

The background of the middle section is a close-up photograph of water ripples. A central drop has just hit the surface, creating a series of concentric circles. The water is clear and blue-tinted, with light reflecting off the ripples.

# Multisectoral Responses to HIV/AIDS

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Knowledge Sharing Series



This publication is the result of a joint effort between UNDP's Ecuador Country Office, the HIV/AIDS Practice Area, the Knowledge Management Area of UNDP's Regional Centre for Latin America and the Caribbean, and above all the team of the Multisectoral Responses to HIV Project in Ecuador. We are grateful for the work done by Lourdes Vallejo, systematization consultant.

**Multisectoral Responses to HIV/AIDS Project**

**Vol. VII,**

ISBN 978-9962-663-05-8

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November 2009

**Note:** The opinions expressed in this document do not necessarily reflect those of the United Nations Development Programme, its Executive Board, or its member states.



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# Enough Reinventing the Wheel

## Experience can Travel, Cross Borders and Add Value to Projects

UNDP's Regional Centre for Latin America and the Caribbean supports the systematic organization and documentation of knowledge acquired by the countries in the region through their many high-quality and high-impact projects. In addition, the countries are expecting new mechanisms be made available for sharing knowledge, queries and sustainable successes. Therefore, we have undertaken the task of "Knowledge Sharing" guided by a basic principle: many of our experiences can be useful for others in the region. Experience can travel, cross borders, and add value to the work of others.

This series of publications is the conduit chosen to achieve these goals, and, of course, it reflects a joint effort that included the development of a methodology to expedite and facilitate the systematic organization and exchange of knowledge. Colleagues from national and local governments, UNDP Country Offices, experts in various areas, and the thematic teams of UNDP's Regional Centre for Latin America and the Caribbean have all participated in this initiative.

However, the publications are only part of "Knowledge Sharing", only the tip of the iceberg. They are a comprehensive and concise presentation of programming options and relevant aspects of each experience. They essentially tell us "how the programme was created and how it is implemented." Thanks to the participation of various colleagues, all with extensive experience in their respective areas, each programme boasts rich and detailed online documentation (project documents, evaluations, reports, relevant data, etc.) These tools help transfer, replicate, and customize systematized programs – adapting to changing demands in the real world.

Count on us to take the most out of this proposal. Our team is at your service: once specific facts on the ground have been identified, we can deepen and expand multiple facets of knowledge to help achieve your objectives, reduce costs associated with learning and research and development, and help implement key programmes and solutions.

We are grateful for the contributions of those who helped produce this “Knowledge Sharing” series. Your continued remarks and suggestions are key to improve our services.

**UNDP’s Regional Centre Team for Latin America and the Caribbean.**

Panama and Port-of-Spain

October 2009



## An Innovative HIV/AIDS Project

The Regional Centre's HIV/AIDS Practice Area provides services for country offices and works in 4 thematic areas, based on the UNAIDS Division of Labour: 1. Development planning and mainstreaming; 2. Governance of AIDS responses; 3. Human Rights, Gender and Sexual Diversity; 4. Public Health and Development Partnerships.

UNDP Ecuador's "Multisectoral Responses to HIV/AIDS Project" is an innovative experience in mainstreaming HIV/AIDS and in creating public policies to achieve the Millennium Development Goals (MDGs). The project has achieved a broad integrated response to HIV/AIDS, with multisectoral and multilevel approach. The project offers effective tools for country offices searching for viable proposals, allowing them to respond to the epidemic in a variety of contexts and with different levels of resources and technical capacity.

A special thanks to UNDP Ecuador's HIV/AIDS team for its continued engagement in the design and implementation of the project and for its participation in the development of this tool.





## The Context

Between 30 and 36 million people worldwide are currently infected with HIV/AIDS . The great majority of this population lives in Sub-Saharan Africa. Alarming incidence rates also exist in the countries of the former Soviet Union, the Caribbean, and some Asian countries. Most alarming is the increase in women and adolescents infected, which is linked to biological characteristics and, above all, gender differences that increase their vulnerability.

The progress of the epidemic goes along, however, with a relative decrease in the amount of deaths<sup>1</sup>. This is due to the development of effective antiretroviral treatment (ART), which have allowed infected people to live longer, improve their quality of life, and continue productive activities. Nonetheless, there is still no vaccine against HIV/AIDS nor a treatment that eliminates the virus. In this context, the challenge is achieving universal access and reinforcing prevention efforts<sup>2</sup>.

Few countries have been able to slow the epidemic's progress. The experiences of Uganda, Cuba, Brazil, and Thailand stand out. Multiple strategies were employed, but common elements include:

- Political will at the highest levels.
- Open discussion of the topic.
- Implementation of coordinated large-scale strategies, such as access to information, prevention programmes, condoms, counselling, and treatment.
- Implementation of projects targeted to key populations at higher risk (men who have sex with men, sex workers, military personnel, people deprived of liberty) is fundamental to slow the advance of the epidemic.

# Ecuador: Facts and Challenges for the Response to HIV

16,311 cases of HIV were registered in Ecuador between 1984 and August 2009. In 2008 alone, 3,152 new cases of HIV and 906 of AIDS were registered. Civil society organizations and international agencies estimate that the prevalence would be more accurately projected if multiplied by at least 5 given the transmission characteristics and evident sub-registration. Therefore, the actual number of people living with HIV would added up to 100,000 cases.

More than 80% of the cases of HIV and AIDS occur in the coastal region. The provinces of Guayas, Manabí, El Oro, and Esmeraldas have the greatest numbers of infected people, and the Galápagos province has the highest incidence according to its population.

Several factors contribute significantly to the spread of the epidemic, including lack of national prevention and mitigation policies, high rates of poverty and migration within and outside of the country, weak enforcement of the laws protecting human rights, and an educational system that perpetuates ignorance about basic knowledge relating the sexual and reproductive health along with reproducing the “macho” culture and unequal relationships between men and women.

Despite the high prevalence and documented evidence that the HIV/AIDS epidemic undermines a country's development, increases poverty, and impacts production and consumption, the epidemic is not addressed in Ecuador as a development issue.

## 2003: The State of the Response

In 2003, the United Nations Development Programme in Ecuador began specific work on HIV/AIDS. The following factors characterized the situation in terms of capacities, resources, and the framework for action:

- A weakened Ministry of Public Health's National AIDS Project, due to continuous changes in the health authorities.
- No viable proposal for a National Multisectoral Strategic Plan.
- Ongoing development of a new HIV Law by the civil society, because the first one had not been regulated or implemented.
- Global Fund project's resources devoted to the country favoured the development of technical resources among civil society.

- A lack of understanding of the scope of the epidemics due to a weak epidemiological monitoring system and poor data dissemination.
- The general belief that HIV is someone else's problem, specifically the problem of men who have sex with men and sex workers.
- On-demand United Nations System' technical projects to national counterparts were occasional and without interagency coordination.
- UNDP full-time staff dedicated to HIV/AIDS.





## Exploring the Project

### The Approach

UNDP Ecuador’s “Multisectoral Responses to HIV/AIDS” Project is designed to achieve mainstreaming of HIV/AIDS within the participatory development of public policies, in order to provide a integrated response to the epidemic. The strategy was designed within the following frameworks:

1. UNDP’s framework for action and mandates (Human Development, Human Rights, Gender, and Democratic Governance – impact on public policies).
2. The achievement of the Millennium Development Goals: MDG 6 Combat HIV/AIDS, malaria, and other diseases.
3. UNAIDS “Three Ones” Principles: ONE agreed HIV/AIDS Action Framework, ONE National AIDS Coordinating Authority, and ONE One agreed country level Monitoring and Evaluation System.

Further, existing statistics in Ecuador and the region show an increasing feminization of the epidemic, following trends seen on a global level. Hence the gender-based approach adopted in the entire proposal, which was designed to increase awareness of the relationship between cultural gender patterns and the epidemic<sup>4</sup>.

### New Key Actors in the Response to the Epidemic

Prior to the beginning of the project, groups traditionally targeted in HIV actions included men who have sex with men, sex workers, and transgender people. This was in part due to the origin of the epidemic and the concentration of cases. In

addition, because HIV causes health problems, the interventions were concentrated in the health sector.

Looking at HIV from a human rights perspective and implementing public policies for an integrated response involves recognizing it as everyone's problem. Therefore, one of the principal objectives was to promote, develop, and strengthen a multisectoral response including new sectors. Local governments, the labour sector, universities, and the media were key actors in the first phase of the process. During the second phase, the prisons sector was incorporated.

The project also included a strategy to involve people living with HIV to ensure that at all times work was undertaken with a human rights perspective. As a concrete step for reducing stigma and discrimination, the project implementation involved the formation of a multidisciplinary team that included people living with HIV. The inclusion of key populations at higher risk was promoted in the territories, including men who have sex with men, transgender people, and sex workers.

Other strategic sectors, such as health and secondary education, were not considered, since the UNAIDS Division of Labour has assigned such responsibilities to other agencies within the UN system. However, close coordination was maintained throughout the process with the National HIV/AIDS Programme of the Ministry of Public Health.

## Why these Sectors?

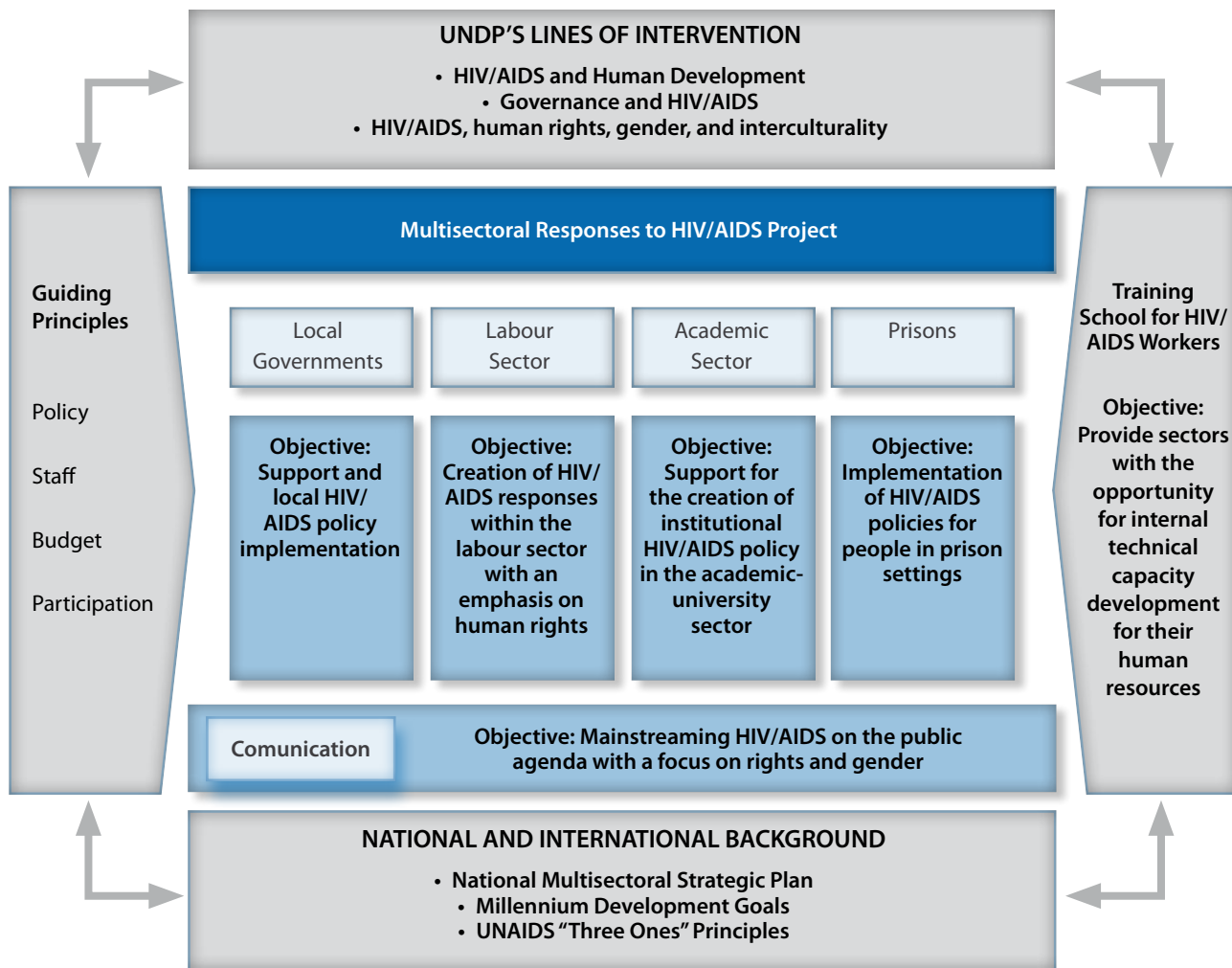
UNDP conceptualizes HIV/AIDS as a problem for human development, and not only as a public health issue. From this perspective, local governments are the authority that is closest to the population. Local governments know the people's needs and problems, are responsible for territorial development plans and can mainstream HIV within their actions.

The labour sector is a crucial concern for people living with HIV. The workplace is one of the major spheres where people living with HIV are discriminated for being considered "dangerous" for the general environment. This is not only a direct violation of their fundamental rights, but also causes a socioeconomic problem for people living with HIV and their families.

Statistics show that new cases of HIV are found primarily among the population between 18 and 35 years of age. In this context, universities have key strategic

audiences that, additionally, will be future professionals. Universities can provide substantial support in the response to the epidemic, incorporating the theme of HIV into the curriculum or research. The violation of people living with HIV's rights within the educational sector is another reason for working in this sector.

Compared to other sectors, prisons are the least intervened by other actors working in HIV, in spite of its several vulnerable elements. The approach attempted to address not only the internal problem of the exercise of rights but also its relationship to external issues, specifically visits, guards, police, and administrative personnel.



## The Pillars

The project aimed to ensure the response included multisectoral synergy, and therefore sought the leadership of institutions and the empowering of beneficiaries in each sector. Similarly, the project needed to ensure sustainability, since UNDP would be leaving at the end of the project period. Capacity building and tools such as methodological and systematization guides and formal and fun learning materials became essential.

A territorialization strategy was applied<sup>5</sup> to the response to ensure proximity and focus effort on most affected areas, as well as to harmonize national and local policies.

Social communication is another pillar of the response due to its capacity to influence existing beliefs and mobilize potential social agents in the prevention that are able to provoke behavioral changes towards the epidemic (social communicators, public officials, authorities, among others). Follow-up of the specific communication needs of the selected sectors is also critical.

The communication strategy promotes HIV prevention and response with a focus on life rather than death. It emphasizes the use of UNAIDS recommendations for appropriate and sensitive language. All actions and products were made with joy and commitment, using color and even humor.

Horizontal relations were established within the team and with counterparts through the analysis of problems and the collective building of solutions.



# The Implementation

## Getting Started

The HIV/AIDS response project helped strengthen the actions of UNAIDS, center of joint United Nations System work on HIV/AIDS. The project also encouraged the development of national policies for responding to the epidemic, especially a new Multisectoral Strategic Plan.

The following are some of the actions undertaken during the first phase and some project milestone:

- Project formulation and search for technical resources and donors.<sup>6</sup>
- An exhaustive description of the state of the national response.
- Research on successful initiatives developed on the national and international levels.
- Identification of stakeholders at different levels, within the framework of UNDP's mandate and the country's needs.
- Prioritization and justification of new sectors based on statistical information.
- With clearer guidelines, raised awareness and sensitivity among stakeholders and planned actions.
- Adaptation and technical validation of the methodology for each component or sector in order to provide as the baseline for the implementation.
- Improvement of the legal framework to guarantee the human rights of people living with HIV/AIDS, in accordance with the Ministry of Labour and with support from the government of the Netherlands.
- In coordination with UNIFEM, incorporation of a gender-based approach in the project. This relationship was crucial for strengthening UNAIDS and the

integration of public policies designed to respond to HIV with a human rights and gender-based focus.

- Together with UNFPA, work on local policies and HIV in the northern border region of the country.
- UNAIDS and the interagency partnership working on HIV was also strengthened by the project's communication strategy, which helped coordinate the axis for massive events, public presence, and training workshops. A permanent working group for communication was comprised of: UNDP, UNIFEM, UNESCO, IOM, UNFPA, UNHCR, UNV (UN Volunteers), and the Office of the High Commissioner for Human Rights.
- Coordination of actions with UNODC and PAHO for the prisons sector.
- Initiated a contract with the municipalities of Quito and Guayaquil for HIV/AIDS mainstreaming into local politics.
- Facilitation of a participatory process to create the National Multisectoral Strategic Plan (2005-May 2007), which was presented to the country by the Minister of Health during a public event.

## From Dreams to Actions

The project was set in motion by a number of activities which were the means to achieve the established objectives. The following items are examined below: a first phase of identification, the implementation actions, steps, and tools developed for each sector.

	Local Governments:	Labour Sector:	Academic Sector (Higher Education):	Prisons
Identification Phase	<ul style="list-style-type: none"> <li>• Designation of a consultant for sector monitoring and planning</li> <li>• Seminar about the role of local governments in dealing with HIV with a presentation of experiences from Rosario (Argentina), Port-of-Spain (Trinidad and Tobago), and Diadema (Brazil).</li> <li>• Establishment of a working group made up of: UNDP, CARE, AME, Plan International, the National AIDS Programme, and the coalition of People Living with HIV (PLHIV).</li> </ul>	<ul style="list-style-type: none"> <li>• Designation of a specialized consultant for monitoring and planning within the sector, who had done a previous assessment with 20 businesses to determine their interest in and knowledge of the issue.</li> <li>• Awareness raising seminar the business sector. Agreement signed by the Ministry of Labour and Employment at the beginning of the process.</li> <li>• Building of a working group: UNDP, CARE, Ministry of Labour and Employment (MTE, acronym in Spanish). (the process involved: union and labour organizations, businesses, social workers, the Council of Education and Training, and the Ecuadoran Social Security Institute.</li> </ul>	<ul style="list-style-type: none"> <li>• Designation of a consultant to begin a pilot project in the Polytechnical School of Litoral (ESPOL, acronym in Spanish). Once the project began, a competition was initiated and CIMUF, a non-governmental organization, was contracted to incorporate the theme of HIV in 5 universities.</li> <li>• Awareness raising seminars for students.</li> <li>• Building of working groups in each university.</li> </ul>	<ul style="list-style-type: none"> <li>• Designation of responsible institutions to carry out the identification of needs within the sector.</li> <li>• International seminar to identify the needs of an HIV response in the prisons sector.</li> <li>• Establishing a working group including UNDP, the Ministry of Justice and Human Rights, the National Director of Prisons, and the National AIDS Programme.</li> <li>• Note: The rehabilitation experience is different from other sectors since there was support from the Ministry of Justice and Human Rights (MJDHH, acronym in Spanish) in defining the institutional policy lines on HIV/AIDS.</li> </ul>

	Local Governments:	Labour Sector:	Academic Sector (Higher Education):	Prisons
<p>Implementation Actions</p>	<p>a) Selecting territories for technical assistance: 20 municipalities according to epidemiological criteria. b) Awareness raising and agreements. c) Assessment: Requires building institutional teams, formal agreements, local assessments, and promoting policies. d) Adapted and validated a methodological guide originally developed for Africa, added national experiences. e) Visits to municipalities and political advocacy through regional awareness raising and training workshops on the methodology, in municipalities along the coasts and in the mountains. f) With voluntary support from the UN, assigned technical staff to the most strategic counterpart areas, the municipalities of Quito and Guayaquil and prefecture provinces. In the case of Manabí province, a permanent consultant was hired. g) A UNV/UNDP consultant was placed within the Association of Municipalities of Ecuador (AME, acronym in Spanish) to strengthen leadership and follow-up from the agency relating to this sector. h) Incorporated the HIV response as part of the political agenda in the municipalities. Training occurred in the school for promoters for responsible institutions.</p>	<p>a) Selection of spaces for technical assistance: Ministry of Labour and businesses. b) Awareness raising and agreements. c) Assessment: requires building institutional teams, formal agreements and policies for the response by the state and businesses. d) Adapted and validated ILO policies for HIV/AIDS and published a methodological guide. e) Began training and sensitization workshops for unions, worker's organizations, businesses, and authorities. Unions have great potential as multiplying agents. f) Worked to solidify a Legal Framework and Labour Rights: enacted a ministerial agreement against discrimination thanks to political will from the associated ministry. g) Agreed on the location of a UNDP consultant within the MTE, to act as a promoter of activities and as part of a team within the ministry. The theme was institutionalized. h) Prevention workshops were undertaken and free tests provided within the Ministry of Labour, actions that strengthened institutional commitment.</p>	<p>a) Site selection for technical assistance: public universities in regions with high prevalence, universities open to work on gender and HIV. During the first two years, worked in Guayaquil, Quito, Manta, Esmeraldas, Ambato, and Riobamba. b) Awareness raising and agreements. c) Assessment: requires work on prevention, research, curriculum, and linkages with the community, with the focuses of human rights, gender, masculinity, and diversity. d) A first methodology of sensitization and training-of-trainers with an emphasis on gender, masculinity, and human rights. e) A seminar on HIV, sociocultural research were carried out, and training for teachers on methodologies and focuses to promote development of studies on sociocultural themes f) The component universities made up the central team of the project, with a consultant assigned for monitoring and planning. g) Six universities joined the process, along with the governing body of the universities: National Council of Higher Education (CONESUP, acronym in Spanish). h) A methodological guide for the sector was created and validated. i) CONESUP institutionalized the process in the higher education system through a resolution.</p>	<p>a) Site selection for a center with high HIV prevalence, to have a diagnostic evaluation of its situation and identify general problems. b) Awareness raising and agreements. c) Assessment: determined there were no prevention, care, or institutional coordination policies. d) Validated the draft policy document with 200 people deprived of their liberty and created the final document: "Policies to Prevent and Care for HIV/AIDS, STIs, and Tuberculosis in Ecuador's Prisons Sector." e) Developed teaching material for sensitization, promotion, and prevention. f) The process was led by the Ministry of Justice and Human Rights with clear political will. g) The process is led by the Ministry of Justice and Human Rights with clear intent for implementing the policy. UNDP contributed technical support. h) To raise the baseline of the HIV situation in centers using voluntary testing, aligned with PAHO and the Ministry of Health.</p>

	<b>Local Governments:</b>	<b>Labour Sector:</b>	<b>Academic Sector (Higher Education):</b>	<b>Prisons</b>
Implementation Actions (Cont.)	<p>i) Promotion of the enactment of municipal ordinances to formalize the HIV responses from local authorities.</p> <p>j) Awarded a prize to municipalities with best local practices on HIV, lead by AME</p>	<p>i) Mainstreamed the theme of HIV in health regulations of businesses. Trained Ministry and business staff in the training school for promoters.</p> <p>j) Awarded a prize to businesses with best practices</p>	<p>ij) Trained faculty, wellness staff, and students designated by the eleven universities for work on HIV with the methodology of the school of training for promoters of the project.</p> <p>k) An international seminar addressed axes, challenges, and policies. Work occurred involving CONESUP, UNFPA, PAHO, WFP, and UNAIDS. Along with national universities, experiences were also shared with representatives from Cuba and Chile.</p>	<p>i) A UNV/UNDP staff was placed within the Directorate of Prisons, entity in charge of the centers that belongs to MJDDHH, to support inter-sectoral coordination and monitoring of the policy to have internal capacity.</p>
Principal Steps:	<ol style="list-style-type: none"> <li>1. Formation of an inter-institutional working group.</li> <li>2. Institutional agreements.</li> <li>3. Assessment of the situation.</li> <li>4. Validation of the methodology.</li> <li>5. Publication of a guide.</li> <li>6. Enacting municipal ordinances.</li> <li>7. Training in a Training School for Promoters.</li> <li>8. Support in planning and monitoring.</li> <li>9. Methodological transfer to the leading institution of the sector (AME) and local governments.</li> <li>10. Promotion of budgetary allocation and multisectoral work</li> </ol>	<ol style="list-style-type: none"> <li>1. Formation of an inter-institutional working group.</li> <li>2. Institutional agreements.</li> <li>3. Assessment of the situation.</li> <li>4. Validation of the methodology.</li> <li>5. Publication of a guide.</li> <li>6. Promotion of a Ministerial Agreement and regulations for businesses.</li> <li>7. Training in the Training School for Promoters.</li> <li>8. Support in planning and monitoring.</li> <li>9. Methodological transfer to the leading institution of the sector (MTE) and businesses.</li> <li>10. Promotion of budgetary allocation and multisectoral work.</li> </ol>	<ol style="list-style-type: none"> <li>1. Formation of an inter-institutional working group.</li> <li>2. Institutional agreements.</li> <li>3. Assessment of the situation.</li> <li>4. Validation of the methodology.</li> <li>5. Publication of a guide.</li> <li>6. Enacting university resolutions.</li> <li>7. Training in the Training School for Promoters.</li> <li>8. Support in planning and monitoring.</li> <li>9. Methodological transfer to the leading institution of the sector (CONESUP)</li> <li>10. Promotion of budgetary allocation and multisectoral work</li> </ol>	<ol style="list-style-type: none"> <li>1. Formation of an inter-institutional working group.</li> <li>2. Institutional agreements.</li> <li>3. Assessment of the situation</li> <li>4. Validation of policies with people deprived of their liberty.</li> <li>5. Publication of Response Policies for HIV, TB, and STIs.</li> <li>6. Development of annual operating plans.</li> <li>7. Training in the Training School for Promoters.</li> <li>8. Support in planning and monitoring.</li> <li>9. Methodological transfer to the institution responsible for the centers (DNRS).</li> <li>10. Promotion of budgetary allocation and multisectoral work</li> </ol>

	Local Governments:	Labour Sector:	Academic Sector (Higher Education):	Prisons
<p>Tools and Strategies</p>	<ul style="list-style-type: none"> <li>• Awareness workshops</li> <li>• Methodological guide.</li> <li>• Awareness brochure.</li> <li>• Municipal Ordering Format-model</li> <li>• Territorial plan for HIV- model</li> <li>• Monitoring and evaluation system</li> <li>• Document of territorialization presented to the Secretary of Planning: this proposal was assumed by the Ministry of Health as a management policy.</li> <li>• Prize for Best Practices in HIV/AIDS to municipalities and prefectures (Qualification, External Certification).</li> <li>• Training for promoters.</li> <li>• Support for December 1 campaigns, a strategy of involvement and motivation.</li> <li>• Virtual platform for knowledge exchange, monitoring, and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness workshops.</li> <li>• Methodological guide.</li> <li>• Awareness brochure.</li> <li>• Regulating the inspection of labour, demanding that all businesses incorporate regulations for HIV and AIDS policies.</li> <li>• Document map for suing for reinstatement of rights in the case of a violation of the right to work or the practice of tests without consent.</li> <li>• Selection and acknowledgement of best practices in the business sector.</li> <li>• Training for promoters.</li> <li>• Support to December 1 campaigns, strategies for involvement and motivation in the MTE and sensitized businesses.</li> <li>• Virtual platform for knowledge exchange, monitoring and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness workshops.</li> <li>• Knowledge fairs.</li> <li>• Permanent impact with authorities.</li> <li>• Diverse teaching material.</li> <li>• Internal competitions with students.</li> <li>• Methodological guide for including the issue of HIV in the academic sector.</li> <li>• University Resolution Model and instruments for the elaboration of institutional plans.</li> <li>• Training for promoters.</li> <li>• Support for December 1 campaigns and promoting prevention activities in official university events and gatherings of faculty and schools.</li> <li>• Seminars on sociocultural research and the role of institutions of higher education.</li> <li>• Virtual platform for knowledge exchange, monitoring, and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Seminar to identify the problem.</li> <li>• Document of policy.</li> <li>• Baseline of the HIV situation in centers of rehabilitation.</li> <li>• Teaching material: cards, flip charts.</li> <li>• Participatory tours.</li> <li>• Awareness workshops and training.</li> <li>• Virtual platform for knowledge exchange, monitoring, and evaluation.</li> </ul>

## Strengthening the Pillars

Communication and capacity development are two essential pillars within the Multisectoral Responses to HIV/AIDS Project. The strategy in these areas includes the following actions:

### Communication

Communication was a cross-cutting axis of the process and defined the thematic approach, prioritizing the generation of public opinion. The first communication milestones were the involvement of businesses and the dissemination of information about the feminization of the epidemic. This opened the door to increased media interest, and allowed HIV to be portrayed as a relevant problem.

#### Implementation actions:

- a) Identification of audiences and strategic alliances.
- b) Definition of a strategy to disseminate messages and key ideas, based on the creation of print, multimedia, and audio-visual products.
- c) Inter-institutional communication strategy.
- d) Training plan for socializing agents: businesspeople, teachers, students, opinion makers, healthcare providers, and public figures
- e) Development of a methodological guide for addressing HIV/AIDS from the Social Communication perspective.

**New Communication Products:**

<p><b>Key ideas for communication products</b></p>	<ul style="list-style-type: none"> <li>• What is HIV/AIDS?</li> <li>• How it is transmitted</li> <li>• How it is prevented</li> <li>• Condom usage</li> <li>• Best practices</li> <li>• Appropriate and adequate language</li> <li>• Who is at risk?</li> <li>• Promotion of human rights, respect, and solidarity for PLHIV</li> <li>• Why has the number of women infected increased?</li> </ul>
<p><b>HIV/AIDS Communication Guide</b> <i>The Importance of Sharing the Same Language</i></p>	<p><b>First Section</b> <i>General Information:</i> HIV and AIDS, the challenge of communication about HIV, methods of transmission, the test, common misconceptions. <i>Language:</i> The power of words, international recommendations on language use, not underestimating the audience, specialized vocabulary.</p> <p><b>Second Section</b> <i>Informative Production:</i> The history of HIV/AIDS message management: Phases <b>Pre-Production</b> <i>General Recommendations:</i> broadcasting language, visual and written language</p> <p><b>Third Section</b> <i>Support for Production:</i> Model interview for PLHIV, December 1 and the red ribbon, suggestions for themes, evolution of the epidemic (milestones). Rights, rules, websites, and contacts.</p>
<p><b>Knowledge sharing tools</b></p>	<ul style="list-style-type: none"> <li>• Awareness workshops</li> <li>• Methodological guides</li> <li>• Website</li> <li>• Monthly newsletter, "Speaking Clearly"</li> <li>• Published articles</li> </ul>

## Capacity Development

Capacity Development is crucial to achieve sustainable actions and for the implementation of achieved policies. The question is how to accomplish these goals. The answer was: methodological transfer and institutional capacity development.

The whole process was based on continual methodological transfer, such as the creation and validation of methodological guides. Given the need for improved institutional capacity building, the “Training School for Promoters” was created, in alliance with the Ecuadoran Coalition of People Living with HIV.

### The Star of Sustainability: “Training School for Promoters”

To address the initial lack of people who could run HIV/AIDS workshops, UNDP worked with the Municipality of Quito on training facilitators on HIV. Once the project was initiated, the high demand for prevention and awareness workshops in municipalities, private businesses, schools, universities, etc., revealed the need for comprehensive training and a proposal was developed.

#### Implementation Actions:

- a) UNDP’s team decided to create a formal training process to develop capacity in methodological programme management and content.
- b) Gathering of training materials on HIV/AIDS prevention: purchases and production.
- c) Methodology analysis and redefinition of the focus to ensure thorough learning: from a methodology emphasizing shock and catharsis to one emphasizing positive involvement and reflective processes.
- d) Agreement with the Ecuadoran Coalition of People Living with HIV for joint development of the process.
- e) Development of a basic curriculum..
- f) 15 schools were created that trained more than 450 promoters, among them PLHIV.
- g) Methodological transfer to the Ecuadoran Coalition of PLHIV who were left in charge of monitoring and facilitation.
- h) Streamlining and publication of the training school experience.

## Training School for Promoters The Crucial Pillar of the Process

<b>Methodology</b>	<ul style="list-style-type: none"> <li>• Each school consists of a three-module course. Two modules of three days each, including practice and programme planning, among others; and a third module lasting one day, for closing and evaluation. This process lasts six months.</li> <li>• A “training kit” was delivered to each participant institution.</li> <li>• Schools were established around advocacy sectors. Conduction of a candidate selection process and formalization of institutional commitments. People living with HIV participated in each school as facilitators and promoters-in-training.</li> <li>• The promoters learned how to program schedules, prepare workshops, establish the teaching methodology, manage the discussions, voice control, dynamics, and pedagogy, along with content about HIV, gender, and human rights.</li> </ul>
<b>Factors for Success</b>	<ul style="list-style-type: none"> <li>• Learn, replicate, and expand upon what was learned. Highly interactive methodologies, dynamics, personalizing significant lessons.</li> <li>• Incentivize participation by awarding a diploma.</li> <li>• Democratizing knowledge and strengthening facilitation ability for HIV/AIDS and related programmes.</li> <li>• Enjoyment and play are some of the basic principles of learning; however, process and completion are necessary.</li> <li>• Make programming homework and replicas mandatory.</li> <li>• The programming methodology is specific for each sector. A standard format is adjusted according to the sector.</li> <li>• Institutional agreements are need to ensure the support to participants.</li> </ul>
<b>Tools to Share</b>	<ul style="list-style-type: none"> <li>• “Training kit”, with interesting collections of materials for promoters.             <ul style="list-style-type: none"> <li>· Print and audiovisual material</li> <li>· Specialized PowerPoint presentations</li> <li>· Flipchart</li> <li>· Condoms</li> <li>· Dildos</li> </ul> </li> <li>• Systematization of the school in terms of methodology and experience.</li> </ul>

## Achievements

- At the end of 2009, UNAIDS had a technical coordinator in the country and established recognized leadership among other public and private organizations. UNAIDS also developed joint actions among agencies of the United Nations system.
- Reformulated and strengthened implementation of the new National Multisectoral Strategic Plan using lessons learned and multisectoral actions.
- Promoted multisectoral action and established strategic partnerships with other

cooperation agencies like the Spanish Agency for International Development (AECID, acronym in Spanish), CARE/Global Fund, the Belgium Cooperation, the Cooperation of the Netherlands, and public and private agencies on the national level to expand the response to HIV/AIDS.

**The project contributed to developing and strengthening public policies on HIV. This was reflected in the signing of ministerial agreements in Labour and Education; a comprehensive policy for the prisons sector; municipal ordinances for the response of local governments to HIV; resolutions in the academic sector; and the inclusion of HIV in the Republic's new Constitution. All of the standards focused on guaranteeing rights, and in promoting prevention activities.**

## Results in Numbers

- 5 sectors strengthened with policies, trained staff, and strategic partnerships: local governments, universities, the labour sector, the rehabilitation sector, and PLHIV.
- 61 local governments with diverse actions in the response to HIV/AIDS: 20 cantonal committees, 2 provincial committees, 24 ordinances, budget allocations in 16 local governments. The initial goal was to get allocations in 10 municipalities.
- 11 trained universities with projects on HIV. The initial goal was 4 universities. The National Council of Higher Education led HIV policies in this sector.
- 300 trained businesses, 60 with HIV plans, 122 businesses in Guayaquil and Quito participating in events related to the labour sector and HIV. The initial goal was 10 businesses. The Ministry of Labour led policy application in this sector.
- Ecuadoran Coalition of People Living with HIV- CEPVVS (acronym in Spanish)- trained in HIV with 70 promoters acting in every project component. A high degree of empowering and leadership in the response.
- 450 trained promoters.
- 100,000 people reached with prevention messages.
- 120,000 young people reached using new strategies.
- 250,000 communication products distributed.
- Positioning of the issue and situation of HIV/AIDS in the country through alliances with 12 daily newspapers, 4 television channels, 4 nationally-distributed magazines, a website, and numerous newsletters and articles distributed electronically. The goal was more than 100% accomplished.
- A publication on gender and HIV.
- Construction of a virtual platform for knowledge sharing and interaction among sectors.





## Lessons Learned and Recommendations

- Define objectives to be achieved in each sector in the national political framework and UNDP and UNAIDS guidelines.
- Define indicators and benchmarks. In the case of this project, it was based on the “4 P’s” (because of the initials in Spanish): policy development, stakeholder participation, staff dedication, and budgetary allocation within the institution.
- It is important to have, from the start, a good analysis of: needs in the country, strategic sectors not participating in the national response, and state counterparts engaged in the work of the target sector.
- Have human resources accompanying the process.
- Build capacities and knowledge. Develop manuals, guides, and formats that bring attention to the work.
- Build joint monitoring and evaluation mechanisms.
- It is necessary to think about transferability, sustainability, and the generation of public policies from the start of the project.
- The process should be participatory and democratic.
- Break with the medical-healthcare and epidemiological focus, demonstrating the need to work with other sectors, from a development perspective.
- All processes should be supported with communication. It is key to develop communication products to help and facilitate processes.
- Actively involve priority sectors depending on the type of epidemic in each country.
- Provide medium-term financial resources since the HIV/AIDS response needs processes to achieve institutionalization and subsequent long-term investments.
- Promote public recognition and apply strategies like awarding work completed.
- Be consistently accountable.
- Build working groups in each sector on the national level; this should never been an intervention from UNDP alone. UNDP should have the role of facilitating processes.





## Challenges

- The constant search for strategies to get HIV integrated in the national policy agenda and within the population in general.
- Connecting the HIV response with national policies, still in process. It is necessary to strengthen the policy governing body, in this case the Ministry of Public Health.
- Work together with and speak with counterparts continually.
- Achieve prioritization of HIV, including within the United Nations System, and seek that this translates into UNDP's budget.
- Given the type of epidemic in Ecuador, it is important to ensure territorial balance and integrate initiatives for the most vulnerable populations.
- The big challenge is universal access to condoms.
- Develop instruments and research to measure results and impacts.
- Optimize the few (although high quality) resources available.
- Emphasize the focus on gender. There is a lot of cultural resistance to this.
- Strengthen governance. Some stakeholders in the HIV/AIDS response do not consider this to be necessary and prefer direct activism with key populations at higher risk or vulnerability.
- Achieve sustainable actions in spite of institutional instability, particularly in government.

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1. UNAIDS, 2008 Report – [www.unaids.org](http://www.unaids.org)

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2. 2009 Projections- [www.unaids.org](http://www.unaids.org)

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3. Source: National AIDS Programme, Ministry of Public Health of Ecuador, ppt Rates, August 2009.

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4. Gender is understood not only as working with women, but also as identifying risks and vulnerabilities for men, especially men who have sex with me.

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5. Territorialization is understood as the technical-programmatic process of efficiently and effectively bringing public policies, protocols, and national HIV/AIDS projects to specific distinct territories.

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6. A 3-year direct execution project was agreed and funded by the Spanish Agency for International Cooperation-AECID. It was administered by UNDP. Support from the UN Volunteer office was fundamental for they contributed interns and international volunteers for the technical work.

## sources