the health of PWIDs and their communities.

Descriptions: A qualitative and participatory approach was adopted using Photo Voice. This involved conducting interviews among 15 Injecting Drug Users (12 Male; 3 Females) in Abuja, Nigeria, to identify, document and gain deep insight into their challenges, vulnerabilities to HIV/AIDS and experiences using photography/visual images and accompanying stories.

Through these compelling images and stories, evidence-based advocacy messages were developed for HIV prevention among this key population and advocating for harm reduction. A compilation of these images and stories continues to serve as a resource and advocacy tool when engaging with policy makers.

Lessons learned: Through this project, issues such as stigma and discrimination; needle sharing; unsafe sexual practices affecting PWIDS were exposed.

A participatory community based intervention is an effective approach in conducting need assessment in the community.

Female injecting drug users face higher stigma, hence their low visibility and unwillingness to participate in the project.

Unavailability of harm reduction services, especially Needle Syringe Program is a barrier to reducing HIV prevalence among People Who Inject Drugs in Nigeria.

Next steps: New innovative community-based approaches of generating evidence such as Photo Voice, should be adopted and promoted across Africa.

There is need for continuous advocacy for the full implementation of harm reduction in Nigeria.

Stigma and Discrimination associated with drug use and HIV have to be addressed through targeted sensitization and policies.

THPED283

Addressing Gaps in Ghana's Key Population Programing: Evidence from a Scoping Review

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Background: Ghana has made strides in its national HIV response and key population (KP) programming, but challenges remain. In addition to men who have sex with men (MSM) and female sex workers (FSW), other KP sub-populations (e.g., transgender individuals, persons who inject drugs, young FSW, and young MSM) are at HIV risk and their unique service needs remain invisible. The JSI-implemented USAID Ghana Strengthening the Care Continuum Project conducted a rapid assessment of KP HIV policy, research, and programming in Ghana to guide developing a project operations research agenda. Findings highlight KP programming and research gaps and inform recommended solutions.
Methods: We searched peer-reviewed publications and gray literature using Arksey and O'Malley's (2005) six-step scoping review framework to identify relevant findings. Key informants include: policymakers and stakeholders (n=74); government officials (n=8); in-country research and academic institutions (n=15); and program implementers and the KP community (n=42). 15 published articles on KP were selected from an initial 60 for analysis, and 18 national policy documents and unpublished research reports were reviewed.
Results: Although transgender individuals, persons who inject drugs, young FSW, and young MSM face elevated HIV infection risk, morbidity and mortality, little research and evidence based-interventions are tailored to address their needs. The Ghanaian National Strategic Plan (NSP) and the HIV policy document, the primary reference documents for Ghana's AIDS response, contained minimal information on these groups. While policy makers said that they lack adequate scientific evidence to warrant interventions, service providers and programmers blamed the inept legal environment that criminalizes KPs and hinders their service access. Private sector support for KP interventions in HIV is also hindered by the harsh legal environment for KPs.
Conclusions and Recommendations: Limited research, programmatic and policy attention to some categories of KPs is weakening the national AIDS response and may lead to an increase in HIV rates in the country. The Ghana AIDS Commission should as a matter of urgency engage the necessary stakeholders to clear all the legal barriers to proving services for this unique group of KPs. There is also the need for more research on this group, to provide the scientific evidence needed for policy and programing.

THPED284

A Growing Civil Society Advocacy Movement Hastens the Pace of HIV Prevention from Development through to Delivery

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Issues: The best science gets translated into policy and subsequently policy into implementation. However, from the time of trial results and data in hand to actual service provision, significant lags stymie the advance of prevention. Years may go by with missed opportunities to avert new HIV infections that could be counted by the millions. AVAC's partners through its Advocacy Fellows Program have worked in several countries for the past 10 years to quicken the process from development through delivery of biomedical HIV prevention interventions.
Description: There have been several results from key clinical trials that pivoted the field of HIV prevention from a wilderness of uncertainty to a foreseeable future of epidemic control. HIV prevention science is arguably the easy part. Generating political will, demand creation, health infrastructure and funding are the challenges more likely to threaten progress.
AVAC Fellow community advocates work across HIV prevention modalities to triage HIV policy and implementation most critical to HIV prevention in high-burdened countries. Many of them have joined their national HIV technical working groups under health ministries to push for combination prevention policy. At the same time, they educate, mobilize and foster community demand. Specifically, Fellows were instrumental in the development of many human-rights centered guidelines for PrEP, HIV self-testing and assisted partner notification. Fellows also created HIV prevention advocacy coalitions as formidable change agents, informing civil society and training the media on the need to implement the science, which in turn further pressures governments to fully realize HIV prevention.
Lessons learned: Internal pressure from within government structures such as national technical working groups and external pressure in the form of civil society coalitions and media campaigns dovetail to hasten HIV prevention delivery.
Next steps: The Fellows will maintain its advocacy for proven HIV prevention methods while also preparing governments, civil society and the media to support the research and regulatory pipeline and potential future interventions such as vaginal rings, implants, injectables, vaccines and more. Each year sees an increase in the power and breadth of civil society coalitions that are supported and frequently led by Fellows who will continue as leaders in the HIV prevention movement.

THPED287

Understanding HIV Prevention from the Perspective of Adolescent Girls and Young Women: A Mixed Methods Study in KwaZulu-Natal and Mpumalanga, South Africa

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Background: Despite a significant decline in recent years, adolescent girls and young women (AGYW) in South Africa are still disproportionately likely to acquire HIV. This study analysed HIV prevention decision-making factors among AGYW in order to identify potential levers for adoption of safer behaviours.

Methods: Research was conducted over two phases. In the qualitative phase, we used a multi-disciplinary methodology incorporating ethnography, journey mapping and focus group discussion with 240 AGYW aged 15-24 and 135 influencers (male partners, maternal figures, nurses and community health workers). In the quantitative phase, we administered a survey with a stratified random cluster sample of 2069 AGYW, using cluster modelling analysis to identify distinguishing motivational factors and derive segments.

Results: We found that AGYW do not have a distinct HIV prevention journey; rather HIV prevention is embedded in a broader context of relationship management and sexual health, with much higher priority given to relationship preservation. We further identified a five-phase sexual health and relationship journey, with the key milestone being the shift from focusing on external pressures and expectations to focusing on internal preferences and priorities.

Three distinct segments emerged from the quantitative research, differentiated by relationship needs and expectations, degree of control within relationships, perceived risk of acquiring HIV relative to other AGYW, and emotions associated with HIV.

The Lifestyle Seeker seeks partners who can help her attain a certain lifestyle, and in return often acquiesces in sexual decision-making. She is aware of her risk but does not see a better alternative to achieving her goals. The Affirmation Seeker prioritises feeilngs of safety and validation and is willing to tolerate risk for the sake of a happy and harmonious relationship. The Respect Seeker desires equality in her relationships and has a strong sense of agency but can become overconfident in being able to select a low-risk partner and then relaxing her rules around prevention. For each segment, the HIV prevention strategy must align with her own priorities.

Conclusions: HIV prevention strategies should align with the relationship and sexual health goals of adolescent girls and young women in order to be effective. A differentiated approach that recognizes different goals across different segments is further recommended.

THPED288

Social Habits and Cultural Perception Influencing the Lifestyle of HIV Infected Adults in Nigeria

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Background: Optimal adherence to antiretroviral therapy is important for treatment success. Cultural and social habits have been shown to influence adherence and HIV treatment outcome. This study was conducted to determine the social habits and cultural factors that influence adherence to antiretroviral therapy in our environment.
Methods: This was a mixed method study among HIV Infected adults receiving care at a comprehensive HIV care centre over a 12-month period. Study related information was obtained using a pretested semi structured questionnaire and Focus Group Discussion was conducted among 4 groups stratified by gender and their ages. Quantitative analysis was done using the EPI Info version 7.1.2.0 and the qualitative data was analysed using the thematic analysis.
Results: The mean age of respondents was 26 ± 7.3; range: 18-49 years). The thematic analysis identified social habits such as alcohol/ herbal intake (12), sexual practices (17), drug use (3), disclosure, stigma and discrimination (18) as social factors that had an influence while cultural practices (12), work schedule (15), anxiety and individual attitude to treatment (13), health seeking behaviour (17) and treatment support system (19) were identified as behavioural factors that influenced the lifestyle of HIV infected adults. At multivariate analysis, clients who experienced some form of stigma and had not disclosed their HIV status were less likely to adhere to treatment which could result in negative outcomes. This was similar to a previous study conducted in South Africa which showed that 68% of the patients reported that they had been stigmatized (Daryl and Murray, 2007). With regards to clinic follow-up appointment, 45% had clinic compliance. This was higher (98.4%) in a study in Uganda conducted by Kunustor et al. (2010) where they found a significant association between adherence and regular clinic visit.
Conclusions and Recommendations: Stigma and the refusal to disclose had a negative impact on adherence. Individual attitude to treatment and prioritizing healthcare was below average. The findings highlight the need to strengthen and reinforce HIV counselling services, encourage treatment support partners and provide psychosocial support for People living with HIV. Also strategies adopted by patients to monitor/improve adherence can be piloted/implemented in other facilities to improve adherence.
Keywords: HIV, Social Habits, Cultural Perception

THPED289

Post-traumatic Stress Disorder among HIV-positive Heavy Alcohol Drinkers in Southwestern Uganda

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Background: In Uganda, while there is literature on post-traumatic stress disorder (PTSD) in war-burdened areas, little is known on PTSD among HIV-infected persons. We aimed to describe prevalence of PTSD symptoms and their predictors including level of alcohol use in the prior 3 months among HIV-positive heavy drinkers in southwestern Uganda.
Methods: We analyzed baseline data from an on-going study; Drinkers Intervention to Prevent Tuberculosis (DIPT) which enrolls HIV/latent tuberculosis co-infected heavy alcohol drinkers as confirmed by an alcohol biomarker. Five symptoms of PTSD were assessed via an interviewer-administered survey and probable PTSD was defined as reporting ≥3 symptoms. We collected data on demographics and behaviors, including self-reported alcohol consumption (Alcohol Use Disorders Identification Test - Consumption (AUDIT-C), socially desirable reporting, symptoms of depression and spirituality/religiosity. We examine associations with probable PTSD using of logistic regression models.
Results: We included 232 participants who enrolled in the study from May 2018 through June 2019. The majority (74%) were male. Median [interquartile range] age was 40 [32-47] years. Alcohol use was high with mean (SD) AUDIT-C of 6.7 (2.5) and 28% reported symptoms of depression. 60% of the participants reported ever experiencing a traumatic event. 22% reported ≥3 symptoms of PTSD. Most commonly reported symptoms were nightmares (32%), avoiding thinking about the event (32%), being constantly on guard (25%), feeling guilty (13%), and feeling detached (12%). On bivariate analysis, higher alcohol use, younger age, lower social desirability scoring and symptoms of depression were significantly associated with probable PTSD (p-values ≤ 0.05). On multivariable analysis, reporting symptoms of depression was independently associated with an increased odds of probable PTSD (adjusted odds ratio [AOR] 2.10 (95% confidence interval [CI]: 1.04, 4.27), as was AUDIT-C score (AOR for each AUDIT-C point: 1.13 (95% CI: 0.99, 1.29), (p=0.08).
Conclusions and Recommendations: A high proportion of HIV-infected heavy drinkers reported ever experiencing a traumatic event, and many reported probable PTSD. Increasing levels of drinking and reporting symptoms of depression were associated with increased odds of probable PTSD. Further studies of causality and interventions are needed.
Key Words: Post-traumatic stress disorder (PTSD), Heavy alcohol drinkers, HIV-infected persons, AUDIT-C, southwestern Uganda

THPED290

The Relationship between Social Support and Heavy Alcohol Use among HIV-infected alcohol drinkers in South-Western Uganda

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Background: In Uganda, HIV infection and heavy alcohol consumption are common and synergistic problems. Heavy alcohol use is associated with poor HIV outcomes. Psychological distress is common among HIV infected persons; social support may reduce the harmful effects of risky personal behaviors, such as heavy alcohol use. We describe functional social support among HIV-infected persons and examine the association between social support and heavy alcohol use.

Methods: We collected socio-demographic data, measured social support using the Duke University-University of North Carolina functional social support scale. We defined high social support as a score of ≥3. We measured self-reported alcohol consumption using the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C), and analyzed blood samples for the alcohol biomarker, phosphatidylethanol (PEth). We defined heavy alcohol use as an AUDIT-C score of ≥3 for women, ≥4 for men, and/or a PEth value ≥ 50ng/ml. We conducted logistic regression to examine whether social support was associated with heavy alcohol use. Adjusted multivariate analysis included demographic factors, spirituality/religiosity (Ironson-Woods scale) and symptoms of depression (Centers for Epidemiologic Studies of Depression scale ≥16).

Results: Of 447 persons, majority (68%) were female, median age was 32 years (interquartile range (IQR): 27-40), 49% were married, 41% lived with a spouse, and 79% lived with children. Two-thirds 311 (70%) reported high social support and 43% were heavy drinkers overall. 45% and 43% with low and high social support respectively reported heavy drinking. On bivariate analysis, factors associated with high social support included: male gender, being married, having higher spirituality/religiosity, and not having depressive symptoms. On unadjusted and adjusted analysis, we found no association between social support and heavy alcohol use (OR 1.12, 95% CI (0.74-1.68) p-value = 0.60); AOR 0.097, 95% CI (0.61-1.55) p-value = 0.90).

Conclusions and Recommendations: A high proportion of HIV-infected persons in care reported high functional social support. While several variables such as gender, marriage and co-habitation were associated with social support, there was no significant association between the level of social support and heavy alcohol use. These data suggest that social support may not play a key role in preventing persons with HIV in south-western Uganda from engaging in heavy alcohol use.

Key Words: Social Support, HIV-Infected persons, Heavy alcohol use, Uganda

THPED291

Adapting an Evidenced-based Brief Alcohol Intervention to Reduce Alcohol-use among HIV-positive Men and Women in Southwestern Uganda

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Issues: Heavy alcohol use among people living with HIV (PLHIV) is associated with poor health outcomes. Evidenced-based low-cost alcohol interventions are needed to reduce heavy drinking. We describe using qualitative methods to adapt a brief alcohol counseling intervention for cultural salience in the context of clinical care with PLHIV in southwestern (SW) Uganda.

Lessons learned: Adaptation process: An iterative process was undertaken to adapt an evidence-based intervention for use with providers and patients at HIV Clinics in Uganda. The intervention consisted of two in-person workbook-guided counseling sessions, with booster phone calls in between. The workbook reviewed alcohol use norms, adverse health and social effects of alcohol, reasons to reduce consumption, and was designed to use a counselor-led motivational interviewing approach. First, focus group discussions (FGDs) of 5-10 people each were conducted with: 1) the Community Advisory Board (CAB) for input on the intervention; 2) clinic staff to identify strategies and barriers to implementation; 3) gender- and literacy-level grouped patient cohorts to explore barriers and facilitators to alcohol reduction. FGDs were audio recorded, transcribed, and analyzed to inform edits to the intervention materials. Second, cognitive interviews (CIs) were conducted with male and female patients (n=16) to refine the intervention materials. Third, two rounds of 6-9 patients' FGDs were conducted to assess reactions to the adaptations made in response to previous FGDs and CIs

Findings: Materials were iteratively adapted to increase their salience for PLHIV in Uganda, including modifying vocabulary for relevance (e.g., adding names of local alcoholic drinks); inclusion of images of locally-available drinks; incorporating locally-salient and gender-inclusive alcohol-use reducing motivations (e.g., '*to save money*,' for men, '*to avoid physical danger or sexual assault*,' for women) and strategies (e.g. '*talk to ones who have quit drinking*', '*start a new business*'); provision to track money spent on alcohol; inclusion of images depicting harmful effects of alcohol (e.g. a man assaulting his female partner) and how to handle risky situations (e.g. a man drinking a bottle of soda when offered alcohol).

Next steps: An iterative process of adapting an externally-developed intervention resulted in modifications to enhance relevance and appropriateness for the local context, which can be adapted for other settings

THPED292

L'Annonce du Statut de la Séropositivité au VIH aux Adolescents. Facteur Inhibiteur de Changement de Comportement dans leur Vie d'Adolescent

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Contexte: L'annonce de statut chez les adolescents est un processus complexe qui peut créer des perturbations en leur sein. Or à cette période de leur développement, des perturbations surviennent sur les plans organique et psychologique. Cela pourrait être perturbé lorsque l'annonce est mal faite. Le but de l'étude est de montrer l'impact de l'annonce sur les relations interpersonnelles des adolescents infectés au VIH/SIDA
Méthode: Nous avons conduit une étude qualitative de Mai à Octobre 2018, la population était constituée de 35 adolescents informés de leur statut et pris en charge à l'ONG RACINES et de leur parent. Nous avons eu plusieurs entretiens avec les adolescents et leurs parents pour apprécier leur degré de vulnérabilité après l'annonce. Le processus d'annonce a été mis en place avec l'équipe de prise en charge et les parents. Par ailleurs des constats ont été faits sur l'impact de cette annonce en vue de proposer un processus et un accompagnement psychologique des cas observés.
Résultats: Au total, quarante personnes (dont 5 parents) ont été incluses dans notre étude. Parmi eux, 20 étaient de sexe féminin chez les adolescents. 12 adolescents ont été informés par leur parent, 2 autres soit en lisant les notices des antirétroviraux, 5 l'ont su lors dans la conversation des patients lors des consultations, les autres ont été informés par l'équipe pec . A la suite de l'annonce du VIH, 13 adolescents ont manifesté un sentiment de tristesse contre 10 qui avaient peur tandis que 7 ont manifesté une colère et 5 étaient soulagés. De même 8 d'entre eux n'entretiennent plus de bonne relation avec leurs amis et parmi eux 5 se sont isolés. Un accompagnement est fait pour les aider à mieux gérer cette situation d'annonce à la suite duquel nous notons une acceptation et une reprise de confiance en soi.
Conclusion: Les représentations négatives de la maladie modifient le comportement des adolescents nés et/ou infectés du VIH/SIDA. Ainsi l'annonce faite à un moment de leur croissance peut impacter les relations qu'ils entretiennent avec leur entourage. Un accompagnement psychologique intermédiaire permet donc de les recadrer dans leur vécu en leur apportant du réconfort sur leur estime de soi. Il est donc important d'impliquer la prise en charge psychologique lors du processus d'annonce de statut chez les adolescents à cause de la fragilité de leur psychisme.

THPED293

A Univariate Statistical Analysis on College Student's Knowledge (Awareness) on HIV/AIDS

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Background: This is a population based quantitative research conducted to determine if there is a significant difference in knowledge on HIV/AIDs amongst college students based on their academic level of study.
The Null Hypothesis: there is no significant difference in knowledge on HIV/AIDS amongst college students based on their academic level of study, was tested at 95% confidence level (α. = 0.05) using the Univariate Technique.
Methods: Based on students population of 8,293 at the Federal Polytechnic Bauchi, a sample size of 382 was computed using Yamane's sample size formula. A 20 marks questionnaire was designed and applied on 382 randomly selected respondents (students) across 6 schools in the Polytechnic. 372 questionnaires were returned after the survey. Of this number, 30 (8.14%) were freshmen (students from Pre-ND, Remedial Studies, IJMBE); 101 (27.2%) were from ND I; 87 (23.4%) from ND II; 78 (21.0%) from HND I; and 74 (19.9%) from HND II. Two students, however, have failed to indicate their level of study. The dependent variable in the study was the marks scored by respondents and the independent variable was the academic level of study which has five levels as hinted above.
Results: Data analysed from the survey using Brown-Forsythe Robust Test indicated a significant difference in knowledge amongst college students based on their academic level of study, $F(4,189.705) = 4.684$, $p=0.001$. Post hoc comparisons to evaluate pairwise differences among group means were conducted using the Games-Howell Test since equal variance assumptions were found not tenable across all groups. And test revealed significant pairwise differences between the mean scores of students from HND II and freshmen, $p= .013$; between students of HND II and ND I, $p= .012$; between students of HND II and ND II, $p= .043$. The means plot of average marks scored indicated that students of HND II have the highest average marks scored while freshmen have the lowest average marks scored. Effect size computed using Partial Eta Squared indicated a medium effect, $F (4, 5.145) = 0.053$, $p=0.000$. By the Cohen's convention, an effect size of closer to 0.06 is considered medium effect.
Conclusions and Recommendations: Evidence from this study indicated that freshmen in the college tend to exhibit low knowledge on HIV/AIDS. College managements should, therefore, engage in a HIV/AIDS sensitization for freshmen during new students' orientation programs in order to mitigate their vulnerability to HIV.

THPED294

Raisons Évoquées et Caractéristiques Cliniques et Socio-Démographiques des Patients «Perdus de Vue » Recherchés durant le 2ème Trimestre 2018 Suivi au Centre de Traitement Ambulatoire de Dakar

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Introduction: Selon le rapport du CNLS en 2017, au Sénégal le taux de PDV reste toujours élevé à 9%. Connaitre les véritables raisons, reste un défi pour espérer atteindre un niveau plus bas. L'objectif de cette étude est de donner les raisons évoquées et de décrire les caractéristiques cliniques et socio-démographiques des patients.
Méthodologie: Il s'agit d'une étude transversale sur la cohorte du CTA. Ont été inclus, tous les patients perdus de vue, entre janvier 2016 et décembre 2018 recherchés. D'abord les patients, en retard d'au moins 3 mois sur leur RV, ont été répertoriés à partir de la base de données ESOPE. Puis, des sorties ont été organisées pour ceux joignables au téléphone. Ensuite un questionnaire a été administré aux patients retrouvés pour recueillir les raisons d'arrêt du suivi.
Résultats: Quatre-vingt-un PDV ont été recherchés. La médiane d'âge est de 41,2 ans [21 - 61 ans]. On note 54% de femme. Les 89% habitent dans Dakar ville.
Les 41% ont été inclus au stade clinique 1, et les 59 % à un stade symptomatique (OMS 2, 3 ou 4). Les 89% étaient déjà sous traitement ARV. Les 71% étaient PDV pour la première fois dont 29% récidivistes. Les 91% avaient un profil VIH1.
A l'issue des activités de recherche, 71,6% ont été retrouvés dont 3,7% de décès, 9,9% d'auto-transferts. Les principales raisons recueillies auprès des patients retrouvés sont: Les (18%) sont en déplacement, abandon volontaire du traitement (13,5%), emploi du temps chargé, contraintes professionnelles (12,3%), difficultés financières (11,5%), 10% pour des problèmes sociaux (décès d'un membre de la famille), auto-transfert (7,7%) après un changement d'adresse ou après un suivi PTME, 7,6% pour des raisons non partagées, déni (6%), bonne évolution clinique après début traitement (3,8%), rupture de confidentialité), les 3,8% pour (surplus de médicaments qu'on leur a dispensé au niveau de la pharmacie), 3,8% temps d'attente en consultation trop long (3,8%), 2% pour des raisons de santé autres que le VIH
Conclusion: Notre étude a montré la persistance du problème des PDV chez les PVVIH suivies au CTA malgré un paquet d'accompagnement psycho social fourni. Les raisons sont variées et méritent une attention particulière. Le maintien de nos patients dans la file active est plus qu'un défi à l'ère de TATARSEN.

THPED295

The Influence of Perceived Behaviour Control, Attitude and Empowerment on Reported Condom Use and Intention to Use Condoms among Adolescents in Rural Tanzania

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Background: Despite the declining trends of Human immunodeficiency virus (HIV) infection in Sub-Saharan Africa (SSA), unsafe sexual behaviours among adolescents still represent a public health challenge. It is important to understand factors acting at different levels to influence sexual behaviour among adolescents. This study examined the influence of perceived behaviour control, subjective norms, attitudes and empowerment on intention to use condoms and reported use of condoms among adolescents in rural Tanzania.
Methods: We used a questionnaire to collect data from 403 adolescents aged 14 through 19 years from nine randomly selected secondary schools in the Newala district located in the Southern part of Tanzania. The self-administered questionnaire collected information on sexual practices and factors such as attitudes, subjective norms, perceived behaviour control and empowerment. Binary logistic regression was performed to identify factors associated with intention to use and reported use of condoms.
Results: Sexually active adolescents constituted 40.6 % of the sample, among them 49.7 % did not use a condom at last sexual intercourse and 49.8 % had multiple sex partners. Many (85 %) of sexually active respondents had their sexual debut between the ages of 14 to 17 years. Girls became sexually active earlier than boys. Perceived behaviour control predicted intentions to use condoms (AOR = 3.059, 95 % CI 1.324-7.065), thus demonstrating its importance in the decision to use a condom. Empowerment (odds ratio = 3.694, 95 % CI 1.295-10.535) and a positive attitude (AOR = 3.484, 95 % CI 1.132-10.72) predicted reported condom use, thus turning the decision to actions. Subjective norms had only indirect effects on intention and reported use of condoms.
Conclusions and Recommendations: The findings suggest that unsafe sex practices are prevalent among school adolescents in rural areas of Tanzania. Perceived behaviour control and positive attitudes predict intensions to use condoms whereas empowerment predicts reported condom use. The findings may imply that safe sex promotion interventions that simultaneously address socio-cognitive and ecological determinants of sexual behaviours may improve adolescents' safe sex behaviours.

THPED296

Connaissance, Comportement et Prévalence du VIH chez les PS et les HSH en Guinée Bissau

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Contexte: Pour atteindre les objectifs des 90-90-90 de l´ONUSIDA en 2020, le gouvernement de la Guinée-Bissau a identifié les populations clés comme cibles prioritaires dans dans la riposte nationale au VIH. Toutefois, le pays ne disposait pas de données récentes pouvant permettre d'offrir des services adaptés aux besoins des populations clés. A cet effet, une enquête socio-comportementale et biologique a été réalisée chez les PS et les HSH afin de disposer des données probantes pour soutenir les planifications opérationnelles.
Méthodes: La méthode d'échantillonnage basée sur les répondants et adaptée aux populations cachées a été utilisée. Les données comportementales et biologiques ont été collectées à l'aide de tablettes dans lesquelles un questionnaire élaboré avec l'application survey CTO a été intégré. Le logiciel stata a été utilisé pour l'analyse des données.
Résultats: Au total, 567 PS et 451 HSH ont été interrogées. L'âge médian est de 22 ans chez les HSH et de 24 ans chez les PS. Le niveau de scolarité est assez élevé soit environ 97% et 80% respectivement chez les HSH et les PS..73% des PS et 93%des HSH sont célibataires. 17% des HSH se considèrent comme transgenre femmes. Le niveau de connaissance sur le VIH est faible. Seulement 15% chez les HSH et 13% chez les PS savaient que le rapport anal est le plus à risque d'infection à VIH. 9% des PS et 33% des HSH affirment que le lubrifiant à base d'eau est plus sur à utiliser lors des rapports sexuels.68% des HSH et 60% des PS pensent qu'il est possible d'attraper le VIH avec une aiguille souillée. .
41% des HSH disent que le travail du sexe était leur principale source revenue durant les 12 derniers mois qui ont précédé l'étude.. Seulement 22% des PS et 12% des HSH affirment avoir utilisé un préservatif lors du dernier rapport sexuel occasionnel. 60% des populations clés environ ont déclaré avoir fait le dépistage du VIH avant l'étude. Enfin les résultats biologiques montrent une prévalence du VIH faible chez les HSH (3%) et élevée chez les TS (18%) avec des disparités selon l'âge. Dans la tranche d'âge de 35 ans et plus elle est de 22% chez les HSH et 44% chez les PS.
Conclusion: Le niveau de connaissance des HSH et TS est assez faible et les comportements a risques sont inquiétants dans une perspective d'élimination de la transmission du VIH. Les donnees montrent que le ciblage des populations clés de tranche d'âge 35ans et plus aiderait le pays à atteindre les 90-90-90.

THPED298

Experiences in Structural Relationship of Gender Based Violence among Young Female Sex Workers Aged 15-24 up Taking Services at Bar Hostess Empowerment and Support Programme

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Background: Female sex workers (FSWs) are mostly affected with high risk for HIV and physical and sexual gender-based violence (GBV) yet little is known about the violence they face, its gender-based origins, and responses to GBV. This seriously inhibits sex workers the ability to enjoy rights and freedoms keeping in mind that Human rights are universal. GBV has proven to have a link with HIV risk behavior, access to health services and barriers in accessing justice among Female Sex Workers taking services in Bar Hostess. The objective of this paper is to understand the nature and consequences of GBV experienced to mitigate best practices in handling GBV cases among sex workers.
Methods: Using a snow bawling approach, 87 structured interviews with peer educators and their affected cohorts of young sex workers aged 15-24 were held at Bar Hostess safe spaces to understand their experiences of and responses to GBV. 10 focus group discussions targeting 7 young sex workers were conducted to document experiences, challenges and mitigation measures.
Results: Nearly all participants in the interviews and focus group discussions experienced some form of GBV. Emotional and economic GBV were the most commonly reported but approximately three-quarters of participants reported sexual and physical GBV and other human rights violations. The most common settings for GBV were at home, locations where sex work took place such as brothels, bars and on the street; public spaces such as parks, streets and public transport, health care centers, police stations. The most common perpetrators of violence included: family, friends, peers and neighbors, strangers, intimate partners, sex work clients and other sex workers, health care workers, police, religious leaders and teachers. Consequences included emotional, physical, and sexual trauma; lack of access to legal, health, and other social services; and loss of income, employment, housing, and educational opportunities.
Conclusions and Recommendations: Though many participants disclosed experiences of GBV to friends, colleagues and family, they rarely sought services following violence. Furthermore, less than a quarter of participants believed that GBV put them at risk of HIV. Bar Hostess peer educators continue to create awareness and empower the young sex workers on acknowledging their human rights.

THPED299

Analyse des Caractéristiques des Meilleures Publications dans le Cadre des Communications en Ligne sur la Santé Sexuelle à Destination des LGBTI au Cameroun

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Introduction: Alternatives Cameroun est une association qui lutte contre le VIH/SIDA dans la communauté LGBT. Dans ce cadre nous avons un programme d'éducation en ligne à l'endroit de nos bénéficiaires. Nous avons fait une étude pour découvrir les critères des meilleures publications, afin de nous en inspirer pour améliorer la qualité de notre communication en ligne.
Méthode: Nous avons collecté les 53 meilleures publications renvoyées par Facebook de Janvier 2018 à Janvier 2019. Ce sont celles ayant eu la meilleure portée pour la semaine durant laquelle elles ont été publié.
Elles ont été analysées selon les critères ci-après : thème, style (familier, courant, soutenu), et taille (nombre de mots et nombre moyen de mots par phrase)
Résultats: Les meilleures publications portaient sur un des thèmes suivants : Actualités de l'Association (47%), Actualités et informations LGBTI (15%), Mobilisation autour de nos activités (13%), VIH (13%), les Droits Humains (4%), la santé (4%), les salutations (4%).
La portée médiane des meilleures publications était de 185 personnes touchées. Les portées supérieures à cette médiane concernent les publications portant sur les nouvelles de l'Association (42%), puis le VIH (27%), soit la totalité des publications sur le VIH. Ces publications ont une taille moyenne de 66 mots, avec en moyenne 13 mots par phrases. Parmi ces publications, 69% sont du registre courant et 26% dans le registre soutenu. Nous n'avons eu que 4 publications inscrites dans le registre familier soit 8% de l'échantillon, pas assez représentatif pour arrêter quoique ce soit.
La médiane du nombre de clics sur les publications était de 14. Les publications ayant eu plus de 14 clics sont celles concernant les nouvelles de l'Association (65%), suivi de celles sur l'actualité LGBTI (15%).
Conclusion et recommandations: Une publication à grande portée pour notre association pourrait avoir les caractéristiques suivantes:
- Thème de préférence : Nouvelles de l'Association, ses activités où son public est convié, ou une actualité LGBTI. Les autres thèmes ne sont pas à priori à exclure.
- Le Message doit être composé d'environ 66 mots en moyenne, avec des phrases plutôt courtes, soit 13 mots par phrases.
- Le registre courant est à privilégier, bien que le soutenu ne soit pas mal apprécié.
Il est à prévoir une mise en application de ces critères et une autre étude pour confirmer si cela aurait contribué à avoir une plus grande portée de nos publications.

THPED300

Use of Entertainment - Education to Advance HIV/AIDS Information and Services among Young People in Uganda

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Background: Worldwide, entertainment is core to the well-being of adolescents and youth. It alters their moods, furnishes much of their slang, dominates their conversations and greatly influences their behavior. This is the rationale of the Edutainment, Informative and Performance Arts (EIPA) approach, which sets out to educate youths and adolescents on issues of HIV/AIDS by creating an interactive and fun environment for learning through skits, plays, poems, dance narratives and flash mobs that are in cooperated with targeted HIV/AIDS messages. EIPA puts youth and adolescents at the center of planning, organizing and implementation HIV/AIDS information projects so that they develop creative and performance pieces with relevant to their local context.
Issues: Statistics show evidence of inadequate or lack of accurate SRHR information and services among young people in Uganda. For instance, teenage pregnancy is higher among uneducated girls: 45% of girls without education have already had a baby, compared to 16% of girls with secondary education. (UBOS and Macro International Inc 2011). Young people are poorly informed about issues of HIV, STI and family planning hence making them more vulnerable to engage in risky sexual behaviors. Several myths and misconceptions exist among teenagers: 54% of young people think a girl cannot get pregnant the first time she has sex. (Straight Talk Foundation 2013).
Description: Public Health Ambassadors Uganda (PHAU) commemorated the International Condom Day dubbed "Always in Fashion" on 10th February 2018. It was aimed at increasing awareness and knowledge on consistent and correct use of condoms among Makerere university students through use of community mobile drives, inspirational talks spiced with thrilling flash mob performances from dancers and skaters. An estimated 3000 students were reached with HIV/AIDS information through mobile drives, one on one sessions and group discussions. 472 students received HCT services and a total of 180000 condoms distributed in three hours.
Lessons: HIV/AIDS interventions especially focusing youths and adolescents should be integrated with interactive, participatory and fun sessions inform of music, dance and drama as these tend to tend to stick in their minds hence cannot forget the message. Musicians, actors, opinion leaders and public icons can be used as ambassadors to influence behavior change, increase acceptability and uptake of services among youths and adolescents.

THPED301

Harnessing the Power of the Media for Cost Effective HIV Response: The Case of Ghana in Partnerships

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Issues: The global 90-90-90 Fast Track targets aim to get 90 percent of all persons living with HIV (PLHIV) tested to know their status; 90 percent of those tested who know their status, put on treatment; and 90 percent of those tested, who know their status and are on treatment, virally suppressed by 2020. The 2017 Global HIV Statistics state that 75 percent of all PLHIV know their status. To help achieve the first 90, the Ghana AIDS Commission (GAC) in 2016, set a target to reduce new infections to 2,560 by 2020. However, in 2017, there was a rise in new infections reaching an estimated 15,678 adults (15+years), 29% (5,557) of which were young people (15-24 years). Challenged by this, the GAC intensified its prevention efforts, especially through the media to get information to the public. Paying for air space in the media was a challenge so GAC adopted a cost-effective strategy to engage the media on various platforms for a widespread HIV prevention campaign.
Descriptions: A five-pronged media intervention approach was adopted to ensure an effective campaign:
1. A briefing was organized at the beginning of the year to update the media on the national HIV response and planned activities to help them better plan and research on their reports
2. GAC contracted 50 private radio stations nationwide, through their mother organization, to broadcast adverts at a uniform rate. This led to 60 percent cost savings in comparison with previous contracts signed directly without recourse to the mother association.
3. Workshops were organised for health reporters across the country to update their knowledge in HIV and encourage more HIV stories in their reports.
4. One-on-one interviews were intensified before and during important HIV events and activities such as World AIDS Day.
5. Social media platforms were used increasingly to reach the youth.
Lessons learned: The media collaboration led to a widespread dissemination of HIV education messages across the country at a reduced cost
The challenges faced by media persons in HIV reporting were satisfactorily addressed through feedback mobilised from them
HIV publicity heightened at the most important times of the year
Next steps: Resource mobilisation efforts are underway to secure reliable funding to sustain media activities
The GAC is exploring more innovative ways for more media engagement
The GAC is to monitor and evaluate the effect of media campaigns to inform future steps

THPED302

Achieving 90-90-90 Using Mass Media; The Eastern Region Experience in Ghana

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Issues: The announcement of the 90-90-90 brought with it a responsibility for the various Regional offices represented by the Technical Support Units to be innovative and to employ new strategies.
The cumulative effect of which will lead to the achievement of the Agenda
Descriptions: The Technical Support Unit of the Eastern Region within the time of the launch till date has, within the constraints of funds pulled off innovative strategies and aggressively pursued these strategies.
Golda Asante, the Regional Focal Person for the Ghana AIDS Commission adopted an innovative strategy to work with the media.
Five people were "adopted" by the unit to constantly write, broadcast and publish activities of the unit.
These five were part of a team that the Unit involved in a Health Reporters training program.
Because they are few, their work is easily monitored.
Wrongly used technical terms for example are easily corrected.
They were also carefully chosen to represent all the channels of information dissemination from Radio to TV to Print to online.
Lessons learned: The Eastern Region is always in the news.
Ghana gets to know of current happenings in the World of HIV and AIDS through the Eastern Region´s projects.
Golda has proven that it doesn't always take a huge budget to get results with the media.
She selected four key media persons who are passionate about HIV and AIDS news.
These four have had their knowledge on HIV immensely honed to technical standards
HIV prevalence in the Eastern Region has consistently reduced.
From the first position in prevalence to the fifth position (2.5%) per the HSS sentinel report.
Next steps: Intensification on the use of mass media as it is a main source of information for most Ghanaians.
Other Regions should consider adopting these modules and not necessarily wait for "formal funds" to achieve results.

THPED303

Revamping Media Campaign Strategies: Media as an Advocacy Tool for SRHR and HealthCare Rights

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Issues:

- Identifying gaps within existing media strategies and arguing how a much nuanced approach will effectively draw clients and stakeholders
- Exploring opportunities for partnership with the media sector to champion creation of accepting spaces, generation of knowledge and awareness creation
- Effective knowledge dissemination by leveraging on the high media and information consumption to aid effective mobilization and outreach
- Challenging behaviour change by shaping societal perceptions and responding to low information and knowledge levels
- Bolstering campaign and advocacy strategies by creating evidence base for minority groups
- HIV programming
- Challenge to service access (limitations)
- Service uptake
- Identifying gaps within existing media and HIV programming in relation to women sleeping with women (WSW) and HIV and SRHR

Descriptions: An in depth analysis of media strategies, with interest on information systems used by organizations working with Key Populations to give an evidence based argument on the opportunities that effective use of media and advertisement can improve service uptake

Lessons learned:

- Media can encourage and influence health seeking behaviours
- Increase in uptake of HIV treatment
- Promotes importance of knowing one´s status
- ART adherence

Next steps:

- Promoting Health seeking culture
- Condom revamping
- Introduce KP and LGBTQIA+ centric narratives to mainstream media
- Strengthened advocacy initiatives to effectively advance and lobby for constitutional and legislative reforms in SRHR for the LGBTQIA+
- Introduce positive coverage of SRHR issues

Keywords: SRHR, HIV Programing, Advocacy, ATR Treatment, Media

THPED304

Collaborating with the Media to Improve Public Perception of Key Populations in Zambia to Help with the HIV Response

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Background: Key populations (KPs) in Zambia, including men who have sex with men (MSM), female sex workers (FSW), and persons who inject drugs (PWID) are disproportionately affected by HIV. As media shapes public opinion, media reporting has the potential to either improve or hinder access to HIV prevention and treatment services for KPs contingent on the messages provided. To support fair reporting on KPs in Zambia, ICAP in collaboration with National AIDS Council conducted media trainings with journalists to increase objective reporting on KPs, improve public perception of KPs, and raise awareness on available KPs services in public health facilities.

Description: The National HIV/AIDS/STI/TB Council and implementing partners formed a team of facilitators to conduct 2-day media trainings with 81 journalists working in public and private TV, radio and print media. The training was conducted in four provinces namely Lusaka, Eastern, Southern and Copperbelt. To address legal literacy and legal conflicts, a consultant lawyer supported training around legality and KPs. Training sessions focused on hate speech, stigma and discrimination, attitudes and perceptions toward KPs, understanding the human rights response to HIV, guidelines on KP terminology, strategies for objective reporting, and sexuality.

Lessons learned: Most participants were unfamiliar with sexuality in relation to the law. During discussions, journalists cited societal views rather than existing legal provisions. Literacy on the Penal Code was limited; while the act of sodomy is illegal, most journalists believed homosexuality itself was criminalized. Verification of stories before publication and objective reporting was also not common practice. Religious beliefs were strongly entrenched in journalists as is common among Zambians, which hindered objective discussions on the lived experiences of KPs including discriminatory practices and impacts on accessing services.

Next steps: Media trainings demonstrated the importance of involving media houses as partners in the HIV response to reach persons particularly vulnerable to HIV. Sensitization of media to KPs is necessary for factual and objective reporting that can reduce public stigma of KPs and improve access to HIV prevention, care, and treatment services for these populations. Further, media can stimulate conversations around many gaps in the HIV response and effectively contribute toward achieving HIV epidemic control in Zambia.

THPED305

Is the Social Media a Way to Reach to the Cohorts in Virtual Hotspots with HIV Messages among Men who Have Sex with Men (MSM) in Urban Set-up? A Case of Ishtar - Nairobi County

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Background: There is a great deal of 'educational advocacy' going on through MSM networks to 'educate' and 'sensitize' their networks, key stakeholders, including health care workers, religious leaders and the police. As a result, many MSM-led groups report shifts in attitudes and responsiveness within health care providers, among police, religious and cultural leaders. There is also growing reliance on social media, to reach out to MSM in virtual space/ hotspots due to increased coverage of mobile networks
Methods: Public communications campaigns that used media and targeted messaging on health through a right based approach was used. This entailed an organized set of communication activities to generate public social desirability of equal access to universal health for MSM. A didactic approach of individual behavior change and health service access campaign that focused on MSM social wellbeing was applied. These used various techniques and strategies through a mix of conventional and emerging modes of communication such as but not limited to; brochures, social media blogs, Facebook and Twitter posts. They were meant to address the issues of stigma, discrimination, and creating awareness on the health needs of MSM. We analyzed the traffic of communication in our Facebook and Twitter accounts for the period January-December 2017
Results: In quarter 1 Jan-March 2017, 3492 message interactions; In quarter 2 April-June 2017, 4368 message interactions; In quarter 3 July-Sep 2017, 5000 message interactions; and in quarter 4 (Oct-Dec) 2017, 5252 messages interactions were recorded.
Conclusions and Recommendations: Social media is inevitable force in current programming especially for young MSM. Targeted messaging and virtual support groups would be a cost-effective models of reaching out to the un-reached. We recommend further studies to evaluate their effectiveness and impact in behavior change among the un-reached MSM.

THPED306

Building an "HIV Toolbox" for Women Living with HIV

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Issues: This session will provide an overview of how to build an "HIV toolbox" to support attendees that includes information, community support, and advocacy tools. It will highlight the importance of U=U (undetectable=untransmittable), which helps prevent the transmission of HIV and breaks down HIV stigma. The presentation will be led by a Nigerian advocate who will share how she built her knowledge and advocacy skills, which has led to her disseminating information and advocating to thousands of women and girls throughout Nigeria. The session will also feature a Q&A session.
Descriptions: The Well Project is the leading global online resource on women and HIV, offering a comprehensive library of resources to holistically support women living with HIV. Our 2018 User Survey demonstrated that women living with HIV who used our resources improved their engagement in care, self care, and outlook on living with HIV. This session will provide insights into how The Well Project's resources can help build hope and leadership among women living with HIV by:· Increasing HIV knowledge across medical and cultural subjects
· Leveraging the power of storytelling and blogging to create connection among diverse women living with HIV
· Expanding the advocacy skill set of women living with HIV
· Demonstrating how to leverage social media to increase advocacy and community building.
Lessons learned: The Well Project has demonstrated our ability to dramatically improve health outcomes and quality of life for women living with HIV. Data from The Well Project's most recent user survey demonstrates that the combination of information, community, and advocacy has a significant impact on user's lives, including their engagement in care and quality of life. As funding and resources continue to be a challenge, The Well Project's free resources can serve as an important tool for advocates and organizations worldwide.
Next steps: Participants will leave the session with:
· A deeper knowledge of The Well Project's free, online resources and how they can be used in settings without regular access to the internet
· An understanding of the importance of leveraging existing resources to enhance knowledge, advocacy efforts, and community building
· Understanding of U=U
· Tools to build or enhance social media advocacy work and community building

FRPED224

Non-traditional Media Organizations Providing Access to Sexual and Reproductive Health Information and Services in Rwanda

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Issues: The sexual and reproductive health needs of adolescents are often underserved in many societies despite representing 25% of the world population. More than 55 percent of Rwandans are under 19 years old, within a total population of 12 million. Unwanted pregnancies, unsafe abortions, HIV/AIDS, STIs and other consequences resulting from limited information on SRH rights and services, during adolescence can have negative social and economic effects on families and communities. There is limited provision of SRH information and services using non-traditional media or digital solutions for rural adolescents in Rwanda.
Descriptions: This is a report of part of the project that was implemented to document the accessibility and availability of SRH information and services among rural adolescents in Rwanda. A literature search was conducted during April and May to document the non-traditional media organisations and digital solutions that offers the SRH information and services.
Lessons learned: We identified 10 institutions in Rwanda that provide SRH information and services using non traditional means. Kinyarwanda and English were the language of information provisions. 90% of the information providers were organisations/institutions, and 80% use online means to disseminate the SRH information while 20% utilize books. 70% of the information providers are young people initiatives. One out of five organisations provide both SRH services and information. It was documented that only one initiative involved the government to use the SMSs to disseminate SRH information to adolescents. None of the institutions was found to directly target the rural adolescents in using non traditional means to provide accurate SRH information and comprehensive services to adolescents.
Next steps: More organizations and people should invest in ensuring the utilisation of non traditional means to provide accurate SRH rights, services and information to adolescents. Emphasis should be made in providing the information in the local language which would enable the content to reach a wider audience especially rural adolescents. We recommend that the information and service providers especially young people should be well trained before in order to be able to provide accurate information and services.
Keywords: Media, non-traditional, digital, SRH information & services, rural adolescents

FRPED225

Increasing Uptake of HIV Services through Social Media Platforms among Men who Have Sex with Men (MSM) in Cape Coast, Ghana

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Issues: Social media is gradually becoming a safe environment for communication among men who have sex with men (MSM) in Ghana. MSM are increasingly soliciting potential sexual partners through social media platforms rather than geographic hotspots. Due to stigma, discrimination and societal exclusion, some MSM are "hidden" and engage in risky sexual behaviors, but are not reached by HIV programs targeted at physical outreach locations. CEPEHRG implemented a differential approach to community mobilization on social media platforms to increase uptake of HIV testing among hidden MSM.
Descriptions: A social media mobilizer was trained to engage hard-to-reach MSM through social networking platforms such as Facebook, Badoo & Grindr. IEC materials were developed and posted on selected social media platforms to raise awareness regarding HIV services among the hidden population. MSM who accessed these platforms were engaged through a one-on-one interaction and online counselling with confidentiality assurance by the trained mobilizer. MSM recruited were given different time appointments to access services at the Drop-In-Center
Lessons learned: Data from January to June 2019 shows that social media reached out to more high risk MSM than through in-person outreach at hotspots. Among 166 new MSM that were recruited through social media and provided with prevention information, 113 (68%) had not been tested for HIV within the last six months. Comparatively, physical outreach reached 431 new MSM and only 133 (31%) had not been tested within the last six months. 59% of MSM recruited from social media engaged in inconsistent use of condoms for casual anal sex, compared to 38% identified at hotspots.
Additionally, the HIV+ rate was higher among those tested through social media outreach compared to hotspot outreach. 125 MSM were tested through social media; 32 were diagnosed HIV+ (25.6% HIV+ yield). In contrast, 396 MSM were tested through physical outreach at hotspots; 28 were diagnosed HIV+ (9% HIV+ yield).
Next steps: Confidential and accessible health services through social media encourages hidden MSM to seek HIV services themselves. There is a high need to invest in newer approaches of HIV programming that take into account changing times and community dynamics.
Social media has shown to deliver higher HIV+ yield among hard to reach MSM. Hence, implementing partners should use social media as an effective tool to share behavior change messages to reach hidden MSM.

FRPED226

Utilisation des Réseaux Sociaux pour la Prévention du VIH et la Promotion de la Santé Sexuelle au Togo: Cas de la Page Facebook Santé Sexuelle et Reproductive; Parlons-en et sans Tabou

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Questions: En peu de temps, les réseaux sociaux ont modifié la façon dont les humains interagissent. Désormais, leur communication s'est partiellement versée dans la sphère virtuelle. Les réseaux sociaux demeurent plus populaires auprès des générations plus jeunes, avec 90 % des personnes âgées de 18 à 29 ans qui utilisent couramment ces sites (Revue québécoise de psychologie, 38, (2), 167-182). Au Togo, avec l'émergence des technologies de l'information et de la communication, aboutissant à l'existence de plusieurs réseaux sociaux notamment facebook, les jeunes et adolescents sont informés des sujets tabous et se posent des questions.

Méthodologie: Dans le cadre de la promotion de l'accès aux informations en matière des IST/VIH, l'association AV-Jeunes bénéficient depuis 2017 de l'appui financier de l'UNFPA en vue de l'animation de la page facebook intitulé : Santé Sexuelle et Reproductive; parlons-en et sans Tabou. Un noyau technique de gestion de cette page a été mise en place. un plan d'action annuel définissant les différents articles est élaboré. Chaque mois, la page diffuse un article sur la santé sexuelle, les IST ou le VIH et cible, à travers un sponsoring, la tranche d'âge de jeunes (18-24 ans et 25-34 ans) dans les six régions du Togo. Un lien whatsapp a été intégré dans chaque article afin de permettre aux internautes d'interagirent en envoyant des messages directement aux téléconseillers en vue de poser des questions et d'obtenir des réponses.

Leçons apprises: A l'heure où les TIC continuent son émergence au sein de la jeunesse, il est évident qu'on ne pourra plus détourner l'attention de cette cible vers les initiatives traditionnelles. D'où la nécessité de les croiser sur la toile et de leurs permettre d'avoir accès à l'information dont ils ont besoin. Après 18 mois d'expérience, 14.871 personnes se sont abonnées à la page dont 88% proviennent des internautes togolais ; 23 articles sponsorisés ont permis de toucher 1.615.479 de jeunes de 14 à 34 ans dont 68% du sexe masculin et 32% du sexe féminin. Le coût global du projet au cours de ces 18 mois est estimé à 1.560.000 FCFA.

Prochaines étapes: Il s'agit de la mise à l'échelle de cette page facebook en vue d'atteindre au moins 50.000 abonnés d'ici fin 2019.

FRPED227

Youth Connect, les Réseaux Sociaux pour une Lutte Efficace contre le VIH/SIDA

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Issues: Selon L'ONUSIDA,la prévalence du VIH au Burkina Faso s'est stabilisée à 0,8% de 2015 à fin 2017. Mais malgré une prévalence en population générale en dessous de 1%, les adolescents et les jeunes sont les couches les plus vulnérables dans la contraction du VIH/SIDA et des IST au Burkina Faso.Selon les estimations du Spectrum, 11 740 adolescents vivaient avec le VIH dont plus de 43,0% étaient des adolescents de 10 à 14 ans et la prévalence du VIH chez les adolescents et jeunes de 15 à 24 ans étaient de 0,5% en 2017.Ces questions résultent pour la plupart de rapports sexuels non protégés et du déficit d'accès à la bonne information en matière de SSR, exposant par conséquent les jeunes au risque de transmission du VIH.
Descriptions: A travers les récents travaux il est ressorti que les jeunes n'ont pas accès à la bonne information afin de prendre de bonnes décisions pour mener une vie sexuelle responsable. C'est dans cette perspective que notre projet exploite une approche innovante pour permettre aux jeunes d'avoir accès à l'information fiable. En effet, les réseaux sociaux représentent une opportunité d'échanges, d'éducation, de réponse aux préoccupations des jeunes en matière d'informations sur la SSR et même de référence pour l'offre de services. **"Youth connect initiative"** est un projet qui met le focus sur le développement de plateformes sur les réseaux sociaux, afin de créer et de diffuser des contenus multimédia (vidéos, articles, microprogramme audio etc.) pour renforcer les connaissances des jeunes sur les droits sexuels et reproductifs des adolescents et des jeunes (DSSRAJ) et par conséquent pallier le déficit d'informations et par la même occasion le VIH/SIDA.
Leçons apprises: Les jeunes sont très connectés de nos jours. Il est donc nécessaire d'occuper leur temps avec des informations fiables en vue de leur permettre de mener une vie sexuelle responsable et en toute quiétude. Ainsi en une année de mise en œuvre du projet, plus de 24 900 jeunes ont été touchés sur différentes thématiques en matière de SSR contre 15000 prévus. Environ 45 articles rédigés par les jeunes sur les IST/VIH/SIDA et sur la santé de la reproduction en général ont été enregistrés et diffusés (www.majabbef.worpress.com).
Prochaines étapes: Comme prochaines étapes, le projet envisage de renforcer davantage la présence des jeunes sur les réseaux sociaux mais cette fois-ci en tant qu´activistes et plaideurs pour les DSSR et pour la lutte contre le VIH/SIDA .

FRPED228

Sensibilisation et Plaidoyer auprès des Hommes de Médias dans la Prise en Charge des MSM/TG dans la Réduction de la Prévalence du VIH

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Contexte: En Côte d'Ivoire, la Prévalence sur le plan national est de 2,9%. Mais au niveau des populations dites clés elle reste encore avec 11,2% chez les MSM/TG. Il existe aussi, des obstacles liés à la prise en charge des populations clés et en particulier à celle des MSM/TG. Parmi ces obstacles nous avons les publications et les productions Homophobes des médias qui passionnent les débats et rendent difficile la prise en charge des personnes MSM/TG dans le circuit de prise en charge VIH.
Description: Depuis 2013 les articles de presse qui ont paru sur les MSM ont été souvent d'une violence à faire craindre ces derniers à accéder aux services de prévention et de soins du VIH. C'est dans ce contexte que de 2013 à 2015 Alternative Cote d'Ivoire a recensé 27 articles de presses traitant de la question de l'homosexualité, les titres incitant à la violence à l'endroit des homosexuels créant la peur de se rendre dans les centres de prise en charge dédiés. Des publications comme «Voici les cliniques qui réparent l'anus des pédés » ou encore « la chasse aux pédés » ont été relevés, créant la psychose dans cette communauté. Ainsi en 2016 avec l'Accompagnement de l'Institut PANOS Afrique de l'OUEST le Réseau des Professionnels de média de la santé de Cote d'ivoire(REPMASCI), des Organisations de MSM ont sensibilisé 30 hommes de média pour dépassionner les débats autour de l'homosexualité afin qu'ils puissent bénéficier des services de prise en charge. Depuis, 2018, avec le projet ACT « Advocacy and other Community Tactics » financé par MPACT 22 directeurs de publication ont pu être sensibilisés pour le respect de l'éthique en donnant la chance aux journalistes de pouvoir donner les bonnes informations et aider les MSM/TG
Résultats: 15 journalistes soient 50% parmi les sensibilisés ont compris l'importance de dépassionner le débat dans leurs publications après les sensibilisations qui leurs étaient adressées ; surtout sur le taux de prévalence ainsi, de 2015 et 2017 les publications homophobes ont baissé de 70% jusqu'à 2018.
Leçons apprises: l'implication des hommes de média dans les programmes de sensibilisation a permis de réduire considérablement les publications homophobes ;
Recommandations: Renforcer la sensibilisation et la formation des hommes de média sur les droits à la santé des populations vulnérables

FRPED229

Understanding reasons for non-participation in research involving mHealth interventions to enhance adherence and appointment keeping, Kampala, Uganda

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Background: Participant's willingness to participate in research involving mHealth innovations is a proxy for acceptability of interventions in real-life settings. However, little is known about the rate and reasons for non-participation in research involving digital interventions in developing countries. Within a Randomized Controlled Trial to determine effect of mHealth interventions on the quality of life, we sought to understand the rates and reasons for non-participation.

Methods: From May 2016 to June 2018 at an urban and peri-urban clinic, we screened and enrolled patients into the Call for Life (CFL) study, an RCT evaluating the CFL application, based on the CONNECT FOR LIFE™ technology (version CFL2018.07) and MOTECH, an open source platform. CFL is adapted for PLHIV in Uganda and delivers clinic appointment and daily pill reminders using SMS/Interactive voice response. Appointment dates and other patient data were retrieved from clinic electronic databases and synchronization done regularly. The primary outcome was effect on quality of life of PLHIV. Participants were eligible if they were on ART, were not in enrolled in other studies, had undetectable viral load < 1000copies/ml, could access a mobile phone and ably use basic functions, could speak Luganda, English or Runyakitara, were willing to comply with scheduled appointments and to provide informed consent. To determine the reasons for non-participation of patients in the study, we interviewed those who opted out and enumerated the reasons.

Results: Overall 1079 participants were screened. 465/1079 were screened out, 208/465 were not eligible as per enrolment criteria and 236/465 were eligible but not enrolled due to reasons as shown in the table. The reasons for exclusion from the study included but not limited to; deferring registration for a future date, irregular access to a phone, etc. as shown in (Table1). The screening success rate was 614/1079 (56.90%). The commonest reasons for non-participation were irregular phone access (22.15 %), and booking future dates (11.96%).

Conclusions and Recommendations: Our findings show that majority of patients are interested in participating in mhealth research however, irregular phone access is a major limitation that needs consideration. Also individuals who book future dates should be keenly followed up by study staff in order not to lose them, as opportunity for enrolment is best utilized at first encounter.

Key words: Non-participation, Research, mHealth, Call For Life

FRPED230

Digital Media Efforts towards Curbing HIV and AIDS in Zimbabwe

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Background: When a nation is in the process of crises management, it should employ possible avenues and tools at her disposal to fast tract the end of the crises. The tools and avenues could be in the form of human recourses, technologies, finances among others. The fast growing catastrophic spreading of HIV and AIDS diseases is showing no signs of remorse and immediate departure hence the call to employ whichever way possible to stop the loss of human kind. The disease´s resilience has serious and detrimental effects to the growth and development of any nation. It does not spare age groups including the able bodied which is the hardest hit group. This leaves all industries paralysed as its skilled artisans and technocrats are taken by the giant creature on daily bases. There are pointers to digital media technology suggesting that they hold the hope of assisting in stopping the veldt fire.The major aim was to examine the sharp edges of digital media in relation to the spreading and curbing of HIV and AIDS.
Methods: The study was carried out in 7 high schools of Manicaland province in Zimbabwe. ICT competent learners participated. A multiple case-study design was employed. Interviews, questionnaires with open ended questions, observations and focus group discussions were used as instruments to gather data. The data was analysed using SPSS, Microsoft excel and prose. Data presentation was done using tables, graphs and pie charts.
Results: Results show that digital media has two sharp sides which are fighting silently. Digital media has high possibilities of spreading HIV and AIDS through the Internet, the Television, and the mobile cell-phone among others. Many adverts on the Internet are accompanied by open and naked pictures, thus the spread continues which promote high sexual activities and spread STIs. Digital media is used to increase knowledge base and awareness on HIV and AIDS to many people. The Internet has the ability to create and maintain social networks where people discuss and share their statuses and change their sexual behaviours.
Conclusions and Recommendations: The study concludes that digital media needs to be used with a lot of caution as far as mitigating and spreading of HIV and AIDS is concerned. The study recommends high censoring of all material to be posted through the Internet.
Keywords: Sharp edges, Digital technologies and power of curbing.

FRPED231

Testing Two Methods for Reaching High-risk MSM Online in Angola at Scale and Linking Them to Offline HIV Prevention Services

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Issues: Due to stigma and discrimination towards homosexual relationships in Angola, large numbers of men who have sex with men prefer to use online social media, especially Facebook, to meet other men for sex. HIV prevention projects must develop outreach approaches that can mobilize MSM for HIV testing services online and at scale.
Descriptions: From April to June 2019, two methods for online outreach were tested by the LINKAGES Angola program. Both methods targeted MSM who use Facebook. One method used an automated chatbot and another used live peer educators trained to engage with MSM online.
Lessons learned: Through the chatbot, 4,523 MSM were reached via Facebook compared to 5,545 MSM reached by 5 online peer educators. However, of the MSM reached by the chatbot, only 0,4% (21/4,523) engaged in conversation vs 3,4% (193/5,545) MSM who engaged in conversation with the online peer educators. 2/21 (9.5%) and 52/193 (26%) respectively showed up to health appointments made at the clinic. While HIV testing rates were high among both methods, 100% for chatbot and 87% for peer educator respectively, only the peer educator method yielded HIV+ cases (8/45) or 17% case finding rate.
Next steps: Based on feedback from MSM users, the automated chatbot is being repurposed so that messages can be more targeted to answer MSM knowledge questions as opposed to for booking appointments and instead link them to live peer educators to book appointments. This way taking advantage of both methods strengths: the wide reach but impersonal touch of the chatbot and the personalized approach of live online peer educators.

FRPED232

Achieving Viral Suppression through an Innovative Technological Approach

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Issues: The Modes of HIV transmission study in 2014 indicated that 27 % of all new HIV infections were among key populations (KPs) including men who have sex with men (MSM), female sex workers (FSW), transgender individuals, and their partners. Viral suppression (VS) is critical in the continuum of HIV care and attaining the third 90 of the UNAIDS, 90-90-90 targets. Individual and structural factors are drivers of low VL testing uptake among KP PLHIV. We provide evidence of innovative and inexpensive technology to reduce bottlenecks to monitoring and promoting VS among KPs.
Descriptions: In April 2018, Life Relief Foundation (LRF) introduced a VL Google Calendar alert system to prompt PLHIV and their providers of VL testing due dates. We collected and entered the due dates for VL testing on all clients initiated on antiretroviral therapy (ART) at Kwesimintsim Hospital. The system sends email alerts to case managers, project nurses, and to team members' phones, indicating the VL testing due date by client. This allows for follow-up through phone calls, short message service (SMS), or voice audio to the client about their VL testing appointment. On the appointment date, the same follow-up is made to the client and upon reporting to the facility, a service provider or a case manager guides the client through the procedures, including having a blood sample taken at the laboratory and transported to the regional public health laboratory for analysis. The results are then received by the Service Providers within 2 months. Quantitative pre-post VL uptake data was collected and analyzed to calculate VL percentage differences. Innovation acceptability by service providers and KPs was assessed through LRF meeting minutes and health facility observations
Lessons learned: Between October 2016 - March 2017, 44 FSW enrolled in ART and were due for VL testing. 18 (40.9%) were tested and received their results. Seven (38.9%) achieved VS. With the start of VL Google Calendar alerts in April 2018, 94 FSW PLHIV due for VL testing received VL prompts. 83 (88.3%) had VL samples taken, 43 received VL results, and 25 (58.1%) achieved VS as of September 2018. This shows a 19% increase in FSW PLHIV achieving VS since introducing the VL Google Calendar alert system
Next steps: Integrating innovative, people centered strategies in healthcare service delivery can catalyze reaching the UNAIDS 90-90-90 targets. This strategy should be scaled- up to similar settings.

FRPED233

L'Utilisation des Outils Numériques pour Communiquer sur le VIH et Inciter les Adolescents et Jeunes au Dépistage Volontaire: Expérience du U-report dans le District de Santé de Dschang, Cameroun

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Questions: Le VIH reste aujourd'hui un problème majeur de santé publique au Cameroun, et plus encore chez les adolescents et jeunes de 15 - 24 ans avec une prévalence estimée à 1.2% selon les résultats de l'enquête CAMPHIA (Cameroon population-based HIV impact assessment 2017). Ceci justifie l'utilisation de stratégies assez variées sur le terrain pour réduire les cas de nouvelles infections et favoriser la rétention aux soins. Parmi ces stratégies, le U-Report occupe une place de plus en plus importante, surtout dans les interventions communautaires.
Outil numérique de participation, d'information, de conseil, et d'orientation vers les services, l'initiative U-Report est mis en Œuvre dans le district de santé de Dschang par Horizon Jeune avec l'appui technique et financier de UNICEF - Cameroun et l'accompagnement technique et institutionnel du Ministère de la jeunesse et l'éducation civique (MINJEC). De 2017 à 2018, plusieurs activités ont été réalisées autour du U-report afin de favoriser l'adhésion des adolescents et jeunes à l'utilisation de cet outil afin de bénéficier des services qu'il offre via le numéro unique et gratuit 8555, notamment ceux liés au VIH.
Description: Dans le cadre de l´initiative, les actions suivantes ont été réalisées :

- Formation d'agents U-Reporters
- Organisation de campagnes de Sensibilisation, d'inscriptions sur la plateforme U-Report, et de promotion de la ligne verte
- Production d'émissions Radio
- Organisation de tournois de football pour la mobilisation communautaire
- Organisation de séances de dépistage volontaire et gratuit.

Leçons apprises: Les outils numériques tel le U-Report présentent un potentiel énorme dans la réponse au VIH. Son utilisation à Dschang a permis de renforcer l'atteinte des résultats au niveau local et même national. On a pu avoir:

- Plus de 20 000 jeunes et adolescents inscrits sur la plateforme à Dschang
- 4447 personnes connaissent leur statut sérologique et ont reçu des conseils pour la prévention
- 13 personnes testées positives mises sous traitement et suivies.

Prochaines étapes:

- Renforcer la communication autour du U-Report et les services offerts
- Multiplier les sondages sur la thématique VIH et renforcer le plaidoyer pour faire du U-Report un véritable outil de prévention du VIH
- Intégrer d'autres langues locales dans les options de langues de la ligne verte, à l'instar du « Pidgin english » pour favoriser une plus grande utilisation du service.

FRPED234

Lessons learned: Utilizing a Community-based Participatory Research (CBPR) Approach to Develop Community Engagement Videos for Preventive HIV Vaccine Trials in South African Communities

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Issues: South African clinical research sites (CRSs) conducting preventive HIV vaccine clinical trials are working in an environment where several sources of research mistrust influence vaccine research acceptability.

Descriptions: To supplement and support community engagement efforts, the South African CRS staff identified the need for community engagement tools that address myths and misperceptions regarding preventive HIV vaccine research. Utilizing a Community-Based Participatory Research (CBPR) approach, we developed culturally relevant, community-informed educational videos. Through the NIAID/DAIDS Clinical Research Support Services contract (HHSN272201200009C), we conducted 14 community/stakeholder consultations in seven locations in South Africa - Durban, Ladysmith, Cape Town, Johannesburg, Pretoria, North West and Mthatha. We partnered with a South African video company to develop 5 short videos, engaging Site Staff, Community Advisory Board members and Community Stakeholders at each stage of video development. We identified 6 stages during video production that required community feedback, guidance and direction: Content Solicitation; Concept Sheet Development and Review; Review of Draft Videos; Review of translated scripts; Review of finalized videos; and Review of final local language videos. The final videos focused on: general HIV and AIDS education; linking vaccines and immunizations; what to expect as an HIV vaccine trial participant; HIV prevention for South African youth; and addressing HIV and research myths and misperceptions.

Lessons learned: Utilizing a CBPR approach resulted in educational videos that are acceptable among community stakeholders, avoided exclusion of sub-populations, and provided simplified explanations of complicated concepts. Despite regional nuances in myths and misperceptions, 5 culturally relevant videos were produced. Previous experience with Western scientists created barriers to our efforts to connect with traditional healers. These experiences emphasize the importance of building and maintaining relationships to ensure access to gatekeepers. An in-country video company with local cultural competence was also key to the successful development of culturally relevant videos.

Next steps: Next steps include evaluating video utilization and effectiveness to inform future use of video to educate communities engaged in preventive HIV vaccine clinical trials.

FRPED235

Increasing Access to Health and HIV Services for Hard-to-Reach Religious Sects: The Health Kiosk Nicodemus Approach in Zimbabwe

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Issues: Faith-based organizations play critical roles in ending the HIV epidemic by 2030, and 75% of Africans trust their religious leaders. In Zimbabwe, 95% identified themselves as religious with Protestant accounting for 82.7% (Apostolic 41.8%, Pentecostal 25.2%, other 15.7%), Roman Catholic 6.7%, and others. Some Christian groups with indigenous beliefs (especially Apostolic community) are blamed for increasing HIV rates by discouraging condom use, and HIV prevention education. Such religious sects are hard-to-reach with conventional approaches. The Health Kiosk intervention explored the use of alternative approaches-Nichodemus Approach-to engage hard-to-reach sects to create safe spaces for HIV services to members.

Description: Health Kiosk intervention was implemented by World Vision in Gwanda and Gokwe North districts in Zimbabwe between March 2018 and February 2019. Faith leaders and church volunteers from the Apostolic sect with mobile worship sites were among the faith leaders trained to create safe spaces, provide HIV information and refer their members for HIV testing at health facilities. The worship centers received booths for HIV information dissemination and their volunteers were trained to provide HIV information, link members to health facilities for HIV testing and collect data to measure impact.

Lessons learned: A total of 194 faith leaders and church volunteers from 53 faith centers implemented Health Kiosk project. In 12-months, the number of people requesting HIV information at worship centers increased by 350%; 35% sought information on HIV, and 35% on other health matters. The sect preferred and received services secretly at evenings from health workers and opted more for water sanitation and family planning services before HIV services. People who had HIV tests and received their test results increased by 151% with a positive yield of 5.7%. Collaboration was fostered between the pastors, referral health facilities and medical care was adopted instead of prayers only.

Recommendation: Non-conventional approaches should be utilized to engage hard-to-reach religious sect with health interventions, including provision of health services at mobile places with flexibility on services and schedules. Hard-to-reach sect should be reached with medical services where they are and supported for improved behavior change towards modern medical services.

Key Words: HIV, water and sanitation, health kiosk, FBOs, Apostolic, Zimbabwe

FRPED236

"Even the Devil Was Given Audience by God": Discourse Analysis of the Rhetoric against Men who Have Sex with Men in Ghana

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Issues: HIV prevalence among men who have sex with men (MSM) is 16 times (18.1%) that of the general male population (1.1) in Ghana. As such, the National HIV and AIDS Strategic Plan (NSP) espouses the public health and rights based approach to mitigate HIV infection among MSMs. The media is a critical medium for information communication and a tool that drives social and behavioral change. Reportage and rhetoric on any issue including MSM could have beneficial or deleterious effects. This abstract aims to critically analyze media representation of MSM issues and its potential effects on HIV epidemic control among MSMs and the National HIV response
Descriptions: Under the USAID Strengthening the Care Continuum project, implemented by JSI Research & Training Institute Inc. with Population Council, we monitored and collated fifty (50) separate public and private media pronouncements and publications on MSM as a single case. The period of review spanned 37 months (December 2016 to December 2018) for print and electronic media. We conducted a critical analysis of discourse statements for their constitution of power and ideology
Lessons learned: The rhetoric around MSM issues was mainly power-based, unscientific and ideologically driven, and aimed at engendering violence, social exclusion, marginalization, stigma and discrimination toward MSM. Most of the discourse emanated from high level political figures from the ruling party and opposition. The electronic and print media representation of MSM issues converged and was emotive, negative and misleading. Most (29) of the explosive rhetoric around MSM was in the first half of 2018, when there was a new government in place. Only 12 media reportage touched on health, social, reproductive rights or human right issues
Next steps: The rhetoric and media representation of MSM issues could have negative repercussions for HIV epidemic control among MSM and the national HIV response as a whole. As a short-term measure, the Ghana AIDS Commission should intensify its sensitization efforts for the executive and legislative arms of the government as well as members of the general public. The Commission should also intensify advocacy efforts to improve the legal environment by removing the antiquated colonial punitive laws against Key Populations from the legal books. MSM led or friendly CSOs should be strengthened and capacitated to adopt creative approaches to identify, enroll and retain MSMs living with HIV on treatment.

FRPED237

"Partenaire Associé": Le Transfert de Compétences au Cœur d'un Programme de Renforcement de Capacités à Destination des Associations Communautaires Africaines

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Questions: L'approche classique des programmes de renforcement de capacités consiste à former le personnel grâce à l'appui de consultants et à financer des activités ponctuelles de structuration associative. Cette démarche rend parfois complexe l'appropriation et la pérennisation des nouvelles actions et pratiques et ne valorise pas les savoirs-faire existants.
Le programme Autonomisation, qui accompagne des associations dans leur structuration depuis 2012, a contourné ces freins et proposé de nouvelles perspectives en créant le concept de « Partenaire Associé » (PA). Ce statut permet de renforcer l'empowerment des associations, faire émerger les expertises et en favoriser le transfert.
Description: Toute association qui a bénéficié de 3 ans d'accompagnement sur-mesure, dans le cadre du programme Autonomisation, et qui dispose des compétences et de la volonté de renforcer les autres membres, peut devenir PA.
Depuis 2016, 6/6 associations issues de 5 pays (Togo, Côte d'Ivoire, Burkina Faso, RDC et République du Congo) ont endossé ce statut. Les PA sont impliqués dans les différentes étapes du processus d'accompagnement: sélection des nouvelles associations, mission de suivi, co-animation d'atelier, accueil de stage/réalisation de coaching dans leurs domaines d'expertise.
Au cours des 3 dernières années, les PA ont réalisé 12 missions ou coachings auprès de 5 associations. Ils ont produit des documents de capitalisation individuels et collectifs portant notamment sur l'organisation d'évènements de mobilisation de ressources qu'ils ont eux-mêmes mis en oeuvre grâce au Programme. Grâce à ce partage d'expérience, 3 autres initiatives, portées par les associations en accompagnement, ont vu le jour.
Leçons apprises: Ce statut permet aux associations de passer d'un positionnement « d'acteurs/bénéficiaires » à un rôle « d'accompagnateurs/experts». Il favorise l'appropriation et l'ancrage des acquis.
Les savoirs-faire et les expertises des PA sont identifiés, capitalisés et valorisés au niveau sous-régional et international. Les expertises communes sont mutualisées et enrichies afin d'en faciliter la promotion et le transfert à d'autres associations de la sous-région.
Prochaines étapes: Continuer à structurer et développer le statut de PA: création d'outils, renforcement de la capitalisation/communication afin que ce transfert de compétences devienne une AGR, organisation d'initiatives conjointes de mobilisation de ressources au niveau de la sous-région.

FRPED238

Amélioration de la Qualité des Services Communautaires de Lutte contre le VIH/SIDA et la Tuberculose en Côte d'Ivoire par la Documentation et la Communication Scientifique

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Contexte: Engagée dans la lutte contre le VIH/Sida et la Tuberculose, la Côte d'Ivoire bénéficie du Nouveau Modèle de Financement (NMF) du Fonds Mondial dont le volet communautaire a été confié à Alliance Côte d'Ivoire. Ce volet communautaire est animé par les ONG dont le travail de grande valeur reste méconnu souvent par manque de documentation et de communication. Fort de ce constat Alliance CI a initié à la documentation et la communication scientifique 19 ONG, ce en collaboration avec PAC-CI et grâce au financement Initiative 5%.

Méthodes: Pendant 2 ans, PAC-CI a partagé des connaissances théoriques sur la documentation et la communication scientifique à l'endroit des chargés du suivi-évaluation des ONG participants. Les experts de PAC-CI et le chef de projet ont caoché les ONG à partir de 4 régions : Sud, Nord-Est, Ouest et Centre Nord. PAC-CI a également une accompagnement dans l'écriture et la soumission de résumés aux conférences scientifiques.

Résultats: 50 acteurs de 19 organisations ont bénéficié de 4/4 (100%) sessions de formation théorique. Nous leur avons inculqué les bases du recueil, de la gestion et la valorisation des données. 5/8 (62%) missions trimestrielles ont permis de mettre en pratique la théorie et d'identifier ensemble des actions innovantes qui pourraient faire l'objet de communications scientifiques. Participation à plusieurs conférences internationales francophones et anglophones (ICASA 2017, AFRAVIH 2018, NHARCON (National HIV and AIDS Research Conference 2018 au Ghana, Harm reduction Conférence 2019 au Portugal).

Sur 42 résumés soumis, 57% (24/42) ont été retenus dont 04 à l'oral et 20 affichés. Nous avons réalisés 12 résumés/an au lieu de 10 prévus soit un taux de 120%.

Ce travail nous a permis de mettre en ligne la bibliothèque communautaire « **FO SCIENCER** » section d'informations sur le VIH et autres pandémies : *http://www.ansci.org/portail-alliance/foscience.html*.

Le financement basé sur la performance communautaire et l'implication des praticiens de la médecine traditionnelle sont des approches documentées, promues et intégrées dans les stratégies nationales en Côte d´Ivoire.

Conclusion: Pendant longtemps l'activité des ONG était restée méconnue. Aujourd'hui avec le financement d'Initiative 5% et ses partenaires de PAC-CI, Alliance CI contribue à valoriser et faire connaitre le travail accompli par ces ONG. Cette initiative mérite d'être pérennisée et étendue à toutes les ONG afin de les autonomiser.

FRPED239

Health Care Workers Poor Communication Skills on HIV/AIDS Guidelines Could Jeopardize the Global Community Efforts to Eliminate HIV/AIDS

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Issues: Poor health care providers communication skills, lack of a real patient real engagement along the scientif evolution pathway in the HIV/AIDS area.
Descriptions: For chronic disease as AIDS, keeping patients informed of the scientific advances is key to engaging them and maintaining them in care. In HIV/AIDS research due to scientific involvement globally the advances are fast and the guidelines are constantly moving and changing. Sometimes these changes might seem in contradiction to what used to be the standards of care. Accordingly in their commitment to make everything possible to get people tested or HIV, get into care the providers contribute to exacerbate these contractions. In 2009-2011, the WHO, cut point for ART initiation for infected people was 350 CD4 count per ml. At that time those who were not to start ART (>350 CD4 count per Ml) were disregarded by HIV control program in Burkina Faso. As a matter of fact, after going several times in HIV care Centres they were sometimes told vigorously denied access to their care givers under the reason that they don't need care anymore. So they stopped seeking care. Countries adaptation of the guidelines should also include a strong communication support plan.
Lessons learned: In 2011, I was caring for mothers-babies couples in the PROMISE-PEP clinical trial aiming at preventing HIV-1 transmission to babies during breastfeeding. Mothers were monitored regularly for CD4 cells monitoring and those who fall below 350 CD4 cells/mL were immediately referred for ART initiation at another Centre. At the end of the study in 2012 those who maintained a CD4 cell count above 350 (not eligible for ART) were also referred for follow-up in ART Centre. When we saw these mothers in 2017 a significant proportion of mothers (30%) not related to any ART Centre anymore and 50% not taking ART while having been in contact with the health system in Burkina Faso. Lack of proper communication between the care providers and the patients is the main reason for this evitable cause of linkage to care break.
Next steps: All HIV care providers must be trained to communicate properly with patients they are caring for to avoid them to be actors of their own failure. This training should address both communication skills and careful delivery of the recommendations made by the constantly moving guidelines

FRPED240

Leveraging Usage of a Child-friendly Storybook to Address Poor Child-participation during HIV Care in Primary Healthcare Settings in KwaZulu-Natal, South Africa

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Objective: Job-aids are widely used by healthcare workers (HCWs) in South Africa, as practical tools for enhancing the provision of HIV service, thereby improving patient-provider interactions during the care process. We explored user perceptions of the KidzAlive Talk Tool Storybook, a child-centred job-aid that leverages creative storytelling to enhance the meaningful participation of children during HIV counselling and testing, status disclosure and medication adherence in primary healthcare clinics in KwaZulu-Natal, South Africa.
Setting: The study was conducted in primary healthcare clinics across four districts (uMkhanyakude, Zululand, uMgungundlovu and eThekwini) in KwaZulu-Natal, South Africa.
Methods: We conducted qualitative interviews with children (n=30), their primary caregivers (PCGs) (n=30), and KidzAlive trained and mentored HCWs (n=20) providing HIV care using the KidzAlive Talk tool Storybook. Data were collected in both English and isiZulu through user-specific semi-structured interview guides. All the interviews were audio-recorded (with participants' consent) and transcribed in verbatim. Interviews conducted in isiZulu were translated into English by a member of the research team competent in both languages. Electronic data were imported to NVivo 10 for analysis and subsequently analysed using the constant comparative and modified grounded theory analysis method. The consolidated criteria for reporting qualitative research (COREQ) checklist was used to ensure that the standards for reporting qualitative research, were met.
Results: The qualitative analysis yielded the following themes, which are congruent with a theory of change, in so far as the implementation of the Talk tool, is concerned:
· Barriers to child-participation during HIV care.
· Mechanism for addressing poor child-participation through KidzAlive Talk tool.
· Outcome-impact continuum of leveraging the Talk tool for increasing child-participation.
Conclusion: Given the positive user responses on the usefulness of the Talk tool for promoting child-participation in HIV care, we recommend its scale-up in similar resource-constrained settings in South Africa.

FRPED241

Education Financière des Adolescents Vulnérables du Fait du VIH/Sida en Côte d'Ivoire : Perception, Pratiques et Enjeux

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Contexte: La gestion des ressources financières familiales constitue un défi pour les familles affectées par le sida. Dans un contexte national de pauvreté généralisée, le VIH/sida réduit les revenus des ménages et compromet l'accès des adolescents aux services essentiels. L'impact social du VIH/sida érige souvent ces adolescents, déscolarisés et travaillant dans le secteur informel en chefs de ménage ne disposant pas toujours de compétences adéquates pour la gestion du revenu familial et des siens. Cette préoccupation justifie leur formation sur cette thématique par Health Alliance International (HAI) avec un financement de Centres for Disease Control and Prevention (CDC). La présente étude identifie les perceptions et les implications pratiques de l'éducation financière chez ces adolescents.
Méthodes: Après une formation en éducation financière, une enquête combinant la conduite de focus group discussion et l'administration de questionnaire a été conduite à Ferkessédougou à 53 adolescents vulnérables du fait du VIH/sida provenant de Boundiali et Ferkessédougou situées au Nord de la Côte d'Ivoire en Juillet 2018. L'analyse descriptive et de contenu ont été mobilisées.
Résultats: Les répondants, filles (65,2%) et garçons (34,8%) avaient un âge moyen général de 16,7 ans. Seulement 18 (34,7%) des adolescents ont déjà entendu parler de l'éducation financière dont 16 filles (87,5%). 39,1% n'ont jamais abordé la gestion de l'argent avec leurs parents. 60,9% des répondants dont 57,1% de filles affirment épargner. 50,0% épargnent la moitié de leurs gains, 9,1% la totalité, 9,1% le quart et 31,8% n'épargnent pas. La faible connaissance en éducation financière justifie cette pratique et compromet la distribution inappropriée du revenu aux postes de dépenses. Seulement 28,6% des répondants consacrent leur revenu aux dépenses nécessaires, 19,4% aux dépenses prévues uniquement effectuées par les filles et 42,9% à l'épargne.
Conclusions et Recommandations: L'éducation financière reste capitale pour les adolescents et justifie leur culture de l'épargne. Celle-ci est inadéquate posant le défi de leur capacité à gérer avec efficience les ressources financières. L'éducation financière des adolescents à un stade précoce de la vie gagnerait à être renforcer. Elle ferait d'eux des acteurs économiques et sociaux actuels et futurs responsables dont les décisions influencent positivement la vie familiale et le développement de toute société.

FRPED242

La Mobilisation Communautaire et l´Organisation de la Riposte au Sida des Adolescents et Jeunes Vivants avec le VIH: Cas du Cameroun

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Issues: Au Cameroun, on estime à 30.000 le nombre d'adolescents et jeunes vivants avec le VIH âgés de 15 à 19 ans. Pour cette population particulièrement vulnérable, la couverture en ARV est seulement de 27,5% d'après le rapport de progrès 2018. La mobilisation communautaire et l'organisation de la riposte au Sida des adolescents et des jeunes vivants avec le VIH au sein du RECAJ+ vise à initier la participation des adolescents et jeunes vivants avec le VIH des dix régions à tous les niveaux de la chaine de décision pour une meilleure prise en compte de leurs besoins spécifiques.

Descriptions: Elle s'est déroulée en deux phases : (I) « une série de plaidoyers » auprès des chercheurs afin de ressortir les données attestant de la situation de crise de cette cible particulière et des insuffisances dans la prise en compte des besoins spécifiques de celle-ci. (II) « l'institutionnalisation » d'une organisation forte fédératrice du maximum d'adolescents et jeunes vivants avec le VIH. La mise en œuvre implique un appui technique et financier d'organisations de la société civile, d´agences des nations unies, et enfin d´institutions publiques intéressées par la thématique des adolescents et jeunes. La mobilisation est entièrement pensée et mise en œuvre par et pour les adolescents et jeunes vivants avec le VIH.

Lessons learned: On note pour la première phase une implication à titre personnel de chercheurs comme le Dr Joseph FOKAM, et Mme Alice Ketchaji auteurs d'une série de recherches ayant contribués à donner plus de visibilité à la thématique « adolescent et jeune vivant avec le VIH ». Pour la deuxième phase la mise en place d'un réseau institutionnellement bien établi, en cours d'implantation dans 5 régions, et regroupant en son sein 588 adolescents et jeunes vivants avec le VIH et trois associations tutélaires.

Next steps: Finaliser l'implantation du RECAJ+ dans les régions où elle en cours et initier la phase d'implantation dans les autres régions.

FRPED243

Poverty, Sexual Practices and Vulnerability of Female Sex Workers to HIV/AIDs in Oyo State South-West Nigeria

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Issues: In Nigeria HIV prevalence among sex workers is eight times higher than the rest of the-population. Poverty/stigma/discrimination/violence, punitive legal/social environments are key determinants of increased HIV vulnerability among this target group.
Programme Description: Supported by the Global Fund, SFH partnered with SRs/CBOs to reduce prevalence of HIV/AIDs, expand access to RH/HIV/STI prevention among FSWs using MPPI. MPPI meets FSW specific needs using 3 strategies - behavioural/biomedical/structural approaches. 1500 Female-Sex-Workers in more than 5 communities in 15 brothels in Oyo state South-West-Nigeria participated in the 3 months' programme. Sex-workers were selected/trained as PEs who in-turn select/reach their peers with SRH/STI/HIV information/messages 3 times monthly. OSS facility was created to and health workers were trained on providing friendly services to MARPs referred to the OSS facility. Support groups were formed to cater for the FSW living with HIV/AIDs. Outreach workers/key stakeholders were engaged, income generating activities and off sites STI outreach were provided for over 120 sex-workers. Peer tracking cards were developed/used to track health services provided to FSWs and data were collect. IEC materials, lubricant/condoms were distributed to sex workers on a monthly basis.
Programme Implications and Lessons: Poverty, multiple sexual partnering, inconsistency in condom use, lack of knowledge and empowerment increases the rate of STI/HIV infection among Sex Workers in the state.
Family planning knowledge among sex workers was low. Drug and alcohol abuse were widely reported to have encouraged unintended sexual activity and influenced FSW to engage in risky sexual behaviour including engaging in violence and unsafe sex. Most of the girls became sex workers because they do not have alternative means of livelihood and some were enslaved into sex work due to the fact that their parents could not provide for them.
Next Step: To reduce sexual practices and vulnerability of Female Sex workers to HIV/AIDs, interventions must be targeted to KPs sites. Poverty will drastically reduce if FSW capacities are built on income generating activities. There is need to advocate for condom demonstrations/usage in the communities where it is not allowed.

FRPED244

Education and Employment Inequality as the Socio-economic Factor to Poverty and Increased HIV/AIDS Infections among Transgender Persons

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Background: The purpose of the needs assessment was to assist TNU, together with its partners, donors and key stakeholders to provide evidence on the challenges faced by transgender communities, and statistics of transgender people in different regions of the country. The needs assessment findings will be used to advocate for policy reforms towards enhancing the promotion and protection of rights of transgender people. the main objective was to establish the needs, challenges, and experience of transgender people in Uganda & establish the challenges faced by CSOs and CBOs providing health and other social services to transgender people.
Methods: A mixed-methods approach involving quantitative and qualitative (participatory and consultative techniques) were used to assess the needs, challenges and experience of transgender people, accessing health and other social services in Uganda. The needs assessment was descriptive and exploratory in nature. A descriptive approach was used to describe the characteristics of transgender persons (who they are), in terms of age, gender & sexual identity, where they live (rural/urban), which regions of Uganda they come from, levels of awareness/knowledge of SRHR etc, along with their needs, challenges and experiences. This method was used to be able to measure (numerically) and generalize the transgender persons.
Results: Generally, the greatest need for transgender persons found in this Survey was the need for employment reported by over 67% of respondents (349 transgender persons). The need for education was next (57.9%) and health needs were reported by 62.1%. Indeed, the Survey found a lack of money to buy medicine (reported by 22%) and for transportation (43%) as among major barriers to access to services, which directly correlates with unemployment. Furthermore, the Survey also revealed that over 59% of respondents (Transgender persons) live in households in the lower-income quantile (below 200,000/= per month).
Conclusions: Transgender population constitute a considerable part of the population in Uganda and indeed a significant proportion of sexual and gender minority population, who are also significantly at risk of infections and transmission of HIV and other STI, therefore need to address structural barriers for the 95-95-95 UNAIDS strategy to be achieved

FRPED245

Situation Familiale et Observance

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Questions: Le statut familial de l'enfant influe sur la bonne observance.
Description: La prise normale des antis rétro viraux (ARV), par un enfant VIH+ pendant 6 mois doit aboutir à 99% à une charge virale (CV) indétectable. C'est un objectif à atteindre. Le statut familial de l'enfant est un paramètre non négligeable en matière d'observance. Il s'agit de démontrer comment et à quel niveau le statut familial d'un enfant : Orphelin de père (OP), Orphelin de mère (OM), Orphelin complet (OC), Biparental (BP), influe sur la bonne observance et quel est le rôle des parents ou tuteurs dans l'observance.
Notre étude porte sur 134 enfants inclus dans le programme « 909090 » au Cameroun (ASED) au Benin (FASAB) et au Togo (AMACAH). Les analyses sont faites en croisant les résultats des CV obtenus après 6 mois de suivi et le statut familial des enfants.
Les 134 enfants VIH+ sont repartis en 4 statuts : 41 OP (31%), 37 OC (28%), 35 BP (26%), 21 OM (16%). Les CV obtenus démontrent que seuls 46 enfants atteignent une CV indétectable. En croisant la CV et la situation familiale on constate que 40 sur les 46 ont au moins un parent vivant (86%) ce qui permet une meilleure observance : 17 BP (43%) ; 12 OP (30%) ; 11 OM (27%). Les OC sont dans une situation alarmante car à la charge des grands parents fatigués ou des personnes n'ayant aucun lien avec eux.
Leçons :

- Organiser le soutien à l'observance de tous les OC
- La présence d'un parent permet une bonne observance (86%)
- Les pères comme chef de famille sont plus stricts et permettent un cadre propice à une meilleure observance
- Les mères s'occupant des problèmes de santé dans les ménages, facilitent l'inclusion des enfants dans les programmes et leur prise en charge.

Conclusion et Suggestions: Bonne observance = CV indétectable. Inversement : CV indétectable = bonne observance = bon encadrement familial.
Le rôle de la famille est entravé par des problèmes liés au niveau de compréhension, d'analyse et de réaction vis-à-vis de la maladie et du système de prise en charge médicale et psychologique. Il faudrait mener systématiquement des visites mensuelles, hebdomadaires ou quotidienne en croisant le niveau de la CV et le statut familial. Il faut aussi faire un plaidoyer auprès des proches pour leur soutien.
L'accompagnement des familles et surtout des femmes à la diversification des ressources serait une solution.

FRPED246

Added Value of Cooperatives to Improve Wellbeing of People Living with HIV (PLHIV) in Rwanda

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Issues: Despite the progress Rwanda has made in the last 10 years, poverty, stigma and discrimination in HIV-infected and/or affected households continue to be noticeable negative consequences of the HIV/AIDS pandemic. Affected households do not have the minimum means of production to enhance their economic status and access to basic needs including adequate food for every household member and medical care. In order to mitigate this challenge, PLHIV in Rwanda came together to form the Network of PLHIV (RRP+) and initiated projects to improve their socio-economic impact by strengthening their income generating activities through cooperatives. The objective of this assessment is to describe the role of cooperatives to improve the socio-economic of PLHIV and their integration in the community.
Descriptions: RRP+ promoted advocacy for PLHIV and created a supportive environment free of stigma and discrimination through networking among associations and support groups of PLHIV. RRP+ continued to grow in terms of number of members and associations. To reduce the poverty and mitigate the socio-economic impact of HIV, RRP+ contributed in supporting Income Generating Activities (IGA) of people infected and affected by HIV through cooperatives.
The cooperatives initiated by PLHIV increased from 93 in 2009 to 382 in 2018 with the number of members increasing from 30,835 to 82,423. The cooperatives have been strengthened through training on management and functioning of cooperatives, project cycle, developing profitable projects and financial support by RRP+ and others development partners.
Lessons learned: The PLHIV on treatment are well involved in the income activities through cooperatives and integrated with other HIV-negative members. The members contribute with an average share of20.985Rwandan Franc.
70.8% members received the health insurance from the cooperatives payment while 63% received livestock to improve their nutrition and food security. The dividend by year is on average of 8,240 Frw According to the testimonies of cooperatives members, the socio-economic empowerment has had an impact on good adherence on ART treatment and helped improve nutrition. Today, 94.4% of PLHIV are on ARTs and 91% of them suppressed the viral load.
Next steps: More intervention will continue to be focused on improving the socio-economic status of PLHIV by enrolling more non-members into cooperatives and strengthening support systems to increase their adherence to ART treatment.

FRPED247

Socio-economic Status and Vulnerability to New HIV Infections in Free State Province of South Africa: Evidence from Focus for Impact Assessment Reports

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Issues: There is controversy on the association between people's socio-economic status, educational achievement and HIV infection[1]. Other evidence claims higher social economic status, and educational achievement [2] is negatively associated with HIV infection while others report the contrary.
Descriptions:To examine the association between people's social-economic status[3], the level of educational achievement and HIV infection[2] in the Free State province; and to examine whether the social-economic status and "achieved educational level-HIV relationship", differs by rural/urban place of residence, gender, and time (i.e. in period 2017 to 2019)1 in the Free State province.
Methods: Thematic Analysis was applied to 240 individual transcript responses obtained from a total of 6 local wards which were sampled from the 3 districts of the Free State Province. Assessments were conducted between October 2018 to March 2019[4]. We familiarised ourselves with emergent data; we assigned preliminary codes to the data to describe the content. Later we searched for patterns or themes in the data that was coded across the different interviews. We reviewed emergent themes, defined and re-named them. Final reports were produced for each of the four research ward areas, and also combined and generalised for the province. From the reports, this abstract was synthesised.
Lessons learned: Reduced household wealth is associated with increased vulnerability in the urban and in rural areas of the province [5]. Matched with no educational achievement, secondary or higher education is associated with being more knowledgeable about risks of infections, and consequent reduction in vulnerability to the risk of HIV infection by in both key and general population [3 4]. However, this effect was reported more in urban than rural wards. Besides individual-level factors, unobserved community factors also play an important role and account for unexplained variance than individual-level contributing factors.
Next steps: Individual's decreased social economic status increases vulnerability to new HIV infections[5]. The level of education attained by individuals compounds the outcome either positively or negatively. The social environment where people live in also influences the level of vulnerability to new HIV infection independent of individual-level factors.

FRPED248

Tackling Poverty among Adolescent Young Girls and Women to Address New HIV Infections in Uganda

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Issue: In Uganda, 950 adolescents get new HIV infections every week. With financial support from Aidsfonds the International Community of Women Living with HIV Eastern Africa (ICWEA) together with other partners implemented a two interlinked sustainable and innovative business models (Sawa World and Health Entrepreneurs Models) to create 7,729 job opportunities for adolescent girls and young women (AGYW) at risk for and living with HIV in Uganda. The project aimed at tackling poverty as a key social and socio-economic barrier to reduce new infections among AGYW through supporting selected them to become micro-entrepreneurs, set up sustainable businesses to increase their income. Assumption was that AGYW can benefit from increased income, savings, self-confidence, enabling them make safer sexual health choices to reduce risk taking behavior among AGYW (15-24years).
Description: The Sawa World model is a highly cost-effective approach that offers self-employment opportunities for AGYW by providing practical self-employment skills, training, educational tools, simple business solutions through interactive workshops, learning videos and posters. ICWEA aimed at ensuring that 45% of trained AGYW start small-scale business to improve their income. Healthy Entrepreneurs is a social franchise model where Village Health Team (women) become small business-owners (community health entrepreneurs), selling essential health commodities and health products, disseminating information on health and HIV prevention.
Lessons learned: Linking the two business models helped to improve access to SRH information, family planning methods, created a hybrid of sustainable and replicable local business solutions. Monthly income of CHEs increased with USD 35.84 more than that of a VHT. AGYW who started a business report 34% condom use. 75% of the AGYW indicate having stable partners. AGYW who started a business had less sexual partners in the past six months. AGYW report 17.4% fewer partners on average. In our blogging series young women explain how an increased income has made it possible to refuse sex with men.
Next steps: There is need to orient AGYW on group formation, management skills; followed by close mentorship. Support AGYW to have saving schemes/ groups. Involve the parents, spouses and guardians of trained AGYW in the whole process and follow up to ensure replication because of socio-economic barriers. Scale up the two model beyond the target districts and Uganda.

FRPED249

Autonomisation à Travers des Microfinances Stratégies de la 1ère Dame de CI pour Lutte Contre la Stigmatisation et d´Adhérence au Traitement des Femmes Vivant avec le VIH, Cas de 400 Femmes de la COF+CI

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Issues: Malgré la forte mobilisation des communautés et institutions. Le VIH reste toujours comme une maladie honteuse surtout chez les femmes, la tranche la plus touchée par cette pandémie. Avec son corolaire de rejet, de stigmatisation dus au rang social précaire qu'elles occupent dans notre société en général et celles vivant avec le VIH en particulier.
Descriptions: Cette vie de pauvreté, de précarité, un facteur favorisant la propagation et de réinfection du virus. De peur d'être rejetées chassée de la famille conjugale elles sont souvent obligées de caché leurs statuts sérologiques et même de manquer leurs rendez-vous médicaux par manque de moyens financiers pour leurs déplacement .c'est pour lutter contre tous ces maux qui minent la vie des femmes que la Première Dame de la République de Côte d'Ivoire s'est engagée à travers une micro finance à créer des Activités Génératrices de Revenus (AGR) de 400 Femmes vivant avec le VIh issues de la Coalition des Organisations de Femmes vivant avec le VIH en Côte d'Ivoire (COF+CI).
Lessons learned: Pour atteindre plus de femmes vivant avec le VIH, la Première Dame de la République de Côte d'Ivoire a identifié la COF+CI comme structure bénéficiaire. Ce faisant, un montant de 200 millions de Francs CFA a été déposé dans une microfinance. 630 femmes vivant avec le VIH ont été formées à la gestion des AGR et à l'autonomisation. Ainsi, chacune avec l'appui de la COF+CI a présenté son projet à la microfinance. 400 comptes ont été ouverts et les 400 femmes ont perçu les fonds demandés et sont en activité. 236 parmi elles ont remboursé avant terme et ont été ré-appuyées par la microfinance. Celles-ci sont aujourd'hui chef de familles respectant leurs Rendez-vous médicaux et participent aux groupes de parole sur les sites de soins comme des relais d'éducation au traitement.
Next steps: L'engagement des Premières Dames dans cette initiative serait significatif dans la réduction de la stigmatisation. Et ceci favoriserait l'adhérence aux traitements lié au VIH. L'exemple de la Cote d'Ivoire qui est d'identifier les bénéficiaires directes a eu aujourd'hui un impact positif sur la vie des femmes vivant avec le VIH, grâce à ce soutien les femmes connaissent l'épargne, la gestion l'affirmation de soi parce qu'autonome.

FRPED250

Structural and Behavioral Barriers to ART Adherence among People Living with HIV in Rwanda

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Background: Rwanda has made tremendous efforts in the prevention and treatment of HIV. Very high ART adherence and survival rates point towards the major results obtained in the AIDS response. Malnutrition and food insecurity continue to hinder treatement outcomes. As the 2015 Rwanda Biomedical Centre and the United Nations World Food Programme study shows, more than 40% of people living with HIV (PLHIV) reported a poor food consumption score, 64.4% a low dietary diversity and 40.5% of PLHIV households were found to be food insecure.HIV and AIDS impacts food insecurity by depleting economic assets and exacerbating poverty, weakening households' productive capacity.
Methods: To determine the prevalence of food insecurity and type of socio - economic vulnerability pre-ART and ART clients (aged 2 years and above) and the association with the clients, nutritional and health status and to provide insight into the experiences of social vulnerability among PLHIV ,a descriptive cross-sectional national survey that targeted PLHIV aged from 2 years old and above enrolled in sixty randomly selected health facilities was conducted in 30 districts. The respondents were stratified only according to Pre-ART and ART programs. 2,386 people were surveyed. Participants were listed using TRACnet ID to ensure confidentiality. 60 data collectors, one at each health facility and 10 supervisors were involved in the field work. The data collection was conducted through two weeks from 17th August to 5th September 2015. Adherence was measured by subject recall over a 30-days period prior the survey. Excel and STATA were used for the analyses.
Results: Ninety percent of the respondents did not miss a single dose of their treatment within 30 days preceding the survey. Ten percent reported to have missed at least one dose. Noncompliance and forgetting to take the medication (41.1%) and distance from health facility (28.7%) were reported as the main reasons. Others included loss of or run out of pills (9.7%), avoiding taking pills because of lack of food (7.6%), being too ill or having nausea (4.3%), ARVs side effects (2.7%) depression (2.2%) and stigma or disclosure issues (0.5%).
Conclusion: Forgetfulness and distance from health facility emerged as a key factor hindering ART-adherence. Social behavioral change communication and livelihood support complementing traditional HIV-specific and nutrition support interventions could further improve the rate of ART-adherence in Rwanda.

FRPED251

Identifying High-risk Social Networks of Adolescent Girls and Young Women in Dar es Salaam, Tanzania

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Background: Studies in sub-Saharan Africa have shown that girls who do not complete high school are twice as likely to be HIV infected as girls who finish high school. There is an urgent need to locate adolescent girls/young women (AGYW) who are out of school and at risk for HIV to engage them in HIV prevention efforts. Identifying social networks of girls who socialize together may be an effective way to reach this at-risk population with interventions. A key first step is identifying such networks of adolescent girls.

Methods: We used the PLACE (Priorities for Local AIDS Control Efforts) methodology, a rigorous approach involving interviews with community informants and geospatial mapping, to identify and map all urban venues where social networks of AGYW socialize. PLACE was completed in one ward of Dar es Salaam, Tanzania. We identified 69 social networks that self-identified as a social group, included AGYW and met regularly in a venue. Venues were mostly verandas, and some were hair salons. Most venue-based networks were in operation for 3-5 years and had a leader. We randomly selected 28 of these venue-based networks and conducted a census by obtaining rosters of network members. We conducted behavioral assessments with 80.9% (n = 310) of the 383 network members and sociocentric network assessments to describe members' social connections.

Results: On average, the social networks were comprised of 13.7 members. The networks had an average density (proportion of actual connections out of all possible connections) of .65. The networks consisted mostly of female members (92%; range 41% - 100%) who knew each other from school or shared in an activity like jogging. On average, 67% of network membership were AGYW ages 15-24 years (range 36% - 100%). Of the 146 AGYW reached through these networks, 70% (n = 102) reported being out of school and 67% (n = 98) reported being sexually active. Among sexually-active AGYW, self-reported HIV sero-positivity was 8.3% among girls ages 15-19 years and rose to 16.0% among young women ages 20-24 years. Women older than 25 years had the highest self-reported HIV prevalence (20.0%).

Conclusions and Recommendations: We identified a way to reach social networks of mostly AGYW in venues where they regularly socialize. The self-reported HIV prevalence rates were higher than national averages, suggesting we have tapped into high-risk networks. Accessing AGYW through their networks may be a promising HIV prevention strategy.

FRPED252

Accompagnement à la Procréation comme Moyen de Mieux Répondre aux Besoins en Santé Sexuelle et Reproductive chez les FSF à Douala

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Questions: Alternatives Cameroun a effectué une étude communautaire en 2017 qui nous faisait découvrir que 85% de gay et 78% de lesbiennes ont un désir d'avoir un enfant et que parmi ces personnes, 68% de gays et 78% de lesbiennes souhaitaient l'avoir par un rapport avec le sexe opposé. La réplique de l'étude en 2019 confirmant cette tendance, nous avons décidé de mettre sur pied un programme d'accompagnement psychologique et médical afin de répondre aux problématiques de santé sexuelle et reproductive en lien avec leur projet d'enfantement.
Description: Nous avons commencé par un vaste enregistrement des candidats, répartis en 2 groupes : les « demandeuses » qui désiraient avoir un enfant, et les « donneurs » qui étaient prêts à aider biologiquement une personne de sexe opposé à réaliser ce désir. Nous avons ensuite fait le croisement des dossiers en fonction des critères des uns et des autres. Plusieurs services ont ainsi été développés en lien avec la procréation, notamment les consultations gynécologiques, l'accompagnement psychologique, les conseils juridiques et l'ensemencement artificiel que certains bénéficiaires ont vu comme une heureuse alternative du rapport sexuel.
Leçons apprises: Ce programme qui a permis de mettre en route déjà 5 bébés, est désormais une motivation importante pour les FSF de fréquenter le centre communautaire, et de bénéficier des services disponibles. Leur nombre a doublé en 2019 : 1211 FSF au premier semestre. Les FSF sont plus réceptives aux services de santé sexuelle, notamment les dépistages IST et VIH, du moment qu'ils sont liés à ce besoin qui leur sont essentiels. Nous avons été amenés à ouvrir le programme également aux hommes, dont beaucoup sont également demandeurs. La question de la garde de l'enfant est un sujet délicat à discuter suffisamment en amont, et il n'est pas aisé pour les deux parties de trouver un terrain d'entente. Le programme impliquant certains examens médicaux, ceux-ci ont néanmoins tendance à être abandonnés lorsqu'ils sont hors de prix.
Prochaines étapes: Nous avons mis sur pied un comité « Child Wish » pour parfaire la structuration de ce nouveau service, notamment avec la mise sur pied des outils, l'élaboration des procédures standards, et la conception d'un circuit des bénéficiaires, pour faciliter leur prise en charge. Nous comptons aussi relever en conséquence le niveau de notre plateau technique et trouver un moyen de financer les examens médicaux liés à ce programme.

FRPED253

Harnessing Missed Opportunities: The Role of Safer Conception Counseling in Improving Contraceptive Uptake among HIV Positive Clients in Uganda

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Background: Nearly half of pregnancies among PLHIV in Uganda are unplanned, as only 15% of PLHIV use modern contraceptives revealing a high unmet need for contraception. Provider stigma and lack of patient counsel on childbearing impedes effective reproductive health services including uptake of contraception. PLHIV and their providers rarely discuss childbearing prior to pregnancy, resulting in a lost opportunity to promote both safer conception, and contraception.

Methods: We implemented a cluster randomized controlled trial comparing two models for integrating Safer Conception Counseling (SCC) into routine Family Planning (FP) services in HIV care in Uganda to usual care FP services. Six sites were randomized to receive either: (1) FP with enhanced multi-component SCC (SCC1); (2) FP with an SCC workshop for nurses (SCC2); or (3) usual care FP services. SCC1 and SCC2 screened all clients coming into the clinic for child bearing desires, provided SC counseling (for those trying to conceive) or dual contraception counseling (for those who wish to prevent pregnancy). Those that desired child bearing were offered two choices of SC methods; Timed Unprotected Intercourse (TUI) and Manual Self-Insemination (MSI).

A total of 59428 client consultations were received in the intervention sites. We analyzed the increase in contraceptive uptake among (i) clients that did not want any children and (2) those that expressed childbearing desires before consultation with the counselors.

Results: Of the 59428 client consultations, 5038 (8.5%) desired children while 53455 (90%) desired contraception. Among those with child bearing desires, 64.3% were in seroconcordant while 34.8% were in serodiscordant relationships. Contraceptive uptake among clients that desired contraception increased from 22.6% to 46.3% while among those with child bearing desires, 16% opted not to pursue childbearing (requested for contraception) following their discussions with the counselors

Conclusions and Recommendations: The nonjudgmental, autonomy-respecting discussions enabled providers to facilitate informed decision-making by clients. SCC provides opportunity to improve contraceptive uptake and reduce stigma among providers and clients regarding child bearing among HIV positive clients. Clinics should integrate comprehensive Family planning to cater for both contraception for individuals who wish to limit or delay pregnancies and safer conception support for those who wish to have children.

FRPED254

Every Woman Matters: How the Voices of Women Influenced Discussions around Hormonal Contraceptives and Risk of HIV Acquisition

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Background: Women are vulnerable to HIV and face barriers to utilizing existing family planning methods. Efforts to address this vulnerability will not only advance the well-being of women but also contribute to reaching the Sustainable Development Goals and Universal Health Coverage. Women and girls need comprehensive information to make informed contraceptive choices and to protect themselves from HIV. Observational data indicated that women using Depo-Provera may be at higher risk for acquiring HIV; other studies showed this was not the case. With these conflicting results, in 2011, advocates, led by ICW Eastern Africa and partners, engaged with the community to track this issue, to inform and monitor the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial comparing HIV risk among women using three different contraceptive methods.
Methods: Our approach utilized different strategies. We brought together women leaders to develop a collaborative engagement strategy; initiated a list serve and communication process among advocates from diverse geographical locations, which became the HC-HIV Advocacy Working Group. We held convenings with women to understand their views and priorities around contraception and HIV risk, and from this developed position papers that were presented in forums organized by the ECHO study team, WHO and other agencies. We were successful in pushing for the establishment of the Global Community Advisory Group (GCAG) for the ECHO trial, members joined the advocacy working group.
Results: By establishing the HC-HIV Advocacy Working Group, women voices were not only heard, but were at the table. We conducted stakeholder consultations to ensure community perspectives were represented, and became members of country task forces to prepare for the ECHO trial results. We highlighted advocacy messages at the launch of the ECHO trial results, and continue to be involved in results dissemination. We have representation on the WHO Guidelines Development Group that will inform the Medical Eligibility Criteria.
Conclusions: Country and regional convenings led by, and for, women need to continue to address emerging issues from the ECHO trial results - which includes high rates of HIV infection and STIs. Family planning and HIV integration model must move from paper to practice; provide FP method mix. Funding women led organizations is key to engaging communities on reproductive health and HIV prevention, and amplifying women's voices.

FRPED255

Pregnancy the Right Time to Discuss Contraception and Delaying Subsequent Pregnancies for Prevention of Mother to Child Transmission of HIV

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Issues: Importance of planned pregnancies for reduction of mother to child transmission of HIV infection is known. Opportunities to meaningfully engage with women have been difficult to secure. Engagement and behavior change should happen before conception wherein women should know their HIV status. This look different from the women´s perspective. Women believe they have little control in when to conceive, this perspective changes once they are pregnant. The burden and responsibilities that come with pregnancy become clear, possibilities of addressing vulnerabilities appear as possibilities that women can pursue. Sexual partners and influential family members are rarely available to discuss issues pre-conceptually yet hold immerse power in decision making around birth preparedness, infant feeding and subsequent pregnancies.
Descriptions: The maternal child health program implemented in Mtsambama in aimed to reduce morbidity and mortality amongst pregnant and lactating women and their children. The intervention included provision of counselling at household level fore pregnant woman, partner and mother in law. Focus was positive outcomes for pregnancy and included PMTCT of HIV. This is done at household level and the pregnant woman is under no pressure of thinking about transportation, have time for concentration to think about issues compromising their and the child's health. Counselling explores risks to the pregnancy, child's life and whole family. HIV infection, TB, birth preparedness, requisite behavior change that supports positive outcomes are issues discussed at length and family is led to make decisions around each of the issues. Sexual risk for HIV infection is discussed at length and actions to eliminate risk are identified and once these are agreed upon the pregnant woman and sexual partner append signatures to the actions. Scheduled visits to support implementation of the identified decisions are set. Tools that remain at household level are used to document key decisions.
Lessons learned: Vigorous promotion of contraception among pregnant women yields desired results. Pregnant women were receptive of family planning education for behavior change. They engage meaningfully and decide on suitable method they will use after delivery.
Next steps: · Document results in the community as a result of this empowering intervention, roll out intervention nationally alongside an ethnography describing root causes of resistance to change.

FRPED257

Interception between HIV and Unmet Needs for Family Planning (UNFP) Services among Young People in Malawi

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Issues: Young people who have experienced unmet needs for family planning (UNFP) services are at great risk of contracting HIV. UNFP services result in significant HIV susceptibility, unplanned pregnancies which result in rapid population growth. In Malawi, according to National Sexual and Reproductive Health and Rights (SRHR) Policy for 2017-2022, UNFP accounts for 19% among the married and 40% among unmarried women. Many young girls do not access FP services for fear of being labelled promiscuous and those who do, frequently do not maintain their relationships as the community thinks unacceptable. The purpose of my project of Girl Rising IN Potential (GRIP) under Students with Dreams (SWD) program, is to expand modern access to FP services among young people.
Descriptions: Art and Global Health Center Africa (ArtGlo) funded the project of Girl Rising IN Potential (GRIP), building on the activities of empowering girls and teen mothers in FP, supporting them in entrepreneurship for social-economic growth, engaging religious leaders to identify their roles in FP. A 2015 survey conducted by the USAID-funded Health Policy Project (HPP) founded that religious leaders have an opportunity to play a role in raising the profile of FP and population issues. Nearly three-quarters (72%) of adult residents of two districts surveyed agreed that religious leaders should play a role in teaching and guiding their congregations on the benefits of FP, and approximately one third of respondents (31%) said that religious prohibition of FP methods is problematic.
Lessons learned: Through outreach and dialogues, UNFP services among adolescent girls and boys has tremendously reduced, adolescents were empowered to champion modern methods of FP, young people gained the support of community and traditional leaders, who now champion messages about modern FP methods. One parent remarked, "I used to shun away from talking about FP to my own children because I used to think that am giving them liberty to promiscuous behaviors". This experience demonstrates that some parents are perpetuators of UNFP.
Next steps: Parentsts, Village health committees and local community leaders established community action plan. All young people should have access to FP services that are friendly, safeguard their right to privacy, ensure confidentiality, and provide respect and informed consent, while also respecting their cultural values and religious beliefs.

FRPED258

Use of Modern Contraception among Women Living with HIV at Central Hospital of Yaounde, Cameroon

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Background: With antiretroviral therapy, the number of pregnancies among women living with HIV (WLWH) has increased drastically in recent years, leading to high demand for contraception. The objective of this study was to determine the frequency and factors associated with the use of modern contraceptive methods among WLWH.
Methods: We conducted a cross-sectional study on 252 WLWH aged 18-49 years on antiretroviral therapy at Yaounde Central Hospital, Cameroon in September to October 2015. A questionnaire on contraceptive practices was administered to all participants. A logistic regression model were used to identify factors associated with the use of modern contraceptive methods among WLWH. Interview has been conducted according to the protocol approved by the national committee on ethics and informed consent is obtained for each participant.
Results: The frequency of use of at least one modern contraceptive method among WLWH was 38.1%. The most commonly used methods were the male condom (95.2%), the female condom (25.7%); the pill (17.0%), the "morning after pill" (9.9%), injectable hormones (9.5%), spermicides (3.5%), IUDs and implants (2.7%). In multivariate analysis, contraceptive use was higher among women with at least secondary education (ORa = 1.9, p = 0.02); those who had a frequency of sexual intercourse > 4 / month (ORa = 2.7, p = 0.04) and those who had the support of their partner spouse (ORa = 4.5, p = 0.039). Use of modern contraception was low among single WLWH (ORa = 0.33, p = 0.025) and those with a desire for a child (OR = 0.352, p = 0.003).
Conclusions and Recommendations: These results show that it is imperative to reinforce an integrated family planning program in HIV care centers to guide and support the choice of WLWH in terms of contraception and procreation. The involvement of men in the interest of family planning is essential.

FRPED259

Renforcement de l'Offre de Soins en Sante Sexuelle Reproductive/ Planification Familiale (SSR/PF) chez les Femmes Seropositives (25-49ans) a Action contre le Sida (ACS) Lome-Togo

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Questions: ACS est une association qui lutte contre le VIH/SIDA créée en 1998. Elle suit 1667 Patients dont 2/3 sont des femmes (25-49 ans) en âge de procréer. Entre 2012-2015, moins de 20 femmes étaient sous méthode contraceptive moderne. Jusqu'en 2015/an il est rapporté en moyenne 10 cas de grossesses non désirées ,5 cas d'avortements clandestins suivis de décès parmi les femmes enceintes, 31 cas de conflits conjugaux voire rupture des couples (6 cas) dû à des cD4 très bas entrainant des alitements répétitifs (9 cas sur les 45 grossesses/ an). Entre 2015 et 2018 avec l'appui de la Fondation de France et de l'USAID à travers son projet AgirPF, il a été mis en place un paquet de soins SSR .L'objectif de ce travail est d'évaluer l'impact du dispositif sur les femmes SRV+ suivies à ACS et celles des zones desservies.

Description: Il s'est agi d'une étude prospective et descriptive de janvier 2015 à novembre 2018 incluant toutes les femmes en âge de procréer (25-49ans) suivies

10 agents communautaires et 10 couples leaders formés sur les services SSR/PF

Emissions radio (8) pour sensibiliser la population sur la gratuité et la disponibilité des méthodes PF

Causeries éducatives sur la PF (32 causeries) avec démonstration du port correct ;distribution de préservatifs(10425) à 651 femmes

Dépistage VIH/ IST et SSR/PF en stratégie fixe et mobile soit 1462 femmes (708 SRV+ suivies) touchées

1554 cycles de pilule distribués à 518 clientes dans la communauté dont 344 nouvelles acceptrices

404 femmes dépistées (51 cas de cervicite dépistés et traités, 4 cas du cancer du col de l'utérus, 18 cas de myomectomie)

Leçons apprises:

- Entre 2016-2018 45 grossesses sur 46 planifiées avec PF postpartum chez 100% des femmes ;01 femme suivie en soins post-avortement
- Réduction des cas d'IST chez les femmes (35 cas en 2018 contre 148 cas en 2015)
- 994 nouvelles acceptrices de méthode dont 254 femmes SRV+ suivies vs 17 en 2015
- 41 Charges virales supprimées sur 46 grossesses planifiées sans alitement en fin 2018
- Hausse des cas de conflits de couple (52 en 2018 vs 25en 2017). Ces couples sont suivis pour une meilleure gestion des conflits

Prochaines: Ce paquet de services faciliterait l'adhésion aux soins SSR par les femmes SRV+ à ACS et l'amélioration de leur condition de vie et de la famille. Le défi à relever est le maintien du dispositif en vue de satisfaire toutes demandes des populations environnantes

FRPED260

Promoting the Sexual and Reproductive Health Rights of Adolescent Girls and Young Women Living with HIV in Uganda through Advocacy and SRHR Health Literacy

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Issues: The National Forum of People living with HIV in Uganda conducted the PLHIV stigma index survey in 2017 and realized a high level of discrimination & stigma ,lack of empowerment among women and girls; violations of human rights, restrictive and punitive laws and policies increased the vulnerability of women living with HIV and posed significant barriers to accessing and utilizing high-quality SRH and HIV services in the districts of Mubende,Mityana,Gomba,Gulu and Lira

Young women found sexual and reproductive health services unacceptable,unappealing because of perceived lack of respect, privacy and confidentiality, fear of stigma and discrimination, and imposition of the moral values of by health-care providers including negative attitudes which deterred young people from seeking contraception, STI check-ups and other HIV care and treatment services.

Descriptions: To address key issues, the National Forum of PLHIV networks in Uganda has been fronting and greatly advocating for the sexual and reproductive health rights of adolescent girls and young women living with HIV in Uganda through the Partnership To inspire, Transform and Connect the HIV response (PITCH) supported by AIDS Fonds.

A human rights and gender centered approach through advocacy was implemented to create an enabling environment responsive to the inequalities in access to health care for women and girls living with HIV.

We mentored 2000 young women living with HIV as sexual and reproductive health advocates (PITCH GIRLS), empowered them with knowledge and information, advocacy and life skills to effectively demand, access and utilize sexual and reproductive health and rights services.

Utilized radio talk shows for increased community awareness.Facilitated health worker dialogues to increase their understanding of the unique SRHR needs of young women living with HIV.To increase demand and lobby for quality SRHR services, we enagaged the district leadership and community which enabled young people to share issues such as stock out of family planning supplies, ARVs,long distance and stigma.

Lessons learned: Stigma has greatly contributed to poor suppression ,poor retention among adolescents and is greatly affecting access to SRHR services.SRHR literacy and advocacy are crucial.

Next steps: Continue empowering young people living with HIV with knowledge of their Sexual and reproductive health Rights and to create an enabling environment for them to enjoy their rights

FRPED261

Mentorship Approach in the Rapariga Biz Programme: Innovation for Girls and Young Women Empowerment and HIV Prevention in Mozambique

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Issues: The innovative use of the mentorship approach adopted by Rapariga Biz program and increased control of girls and young women over their sexual and reproductive lives and prevention from Human-Infection Virus (HIV) in selected districts in Mozambique.
Descriptions: With 11.5% prevalence, Mozambique is among the ten most affected countries by the HIV/AIDS epidemic. The Rapariga Biz programme aims to empower girls and young women between 10-24 years by providing them with the assets to make informed decisions and increase access to sexual and reproductive health (SRH) services, including family planning (FP), HIV and Gender-based violence (GBV) in two of the most populated provinces in the country: Nampula and Zambezia.
Rapariga Biz adopts a Mentorship approach to provide the most vulnerable girls and young women with life skills, social networks, leadership, literacy, decision making skills, economic empowerment, knowledge and access to information on SRH& rights. From 2015 to 2018, 4,220 female mentors were trained, and 330,245 adolescent girls and young women were empowered with SRHR information and knowledge. Through the mentoring, 64,252 girls and young women have accessed FP services. The Rapariga Biz districts accounted for 65% of girls reached in Nampula and 71% in Zambezia in Youth-Friendly Services (YFS) services and health facilities (HF). Overall, 48% of girls and young women between 10-24 years adopted at least one modern method of family planning. In 2018, 69,175 adolescent girls from the Rapariga Biz Districts tested for HIV at YFS, (64.3% from Nampula and 35.7% from Zambezia), out of which, 2.5% tested positive.
Lessons learned: These results show that mentorship contributed to girls and young women capacity to fully exercise control over their sexual and reproductive lives by protecting themselves from sexually transmitted infections (STIs) by negotiating safe sex, adopting a FP method and seeking voluntary HIV testing.
Next steps: To sustain and increase results in accessing quality SRH and HIV services, the programme is supporting the MoH to address challenges as, consistency in service delivery and increased capacity of service providers, by training health personnel, refurbishing YFS and establishing efficient referral pathways between safe spaces and YFS. Moreover, the program is sensitizing community leaders to be a "positive voice" on the importance of voluntary testing and adherence to treatment in case of a positive test.

FRPED262

Sexual Reproductive Health and Rights and HIV Integration Interactions across 11 SADC Countries

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Issues: Advocates need to equip themselves with current knowledge, well-tested evidence and savvy political strategy to respond to the global pushback against sexual and reproductive health and rights (SRHR). Understanding the complexities of the African continent and advocating for changes that improve access to basic services and rights should be considered as important strategies towards the advancement of the SRHR and HIV integration agenda. This resource aims to crystalize the links between SRHR and HIV within the regional.

Descriptions: The programme goal was, effective community-based action is strengthened through knowledge exchange, skills development and joint advocacy, contributing to improved SRHR in Eastern and Southern Africa, and globally. The focus areas included: securing menstrual hygiene rights; LGBTIQ+ rights; ending unsafe abortion; HIV/AIDS treatment access; adolescent SRHR; disability Rights; ending child marriage; the 8 SRHR-related SDGs: Goals 3 - 6, 8, 10, 16 & 17. A SRHR & HIV integration training manual was developed. This was piloted across 3 SADC countries and validated at an SRHR conference hosting 11 SADC countries. Participants showed improvement in knowledge on the post-test in comparison to the pre- test. The training used the Process Oriented Approach (POA). The POA involves each person going through a personal process, introspection, personal reflection and internalisation of concepts for them to understand how they feel about the complex issues that constitute SRHR. This approach is about changing mind-sets about issues of sexuality and gender, to internalise thinking about these issues and to challenge entrenched ways of thinking. The aim is to promote positive and healthy sexuality. The POA makes training different from other HIV and AIDS and sexuality education programmes.

Lessons learned: Values appreciation versus Clarification was a key lesson learnt in addition to learning about our bodies accurately anatomically. Participants engaged with and challenged patriarchal gender issues associated to our bodies. Values clarification assumes that the facilitators values are ones that need to be adopted, versus appreciation that embraces all values in the training context unless the value violates a human right

Next steps: The next steps include a follow up meeting to strategise the formal scale up post the validation meeting. This meeting will determine who the relevant stakeholders will be to secure maximum impact.

FRPED263

Sustainable Solutions that Provide Access to Sexual and Reproductive Justice for Girls and Young Women

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Issues: Universal access to sexual and reproductive health (SRH) is essential, not only to achieve sustainable development but also to ensure a realization of health and human rights. The Constitution of Kenya, 2010 in recognition of this guaranteed every person the right to the highest attainable standard of health, including the right to reproductive healthcare.
A policy was formulated by the Kenyan MOH on Adolescent Sexual and Reproductive Health, to respond to the multifaceted nature of reproductive health for the youth; in order to mitigate risk factors and put in place safety nets for early detection and prevention of SRH challenges.
Kenyan youth between the age of 15 - 24 years made up 12% (184,719) of the total population of people living with HIV in 2017. The concentration of new HIV infections and young people living with HIV in Kenya originate from high prevalent counties.
Description: KELIN in 2017, conducted a baseline survey that noted young women and girls within Homa Bay and Kisumu Counties were confronted by several SRH difficulties early on in life, making them vulnerable to HIV infections. KELIN in response implemented a 2-year DREAMS Innovative Challenge programme to facilitate access to sexual and reproductive justice within these Counties, by directly engaging community structural barriers that exacerbated the rate of HIV infection and unintended pregnancies. These interventions strengthened the perceived weakest links in the referral system and helped cultivate behavioral change among duty bearers. Subsequently leading to an increase in the flow of SRH information and services.
Lessons learned: During a documentation exercise by KELIN, four best practices were identified. These were: conducting preliminary project studies, adolescent girls and young women (AGYW) participation, a multi-stakeholders approach, engagement of community based organizations (CBOs); and use of existing government and community structures. This two pronged approach addressed both structural and individual barriers that spoke to the social contexts that breed vulnerabilities.
Next steps: Creating sustainable solutions from evidence based practices is a key feature of this project. It is through such approaches that KELIN is able to ensure continuity of its interventions and engagements beyond the life span of the project. Enabling an environment for access to justice and services through duty bearers, will drive the agenda on issues that affect young women.

FRPED264

Knowledge and Uptake of Family Planning Methods among Men in 8 Rural Communities of Osun State, Nigeria

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Background: Engaging men in family planning (FP) has been found to improve programmatic outcomes and increase gender equality, gender roles and norms particularly important in shaping spousal communication and subsequent family planning decision-making in significant ways.This study assessed knowledge and Uptake of Family Planning methods among men in 8 rural communities of Osun State, Nigeria
Methods: Qualitative methodology was employed in this cross-sectional descriptive design using a pretested Semi-Structured interviewer administered household questionnaire to collect information from 520 married men of reproductive age. A multistage sampling procedure was employed. Data was field edited by the field workers and analyzed using IBM-SPSS package.
Results: Mean age was 36.28.8% have masters or equivalent. 40.6% have < 5 children. 89.1% of men approved of the use of family planning. 13.5% were Roman Catholics 80% of men had ever used contraception while 56% of them were current users. Spousal communication about family planning and other family reproductive goals was quite poor. The socio-demographic correlates of men's opinions included religion, marriage type, educational attainment, and occupation ($p< 0.05$). 30.8% approved of their spouses using family planning. 39.4% of the men disapproved of attending family planning clinics with their spouses while only 10% of them had ever done so. The popular reasons for approving of family planning use by their spouses were birth spacing 74% and achievement of desired family size 67.1%. The most popular reason given for disapproving of family planning use was religious dictates 25%. The mean number of children per couple was 3.7. In addition, men reported more equitable gender attitudes in most areas, as reflected in their scores on an Equitable Norms Scale, which has been developed and adapted for use in male involvement projects in several parts of the world. Half fully understand HIV prevention methods.
Conclusion and Recommendations: The study concluded that male involvement in family planning decision making was poor Attention needs to be paid to increasing the knowledge of modern family planning among married men in the community.
Keywords: Family Planning, Men,Rural Communities,Spousal communication

FRPED265

Persuader les Partenaires à Partager leurs Statuts Afin de Mutualiser leurs Efforts pour une Meilleure Observance au Traitement. La Stratégie des 4 Arguments Développés par le Centre Sas de Bouaké

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Introduction: L'approche famille est un ensemble de stratégies permettant d'utiliser un sujet index comme point d'entrée dans la famille pour amener le conjoint (e) , les enfants et les autres membres de la famille à un CDV du VIH. En plus des défis de la prise en charge des OEV, de l'implication des hommes, cette stratégie veut relever le défi du partage du statut entre partenaire.
Objectifs: Comment amener les femmes enceintes à partager leurs statuts ? Comment maintenir les couples ensemble malgré l'état de séropositivité de l'un ? Comment susciter le soutien de la famille à la PVVIH ? En somme, comment amener la PVVIH à partager son statut sérologique avec au moins un membre de sa famille ou son conjoint (e) ?
Méthodologie: Le centre SAS met en œuvre un projet dénommé ma famille financé depuis 6 ans par Sidaction et développe une stratégie de persuasion basée sur 4 arguments que sont :
-***L'argument sentimental, affectif*** Les équipes sont encouragées à amener les couples à se souvenir des circonstances de leurs rencontres, à se remémorer les bons moments et à ne pas oublier les fondements de leurs engagements à vivre ensemble. Une union pour le meilleur et le pire.
-***L'argument* Religieux** :La plupart des usagers pratiquent des religions soit musulmane soit chrétienne. Les prestataires sont encouragés à se servir des paroles des livres saints pour inciter les couples à se réconcilier ou à partager leurs résultats. Les conjoints sont amenés à ne pas perdre de vue les valeurs religieuses
-***L'argument Thérapeutique*** : Les prestataires sont invités à présenter les avantages de la bonne observance au traitement. Il s'agit de l'indétectabilité. Les conjoints seront rassurés sur l'efficacité de la PTME, sur l'efficacité du traitement.
-***L'argument juridique :*** Les prestataires sont invités à présenter la loi ivoirienne sur le VIH surtout les articles relatifs au partage du statut. Ils rappelleront au couple leurs obligations juridiques de soutien mutuel et les risques encourue en cas d'abandon
Résultats : D'Aout à Décembre 2018, 294 PVVIH ont partagés leurs statuts avec leurs conjoints ou un membre de leurs familles. Parmi ces 294 PVVIH, il y'a plus de 55 femmes enceintes. 100% des couples ne se sont pas séparés. Le taux de respect des rdv est 2 fois plus élevés chez les couples ayants partagés leurs statuts.
Prochaines Étapes : Capitaliser les expériences issues de cette bonne pratique et la diffuser auprès de d'autres partenaires.

FRPED266

***'When ARVs Alone Are Not Just Enough'* Experiences of Children Living with HIV (CLHIV), Children Tariro Program, Mutare, Manicaland Province, Zimbabwe**

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Issues: It is widely recognised that adolescents on antiretroviral therapy have poorer adherence and retention in care compared with adults. In Zimbabwe, 62% of the total populations are young people below the age of 25 years. 214, 146 children, adolescents and young people 0-24 years are living with HIV. The group has been facing multiple challenges in both private and public sectors which are not limited to: late disclosure, denial unavailability of funds to support access to health services, stigma, discrimination, poor adherence, mental health issues. According to the OVC statistics for Children Tariro program, there are 4, 946 children and adolescents living with HIV (CLHIV) receiving differentiated services from the program.
Descriptions: FACT Zimbabwe, with support from USAID/PEPFAR and in partnership with Africaid, FHI360 and the Zimbabwe MoHCC engaged in a consortium to offer differentiated service delivery to CLHIV not limited to ARV treatment monitoring, adherence counselling, referral for treatment, care and psychosocial support, educational subsides, sexual and reproductive health sessions for risk reduction, violence prevention and others. 1, 769 CLHIV have no viral load (VL) results as yet. VL is used to monitor the success of ARV treatment. Of those with available VL results, 32% have VL >1,000 while 68% have viral loads < 1000 copies/ml. An assessment was conducted to ascertain the reasons for the high viral load among the 32% of the CLHIV.
Lessons learned: Community Health Workers involvement is essential to ensure individual adherence counselling and continued support both through support groups and family centred approach. It is important to conduct monthly scheduled treatment and adherence support home visits for stable CLHIV and weekly for those with high viral load and opportunistic infections. Strengthen community health workers knowledge and skills on HIV sensitive case management so that they are able to implement during home visit for CLHIV is critical. Caregivers to participate with their children in support groups for improved adherence monitoring and communication skills.
Next steps: ARVs alone are not enough. CLHIV are not a homogenous group, their needs are unique. It is important to tailor make HIV treatment, care and support services individually in collaboration with the family and other partners. Advocacy efforts are currently in place to ensure that CLHIV with high VL are monitored closely and those without are tracked.

FRPED267

Le Dépistage Familial dans une Zone Aurifère comme Kédougou : Un Moyen pour l'Atteinte des Objectifs des 3x90, avec l'Implication des Associations de PVVIH

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Contexte: Des avancées majeures sont notées dans la réponse au VIH sur les plans scientifique, épidémiologique et de la riposte. L'atteinte des 3x90 reste un objectif précis, pour lequel les acteurs se déploient pour éliminer le VIH à l'horizon 2030
Au Sénégal, plusieurs stratégies sont déroulées pour l'atteinte de ces objectifs. De nombreux défis se dressent devant cette ambition et nécessitent la tenue d'activités efficientes, comme le dépistage familial. A Kédougou, zone d'orpaillage, où plusieurs localités sont difficiles d'accès, l'association des personnes vivant avec le VIH (PVVIH) est mise à contribution pour booster les indicateurs liés aux 3x90 avec des activités de dépistage familial
Objectifs: Favoriser le dépistage dans les familles, le traitement et la mise sous ARV des PVVIH dans la région pour l'atteinte des 3x90
Methodes: Rencontres avec les prestataires
Sensibilisation des membres de l'association sur les enjeux et l'importance du dépistage familial
Echanges avec l'association des PVVIHles activités
Organisationd'activités de dépistage familial dans lescentres de santé de Kédougou et Salémata et au siège de l'association
Orientationet référence des cas positifs
Resultats: 4 activités de dépistage familial
A Kédougou ont été dépistées
En 2018 : 43 personnes dont 4 hommes, 16 femmes, 8 garçons et 15 filles
En 2019 : 139 personnes dont 12 hommes, 47 femmes 35 garçons et 45 filles
A Salémata ont été dépistées
En 2018 : 45 personnes dont 12 hommes et 21 femmes 5 garçons et 7 filles
En 2019 : 40 personnes dont 02 hommes 17 femmes, 08 garçons et 13 filles
Le dépistage familial favorise :
Le traitement et la PECdes enfants infectés.
Soulage les parents, par l'évacuation du doute sur lestatut des enfants, surtout s'ils sont négatifs
Le soutien mutuel, la confiance et l'ententedans la famille, entrainant des relations sereines entre conjoints
Le respect des rendez-vouset l'observance au traitement
L'Effectivité de la PTME
Conclusions: Le dépistage familial a un intérêt particulier. Il permetaux acteurs du dépistageVIH d'œuvrer pour l'atteinte des 3x90.
L'implication des associations de PVVIH dans cette mouvance présente des enjeux réels et un avantage certain, car favorisant la communication, le partage du statut dans les couples et le traitement des enfants infectés.
Cette activité aide à combler les gapsliés à l'atteinte des 3x90, d'où la pertinence de la promouvoirdans tout le pays de concert avec des associations de PVVIH

FRPED268

The Importance of an Objective Home Visit in HIV Positive Patients Failing Treatment-Makuyu Health Center Experience in Murang'a County Kenya

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Issues: The family is the basic unit of the society, healthy families translates into healthy societies, although huge strides have been made in combating HIV in Kenya, stigma and cultural beliefs in the society continues to be a constant stumbling block towards achieving desired treatment outcomes among children, adolescent and adults infected with HIV. Constant health education and a family centered approach is key in demystifying cultural beliefs, helps in reducing stigma and improves treatment outcomes among HIV positive patients.
Descriptions: A team comprising of the facility clinician, social worker, nutritionist and a community health worker conducts an objective home visit using a standardized home visit form to a family whose 9 year old HIV positive female child has never achieved viral suppression ever since the child was started antiretroviral drugs(ART) at age 3 years.Stigma and lack of support from the step father,poverty, witchcraft beliefs, poor storage of drugs and food insecurity were noted to be the root cause of poor treatment outcomes. Health education,counselling sessions, child empowerment were offered to this family as a unit and within 3 months,child began gaining weight and achieved viral suppression.
Lessons learned: Constant health education, objective home visits in patients failing treatment, whole family engagement, team work and good health worker attititude towards HIV positive patients are very key in improving treatment outcomes among HIV positive patients.
Next steps:Adopt a family centered approach including objective home visits when offering HIV care and support to HIV positive patients.

FRPED269

Galvanising Parental Support for HIV+ Men who Have Sex with Men as a Proxy to Achieve Good ART Treatment Outcome

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Issues: HIV prevalence among men who have sex with men (MSM) in Ghana is 18.1 %, a little over 16 times that of men in the general population which was 1.1% in the most recent Ghana Demographic Health survey. Many MSM PLHIV find it difficult to disclose their HIV sero status and sexual orientation to their parents or families due to the hostile belief and cultural norms. This results MSM lacking parental support, love and care leading to treatment non-adherence and in most cases not starting treatment at all. Suicide rates are also high and psychological issues become rampant due to ill treatment from society.
Descriptions: OHF initiative (OHF), an MSM community led non-governmental organisation in Cape Coast rolled out an intervention to assist MSM to disclose their HIV sero status and sexual orientation to their parents and significant others. Within a period of three months (January-March 2019) in Cape Coast Metropolis, OHF visited the parents of MSM PLHIV who were willing to disclose their HIV status and sexual orientation. Parents were taken through a series of education on gender and HIV. They were also provided with constant psychosocial counseling. Education and advocacy on Human Right (MSM right) was also given to the parent.
Lessons learned: The intervention to disclose the HIV status and sexual orientation of MSM PLHIV to their parents and seek their support for treatment was very successful. Between January to March 2019, the parents of six out of eight (75%) MSM who were diagnosed with HIV positive and willing to disclose their status to parents were reached with the intervention. Four out of the six (66.7) parents received the information well after several engagement and took keen interest in their child's health and ensured that they adhered to treatment. These MSM PLHIV have since been virally suppressed.
Next steps: Galvanising parental/family support for MSM PLHIV is essential in promoting treatment outcome. This when effectively implemented will help to improve the health conditions of MSM PLHIV and reduce rate of new infections.

FRPED270

Utilizing Case Plan Readiness Assessment Results in Understanding Health Indicators for HIV Positive Orphans and Vulnerable Children in MWENDO Project

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Background: MWENDO a USAID-funded OVC project operating in 13 counties in Kenya rolled out Case Management as the primary approach to improving the wellbeing of orphans and vulnerable children (OVC) affected by HIV/AIDs thus contributing to the 95-95-95 UNAIDS target. The seven-step strength-based approach uses a child-focused and family centered service delivery to improve OVC wellbeing and mitigate the impact of HIV and AIDS on children and their households' families. Case Management enhances multi-sectoral collaboration, strengthens the involvement and work in partnership with children and families to achieve specified goals and build resilience among OVC and their households (HH). The approach support clustering of the HHs based on their needs for accelerated and targeted services delivery to attain viral load suppression.
Methods: MWENDO conducted five days training targeting lead community health volunteers (LCHVs), and community health volunteers attached to the 34 Local Implementing Partners (LIPs) operating in the 13 counties. The targeted community workforce was trained on case management approach and Case Plan Achievement Readiness Assessment (CPARA). Thereafter, 45 CHVs with close supervision of five LCHVs and four para-social workers conducted assessments targeting households with 11,228 HIV+ OVC. Results were then analyzed using MWENDO CPARA dashboards and disseminated to the LIPs to guide service provision.
Results: From our findings,1,759 OVC were not enrolled in the program despite living with HIV. The findings also established that 46% households had risk assessment done and HIV testing referrals completed, 55% care givers knew their HIV status and that of their children, 86% HIV+ persons have been on ART for the last 12 months, 91% of HIV positive OVC had accessed their viral load, 82% were suppressed (VL below 1000 copies/ml), 59% women/adolescent girls who are pregnant had received HIV testing, 26% adolescents and their care givers have knowledge on how to decrease HIV risk, while 64% HIV+ children living with chronic illness/ disability have received treatment.
Conclusions and Recommendations: Unpacking HIV positive households using Case Management Approach and Case Plan Readiness Assessment Tool reveals immense opportunities towards achieving the UNAIDS 95-95-95. Use of CPARA tool identifies targeted areas of service delivery, prioritizes support to HIV+ pediatric and their caregivers thus promoting Viral Load suppression.

FRPED271

"There Are No Secrets Any More": Experiences of Caregivers and Health Care Workers Using the Family-centered Care Model in Eswatini

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Background: While recent progress has improved retention and VL suppression among adults, children have lagged behind. Eswatini's Ministry of Health is piloting a family-centered care model (FCCM) to address this gap.
EGPAF is evaluating the effect of the FCCM on retention and viral load suppression through a prospective cohort of HIV-positive children (0-14 years) and their caregivers at sites implementing FCCM and sites continuing standard of care (SOC).
Methods: Semi-structured IDIs with caregivers (N=25) and health workers (HW) (N=17) were conducted to qualitatively assess acceptability of FCCM in 4 health facilities implementing FCCM in Hhoho region. Content analysis with inductive and deductive codes was used to identify salient themes.
Results: Both caregivers and HW experienced FCCM benefits through encouragement for family members to disclose their HIV status, supporting each other in taking ARV drugs, and motivating men's participation in caregiving. Caregivers said they spent fewer days in the clinic, had shorter wait times, received more confidential storage of their medical records and better counseling services than in the SOC. One caregiver said,
"It has built rapport and a good relationship between me, my husband and the child... There are no secrets anymore, and my child was free to see that my parents are really caring for me. I am happy about the life we are now living at home". (Caregiver)
FCCM implementation challenges involved families attending clinic visits together. Overlaps in weekend teen club meetings and weekday FCCM appointments prevented family clinic visits. Both HWs and caregivers mentioned difficulty in sharing sensitive health information in the presence of other family members.
"…A child comes in alone to the teen club [on Saturday], *parents come in by themselves mid-week to the facility, of which we then don't meet goals of FCCM." (HW)*
Conclusions and recommendations: Even where implementation of the FCCM is not as designed, participants experienced important benefits. Both caregivers and HWs said the FCCM reduced HIV-related stigma through encouraging open communication among family members about their HIV status compared to the individual-focused SOC, thus facilitating adherence to ARVs and promoting caregiving behavior. Challenges in delivering FCCM emphasize a need for contextualization and integration within existing services.
Keywords: Eswatini, pediatric HIV, family-centered care

FRPED272

Implication Communautaire d'une Association de Femmes Vivant avec le VIH dans le Dépistage Familial: Une Stratégie pour Répondre à l'Objectif du Premier 90

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Questions: Le Sénégal, à l'instar des pays de l'Afrique de l'ouest s'est engagé et mettre en œuvre en 2018, un plan de rattrapage pour accélérer les interventions vers l'atteinte de la cible des 90-90-90. Par ailleurs, il a été noté une faible couverture en dépistage des familles des personnes vivant avec le VIH (enfants, conjoints ou conjointes) et une insuffisance dans la couverture en traitement ARV chez les enfants, estimé à 28,1% en 2017 pour les adultes. L'objectif général de cette activité est de booster le dépistage VIH au niveau des familles des personnes vivant avec le VIH dans Les régions de Kaolack, Kédougou, St louis, Fatick, Kaffrine et Matam.
Description: Des réunions d'informations sur les activités ont été tenue au niveau des régions médicales en présence de la délégation du niveau national composé du point focal GIPA au Secrétariat Exécutif du CNLS, présidente de l'association des femmes vivants avec le VIH , du président du RNP+ et du représentant de la Division de lutte contre le Sida, du médecin chef de la région, de son équipe de prise en charge, du conseiller technique du CNLS au niveau de la région, des médiateurs et du président de l'association régionale des PVVIH.
Leçons apprises: Au total 764 enfants et adolescents dont la tranche d'âge compris entre 03 et 22 ans ont été dépistés dans les différentes régions (Kaolack 197, Kédougou 165 St louis 162 Kaffrine, Fatick 121, Matam 110)
Au total 07 cas positifs ont été diagnostiqués et référés pour une prise en charge adéquate. Dans le contexte du Sénégal toujours marqué par les difficultés de l'usage des structures sanitaires classique pour le dépistage des enfants affectés par le VIH, la mise en place d'une stratégie de dépistage visant le dépistage des familles des PVVIH pourrait contribuer l'identification , au dépistage et la mise sous traitement des enfants diagnostiqués positifs
Prochaines étapes: Étendre la stratégies dans les autres régions du Sénégal en vue de toucher le maximum de personnes susceptibles de vivre avec le VIH ou évoluant dans un milieu à risque de transmission. l´objectif final sera de faire dépister l´ensemble des membres des familles des personnes séropositives (enfants, conjoints. es) pour une prise en charge précoce des enfants. Celà pour sauver plusieurs enfants nés avec le virus dans les PCR n´ont pas été fait à la naissance.

FRPED273

Sexual Behaviour, Substance Use and HIV/AIDS Testing

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Background: This study focused on the kind of sexual behaviours exhibited among Nigerian university students who took alcohol, cigarette and cannabis and how such behaviours influenced their likelihood of being tested for HIV/AIDS. In this way the study tried to find out whether they willingly went to be tested or they waited for such a time it would be made compulsory by an organization before the test would be done. Similar works by other researchers were reviewed in order to identify the gaps in knowledge. Health belief model was used as the frame for the study.
Methods: Convenience sample of 30 students were interviewed for their independent responses. Ten each of alcohol, cigarette and cannabis consumers were closely interviewed in a university located in South East Nigeria. The responses from the key informants were transcribed manually and presented using sub themes.
Results: It was found among other things that the sexual behaviours mostly exhibited by the students interviewed were use of condom and having sex *naked* (without protection). These sexual behaviours varied among the alcohol, cigarette and cannabis consumers. It was also found that some of the students get tested only when it is made compulsory. Voluntary testing was found to be low.
Conclusion and Recommendation: It was concluded that voluntary testing for HIV/AIDS among students who were taking alcohol, cigarette and cannabis were low. It was recommended that students should always be sensitized on the need to go for HIV/AIDS testing in order to know their status.

FRPED274

Achieving the First 90 among Female Sex Workers (FSWs) in Ghana: Purveying Knowledge Alone Doesn't Make a Significant Difference

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Background: HIV programmers are quick to flaunt statistics about increasing knowledge and awareness of various aspects of HIV among their target populations. In this study to establish the predictors of HIV testing behaviour among FSWs in Ghana, we discovered that knowledge dissemination alone does not make a significant difference in getting FSW to access HIV Testing Services (HTS).
Methods: This study used secondary data of the 2015 *Bio-Behavioral Survey* among FSW in Ghana. Relevant variables (15 in all) were tested to determine their significance for FSW HIV testing behaviour within the previous six months and within the previous one year. Chi-squared and multiple linear regression analysis were used to establish associations and strength of associations. Statistical significance was set at $p< 0.05$. Overall, 2,218 FSW met the inclusion criteria and were used for this study
Results: For FSWs who accessed HTS within the previous year, none of the knowledge-related variables had a significant independent association with the decision to test (i.e. after controlling for all other variables); namely: knowledge of HIV ($p=0.77$); level of education ($p=0.05$); perceived risk of contracting HIV (0.78); knowledge of HTS sites ($p=0.06$). Neither was FSW encounter with Peer Educators (PE) significant ($p=0.56$). A similar pattern was observed among FSW who accessed HTS within the previous six months. Six variables were significant: Region of residence ($p< 0.01$); type of FSW ($p=0.03$); marital status ($p=0.03$); consistent condom use ($p< 0.01$), whether FSW had ever been screened for other STI ($p< 0.01$); and experience of physical violence ($p=0.01$). Specifically, FSWs who had ever screened for other STI had 10% higher odds of testing for HIV (aOR 1.10; CI: 0.87 - 1.32); currently married FSW were 48% less likely to access HTS (aOR 0.57; CI: 0.04 - 1.00); compared with roamers, seaters had 66% less odds of accessing HTS (aOR 0.34; CI: 0.27 - 0.65). Age, alcohol use, religion, and drug use were not significant
Conclusion and Recommendations: This study demonstrates that eliciting positive response for HTS requires more than purveying knowledge. Consequently, there is the need to address the cultural, economic and psychosocial factors that make related variables significant so that they could be harnessed to advance the HIV response especially the first 90. PEs, religious institutions should be empowered as effective agents of behaviour change than mere channels of communication.

FRPED275

Assessment of Structural Barriers to Accessing HIV Services for Key Populations in 13 African Countries

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Issues: Structural barriers to accessing HIV services for key populations (KP) in 13 African countries (Angola, Benin, Cameroon, Kenya, Madagascar, Malawi, Mali, Morocco, Sierra Leone, South Africa, Sudan, Togo, Tunisia).
Descriptions: APMG Health, with funding from the Global Fund, conducted assessments of the design and implementation of HIV service packages for KP in 13 African countries. Desk review and in-country visits were conducted. Data were collected through key informant interviews, site visits, interviews with staff, and focus group discussions with KP receiving services.
Lessons learned: Of countries assessed, 62% have legislation that protects people living with HIV from discrimination. KP in all 13 countries experience some level of stigma/discrimination and violence. There were reports of significant levels of HIV discrimination by health providers. Sex workers reported verbal, physical, financial and sexual violence, forced detention and trafficking. This not only affects their general and mental health but also HIV service access. Sex work is illegal in 54% of the countries assessed, and sex between men is illegal in 69%. People who inject drugs remain largely criminalized with little access to opioid substitution therapy. Many legal systems are not functioning at a level to be able to enact and enforce laws protecting KP. Other laws pose barriers to access, such as policies that require parental consent for access to HIV services for key populations under the age of 18. Legal barriers are compounded by corruption and mistrust of police in many countries. Many KP reported the need to stay hidden for their safety, and NGOs reported frequent police harassment. Men who have sex with men report being afraid to seek health care and express little confidence that knowing their HIV status will benefit them.
Next steps: Stigma/discrimination and punitive laws against KP work directly against the goals of national HIV strategies. This environment has created fear to seek health and social services among many KP. In order to increase access and utilization to the services made available in HIV service packages, priority needs to be placed on activities that aim to improve the enabling environment for key populations, including: activities to reduce stigma and discrimination; training for healthcare workers and sensitization for lawmakers and law enforcement agents; legal literacy; HIV-related legal services; and addressing poverty-related barriers.

FRPED276

Documentation of Cultural, Social and Gender Factors that Lead to Low Retention and Participation of Adolescent Girls and Young Women Living with HIV in HIV Prevention, Care and Treatment Services

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Background: Retention of mothers and their babies into care in most parts of the world including Uganda remain low (UNICEF).
In 2017, the International Community of women living with HIV Eastern Africa conducted a study to explore the gender-related, socio-cultural & human rights factors for low retention & participation of women in HIV prevention, care & treatment services.
Methodology: The study was conducted in four geographical regions of Uganda, with different social, economic & cultural contexts. 16 FGDs were conducted with women & girls living with HIV & their partners. Key informant interviews were conducted with District leadership, PLHIV Networks, Ministry of Health officials, UN Family, CSOs and Health Workers. The study participants were women & and girls aged 15-49 years, either married or previously married & defining themselves as women and male partners, aged 18-54, irrespective of their HIV sero-status.
Findings:
Factors that limit access and utilization of services included:
1) Fear of violence, anticipated/perceived & internalized stigma, the desire to have children forcing those living with HIV not to disclose to their partners, economic dependency & mobility of clients (affecting mobile traders and sex workers) Others are fear of accusation & rejection among adolescent girls including losing boyfriends or future partners
2) Deteriorating quality of HIV services at health facilities, unavailability of youth friendly services, limited options for women controlled HIV preventive tools, limited involvement of women & girls in Programme design & implementation
3) Stigma & discrimination, limited family support; cultural beliefs in witchcraft & preference for traditional healing, wife inheritance, polygamy & limited women decision-making about their sexuality.
Conclusions: The study reveals deep rooted social, cultural & gender-based factors that undermine the enrolment and retention of women and girls in HIV services. These factors have differential impact on different categories of women & girls, given wide heterogeneity among women, yet HIV services are not adequately differentiated.
Recommendations: Economic strengthening programmes to be developed & implemented to reduce over dependency on male partners for survival; Implementation of differentiated service delivery models; implementation of an anti-stigma campaign and increased domestic expenditure on health to deliver quality HIV services.

FRPED277

Disability and HIV in Ghana: A Passionate Call for More Attention to Persons with Disabilities in Our Pursuit to Ending AIDS by 2030

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Issues: Despite the growing relationship between disabilities and HIV, Ghana is not implementing specific HIV programs for over 3 million persons living with disabilities (PWDs), despite their cry for HIV services to meet their special needs.

Descriptions: Existing HIV services in Ghana routinely organized for communities do not meet the specific needs of PWDs due to stigmatizing attitudes towards them, some locations not physically accessible and lack of sign language interpreters. In pursuant of the 90-90-90 targets, in 2017, a special project for PWDs was initiated by the Eastern Regional Technical Support Unit of the Ghana AIDS Commission with financial support from Bread and Roses, Philadelphia, USA. The project provided education, increased access and utilization of HIV prevention, treatment and care services. It targeted three districts in the Eastern region of Ghana, with a population of about 1300 visual, hearing and walking impairments. We assessed their specific needs and actively involved them in designing a package of HIV and TB services for them. Services were provided to them during special outreaches organized for them and their monthly meetings.

Lessons learned: Within 18 months, 10 medical practitioners and sign language interpreters were trained and engaged to provide friendly services to the PWDs. 10 Peer Educators were identified among them and trained as Action Campaigners. 793 of them comprising 361males (46%) and 432 females (54 %) tested for HIV. This represents 100% improvement in testing rate through specific outreaches to PWDs. 33 (15 males, 18 females) of them were HIV positive and all of them have been linked to care. This translates to a yield of 4.2% and linkage of 100%. Demand for male and female condoms and behavior change communication (BCC) materials increased more than 100%. BCC materials such as importance of knowing one´s HIV status and condom use, as well as how to use it and the benefits of adhering to anti-retroviral treatment were formatted into braille and made available for the visually impaired. PWDs will access tailored services which are convenient and friendly to them.

Next steps: We passionately call on government and stakeholders to increase advocacy, mobilize more resources and provide HIV services to PWDs in Ghana's quest to achieve epidemic control by 2030. The best practices will be replicated in other areas of Ghana. Establish data hub for improved monitoring and reporting of HIV services to PWDs.

FRPED278

Améliorer l'Accessibilité des Services VIH/SIDA aux Personnes Handicapées pour Atteindre les "90 90 90" au Sénégal

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Description: Les Personnes Handicapées (PH) qui vivent avec le VIH/SIDA rencontrent des obstacles, barrières physiques et communicationnels, à l'accès aux principaux sites de prévention et prise en charge du VIH/SIDA à Ziguinchor, Kolda et Sédhiou au Sénégal. C'est ce que révèle l'audit de 20 structures sanitaires dans le Projet INCLUSIPH mis en œuvre par Humanité & Inclusion (HI) en partenariat avec Santé Service Développement (SSD).
Selon cet audit :

- Deux (02) structures sur les 20 (10%) disposent de tables de consultations et d'accouchement adaptées aux PH.
- Une (01) structure sur les 20 (5%), dispose suffisamment de rampes d'accès facilitant la libre circulation des PH dans les différents points de prestation de services VIH/SIDA,
- Aucune structure ne dispose de personnel formé au langage des signes pour la prise en charge et l'accompagnement des PH présentant des déficiences auditives et de communication.

Le projet INCLUSIPH a permis l'amélioration de l'accessibilité de 06 structures sanitaires et le renforcement des capacités de 18 acteurs communautaires et 18 prestataires de soins (incluant médecins de prise en charge VIH/SIDA, dispensateurs ARV, maîtresses sages-femmes, infirmiers) sur le langage des signes

Leçons apprises:

- Le plaidoyer facilite l'appropriation par les autorités administratives, sanitaires et locales de la stratégie d'amélioration de l'accessibilité des structures sanitaires
- L'amélioration notée dans la qualité de prise en charge des PH notamment celles vivant avec le VIH/SIDA dans les 6 structures sanitaires rendues accessibles a beaucoup convaincu les autorités sanitaires de la zone d'intervention du projet notamment celles de la région de Ziguinchor, qui se sont engagés à prendre en considération l'accessibilité dans leurs futurs projets de construction.
- Les PH notamment celles vivant avec le VIH ont vu leur qualité de vie améliorée grâce aux travaux de mise en accessibilité du projet.

Prochaines étapes:

- La démultiplication dans les autres régions d'intervention du projet, de l'atelier de plaidoyer sur l'accessibilité des structures sanitaires organisé dans la région de Ziguinchor.
- Le transfert de compétences sur l'accessibilité aux entrepreneurs locaux, et services en charge de l'urbanisme et de l'habitat pour une prise en compte de ce volet dans les futurs projets de construction d'infrastructures publiques.

Mots clés: Accessibilité ; Plaidoyer ; Transfert de compétence ; Personne handicapée

FRPED279

Special Needs and Sign Language Training for Primary Counsellors in Zimbabwe

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Background: The Deaf community has faced hurdles, showing fear, mistrust and frustration, when using healthcare services. Communication is key to leaving no one behind, getting to zero new HIV infections, zero stigma and discrimination and zero AIDS deaths by 2030.
Programme description: The Zimbabwe Ministry of Health and Child Care with support from UNICEF and NAC, facilitated by Sunrise Sign Language Academy, held its first Special needs and Sign Language training for primary counsellors. Seventy participants drawn from the country's ten provinces went through First level trainings in October 2018. Areas covered included special needs and sign language. Below is a video link on the first training.
https://drive.google.com/file/d/1A-O4FkOYnmu-Cx_ufCV16OGxHywnW-Na/view?usp=sharing
Level two trainings convened in June 2019, allowed for feedback and additional training in sign language, special needs and HIV counselling.
Results: Trained Primary counsellors became sign language interpreters in their facilities and communities. A total of 80 deaf clients from Central (18), Provincial (20), District (8) and Primary health facilities (34) were reached between November 2018 and May 2019. Two clients were deaf and blind, one was Deaf and epileptic. Thirty-nine were males and forty-one females, with seven couples (one discordant couple). Services offered included virally suppressed counselling (30); enhanced adherence counselling (13), HIV negative counselling (23), newly diagnosed preparation for antiretroviral therapy 4), of these, one was a sex worker and one MSM; STI management (6),
Lessons Learnt: Training primary counsellor on sign language maintains confidentiality in the context of the Rights Based Approach. Deaf clients could have multiple disabilities: deaf and blind, epilepsy and deaf. Elimination of new HIV infections requires reaching special needs.
Next steps: Train more primary counsellors on sign language. Integrate special needs into HIV data collection tools
Key words: Special needs, Deaf, Sign language, Primary Counsellors

FRPED281

Levels and Determinants of Knowledge of HIV/Aids amongst Women in South Africa

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Background: In South Africa, prevalence of HIV/AIDS is high and on the increase. However, there is paucity of studies on knowledge of HIV/AIDS especially amongst women in the country, as such it is a concern.
Methods: Adapting a quantitative analysis approach, the study use the South African Demographic Health Survey (SADHS 2016) data to explore the knowledge of HIV/AIDS amongst women aged 15-49 in South Africa. The SADHS data is a cross-sectional data collected by Statistics South Africa (Stats SA) from a total of 15 292 households across the country. Analysis was carried out at the bivariate and multivariate levels. The binary logistics regression was used at the multivariate level. Finding were expressed using charts and tables.
Results: Findings shows that 22.2% of women in Gauteng have heard of HIV/AIDS. Also, about 67% of women who are not working have knowledge, while 63% of women in rural areas have not heard of HIV/AIDS. In addition, 6.4% of women with no education knew or have heard of HIV/AIDS and 48% of never married women have heard. At bivariate level all tested variables were found to be associated. However, at multivariate level women who are working are more likely to have the knowledge, with those who are coloured having higher likelihood irrespective of the employment status. Also, Eastern Cape and KZN were found not to be significant, while Gauteng was found to be more significant.
Conclusions and Recommendations: The study concludes by recommending that findings from the study be considered for all policy and programme development around knowledge and awareness of HIV/AIDS in South Africa.

FRPED282

Étude Comparative de Recherche Active des PvVIH sous ARV, PDV dans les Zones en Proies aux Conflits Armées et dans les Zones Stables, par les Pairs sur la Période du 10/02 au 31/03/ 2018 au Cameroun

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Introduction: Grâce au double soutien d´ONUSIDA et du CNLS, technique et financier, nous avons recherché les PDV et comparer les résultats issus des zones en proies aux conflits armés à savoir le Nord-Ouest, l´Extrême-Nord et les zones stables dont le Sud, l´EST, afin de desceller les goulots d´étranglements à l´atteinte de l´objectif 90/90/90 d´ONUSIDA en 2020.
Méthodes: Réunion tripartite ONUSIDA, CNLS, RéCAP+ et mise à disposition des courriers administratifs pour contact avec les GTR et les FOSA; Mise à disposition des outils de recherches tels que les registres TAR, les registres de maternités et les fiches de collectes; Sélection de 4 APS vivant avec le VIH et par région, soit 16 ; Recyclage pendant 3 jours aux techniques de communications et de recherche active de PDV; Contact téléphonique des PDV ; Descentes pour entretient et lien aux FOSA pour ré-enrôlement sous ARV.
Résultats: Globalement, nous avons contacté 7 739 PDV et lié 3 021 PDV aux FOSA pour enrôlement aux ARV soit 39,03%. De façon spécifique, dans les zones en proies aux conflits, 3 990 PDV contacté, 939 lié soit 23,53%. Dans les zones stable, nous avons contacté 3 749 PDV et lié 2 082 soit 55,53%. Parmi les PDV, 3 996 étaient des femmes dont 1 482 liées soit 37,08%. 3 364 hommes contactés dont 1 201 liés soit 35,70%. 379 enfants contactés dont 338 liés soit 89,18 %. Dans les zones en conflits, 2 095 femmes contactées dont 561 liées soit 26,77%. 1 672 hommes contactés dont 186 liés, soit 11,12%. 223 enfants contactés dont 192 liés, soit 86,09%. Dans les zones stables, 1 901 femmes contacté dont 921 liées, soit 48,44%. 1 692 hommes contactés dont 1 015 liés, soit 59,98%. 156 enfants contactés dont 146 liés, soit 93,58%.
Conclusion et Recommandation: Ce travail de fourmi, mis en œuvre par les PvVIH au profit de leurs pairs , aura permis de dégager un constat:" Il est difficile de convaincre les PDV à ré-intégrer la F A dans les zones en proies aux conflits armées car tétanisés par la peur". L´illustration est faite grâce au résultat des hommes où seul 11,12% des PDV contactés ont ré-intégré la F A. Ceci nous a permis d´adresser des suggestions à l´endroit des décideurs : Opérer une dispensation multi-mois; mettre en place le modèle de dispensation communautaire basé sur les groupes de thérapies anti rétro-viral où des patients habitants la même zones pourraient envoyer un seul de leur pairs entrer en possession de leur médicaments. Trouver une solution pacifique aux conflits.

FRPED283

Les HSH Sénégalais en Mauritanie: Migrations et Vulnérabilités Médicales et Sociales

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Contexte et objectifs: Depuis 2008, la question homosexuelle est l'objet de controverses publiques récurrentes au Sénégal, s'accompagnant parfois d'arrestations policières ou de violences. Dans ce contexte, une filière de migration s'est ouverte vers la Mauritanie. Mais ces dernières années, de jeunes HSH infectés par le VIH sont revenus au Sénégal, en rupture de traitement ARV, dans un état de santé très dégradé, et certains sont décédés. Cette étude explore les itinéraires, les conditions de vie et les vulnérabilités des HSH partis en Mauritanie.
Méthodes: Etude anthropologique à Dakar et Nouakchott entre 2018 et 2019. Deux enquêtes ont été menées à Nouakchott à partir d'entretiens semi-directifs auprès de 30 personnes : HSH sénégalais et mauritaniens, professionnels de santé, membres d'associations, d'ONG et du Haut-Commissariat des Nations Unies aux Réfugiés (HCR).
Résultats: Les HSH sénégalais partent en Mauritanie pour tenter d'obtenir un statut de réfugié auprès du HCR et une réinstallation en Europe ou en Amérique du Nord. Mais l'obtention de ce statut et la réinstallation sont incertains. Les personnes vivent en situation d'attente, parfois pendant des années. Parmi la centaine de HSH sénégalais en Mauritanie, nombre d'entre eux sont séropositifs. Ils se cachent, craignant la stigmatisation et certains abandonnent le traitement. L'exil les rend vulnérables, les coupant des solidarités familiales habituelles. La précarité contribue à la détérioration des conditions de santé. Lorsqu'ils sont malades, il existe peu de soutien pour ceux qui n'ont pas le statut de réfugié. De plus, la séropositivité est perçue comme un facteur de priorité pour la réinstallation par le HCR, ce qui incite des personnes à s'exposer volontairement pour augmenter les chances de départ.
Conclusion: Les HSH sénégalais à Nouakchott se trouvent en situation de grande vulnérabilité, en particulier ceux vivant avec le VIH. La séropositivité est l'objet d'un traitement social spécifique par le HCR, qui augmente les chances d'émigrer. Mais compte tenu de la longueur des procédures, elle accroît la vulnérabilité sociale et sanitaire. Les résultats de l'étude suggèrent des pistes d'intervention : soutenir les associations locales, renforcer la sensibilisation vis-à-vis du VIH, apporter un appui médical et social aux HSH en Mauritanie et au Sénégal, et favoriser les interventions transnationales.
Mots clés: HSH, VIH, migrations, vulnérabilités, Sénégal et Mauritanie

FRPED284

Engaging Migrants and Displaced Persons through Family Support Group Meetings for Behavioral Change and Access to Psychosocial Support Services - A Case of AIDS Information Centre (AIC), Uganda

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Issues: Uganda hosts the largest number of refugees in East Africa particularly those escaping conflicts in their home states. Their vulnerability as displaced persons predisposes them to contracting HIV because of various socio-economic factors like unemployment and rape of refugee girls and women. Refugees who are already PLHIV require linkage to HIV care, treatment and support services which may not be readily accessible particularly to urban refugees.
Description: AIC provides comprehensive HIV services to urban refugees in Kampala city referred from InterAid Uganda (an NGO working with UNHCR). Between January - December 2018, 99 refugees (including 15 children and adolescents) accessed these services. Psychosocial support is a key pillar in HIV care and as such we sought to prioritize these clients' psychosocial needs and define the challenges in counselling support they encounter at the centre. Therefore between July to September 2018 all refugee clients on ART were required to have at least one individual counselling session and were invited to group counselling through inclusion in family support group meeting.
Lessons learned: From these sessions, the following were highlighted:
· Language barriers prevent comprehensive counselling - the refugees express themselves more fluently in Swahili and/or French than in English or other local languages.
· Suffer post-traumatic stress disorders particularly those who experienced rape and war.
· Distrust fellow refugees affecting uptake of group sessions or community ART distribution.
· Unwilling to participate in support groups which lack tangible benefits like food and money.
· Suffer stigma and discrimination among fellow refugees and typically don't disclose their HIV status. This prevents the identification of treatment supporters.
· Prone to sexual exploitation and gender based violence.
· Non-adherence to ART in hope of repatriation to the West on medical grounds.
· Prefer to suffer homelessness and nutritional lack rather than to live in designated refugee camps.
Next steps: · Refugees require comprehensive counselling to include issues not related to HIV/AIDS.
· Healthcare workers need to become multilingual to support the counselling needs of this community.
· There is need to support income generating activities and urban gardening for this community.

FRPED285

Gender-Based Violence among PrEP Users: Experiences from a Large-scale Pre-exposure Prophylaxis (PrEP) Project in Kenya

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Introduction: WHO estimates that globally, over 30% of women experience gender-based violence (GBV) in their lifetimes, with grave health consequences. Individuals experiencing GBV have increased risk of HIV infection compared to those who do not. In Kenya, GBV affects decision-making around use of HIV prevention methods, including PrEP, which was endorsed by WHO in 2015 and the Ministry of Health of Kenya in 2017. To understand how GBV might affect PrEP initiation and continuation among PrEP users, we analyzed qualitative data from Jilinde, a large-scale PrEP implementation project in Kenya.
Methods: Within the context of the Jilinde project, we conducted 15 focus group discussions and 8 in-depth interviews with 112 participants in 10 counties, including adolescent girls and young women (AGYW) (n=51), female sex workers (FSW) (n=48), and men who have sex with men (MSM) (n=23). Participants had used PrEP for varying durations. Providers purposively selected the participants from February 2018-April 2019. Data were collected by trained researchers in dholuo or Kiswahili using semi-structured guides. Interviews were audio-recorded, transcribed and translated, and data analyzed in NViVo 11.0 through an inductive thematic analysis approach guided by social representation theory.
Results: Participants' mean age was 24.8 (IQR=5) years. Among all participants, GBV emerged as normative. Perceived and experienced GBV impeded respondents' abilities to optimally derive benefits from PrEP uptake and persistence. While all agreed that disclosure was a pre-requisite for attracting social support while using PrEP, participants were uncertain whether it could serve as a tool to improve user self-efficacy. For some participants, PrEP disclosure was identified as a reprieve against intimate partner and non-partner sexual violence: intentional disclosure reduced experiences of emotional neglect and psychological abuse. For others, unintentional disclosure enhanced such violence to some extent. PrEP potentiated malicious and discriminant behaviors from peers, especially where competition was involved. PrEP exacerbated anticipated and experienced assault from sexual partners and clients of sex workers.
Conclusions: GBV was commonly reported among all groups of beneficiaries of the Jilinde project, and influenced their uptake and continued use of PrEP. Similar programs should offer screening services and complementary violence prevention interventions concomitant with PrEP.

FRPED287

CRI Purple: Remove the Bandages Learning from the Dual Identities of Survivors of Intimate Partner Violence and Women Living with HIV

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Background: This workshop focuses on the stories of three women living with HIV and their experience and perseverance in overcoming intimate partner and domestic violence. The trauma of violence impacts women living with HIV in their health and safe disclosure of serostatus. Additionally, criminalization keeps women in domestic violence situations. Removing the bandages means understanding the power of personal testimony for healing, and taking brave steps forward to find support and resources.
Methods: Each participant will received a total 15 mins provide a interactive activity and slide presentation. Q&A will be for 20 mins for the audience. The topics that will be discussed are; intimate partner violence among women living with HIV. The laws associated with DMV (domestic violence) from each state. Lived experienced from each survivor with a theatrical twist. Resources crisis intervention and survival skill demonstration.
Results: Witness and learn from testimonials of survival from the perspective of three women living with HIV and current policy fellows from Positive Women´s Network-USA
Understand the statistics and research of the impact of intimate partner and domestic violence on women living with HIV
Consider strategies and resources for empowering women with HIV and support structures to overcome trauma
Conclusions and Recommendations: Domestic Violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse can be physical,sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten,intimidate, terrorize manipulate, hurt, humiliate,blame, injury or wound someone. Domestic Violence can happen to anyone of any race, age, sexual orientation, religion or gender. It can happen to couples who are married, living together or who are dating.
Resources and video skills demonstration and literature for audience

FRPED288

ART in Times of War: The MSF Experience in Yambio (South Sudan)

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Background: HIV prevalence in South Sudan (SS) is estimated to be 2.4%, while antiretroviral therapy (ART) coverage is 10%. Innovative strategies are needed in conflict settings to increase access to HIV services while ensuring continuation of ART in case of security deterioration. In 2015, a pilot project of community-based Test & Start (T&S) was implemented in Yambio (SS), with the aim to determine feasibility of the strategy. Five mobile teams provided HIV counselling and testing and same day ART initiation. A contingency plan to continue activities in case of deterioration was developed including patients mapping, individual messages about what to do in case of a security crisis, a hotline in case of drug shortage, coordination with community health workers and patients associations to provide ART refill and "runaway bags" with 3 months of ART. The project was handed over by July 2018.
Methods: Programme data from July 2015 to June 2018 was analysed; data on viral load suppression (VLS) was routinely recorded and patients affected by conflict situations were flagged. Kaplan-Meier was performed to estimate retention in care (RIC).
Outcomes: From September 2015 to June 2018, 395 patients started ART. Contingency plan was activated 9 times and provided 101 patients in 6 different locations with drug refill. Kaplan-Meier estimated that RIC of patients who were refilled by contingency at 12 and 18 months was 87.8% and 78.3%, respectively. By handover, 3 (3%) died and 29 (28.7%) were lost to follow-up. The overall VLS for these patients was 90%.
Conclusions: High rates of RIC and VLS using the contingency plan suggest that community based T&S services are feasible and suitable for conflict affected population with sufficient anticipation. The outcomes of patients who underwent contingency were comparable to HIV program outcomes in non-conflict settings. Contingency plans should be available for patients with chronic conditions in war settings.
Ethics: This study was approved by the MSF (ID 1512) and South Sudan Ministry of Health ERB.
Conflict of interest: No conflict of interest reported by the authors.

FRPED289

Adolescent's Access to STI/HIV Prevention Information and Services: Challenges to Care in 6 IDP Camps in Borno State

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Issues: Approximately 6.6 million adolescents worldwide are currently displaced by armed conflict, many of them exposed to violence and acute poverty. Young people are currently the group most severely imparted by HIV/AIDs. Young people between the age group of 15-25 are accounted for 41% of new HIV infections. Young adolescents aged 10 to 19, gaps in services and reduce their ability to access age-appropriate and developmentally-appropriate information and services for their health and well-being, including for their sexual and reproductive development. Girls face heightened risk at an already vulnerable age:Treating STIs is essential because they can facilitate the transmission of HIV as well as causing lasting damage. Only a minority of the adolescents have access to any acceptable and affordable STI/HIV services.

Description: The mapped exercise were implemented in crisis-affected settings. The targets age group for the intervention was 10 and 24 years. The organization selected a total of 60 voluntary peer educators from the Internally Displaced Persons (IDP Camps) (10 Peer Educators per IDP Camp for 6 Adolescents friendly Safe Space) to conduct peer sessions. The peer educators worked for 5 days in a week to assist the safe space and facilitate group discussions with their peers. Peers Educators have been trained on key messages; basic facts on HIV/STI, communication and facilitation skills, personal hygiene, family planning and other key messages. The Mobilizers coordinates and supervises their activities while any health issues were referred to the health workers in charged for services Each of the safe space have a counseling room with a counselor for voluntary HTS and for STI management.

Lesson Learnt: A total of 215 (M=75; F=140) and a total of 124(M=42 and F=82) result for STI management and treatments HTS services respectively through Community led peer to peer session for adolescents living in Internally Displaced Persons (IDP) Settings during crises.

Next Step: Adolescent participation and engagement, from the onset of an emergency is critical to building adolescent buy-in and increasing demand for services. And monitor and mentor service usage through collection of sex- and age-dis-aggregated data. Awareness and sensitization campaigns on ASRH should be extended to the Adolescents' parents at the IDP camps and host communities for effective access to services.

Keyword: Adolescents, HIV/STI, Safe space, Internally Displaced Persons

FRPED290

Coexistence of Overweight and Underweight among People Living with HIV in Three Drought-affected Arid and Semi-arid Counties in Kenya

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Background: In Kenya, food insecurity and all forms of malnutrition remain key barriers to adherence to Anti-Retroviral Therapy, viral suppression and sustained treatment and prevention outcomes. While undernutrition remains widespread among People Living with HIV (PLHIV) in the Arid and Semi-Arid Lands (ASALs), overnutrition represents a growing public health concern. Limited evidence exists on the coexistence of undernutrition with overweight and obesity among PLHIV in the ASALs.
Methods: A cross-sectional study was conducted in Turkana, Kitui and Kilifi counties to establish the effects of drought on the health, livelihoods and wellbeing of people living with HIV (PLHIV), and to explore the complex and interacting mechanisms that enhance or impede HIV response in ASALs in Kenya. Geographical targeting was based on a composite score of drought severity, HIV prevalence, poverty index and malnutrition. The original sample size was 500 adults, both men and women aged 15 and older living with HIV and AIDS, selected from three comprehensive care clinics in each county. After weighting, the sample comprised 1071 cases. Statistical Package for Social Sciences Software v.23 was used to conduct the analyses. Malnutrition levels were assessed via BMI and Z-scores.
Results: As per Z-scores, out of 1071 patients 7.1% were severely acutely malnourished, 21.9% moderately acutely malnourished, and 27.5% were at high risk of becoming malnourished; 22.7% had Z-score within the normal range and 20.9% were overweight. The highest number of SAM and MAM cases, 56 and 113 respectively, were observed in Turkana county. The highest number of overweight people (112) was found in Kitui county. In Kilifi, 137 people were at high risk of becoming undernourished.
As per BMI classification 29.0% people were reported to be underweight (< 18.5 kg/m2), 50.2% normal (18.5 - 24.9 kg/m2), 14.9% overweight (25.0 - 29.9 kg/m2) and 6.0% class I obese (30.0 - 24.9 kg/m2). The BMI trend was similar to the Z-scores across the three counties.
Conclusions and Recommendations: The coexistence of both under- and overnutrition among PLHIV represents a growing public health concern and calls for attention to the long-term implications of the double burden of malnutrition as a risk factor for non-communicable diseases. Knowledge on the distribution of weight status amongPLHIV can shape health policies and support public health practitioners in designing and improving programme targeting.

FRPED292

Enhancing HIV Services in Tropical Cyclone Idai Emergency Response in Mozambique: Demand Creation for HIV and TB Treatment Services

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Issues: Humanitarian emergencies have greatest impacts on vulnerable groups, including women, adolescents, and children. In addition to the breakdown of health infrastructure that is critical for these vulnerable groups (e.g. for vaccinations, child birth, HIV & TB treatment, antenatal and postpartum care), women and girls are at heightened risk of sexual violence putting them at greater risk of HIV infection. To address these gaps, WFP together with partners implemented a communication drive to increase demand for HIV/TB-related services.
Descriptions: Cyclone Idai hit Mozambique in March 2019 causing catastrophic damage in 4 central provinces resulting in WFP declaring an L3 emergency response. WFP provided life-saving food and in-kind support to affected communities targeting 53,000 children under five with acute malnutrition and 45,000 pregnant and lactating women (PLW) with acute malnutrition, including those living with HIV (PLHIV) for 6 months. The HIV prevalence in the most affected province, Sofala, is 16% which is higher than the national average, 13.2%. To increase HIV awareness and uptake of HIV/TB related services, WFP partnered with Health & Nutrition Communication Network (HNCN) through the Association for Health, HIV and Nutrition (H2N) to design and launch interactive radio programs on HIV prevention, undernutrition in PLW, HIV-related IYCF practices, and the availability HIV/TB treatment services.
Lessons learned: Community radio is widely accessed and trusted by most people in Mozambique and serves as a vital source of information, particularly to vulnerable communities, and provides nurturing spaces for communities to voice concerns in local languages and engage in interactive conversations on social and cultural barriers that can affect accessing HIV services. The project is estimated to reach a total population of 786,178 in the affected districts including PLHIV, 23,251 PLW and 12,543 children under five years of age.
Next steps: Community radio is one of the most accessible and readily affordable communication channels within the rural community and plays a crucial role in community health improvement, community mobilization and sensitization, constituting a very powerful communication channel widely trusted by the local population. In the event of an emergency, community radio is a critical resource for temporally displaced communities in knowing where to get assistance and moreover how and where to access HIV and TB related services.

FRPED293

Results and Outcomes of WFP's Regional Drought Relief Initiative for HIV in Southern Africa

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Issues: HIV, food insecurity and malnutrition are interrelated phenomena, particularly for people living with HIV (PLHIV) and TB. HIV impacts on malnutrition by reducing food intake and nutrient absorption, thus impacting quality of life, ability to adhere to treatment and clinical outcomes. In 2016/17, at the height of the El Niño drought in southern Africa, World Food Programme (WFP) and the U.S. Agency for International Development, through the President's Emergency Plan for AIDS Relief (PEPFAR) partnered to mitigate the effects of El Niño induced drought by scaling up the provision of food and nutrition support across the continuum of care and access to specialized nutritious foods for people living with HIV and orphans and vulnerable children (OVC) in Eswatini, Lesotho, Malawi, Mozambique and Zimbabwe.
Descriptions: A lessons learned exercise was commissioned to document the results and outcomes of WFPs Emergency Drought Relief Initiative, ring fencing and highlighting the relative contribution of the PEPFAR/USAID contribution to the overall results achieved, which was intended to mitigate the effects of the drought on PLHIV as well as provide exercise was tasked to investigate, as far as possible, the contribution to the 90-90-90 targets in the five countries. The documentation of lessons conducted between April - September 2018 included document review, data analysis and interaction with key informants, including the claims, concerns and issues about the process within the Emergency Drought Relief Project which were captured and analyzed.
Lessons learned: The dedicated PEPFAR funding for drought relief clearly filled a critical gap and contributed to reaching the 90-90-90 goals. In eSwatini, the registration process for beneficiaries took a proactive and purposive approach to encourage HIV testing, which led to the finding that 91% of the beneficiaries reported knowing their HIV status and the remaining 9% were referred for HIV testing. Second 90: In Lesotho, in partnership with PSI, 1,906 beneficiaries were tested for HIV with 75 testing HIV-positive and referred for ART treatment. The monthly collection of nutritious foods by PLHIVs on SAM and MAM treatment programs enhanced retention in care and adherence to treatment through interaction with nurses, counselling and the provision of food.
Next steps: For the Southern Africa region, which is prone to humanitarian emergencies, these lessons provide a template to addressing HIV in future emergencies.

FRPED294

Use Sexual and Reproductive Health Services, Including HIV/AIDS, by Adolescent Refugees in Mahama Camp, Rwanda

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Issue: Of the 72,000 Burundian refugees in Rwanda, 60,558 live in Mahama camp. During a crisis, adolescents (10-19 year) are among the most vulnerable due to increased violence, breakdown of economic and social structures, which leads to loss of livelihood and protection concerns such as sexual exploitation, sex work and gender based violence (GBV), including rape. Additionally, uptake of sexual and reproductive health (SRH) services, including contraceptives and HIV/STIs services, remain low and prevalence of teenage pregnancies is high. For example, from January 2018 to June 2019, of the approximately 3000 adolescent girls, 203 became pregnant (7.5%) and only 9% started with a modern contraceptive method.
Description: UNFPA, in collaboration with the American Refugee Committee and Save the Children International, initiated adolescent SRH services in Mahama camp. Campaigns for demand creation, family planning services, screening and treatment of sexual transmitted infections (STIs), GBV and HIV prevention and response, were implemented. In 2018/19, 611 boys and 782 girls were tested for HIV and 58 boys and 167 girls were screened and treated for STIs. Moreover, a total 431 of adolescent girls used modern contraceptive methods, and 636,724 male condoms and 78 female condoms were distributed. As community health workers distribute condoms throughout the camp i.e. toilets and the youth friendly space, adolescents can access them anonymously and free of charge, making it difficult to obtain data on the usage.
Lessons learned: The use of adolescents SRH services has significantly increased since the establishment of the camp in 2015. Contraceptive use in the measured group has increased from 0% to 16%, HIV testing from 0% to 25.7%, and STI screening and treatment from 0% to only 4%. The use of peer educators and female mentors has been instrumental in raising awareness and behavior change of adolescents towards modern contraceptive methods in Mahama camp.
Next steps: UNFPA and partners continue to monitor the peer educators and female mentors program. In order to not lose gains made to date, the partners have to strengthen the community provision of youth friendly SRH services, such as creation of youth centers and condom kiosks to promote dual protection against HIV/STIs and teenage pregnancies. Specific gains can be made in the promotion and uptake of female condoms, as well as STI screening and treatment with attention towards engaging adolescent boys.

FRPED295

Children and Adolescents Living with HIV (CALHIV) in Emergency: Lesson Learnt from the Response to Cyclone Idai in Zimbabwe

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Issues: Humanitarian crises can lead to increased vulnerability of children and adolescents living with HIV (CALHIV). As well, CA are more at risk due to negative coping mechanisms and disruption of prevention services.
Descriptions: In eastern Zimbabwe (11% HIV prevalence), 270,000 people (48% children), were affected by flooding/landslides caused by Cyclone Idai in March 2019, with destruction and lives loss. UNICEF HIV response with Ministry of Health, National AIDS Council (NAC) and Africaid was to prioritize continuity of treatment for CALHIV; address Cyclone-related needs; prevent sexual exploitation and abuse; advocate for availability of HIV medicines and HIV prevention supplies; integrate HIV in multi-sectorial information package for community-based workers (CBW). A free-to-user SMS service was used to disseminate lifesaving information and collect data on lost drugs.
Lessons learned: 27% of the affected households had at least one member living with HIV and 63% PLHIV lost their medications/medical cards. March-June 2018, Africaid tracked 3,068/3,875 CALHIV to continue treatment; identified and referred to services 103 with disabilities and 490 with mental conditions; provided psychosocial support to 500 and medical assistance to 238. All were linked to food, shelter and birth registration delivery points. Emergency-specific issues: ART and family planning access due to inaccessible roads; unready health workers to manage PLHIV with lost drugs/medical card; accidental disclosure to CALHIV; poor adherence; drugs loss; grief and depression; increased transactional sex and GBV. Existing issues exacerbated by emergency: caregivers lack of treatment literacy; no disclosure to CALHIV; high teenagers pregnancy; drugs stock out. 97 CBW were trained by NAC on the multi-sectorial information package.
Next steps: HIV preparedness should capacitate existing structures, NAC and partners, to respond and coordinate humanitarian crisis; strengthen pre-existing peer support programme and empower CALHIV on managing their medication (adherence, knowing drugs name); support caregivers on disclosure.
Integrated approach for HIV response can work; inclusion of HIV indicators in other-sectors surveys; HIV information into multi-sectors messaging; leveraging and working with partners present in affected districts for rapid response; utilize CBW as resource for information dissemination to their members and communities at large (activists already!).

FRPED296

Gender Based Violence and Child Marriage

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Description: The focus of Ambassador for youth and adolescent reproductive health program (AYARHEP) been on HIV/AIDS awareness creation and education, however, AYARHEP has over the past three years integrated in its projects, sexual and reproductive health rights (SRHR) and gender based violence issues (GBV). AYARHEP projects are intended to benefit young people of ages 14 to 24 and implementation of project activities employs various strategies including use of sports and theatre to create awareness and education on HIV/AIDS, SRHR and GBV. The strategies used have proved to be powerful tool for reaching young people living in low income settlement areas.
Methodology: Peer educators mobilized young people in Kayole, Soweto informal settlement area in Nairobi during the period of June 2017 to December 2018. AYARHEP prepared and adopted targeted information on Sexual Gender Based Violence (SGBV) and child marriage for the young people. A basketball tournament was organized and used to reach 1200 young people with the information SGBV and child marriage. AYARHEP also designed simple questions on the information subject categorized by age to gauge the level of knowledge of the young people on the subject. Data from the questionnaires was collected and analyzed.
Results: Of the 1200 young people reached, 824 were women while 376 were men aged 15 to 24 years. Young people cited Sexual Gender Based Violence as the most common violence experienced in their surroundings, and that it leads to child marriages, deaths, depression and HIV new infections. Lack of youth friendly services, stigma and discrimination among survivors , local norms, poor referral systems, confidentiality of survivors records at referral centers were mentioned as obstacles for accessing Sexual Gender Based Violence services and other health services amongst the young people.
Lessons learnt: Young people have information on Sexual Gender Based Violence and child marriage, and girls especially were more informed than the boys.
Conclusion: More awareness creation on SGBV and child marriage and male involvement in SGBV is needed.
Community and facility based interventions targeting Sexual Gender Based Violence reduction are needed and the promotion of services accessibility by young people.
Sexual Gender Based Violence survivors need friendly services.

FRPED297

La Contribution de la Prise en Charge des Travailleuses du Sexe Victimes de Violences Basées sur le Genre dans la Riposte au VIH/Sida

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Introduction: Au Maroc, l'Association de Lutte Contre le Sida (ALCS) mène, depuis 1992, un programme de prévention auprès des travailleuses du sexe (TS) afin de réduire leur vulnérabilité vis-à-vis de l'infection à VIH. Ce programme ne cesse d'évoluer et de s'adapter aux besoins des TS en tenant compte des avancées scientifiques et des approches communautaires novatrices. Des discussions de groupe avec les TS, il ressort que leur vulnérabilité sociale et économique et la méconnaissance des droits, les rendent sujettes à diverses formes de violences notamment les violences sexuelles (VS) et les violences basées sur le genre (VBG). Convaincue que lutter contre les violences touchant les TS est un axe important de la prévention combinée du VIH/sida, l'ALCS a renforcé l'offre de prévention en direction des TS à Marrakech, en intégrant, dans le cadre d'un projet pilote, des actions de lutte contre les VS et VBG. Cette offre s'intègre dans un cadre plus global d'une offre de santé sexuelle et reproductive.
La description: En vue d'appuyer la section de Marrakech pour renforcer le paquet essentiel d'activités de prévention combinée à travers la clinique de santé sexuelle (CSS) auprès des femmes TS, un projet de prise en charge (PEC) complète des victimes de violences a été mis en place en début 2019. Ce projet a permis de renforcer les connaissances et les compétences d'une vingtaine d'intervenants au niveau de Marrakech sur la VBG et a contribué à la prise en charge d'une quarantaine de victimes de violences, notamment, une PEC psychologique pour des victimes de VS et stigmatisation et une PEC économique et sociale pour des mères célibataires (frais d'hébergement, accompagnement pour l'enregistrement des enfants dans l'état civil…).
Les leçons tirées: Après 4 mois du démarrage du projet, il a été constaté qu'il y a une forte demande des services sociaux par des mères célibataires et des femmes divorcées et aussi une demande du service psychologique par des jeunes vivantes avec le VIH, à cause de la stigmatisation et ou discrimination).
Les prochaines étapes: A la vue des premiers résultats et vu les besoins exprimés par les victimes, ce projet va contribuer à la réduction des méfaits des VS et VBG sur les TS à Marrakech à travers une prévention et une réponse aux différents types de violence, L'ALCS, dans son plan stratégique projette d'étendre ce projet vers les autres antennes où les CSS sont implantés.
Mots clés: Prise en charge médicale-VBG-TS-VIH/SIDA

FRPED298

Engaging Discordant Couples through Psychosocial Support Services to Address Gender Based Violence at AIDS Information Centre (AIC), Uganda

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Issues: In the early years after discovery of HIV, HIV sero-discordance had no clear explanation and the population in Ugand had different myths and theories to explain this phenomenon including belief in Gods protection, "strong immunity" and the concept of "hidden infection not detectable by HIV tests". These myths and theories still exist and reinforce couples to be at higher risk to HIV sero-conversion. At AIC sero-discordant couples are proactively followed up, provided with information on discordance, prevention interventions and importantly individual and group psychosocial support.

Description: From April 2018 - June 2019 the number of documented serodiscordant couples at AIC increased from 20 to 103 primarily as a result of the Assisted Partner Notification (APN) strategy through index clients. These couples are followed up through individual and couple sessions and provided with psychosocial support through counselling on clinic days and discordant couple meetings held once every quarter. During these sessions the following are carried out: discussions on discordance, HIV management, HIV Prevention strategies including access to PEP and PrEP, viral load monitoring of the positive partners and scheduled testing for the negative partner, demonstration on correct use of condoms and family planning.

Lessons learned:

· These 103 couples had stayed together for more than six month and were sexually active:
· 85 (83%) of couples experience gender based violence (GBV) of which 60 (71%) are the negative partners.
· The categories of GBV experienced were psychological (50%), emotional 20%, rape 15%, financial 10% and physical 5%.
· There was inconsistent condom use among the discordant couples
· Uptake of female condoms is low due its design.
· Negative partners fear to take PrEP because of mainly because of stigma related to the drugs and side effects
· HIV positive partners have multiple untested sexual partners other than their negative partners

Next steps:

· There is need to emphasize sexual behavioural change messages to HIV discordant couples
· Screening for other sexual partners using the APN strategy and Gender Based Violence should routinely be conducted for partners in discordant relationships
· Identified couples with GBV should be referred for required services and continue to receive psychosocial counselling

FRPED299

What Works to Reduce Violence against Sex Workers in Southern Africa? Lessons Learned from the Hands off Programme

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Issues: Gender-based violence is one of the most important factors affecting the vulnerability of sex workers to HIV. In Southern Africa 70% of the sex workers reported violence by various perpetrators, such as clients, police, health workers and the community. Studies found a reduction of almost 25% in HIV infections amongst sex workers when violence is reduced. However, lack of financial investment to address violence as a structural barrier to HIV prevention and care remains a major obstacle for sex worker-led organisations

Descriptions: As part of Aidsfonds' *Hands Off programme* a variety of interventions to address violence were implemented. Sex worker-led organisations and service providers have been successful in reducing both individual and structural violence in all five programme countries reaching over 175.000 sex workers. Results were specifically promising in countries where a 3- interventions model was implemented. The model consisted of 1) movement building by capacitated sex workers with strong rights awareness, 2) setting-up a (community-led) response system supporting survivors of violence and litigating human rights violations, and 3) engaging with the police at community and national level, turning them from perpetrators of violence into allies in the HIV response.

Lessons learned: A comprehensive approach using the 3- interventions model is crucial for violence reduction amongst sex workers. In South Africa, Mozambique and Zimbabwe we learned that a genuine sex worker movement is instrumental in reducing violence. A resilient and organised movement is necessary to successfully engage with police and decision makers, and to reach critical mass for sex workers' rights. An independent evaluation of the programme amongst 179 sex workers and stakeholders also showed that engaging with law enforcement and peer to peer police training has led to less police violence and increased support. Combined with a community-led response system, increased access to justice has been secured for sex workers, sending a clear message to perpetrators that physical and sexual violence will not go unpunished.

Next steps: Focussing on violence as a structural barrier is a powerful strategy to reduce sex workers' vulnerability to HIV. It is recommended to mobilise financial support to address gender-based violence in HIV programming, and ensure that HIV programmes with sex workers can integrate the evidence-based 3-interventions model into their work.

FRPED300

Uptake of Gender Based Violence Services in Supported Health Facilities. Results from 8 States in Nigeria

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Issues: Gender-based violence (GBV) is one of the most pervasive, under-reported and unaddressed human rights violations in the world (UNFPA 2016). GBV a key driver of HIV transmission, a major barrier to positive health outcomes for women and girls around the world. In Nigeria, 16% of women and girls have experienced either physical and/or sexual intimate partner violence (not including sexual violence by a non-partner) at some point in their lives (UN Women 2013). Health programs are making efforts to integrate gender but GBV reportage by survivors and service uptake remains a challenge. APIN Public Health Initiatives; a CDC implementing partner in the PEPFAR funded improving Comprehensive AIDS Response Enhanced for Sustainability (iCARES) project integrated GBV services across 86 Health facilities in 8 States in Nigeria to facilitate GBV service uptake by survivors.
Description: Stakeholders were engaged, Health care workers trained on gender integration including the provision of minimum package of GBV services (HIV Testing Services, family planning, HIV post exposure prophylaxis (PEP), counselling, referrals for legal services). Focal persons were identified and mentored and GBV services were provided at supported facilities. Advocacy and community sensitization on the availability of GBV services across the health facilities were conducted.
Number of persons seeking post GBV care services at the health facilities were tracked within a period of one year. Service delivery records were analyzed using an excel spread sheet.
Lessons learned: From Oct 2017 to Sept 2018, a total of 9,023 clients (6497 females, and 2526 males) reported cases of gender based violence. 17% of the females (1085) and 6% of the males (161) reported sexual violence alone. All cases of sexual violence received post rape care services including HTS and Post exposure prophylaxis. Capacity building, Community awareness and linkages to the available GBV services facilitated uptake of GBV services by all. provision of GBV services provided a platform for reporting incidence of GBV amongst men, boys, women and girls.
Next steps: There a need to intensify Gender Integration efforts to achieve 90,90,90 goal. Scaling up of GBV services across all care and treatment sites is needed to improve access. Programme managers should ensure that GBV services are available in supported facilities and communities are aware and sensitized to access them.
Keywords: Gender Based Violence, HIV, PEP.

FRPED301

Post Gender Based Violence (GBV) Services in an HIV Program for Orphaned and Vulnerable Children (OVC), Adolescent Girls and Young Women (AGYW) in Eswatini

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Issues: There is high Prevalence of GBV among OVC and AGYW in Eswatini and limited legal and social services available. The services are also neither timely nor sufficient. There were cases that needed frequent follow up and ensuring that the survivors of abuse receive the required services both at community and national level.

Descriptions: The USAID funded Triple R project implement OVC, HIV Prevention and GBV services in 24 Districts in Eswatini. The GBV case identification is done during the household assessments. The survivors of abuse were referred to GBV service providers for post GBV case management. The GBV Case Worker visits the client at home to conduct intake assessment that validates the reportd abuse. Using trained case workers, the project offers required services at household level. For cases that need further services such a court cases, police intervention or government intervention the project refers to the relevant Service Provider. Once a beneficiary has received all the necessary services the cases are closed, and the beneficiary continues to receive other OVC or AGYW services in the project as applicable. All "open" cases at the time of project close out are referred to the regional Department of Social Welfare for further follow up. The project conducted GBV prevention small groups sessions at community level as additional mode of case identification.

Lessons learned: Collaborating with government in implementation of GBV case management is essential for continuity of service provision beyond donor projects. GBV prevention sessions at household and community level was a key case identification strategy contributing to 11% of identified cases of abuse. Having more than one GBV Service Provider on the ground ensured that cases are timely attended to and follow ups are made. The integration of GBV to the OVC and HIV programming has ensured that the project is able to provide comprehensive services to the beneficiaries. A total of 4010 beneficiaries including 3057 children and 953 young women and caregivers received Post GBV services in the span of 3 years. The project also reached 1874 family members with GBV prevention interventions.

Next steps: Building capacity for the department of Social welfare to absorb GBV cases. The use of standardized government data collection tools and a centralized database by all partners working on GBV will enhance the quality of data and inform national programmatic decisions.

FRPED302

The Role of Stepping Stones in Influencing Gender-Based Violence: Exploratory Data from South Africa

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Background: The Stepping Stones workshop series was designed to promote sexual health, psychological well-being, and prevent HIV through addressing issues of gender, violence, sexuality, HIV/AIDs, communication and relationship skills. An adapted 10-session Stepping Stones program was implemented (as a component of USAID/CCI's Community Responses program) in informal settlements in four provinces in South Africa, in order to reduce HIV and sexual and gender-based violence (GBV) risk and improve related service utilisation in these communities.
Methods: Qualitative research was used to explore perceptions of the GBV session(s) conducted as part of the program. Changes in GBV related attitudes and behaviours of community participants in informal settings in KwaZulu-Natal Province were also highlighted. Three Stepping Stones sessions on GBV were directly observed. Ten in-depth interviews were held with program staff, six focus group discussions (n=52) and 14 in-depth interviews were held with community participants (34 males, 32 females). Interviews were transcribed verbatim, coded, and thematic analysis facilitated via NVivo v10.
Results: Both male and female community members felt that the sessions on GBV were useful. Females spontaneously described that they most "liked" these sessions, as they felt GBV was common in their communities and they needed information to protect themselves and facilitate help seeking behaviour. Many male community members described how they had learnt that GBV was wrong - "I learned that I am not supposed to hit a woman". They described how this had facilitated their personal behaviour change, some making use of communication skills learnt in the program - "now I am able to talk to her when we disagree".
Conclusions and recommendations: Conducting Stepping Stones in informal settlements in South Africa was successful in highlighting GBV, providing education, referrals and information on how to cope with experiences of GBV. There is still a need for such programs to address existing norms and experiences with GBV. Ongoing implementation of Stepping Stones to increase awareness of and strategies to cope with GBV is feasible, acceptable and necessary.
Keywords: Stepping Stones; informal settlements; South Africa; gender based violence; relationship skills

FRPED303

Challenges in the Fight against Violence Based Gender (GBV) towards Girls Less than 10 Years Old in Côte d'Ivoire

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Issues: In Côte d´Ivoire, sexual violence is the most common form of GBV, with 3 out of 10 cases reported and 8 out of 10 cases were committed against children in 2016. Justice is rarely served and only 18 cases out of 100 resulted in a conviction.
REVE is a 5-year PEPFAR/USAID-funded project that aims to reduce HIV-related vulnerability of people living with and affected by HIV. REVE deliberately emphasizes gender, including addressing the structural drivers of HIV such as poverty, lack of education, inequality, and sexual violence.
Descriptions: In 2016, REVE opened integrated One Stop Centers (OSC) in Marcory and Adzopé in collaboration with the Ministry of Health, that provide comprehensive services to survivors of GBV including medical, psychological, and legal care. 534 individuals from the community GBV committees and social workers were trained in GBV case management and Start-Awareness Support-Action (SASA!).
In 2017, REVE set up 12 GBV Awakening Committees in Adzopé and 4 in Marcory to raise awareness on gender norms, identify and refer GBV cases to the OSCs. Using an image box on GBV topics, trained committee members facilitate weekly awareness sessions in the community.
Lessons learned: In 2017, 37 GBV cases on children under 10 years old were reported at the OSCs. 9 were non-sexual violence cases and 28 rape towards girls between 2 and 10. All cases arrived along with their parents within 24 hours and received immediate medical care including post exposure prophylaxis and psychological support. Only 18 cases reported to the police. The investigations found the perpetrators in 13 cases and only 3 resulted in convictions, pronounced and executed.
Next steps: Increasing community awareness on GBV and a willingness to report and prosecute sexual violence are key for REVE which promote advocacy actions with civil society actors towards the highest level of the State of Côte d´Ivoire to prosecute any perpetrator of rape or sexual assault, because it is the State responsibility if it does not exercise due diligence to prevent, punish or repair the crime.
Keywords: GBV

FRPED304

GBV Survivors Opt out from Holistic Care: Findings from a Review of Post GBV Response in Health Facilities in Southern Nigeria

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Background: SGBV is a global public health challenge that is still grossly under reported in Sub-Sahara Africa including Nigeria (UNHCR, 2003). Globally, SGBV is also recognized as a violation of human rights and is reported to be interrelated to the spread of HIV (WHO,2013) as a public health issue. Consequently, there is need for inter-sectoral collaboration for holistic management of survivors. However, Health providers, law enforcement agencies and policy makers continue to provide derisive role in reassuring survivors or persecuting assaulters as a deterrent to SGBV. According to WHO, 2013 holistic care comprises clinical and non-clinical (Clinical service- HTS, PEP, Emergency Contraceptives, STI screening and treatment, Psycho-social support; Nonclinical services- Police, Legal aid, Protection, Shelter) services.
Methods: A cross sectional retrospective study of Caritas Nigeria´s GBV Response Project implemented from October 2017 to September 2018 in four southern states of Nigeria. This study reviewed SGBV cases that were reported and provided GBV services. Cases were dis-aggregated by point of enrollment for each survivor and volume of cases recorded per entry point and services received comparatively analyzed using Microsoft Excel 2016.
Results: A total of 1816 SGBV cases (Sexual, Physical and/or Emotional violence) were identified across 41 facilities in implementing states (Enugu, Imo, Ebonyi and Delta states) for the 12-month period. Of cases identified, 69% presented at GOPD, 6% at Accident and Emergency, 12% were referred by Police, 2% were reported by SGBV survivors and 0.04% were identified at pediatrics. 77% of survivors opted against nonclinical post GBV services. This revealed that very few cases go to the enforcement agencies first or are supported by the police, legal aid or community to access services.
Conclusions: To effectively and efficiently manage GBV survivors, holistic care needs to be provided. However, due to cultural norms survivors opt out of holistic care mainly due to victim shaming, martial separation, lack of confidentiality and fear of being involved in prolonged legal matters. This review provides Public Health interventions an opportunity to strengthen collaborations and increase the participation of the community, police, legal aid and policy makers to ensure holistic services are provided for survivors.
Keyword: *GBV Survivors, Sexual and Gender Based violence (SGBV), Post Gender based violence care service.*

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The Effect of Intimate Partner Violence on Implementation of HIV Services: A Cross-sectional Analysis of HIV Infected Women in Coastal Kenya

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Background: Intimate partner violence (IPV) and HIV continue to be public health challenges worldwide and in Kenya. It is estimated that 47% of Kenyan women have experienced IPV. HIV disproportionately affects women in Kenya. The national adult HIV prevalence is estimated to be 5.2% in women as opposed to 4.5% in men. The aim of this study was to investigate the effect of IPV on implementation of HIV services among HIV infected women in Coastal Kenya.
Method: This was a community-based cross-sectional survey conducted in Magarini Sub-County of Coastal Kenya from July to December 2018. Multistage cluster sampling was used to recruit 385 HIV infected women on treatment from seven villages. A validated structured questionnaire was used to collect data on predefined variables. The association between IPV and selected ART services was measured using multivariable regression, after adjusting for covariates. Ethical considerations were observed in accordance with the principles of the Declaration of Helsinki.
Results: Out of the 320 women that consented to participate in the study, 45% had experienced IPV in the past two years. Physical violence was the most common form (53%) followed by emotional abuse (30%). The median age of the participants was 31.6 years. Sixty percent of the respondents had completed primary level education while 25% had no formal education. HIV infected women who experienced IPV were less likely to: register for care in a HIV clinic (OR 0.29; 95% CI (0.12-0.48)), adhere to clinic appointments (OR 0.54; 95% CI (0.17 - 0.86)), take medications as prescribed (OR 0.47; 95% CI (0.09 - 0. 82)), attend support group meetings (OR 0.28; 95% CI (0.13 - 0.76)) and negotiate for condom use with their partner (OR 0.60; 95% CI (0.21 - 0.90)).
Conclusions: IPV adversely affects implementation of HIV services among HIV infected women. To achieve optimal treatment outcomes in this population, there is an urgent need to design context-specific evidence informed strategies to prevent IPV. Further studies to investigate the predisposing factors of IPV might be useful in proposing interventions that target the root causes of this vice.

FRPED306

Impliquer La Population Générale dans la Riposte du VIH chez les LGBTQ et Respect des Droits Humains

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Context: En Côte d'Ivoire, la dernière décennie a été marquée par de graves violations des droits humains en dépit du dispositif normatif et institutionnel pour la protection et la défense des Droits Humains. La Côte d'Ivoire a ratifié les principales conventions internationales relatives aux Droits Humains (le Pacte International relatif aux Droits Civils et Politiques, la Charte Africaine des Droits de l'Homme et des Peuples). Malgré les engagements de l'Etat de Côte d'Ivoire à promouvoir et à protéger les droits Humains, des difficultés de mise en œuvre et de suivi de ces engagements demeurent en raison des dysfonctionnements et/ou faiblesses lié(es) aux ressources humaines; aux ressources matérielles; aux ressources financières; aux pesanteurs socioculturelles; aux problèmes d'ordre éthique et au renforcement des capacités. Tout ceci conduit à la vulnérabilité de la population ivoirienne face à la violence y compris la discrimination basée sur l'orientation sexuelle, de l'identité et /ou de l'expression du genre. Les personnes LGBTQ ivoirienne sont aussi victimes entre autres de violences basées basé sur le genre, d'extorsions, de chantages à cause de leur orientation sexuelle, de leur identité et expression de genre de part des acteurs étatique et la population générale.
Description: Durant l'année 2017, Alternative Côte d'Ivoire (ACI) a mis en œuvre le projet WETEMINAN avec le financement de l'ambassade d'Allemagne. L'objectif principal du était de promouvoir et vulgariser les Droits Humains dans la communautés LGBTI. Afin d'atteindre cette objectif, un atelier de formation de 15 Educateurs/trices de pairs sur les Droits Humains, la stigmatisation et la discrimination des LGBTI, et sur la méthodologie de l'enquête et du rapportage des violations des droits humains.
Enseignements: Ces 15 parajuristes ont organisé 320 séances de sensibilisation de proximité en se basant sur la Communication pour le Changement de Comportement auprès de 2000 personnes provenant de la population générale, de 3000 personnes issues de la communauté LGBTI. 07 assistances médicales ont été apporté aux survivantes de violence basée sur le genre.
Prochaines étapes: ACI envisage renforcer les capacités des acteurs impliqués dans le quotidien des Hommes ayant des rapports Sexuel avec d'autres Hommes (HSH), des lesbiennes, des bisexuelLEs et les transgenre sur les perceptions du genre à travers des tables rondes pour le respect des Droits Humains.

FRPED307

Improving SBV Case Identification Using the SGBV Screening Tool: Experiences in South Eastern Nigeria

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Background: Sexual and Gender Based violence is a major human rights violation and of immense public health importance in Nigeria and globally. The covert and overt effects of SGBV range from physical trauma, mental health issues, sexual and reproductive health issues including but not limited to increased risk of HIV and other STDs. Familiarity with and high index of suspicion of SGBV among health care workers is critical in ensuring SGBV survivors receive proper care. This review assesses case identification yield of the SGBV Screening tool vis-a-vis post GBV service uptake within 8 facilities in 4 South-Eastern states of Nigeria.
Method: Over a period of 3 months (October to December, 2018), 16 Gender champions and PMTCT focal persons from randomly selected facilities in Imo, Enugu, Delta and Ebonyi states used a SBGV screening tool during routine ANC. Informed consent was obtained from attendees prior to administration of the paper-based tool with an option to opt out. Information on SGBV was provided in ANC classes and SBCC material relating to SBGV conspicuously displayed in waiting areas. Data was collated and analyzed using Microsoft Excel. SGBV cases were dis-aggregated by type and volume of cases identified using the SBGV tool was comparatively analyzed.
Result: A total of 385 ANC attendees were screened with 39 SGBV survivors identified, though 55 persons opted out. This demonstrates a yield of 10% in case identification. In a corresponding timeframe, only 170 cases were self-reported at OPD. Of the 39 survivors identified, 17 (44%) identified were physical violence, 12 (31%) psychological violence and 10 (26%) sexual violence. All 39 participants identified to be experiencing GBV were provided post GBV services.
Conclusion: Health interventions have a unique opportunity to improve health outcomes for SGBV survivors by mainstreaming evidence-based gender sensitive strengthening activities such as routine gender/GBV awareness creation and capacity building interventions to strengthen community and facility-level active case identification and post GBV care service. The SGBV tool is an effective tool to improve case finding and its use a key strategy for increased identification and uptake of Post GBV services. Lack of knowledge of the tool, reluctance of use and concerns of increased workload has limited use of the tool.
Keyword: *Sexual and Gender Based violence (SGBV), SGBV Survivors, HIV, Post Gender based violence care service.*

FRPED308

HIV Education and Testing Prisoners in Ibadan: Experience of Foundation for Family Health, Ibadan, Nigeria

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Issues: New survey results in Nigeria indicate that Human Immunodeficiency Virus prevalence has reduced to 1.5%. However, HIV prevalence in prison was 2.8%. In view of this, Foundation for Family Health conducted HIV educational program to one of Nigerian prisons to provide preventive messages including behavioral, biomedical and social. This was aimed at getting HIV positive inmates into ART program through prevention education messages.
Descriptions: The program took place in June, 2019 in one of the prisons in Oyo state, Nigeria. Stakeholders meeting was held with the prison management discussing the educational programs and health messages planned for the prisoners. Prisoners were informed of the organizations visit and the purpose of the visit was highlighted. HIV educational sessions were conducted within the four weeks emphasis were placed on modes of transmission, prevention strategies, treatment and management. Community structures were used to mobilize for HIV testing. Individuals interested in participating in HIV tested were screened.
Lessons learned: Foundation for family health conducted educational sessions on HIV prevention to over 300 inmates, however, the organization was only able to test 57 clients due to shortage of test kits out of 120 who were willing to be tested. Majority of them were aged 31-50 years and were predominately male (64%). There was significant difference in the proportions of age distribution ($p < 0.001$) Most of them (94.5%) did not receive HIV counseling and testing before now. 4% of clients tested positive and were placed on ART
Next steps: Targeted educational sessions and testing of prisoners could improve 95% of HIV positives knowing their status and increase behavioural changes.