Another way to learn...

Case Studies
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Case Studies
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ALN</td>
<td>Adult Learning Network</td>
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<tr>
<td>CAS</td>
<td>Centre for Advanced Studies</td>
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<tr>
<td>DFID</td>
<td>Department for International Development (U.K.)</td>
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<td>EC</td>
<td>European Commission</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT</td>
<td>Information and Communication Technologies</td>
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<tr>
<td>IDU(s)</td>
<td>Injecting Drug User(s)</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>IIIZ-DVV</td>
<td>Institute for International Cooperation of the German Adult Education Association</td>
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<tr>
<td>IPTT</td>
<td>Ishara Puppet Theatre Trust</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>NAA</td>
<td>National AIDS Authority</td>
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<td>NGO(s)</td>
<td>Non-Governmental Organization(s)</td>
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<td>PCW</td>
<td>Pinelands Creative Workshop</td>
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<tr>
<td>PKAA</td>
<td>Practice, Knowledge, Attitude, Aptitude</td>
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<tr>
<td>PLHIV</td>
<td>People/persons Living with HIV</td>
</tr>
<tr>
<td>REDOVIH</td>
<td>Red Dominicana de Personas que Viven con VIH/SIDA</td>
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<tr>
<td>RFJ</td>
<td>Richmond Fellowship - Jamaica</td>
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<tr>
<td>SBT</td>
<td>Salaam Baalak Trust</td>
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<tr>
<td>SDLIC</td>
<td>Sustainable Development in Low Income Communities</td>
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<tr>
<td>STI(s)</td>
<td>Sexually Transmitted Infection(s)</td>
</tr>
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<td>TTRCRF</td>
<td>TT Ranganathan Clinical Research Foundation</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UYDEL</td>
<td>Uganda Youth Development Link</td>
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<tr>
<td>VC(C)T</td>
<td>Voluntary (and Confidential) Counselling and Testing</td>
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<tr>
<td>WFP</td>
<td>United Nations World Food Programme</td>
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Acknowledgements

The development of this publication was under the leadership of UNESCO’s Division for Basic Education and UNESCO’s Division for the Coordination of UN Priorities in Education, Section on HIV and AIDS. The overall programme was conceived, managed and supervised by Mehboob Dada, Programme Coordinator.

In the first instance, UNESCO wishes to express its deepest gratitude to NGO project partners, for their continued commitment and the tremendous energy deployed to make these projects happen, without whose help the interventions presented in this document would not have been possible. In particular we wish to acknowledge and thank: Cédric Jancloes and Chheng Kosal (Action IEC - Cambodia), Jean-Christophe Sidoit, Khoun Det, Sophie Jadin and Jean-Philippe Monteiro (Phare Ponleu Selpak - Cambodia), Mann Kosal, Delphine Kassem and Agathe Batcabe-Lacoste (Sovanna Phum Art Association - Cambodia), Shanthi Ranganathan (TT Ranganathan Clinical Research Foundation - India), Dadi Pudumjee and Sanjoy Roy (Ishara Puppet Theatre Trust and Salaam Balaak Trust - India), Rodney Grant and Sophia Greaves (Pinelands Creative Workshop - Barbados), Howard Gough (Richmond Fellowship - Jamaica), Joseph Meharris (The Centre of Hope - Trinidad and Tobago), Maria Blanco and Estíbaliz Ladrón de Guevara (Niños del Camino - Dominican Republic), Dulce Almonte (Red Dominicana de Personas que Viven con VIH/SIDA (REDOVIH) - Dominican Republic), Susanna Fergusson and Carla Sanabria (PROCREAR - Colombia), Raquel Barros and Marta Volpi (Lua Nova - Brazil), Elisa De Oliveira, José Carlos de Freitas Spinola, Cido Martins and Claudia Soares (Reciclazaro - Brazil), Joaquin del Bosque and Martin Juarez (Hogar Integral De Juventud, Mexico), Orlando Navarro (Humanitas, Costa Rica), Rogers Kasirye and Paul Bukuluki (Uganda Youth Development Link and Makerere University - Uganda), Farrel Hunter and Yasmina Pandy (Adult Learning Network - South Africa). UNESCO would also like to thank the many CBOs that have cooperated with project partners at the local level, such as: Mith Samlanh/Friends in Cambodia, the Stella Maris Foundation in Jamaica, LigaSida in Colombia, @Heart in South Africa, Hogar Crea in Dominican Republic, and Rebirth House in Trinidad and Tobago.

Special thanks equally to Janie Wilson, Joanna Goodrich and Rhiannon Barker for their contributions as well as to Efrem Milanese and Dorothea Schreck (Caritas International - Germany), who have been of enormous support to the projects, notably in Latin America, as well as to George Bigden and Kevin Tallon from The Design Laboratory @ The Innovation Centre, for assistance in documenting the various projects. UNESCO also wishes to thank Sajidah Ahmad for her editorial role in finalizing this document.

UNESCO also wishes to thank, in particular, Carolina Cano and Matthias Lansard for their valuable contributions and comments during the preparation of this publication, as well as other colleagues of UNESCO Education Sector, at Headquarters and at field offices responsible for the various countries concerned, who reviewed various drafts and provided their continued support to the successful implementation of these projects. In addition, the project team wishes to acknowledge the valuable assistance of Rhiannon Barker who helped the projects and the team in support of the research and evaluation of these programmes.

Finally, UNESCO acknowledges and thanks the European Commission and UNAIDS for the financial support they have been providing to UNESCO, which was essential to the development of the programmes presented within this document.
Programme Overview

Another way to learn...

Alternative educational experiences that enable participants to attain sustainable livelihoods and reduce vulnerability.

There are too many people who are impacted by poverty, poor housing, stigma and discrimination, unemployment, and ill health. This is a vicious cycle that hinders people from things that most of us take for granted. Education and public services have not worked well for the marginalized and disadvantaged, who in turn do not always have the means to challenge the quality of education or provision they are offered. Some of these groups are:

- People living with HIV and AIDS
- People who are using drugs, and injecting drug users (IDUs)
- Adolescents with many needs
- Those excluded because of age, disability or ill health
- People with low levels of literacy: individuals who experience public services as an obstacle course of hard-to-read leaflets, letters and forms

These groups are diverse and contain many people who may not be disadvantaged but may well have poorer life chances than the general population. The life chances of these groups, measured by socio-economic indicators such as income, employment rates, housing and qualifications – are relatively poor. This context makes many vulnerable to drug misuse and HIV. Regrettably in many countries decision makers continue to favour vertical and repressive measures against drug users, continuing to fear harm reduction as contributing to drug use, though this is evidently not the case.

The purpose of this publication is to share UNESCO’s experience and our thinking behind a number of projects that have sought to address the needs of some of the disadvantaged and in particular those impacted by drug misuse. The experience of these projects demonstrates key factors that impinge progress towards social inclusion:

- Homelessness
- Unemployment
- Discrimination and stigma
- Low levels of education
- Health inequalities
- Crime and violence

Partnerships, the promotion of evidence-based practices, communication and advocacy are as vital as financial autonomy in resolving some of the disadvantages that poor and marginalized populations experience. The general principals that underpin good practice in these projects include:

- Ensuring access to basic education through Non-Formal Education, particularly to those who have failed to access formal education.
- Providing easy-to-understand information ensuring access to all.
- Understanding the needs of the beneficiaries and working with them to get effective results and assure responsiveness.
- Undertaking a holistic development approach to responding to drug misuse as well as HIV and AIDS using innovative practices and ensuring the inseparability of prevention, treatment, care and support.
- Outreach and peer education as a mechanism for complementing or providing alternatives to text-based approaches.

From a human rights perspective it is important to address the needs of those with drug misuse problems as they are often unable to exercise their rights to health and education. It is clear that without access to appropriate information and treatment, those misusing drugs continue to be vulnerable and may therefore not be viewed as benefiting fully from basic human rights. While it is critical to focus on political freedoms and universal rights, the priority should also be on improving living standards and independence. The superiority of this approach has been proved by the success in lifting many out of poverty. A wide range of practices and experiences of the beneficiaries and service providers is presented within this report. Clearly there is much to be done and a test of a fair society is whether the most vulnerable can prosper and overcome their vulnerability.
UNESCO as a UNAIDS co-sponsor is mandated to develop and implement comprehensive Education Sector responses to HIV and AIDS. These include:

- Preventing the spread of HIV through education by developing knowledge and personal skills essential for the prevention of HIV infection.
- Building the capacity of individuals, families, communities and nations to overcome the impact of HIV and AIDS.

Over the last three years UNESCO has identified and supported a programme of exciting projects that work with vulnerable communities employing a range of innovative and creative techniques. The programme aims to improve literacy rates, increase access to sustainable livelihoods and in doing so raise awareness about drug misuse and HIV and AIDS. Incorporating the UN Millennium Development Goals, the UN Literacy Decade objectives and the UNESCO-led Global Initiative on Education and HIV & AIDS (EDUCAIDS), the programme uses methods that are not part of traditional formal education. The projects have sought to raise awareness of important issues through a holistic community-based approach, which aim to improve quality of life.

The projects, based in the Caribbean, Africa, Asia and Latin America, were developed after undertaking an assessment on ‘drug demand reduction’ programmes and using the insight gained to identify the most effective practices. The initial findings of this overview suggested that educating young people about drugs is relatively straightforward. The problems lie in reducing the harm that comes from being exposed to drugs when we take into account the social and economic environment in which young vulnerable people live. Factors such as poverty, unemployment, poor housing, low self-esteem all increase the vulnerability of young people making them more susceptible to risky and potentially harmful behaviours. For these reasons ‘single issue’ projects which focus on education about drugs and drug misuse were considered less effective and the decision was made to explore the development of more holistic approaches that cover broader ground and deal with a wider range of socio-economic issues.

All of the projects described in this report are rooted in the principle that education will not succeed unless it takes into account individual needs and priorities. Each project utilizes very different techniques to produce change, but most of them include some, or all of the following elements:

- **The alleviation of poverty** through building sustainable livelihoods that generate an income. This happens through the provision of training and advice to project beneficiaries. They are also offered apprenticeships so that they can learn a trade and their employers can also become involved in the project's aims and objectives, which include HIV prevention and education on drug misuse. For example in Uganda marginalized and vulnerable youth are placed with artisans and trained in various useful and locally marketable skills, including for instance hairdressing and car mechanic training. In some projects self-help schemes have also been established, providing access to micro-credit, creating jobs and skills for future employment. For example, the Pinelands Creative Workshop (PCW) in Barbados provides micro-credit schemes for women to help with the establishment of small businesses, as well as training in cooking, carpentry and as local market entrepreneurs. With PROCREAR a community outreach project in Colombia, five micro-businesses have been established and the products from the bakery and handicraft classes are sold to the local community, thus providing an income for the individuals involved.

- **Social inclusion**. Homelessness, unemployment, discrimination and stigma, lack of access to individual support and health care services, as well as low levels of education, are among factors that impede marginalized youth to participate positively in communities’ lives and that expose them to social pressures rather
than receiving the support they need and ask for. The projects thus seek to address a number of issues so as to ultimately create a supportive environment to nurture empowerment and the concepts of equity, care and support more generally. In this respect, the projects are all working towards the same objective of social inclusion, sometimes with the provision of simple services that mean a lot towards achieving social inclusion in a sustainable manner. In Uganda for instance, the project has partnered with World Food Programme (WFP) to provide food rations to apprentices, thereby contributing to their basic food security, essential for learning and experimenting with practical knowledge and skills. In the Dominican Republic, people living with HIV and AIDS undertake theatre prevention performances that allow them to have an income, build various skills, and contribute to addressing discrimination and stigma within their own communities. In India, street children who used to live in a residential drop-in centre now raise an income though undertaking puppet theatre prevention shows and can now afford decent housing for themselves.

- **Building life skills including self-esteem.** Empowering communities to enable them to help themselves is important in supporting people escape the vicious cycle of ill health and poverty. One example of this is the Humanitas project in San José, Costa Rica, that works with men and women living with HIV and AIDS. It provides both practical skills, such as training in animal husbandry, tailoring, arts and crafts, as well as support in the form of self-help groups and counselling services. Health care is also provided to those that are refused access to the country’s healthcare system because of their HIV status. Income-generating activities as well as artistic or other recreational activities, such as self-support groups and participatory peer education, prove to be efficient in building self-esteem and creativity, and serve as part of the therapeutic process for recovering drug users and as entry points for engaging in other activities afterwards, such as basic education.

- **Building literacy/numeracy skills.** People with low levels of literacy experience education and health services as an obstacle course of hard to read leaflets, letters and forms. They also lead to costs in terms of lower productivity and increased burdens on the state. Disadvantage decreases in line with low levels of literacy. Lua Nova, Brazil, provides many initiatives including access to basic courses in reading, writing and numeracy. These skills are considered a prerequisite to starting up a successful small business.

- **HIV and AIDS education and prevention** is integrated into projects in a holistic way. Similarly drugs education is integral to most projects. By providing skills for earning a livelihood the project beneficiaries are given an alternative to drug misuse and drug dealing and so some hope for the future. For example, A Road Movie for Mobile Youth, developed by Action IEC in Cambodia, interweaves a dramatic storyline with a number of topical issues such as sexually transmitted infections (STIs), including HIV and AIDS, as well as issues relating to drug misuse and human trafficking. The projects create various entry points for addressing HIV and AIDS and drugs education, for instance through participatory workshops or outreach activities targeting key and hard-to-reach populations. The projects have also encouraged peer education approaches promoting HIV voluntary (and confidential) counselling and testing (VCCT), as well as safe behaviours (including condom use, use of clean needles and syringes among those who inject drugs, while also preventing the shift from non-injecting to injecting drug use among drug users). The initiatives also refer those who ask for help to appropriate medical-social treatment, support and care service providers. Furthermore, the projects address specific socio-cultural factors and determinants of vulnerability, including discrimination and stigma, and widen the scope of HIV prevention to other STIs.

- **Accessibility.** People facing disadvantage are less likely to benefit from policies. In most cases they do not access services as much as others do and in many cases are less likely to gain from them. Addressing this was a key feature of the projects and often included working with people where they are, be it on the street, community centres, markets, railway platforms etc. It is hoped that this will enable the projects to reach communities that are particularly marginalized and excluded. For example Phare Ponleu Selpak in Battambang, Cambodia perform their plays on trains or in stations along a long distance railway route. In Cambodia again, Sovanna Phum takes prevention
shows to rural communities through a mobile road show. It is similarly important to take into account the timing barriers for engaging with street youth especially in training and education schemes, arranging for flexibility and duration that can be adapted to the circumstances that people are in. Equally the place where training and activities occurs must be physically accessible, so that distances must be reduced as much as possible (ideally in the locations where people live, or else transportation facilities must be arranged free of cost for the beneficiaries).

- **Theatre** is used as an effective communication tool on audiences whose literacy levels may not be very high. Visual images help make the message conveyed accessible to everyone, especially where theatre is also able to tap into a powerful cultural tradition. For example, the Sovanna Phum Art Association in Cambodia (below) tours the country with a traditional puppet theatre that conveys educational messages about drug misuse and HIV and AIDS.

- **Joined up thinking: Networking.** An individual’s level of education impacts their employability, their access to health services and health education and so impacts on the quality of their lives. The need for effective networking and coordination of services is well-accepted, but there is still much more to be done on all our parts, including having a shared agenda with development partners. Marginalized and disadvantaged populations are likely to have many needs and addressing only one issue can be ineffective.

- **Participatory evaluation techniques.** Project beneficiaries are central to the monitoring and evaluation process. Ongoing consultation and feedback from the beneficiaries is sought throughout the project’s cycle. For example, The Ishara Puppet Theatre Trust in India trains the puppeteers to talk to audiences after each show, thus gathering feedback and information relating to how well different messages have been received and understood.

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**Getting straight to the point**  
(Phare Ponleu Selpak, Cambodia)

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**Bringing theatre to the train**  
(Phare Ponleu Selpak, Cambodia)
Programme Objectives

The projects were built on collaborative partnerships between UNESCO, the European Commission, Caritas International and UNAIDS. The objectives were to:

a) Identify and review lessons learned that contributed to the development of education and practices which helped prevent HIV and drug misuse in Asia, Africa, Latin America and the Caribbean.

b) Support NGOs in Asia, Africa, Latin America and the Caribbean to develop non-formal education interventions that are aimed at specific target groups to reduce the harm related to drug misuse, as well as HIV and AIDS.

c) Facilitate capacity building including the operational capacity of the NGOs through information exchange, networking, training, technical assistance and the promotion of south-to-south multi-agency and inter-regional cooperation. It also enhanced the operational capacities of the NGOs.

d) Build skills and capacity in monitoring and evaluation processes.

The Holistic Vision

By shifting the focus to hope and aspiration, looking at the opportunity inherent in each problem and tackling root causes, not just problem-solving, there is an opportunity to help alleviate poverty, promote social inclusion and develop sustainable livelihoods. The diagram below illustrates how non-formal education, particularly around drugs and HIV, is part of a much broader development programme.

Information about harm reduction and health education runs alongside life skills and self esteem development classes, basic education, literacy/numeralcy and livelihoods training. What the projects aimed to do is develop new formats of communication that move beyond the traditional methods of raising awareness about drugs and HIV.

Many of the projects work towards increasing the skills and self confidence of individuals so as to empower them to move out of the cycle of poverty and dangerous behaviours. Although each project has its own specifics and implementation modalities (a puppet show in Cambodia, a youth club in Jamaica, a micro-credit system and entrepreneurship development programme in Barbados), they come together to form an overall matrix of pioneering sustainable development projects.
Sustainable Development

UNESCO’s international status and numerous connections enable it to provide valuable networking opportunities. There is a focus on building links between partner organizations, local government, universities and other organizations working with similar target groups. This builds on UNESCO’s mandate of developing human and social capital. The broad coverage of drugs issues also contributes towards fulfilling key objectives of the European Union’s Strategy on Drugs and the United Nations Decade of Education for Sustainable Development to:

- Identify the contribution that prevention and education can make towards achieving demand reduction
- Cooperate through initiatives aimed at sharing the most effective practices to combat social exclusion
- Help reduce the prevalence of illicit drug misuse, as well as new recruitment to drug misuse, particularly among young people, whilst contributing to a reduction of the incidences of drug-related health damage (including HIV, hepatitis B and C, Tuberculosis, etc.) and the number of drug-related deaths
- Encourage alternative and sustainable ways of generating incomes which respect the environment and enhance local community welfare.

Capacity Building

The need to build institutional capacity and to develop opportunities for inter-agency mentoring and collaboration were key recommendations from the UNESCO assessment and have thus been an important theme for the current programme. For example, the three projects in Cambodia, while delivering successfully on their own objectives, will also become members of a network that is being developed by Mith Samlan, a well-established NGO that works with street children in Phnom Penh in partnership with the Department of Health.

Some of the partner organizations have already made significant new links with government and other funders, seeking additional support so they can add value to help them realize the full potential of their projects. For example Action IEC in Cambodia has successfully gained matched funding from DFID, ADB and the National AIDS Programme which will support five mobile shows. Other organizations have been developing partnerships with government departments and other NGOs to ensure their projects are supported, integrated and well informed. Critically, organizations have also developed actions that lead to sustainability of the project beyond the life of the funded intervention. Richmond Fellowship in Jamaica have established a computer lab, PROCRESS in Colombia have developed a skills training manual and the Ishara Puppet Theatre Trust in New Delhi have trained young men in drama and puppetry. These are all skills which generate an income for the participants and the organization involved.

To promote the sharing of good practices and forming alliances UNESCO has wherever possible:

- Passed on information between different projects.
- Networking with service providers, NGO’s, Government and Universities.
- Linked projects with others for support, consultancy and capacity building.
- Encouraged organizations to work together on delivering results, thereby adding value through collaboration.

Current Challenges and Key Issues

- How do we provide effective education and support to those with most acute needs?
- How do the projects continue to work towards sustainability?
- How do local people continue the work once national/international funding has been withdrawn?
- How do communities achieve control in their lives while overcome behavioural risks?
- How do we facilitate participatory evaluation, where project participants take on an active role in assessing the outcome and impact of interventions?

This short report aims to share some of the learning UNESCO and the individual projects have gained from the work done, as well as some of the pride and excitement felt in the huge achievements that have been made. We hope that it will provide inspiration to community projects embarking on this type of work as well as potential funders.
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Reducing Vulnerability to Attain Sustainable Livelihoods
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EMPOWERING RURAL COMMUNITIES AFFECTED BY HIV AND AIDS: EDUCATION FOR BETTER LIVELIHOODS
ADULT LEARNING NETWORK (ALN)
WESTERN CAPE, SOUTH AFRICA

Why here?
Many adult South Africans are functionally illiterate, which means they lack the knowledge and skills to participate effectively in the social and economic development of South Africa. The country is also one of the worst affected by HIV and AIDS in the world, with an adult prevalence rate of about 19% and nearly 6 million people living with HIV. The rural areas are hit hardest by this pandemic and Stellenbosch in the Boland District of the Western Cape Province is no exception. The Stellenbosch area is characterized by seasonal work, meaning that farm workers and their families are unemployed for a large part of the year. This places generally poorly-skilled community members and particularly women, in a difficult position to tackle socio-economic problems and increases their vulnerability to HIV and AIDS.

Making a difference
The Adult Learning Network (ALN) was established by merging several provincial networks and leading NGOs in the fields of adult basic education, skills learning and the development sector. ALN is dedicated to supporting underprivileged individuals and communities by the provision of education programmes aimed at developing a range of functional skills to improve the quality of life. Increasingly confronted by the challenges and impact of HIV and AIDS on learners, ALN has expanded its work to include HIV and AIDS awareness and education into all adult education programmes. In addition, ALN has received official accreditation for implementing short skills programmes for learners to acquire qualifications in the fields of primary health care and HIV and AIDS.

These programmes provide services for people infected and affected by HIV and AIDS and create further learning and occupational opportunities for selected beneficiaries.

The project is a particular example of an adult basic education programme which includes training elements and ongoing services in the areas of business skills development (including agriculture and other occupations), life-orientation related services, as well as HIV and AIDS education and awareness in rural environments. These activities are primarily targeted at infected and affected women and youth, but are also of benefit to the wider rural community.

ALN collaborated with 9 partners on this project who all made a significant contribution to the development and overall success of the initiative. At the outset, the ‘Municipality of Stellenbosch’ was approached, which is the local government organization that is responsible for ensuring service delivery within the communities. This also enabled other local authorities to participate in the project. As such, the project reached out to other communities and also sought additional...
support in the form of free water use rights and access to land where beneficiaries could farm for free. The Municipality supported the project and facilitated further discussions, notably with the:

- **Department of Agriculture** and the **Department of Health**, who both offered their technical assistance to the project.

- **Primary School** based on the Klapmuts project site, which made some land available for farming and other infrastructures (such as training venues and sewing machines for income-generation) available for the project for an indefinite period.

- **Klapmuts Feeding and Development (KFD) Project** which used to be a community-based and community-led initiative that is no longer operational, but had aimed at developing farming skills and food gardens in the community. ALN assisted this group to establish a legal identity and set up as a non-profitable structure so that it could implement the project and develop other education activities within it in a sustainable way on its old project site in Klapmuts. The community structure has been registered with the Department of Social Development under a new name: ‘People in Need’ association.

The project also partnered with @ Heart, an NGO providing training in HIV and AIDS, support services to people living with HIV and AIDS, as well as counselling and testing services for the general public in Stellenbosch. @ Heart adapted the training sessions and awareness raising activities the dominant local languages on two project sites identified as particularly underprivileged and exposed to HIV and AIDS: Klapmuts and Lynedoch.

On the project site of Lynedoch, the project worked with the **Stellenbosch Small Farms Holding Trust**, a non-profit making trust organization that was formed by 20 disadvantaged farmers. The Trust holds a long-term lease (forty years still remain on the agreement) and has access to four years of free water. The organization provided a piece of land where learners could learn and practice organic farming skills and provided participants with free access to farming equipment.

**Communities** are naturally the main partners as they are the principal beneficiaries of the project. An initial meeting was organized on the two project sites to inform the population about the proposed initiative, create community ownership and get assistance for the recruitment of learners for the vocational training part of the project. This was done through a referral process.

Actions were also undertaken to specifically encourage those people who were infected and affected by HIV and AIDS to participate in the project. The local Department of Health made special announcements among patients and families visiting clinics, health centres and local support groups for people living with HIV and their families encouraging them to enrol in the project.

Through these various arrangements, the project aimed to realize four specific objectives:

- To train rural people in agriculture, life-orientation and business skills to facilitate vocational opportunities and job placements.

- To raise awareness among rural communities and integrate HIV and AIDS care and development skills into the daily routines of their lives.

- To facilitate communities’ access to land for farming and secure access to water rights and usage.

- To ensure access to basic education programmes.

The project was based on a learner-centred participatory approach. Each component of the project consisted of both theoretical and practical aspects, including a variety of activities that encouraged creativity, teamwork and playful understanding, but also required participants to do some ‘homework’ after each working session. This included, for example, maintaining individual food gardens, assisting community members with starting up food gardens, producing vegetables on the land provided by partners, or starting a business in their community. Participants were also required to take part in community surveys, as well as in peer education and awareness workshops. As far as basic education sessions were concerned, participants with similar literacy levels were grouped together to ensure that some learning took place and to help boost the confidence of learners with lower literacy levels. Learners were also involved in the assessment of the performances of their peers as a way to promote a sense of responsibility among participants with very low self-esteem.

**Achievements**

The project has impacted positively on the lives of hundreds of people in the two rural project sites
in Stellenbosch. About 40 beneficiaries now have access to a piece of land to farm with free water usage rights and have received appropriate training in business development, organic farming and basic literacy. Several small businesses have also been established in the communities, sometimes with a little seed money which has created opportunities for community members, especially women, to have an alternative income. In addition about 50 food gardens have been planted with the assistance of those who participated in the training programme on organic farming. This ensures there is always enough food to eat in the community.

Links have been enhanced with health service providers and facilities including two support groups for people living with HIV and AIDS and their families. At workshops on life orientation and HIV prevention, 19 people disclosed their HIV status and were referred to appropriate health centres and support groups. A legal non-profit organization was also established in Klapmuts to sustain community-based activities. ALN held several training sessions for members to add to their knowledge in management, research, ICTs and project development.

20 beneficiaries have also developed specific research skills by being involved in community surveys and the data analysis (including household visits and interviews) under the guidance and supervision of ALN. There were HIV and AIDS awareness workshops organized within the community to inform the content of subsequent workshops and assess their impact. The same questionnaire was used for both the baseline study and the evaluation to identify peoples' knowledge and attitudes about HIV and AIDS. A total of 300 people were interviewed and then divided into 6 groups of 50. Each group was invited to attend an education and awareness workshop that was delivered with the participation of previous project beneficiaries and followed by test interviews. Questionnaires covered 5 areas:

(i) Knowledge about modes of HIV infection;
(ii) Assumptions, myths and stigma;
(iii) Attitudes towards people living with HIV and AIDS;
(iv) Potential risks of exposure, and;
(v) Rights of people living with HIV and AIDS.

The HIV awareness workshops showed positive results with a significant increase in awareness notably regarding gender equality, myths, stigma and discrimination, as well as human rights. Although many participants found it difficult to talk openly about sensitive issues related to reproductive health and sexuality, the group discussion work helped them to overcome their discomfort.

Most of the participants indicated that they benefited from the Project by gaining skills to make a difference in their own lives as well as in the lives of others, through for example, food gardens, community surveys and peer education. They indicated that the community survey, and in particular the pre-test, opened their eyes about how people can have negative attitudes towards people living with HIV. Through the skills they acquired on the project they could start up their
own projects and businesses in their communities that could in turn be of benefit to them and the broader community.

The following is a short testimony from a woman who participated in the project: ‘I am now able to grow my own food. I can now create an income for myself. Because I got the training, I was able to do market research that gave me the idea to start a fish and chips shop. I am very happy because I am no longer frustrated in my home. I am able to get an income of R200 a day.’

**Lessons learnt**

Many challenges arose during the implementation of this programme. Workshops should be undertaken in local languages to maximize opportunities for discussion and learning. For instance, learners were generally either Afrikaans or Xhosa speaking participants with varying literacy levels. Those with very low literacy levels had difficulty in contributing and acquiring information about HIV and AIDS because they felt more comfortable expressing themselves in their mother tongue. This offered an opportunity for promoting literacy classes, and training workshops that were then split into different linguistic groups.

- Another challenge was that some of the participants showed discomfort when talking about sensitive issues (including sexuality) during the HIV and AIDS awareness workshops because of the mix in gender and ages. It was important to have separate groups for men and women which provided them with opportunities to discuss personal issues, which could then be addressed collectively. This proved to be successful.

- Work on awareness-raising in relation to HIV and AIDS has revealed an important number of issues including lack of appropriate information, a lack of awareness of potential exposure, as well as discriminatory and neglectful attitudes towards people living with HIV and AIDS, often driven by religious or cultural beliefs. Group discussion workshops and education programmes can easily and significantly improve collective awareness standards. More effort is needed in this area to cater to the learning requirements especially of rural populations. Education programmes in rural communities should integrate HIV and AIDS education and awareness into their curriculum.

- Livelihoods in poor rural populations must be diverse and people must have alternatives to farming as an income so they do not rely exclusively on seasonal work. In this respect, basic education and the development of life skills can contribute to social and economic improvements and must be integral to all plans for poverty alleviation in the area.

**The future**

The new association ‘People in Need’ is now continuing the project in Klapmuts with the support of the municipality of Stellenbosch and additional mentoring provided by ALN.

About 20 learners in Lynedoch have been offered a one-year learning programme with the Primary Agriculture and Education Training Authority. Each student receives a stipend that covers the duration of the training.

The Institute for International Cooperation of the German Adult Education Association (IIZ-DVV) is also supporting different projects developed by ALN, but additional partnerships and support, at both national and international levels, are essential to allow ALN and its partners to increase and replicate such initiatives, especially in rural areas.

*This project has been supported by UNESCO and UNAIDS*
Why here?

Uganda has a population of more than 25 million, with over 50% under the age of 15 and about 4 million adult illiterates (65% of them are women). Uganda has been severely affected by the HIV pandemic over the past decade, with high mortality rates and a considerable negative impact on the social, health, education and economic infrastructure. The pandemic principally affects those who are most at risk of infection and in situations of economic and social exclusion. In particular, street youth in urban areas and those living in deprived rural environments appear to be vulnerable. Very few of them have access to appropriate information about HIV and AIDS. These risks add to pre-existing situations of the vulnerability in their young lives, where they often experience extreme poverty and lack access to basic services, including health information and care, employment and education.

Uganda has succeeded in bringing adult HIV infections down from around 15% in the early 1990s to about 6% in 2006 through the development of large-scale prevention campaigns. Even though HIV prevalence is much lower than it once was, it nevertheless remains high. There are still about 1 million people living with HIV in Uganda today. A community survey conducted among youth living in the slums of Kampala in 2004 found that out of a cross section of 958 youth aged 14-23 who received voluntary counselling and testing services, 133 of them (over 10%) were HIV positive.

Such a young population faces major challenges while attempting to meet diverse critical needs and avoiding exposure to risky situations. Although 9 million people are estimated to be in situations of extreme poverty in Uganda, young people are the future and the workforce of the country. The government has thus instituted a series of poverty alleviation programmes supported by development partners to mitigate the effects of poverty among youth, especially in rural areas. The difficulty lies in addressing the complex needs and vulnerabilities of marginalized youth populations and requires the development of a comprehensive and urgent response.

Making a difference

Uganda Youth Development Link (UYDEL) is a non-profit organization engaged in programmes aimed at improving the lives of marginalized young people in Uganda. UNESCO developed a project with UYDEL to empower marginalized youth in areas heavily affected by HIV and AIDS by providing various learning opportunities and enhancing livelihoods in a sustainable way.

These youth are often homeless and live in severe poverty, are socially excluded and sometimes
exploited as sexual or domestic workers. The project is implemented in locations within both urban settings (Kawempe division, Kampala District) and rural areas (Aviya sub-county, Arua District).

The project started in 2004 with a social mapping exercise in the project areas to identify priorities among most marginalized youth. An assessment of local marketable skills was undertaken so that these could be taught to youth and so help them develop practical livelihoods that were in demand, were profitable and applicable everywhere. The concept of the project was to integrate life skills and educational opportunities to empower young people to earn a living, to identify and take advantage of opportunities and to protect themselves in life.

Vulnerable young people were generally identified through a referral method whereby social workers, NGOs, families, local artisans or religious leaders recommended youth visit UYDEL drop-in centres for seeking help and guidance. UYDEL social workers then conduct interviews to assess the young person's needs and aspirations, undertake home visits whenever possible to gain insight on his or her socio-economic background, talk to a parent or a guardian if there is one, and help the young person put together a personal development plan under UYDEL guidance. This process helps UYDEL in the selection and placement of youth for training. Young people found to be in the most difficult situations and most willing to engage in a training process received priority in selection.

The youth are actively involved in choosing professional skills they want to acquire, while also made aware of the marketable skills needed in the community. Based on their decisions, social workers help to place them with local artisans and a memorandum of understanding is signed between UYDEL, the beneficiary and the artisan to formalize the apprenticeship.

Social workers follow the progress throughout the training (3 months), arranging for regular morale boosting exercises and supervisory meetings with artisans and beneficiaries. Participants acquire knowledge and the skills to pass on relevant information to their employees and especially young trainees on the project, thereby bringing HIV and AIDS awareness messages into their workplaces. These include the promotion of condom use as well as voluntary counselling and testing for HIV. Continuous counselling and life skills training are provided to the youth while they are on placement. This integrates, whenever possible, elements of functional literacy, health and hygiene, as well as business skills. In addition, they have access to a wide range of activities, participatory workshops and facilities organized by UYDEL and its partners. A number of issues are addressed through these activities, such as drug misuse awareness, HIV and AIDS prevention and treatment, protection of children's rights, support to young mothers, health services and other community-based programmes and activities.

Training fees have been negotiated between UYDEL and the artisans, usually taking the form of small incentives or a contribution of training kits for learners (e.g. chisels, hand blades used in carpentry, needles, measuring tapes, cloth, paper, masking tape, scissors, razor blades etc. for use in tailoring).

In return the young beneficiaries receive food throughout the training. UYDEL has managed to secure food rations from the World Food Programme (WFP) with the support of Feed the Children Uganda. Food rations are provided to the trainees in their training places. Assistance is also provided in identifying decent housing for those who don’t have any, travel fees, and some beneficiaries also receive incentives when their work contributes to an increase in the artisans’ revenues.

**Achievements so far**

During this two year project, a total of 288 young people have been supported and placed as apprentices with a wide range of artisans learning new marketable skills (this is beyond the initial objective of 200 beneficiaries). The areas covered include: hairdressing, tailoring, motor vehicle mechanics, carpentry, electronics, catering and building. Most of the young people who participated in the programme now have marketable skills, professional experience, confidence and life skills that offer opportunities and perspectives for a new and better life.

Follow-up evaluations indicate that there is a real improvement in the living conditions of the youth, particularly from a socio-economic perspective.
The young people did not have an income before the project. They were exploited and lived in dangerous social and economic circumstances. Aside from the 10% of drop-outs who could not complete the training programme, (largely due to conflict at home, hardship or poor health) all are now engaged in sustainable forms of employment and about one-third have even established their own business. They therefore earn some income and can, at times, supplement their family’s income. They are now less at risk of exploitation, of being involved in sex work and of exposure to risky behaviours, including drug misuse and HIV and AIDS. The project has made a significant contribution towards changing the lives of the disadvantaged youth.

One of the girls employed at a hairdressing salon said: ‘I was picked up by UYDEL staff when I was so poor to the extent that poverty could be seen from my face. But now I can see with a smile. I am so happy because I am self-supporting and useful to my family members’.

The young people are aware of HIV and AIDS and unsafe behaviours. They have also learned new life skills and have a sense of responsibility. One of the artisan trainers in car mechanics commented: ‘The children we received were rebellious, reporting late, and could give us hard time when training them, but now they have changed greatly. We even trust them with money’.

Lessons learnt

• Developing partnerships was a critical aspect of this project in assuring the achievement of shared objectives. In addition to the partners mentioned above (artisans, WFP, community members and organizations), UYDEL collaborated with the Makerere University in Kampala, which provided a significant contribution to the development of specific criteria, guidelines, and methodological research tools for preparing, implementing and evaluating the project on an ongoing basis. The Ministry of Gender, Labour and Social Development was also very supportive in the development and implementation of the project. The collaboration with a community-based organization on the rural project site of Arua was instrumental in implementing the project in that area.

• The use of artisan centres instead of formal institutions and training centres was a more cost-effective way of providing livelihood skills to young people. It also meant the youth experienced the conditions in which they were expected to work, the challenges they were likely to meet and therefore were able to learn effective ways of dealing with such challenges from their training.
• Involving youth in the process of selecting a skill and an artisan centre of their choice made the training more effective by encouraging participation. However, whilst this allowed the beneficiaries to make their own decision and facilitated greater ownership so minimizing the risk of dropping-out of the trainee, the process reduced other opportunities that might exist. For example, if decisions were made on the basis of the proximity of the training facility.

• Future interventions of this nature may need to set aside funds to cater for some unanticipated training needs such as transport costs, accommodation costs for some youth as well as providing some capital for the youths who graduate to set up a business. This would not only make their training an interesting exercise, but will also give them the chance to use the skills they acquire from the training more effectively.

• The integration of HIV and AIDS issues in the project activities was successful and an important insight into youth problems. IEC materials such as posters and brochures for artisans and youth, music, dance and drama activities for the youth, workshops for the artisans and the general community were effective ways of integrating and increasing knowledge of the spread and prevention of HIV. The training of artisans in HIV- and AIDS-related skills was even more useful as it enhanced the training skills of the artisans who were previously less knowledgeable and not mature enough to freely talk about HIV and AIDS issues.

• Given that the youth are likely to migrate to other areas, it is important that training is diversified to cover skills that are marketable elsewhere without restricting the training to the identified skills in the mapped areas with the assumption that the youth will not move away from their current homes.

• The three months’ training could be stretched to at least five in order to allow some of the youth who are slow learners to grasp the skills. Quick learners could graduate early and the resources saved could help recruit more youth to the programme.

• A one-stop vocational training centre for the youth in the project area is also recommended. While this may not be as cost-effective as the informal approach, it could assist in standardizing the training received by the youth in different artisan centres and help the youths who have not obtained employment on their own. The centre could also try to offer certificates to trainees, which may be necessary to enhance their competitiveness.

The future

UYDEL seeks to scale up its activities and to expand the project to other areas in Uganda, with the support of additional partnerships, including donor agencies, and in cooperation with the Government. There are also plans to increase the provision of literacy classes for young people and include basic training in business skills such as bookkeeping.

It is also worth mentioning that as a follow-up to this project, the Government of Japan has recently given a grant to UYDEL to support the construction of a vocational training centre for young people in Wakiso district. The centre, which will be located on Gayaza road, will provide skills in tailoring, hairdressing, mechanics, fishing and carpentry to young people living in slums.

This project has been supported by UNESCO
Why here?

There is evidence that in Cambodia the HIV infection rate among the general population remains an issue. This is due to several factors that put some population groups at risk. The Ministry of Health and the National AIDS Authority (NAA) have identified the mobile population in particular which includes cross-border migrants and internally displaced people as being particularly vulnerable to HIV infection. Within these groups women and children remain the most vulnerable. Many of these migrant populations are found along route numbers 5 and 6. This route crosses Cambodia from Thailand to Vietnam and is an area of intense ‘commercial’ activity which includes drug and human trafficking.

Cambodia is progressively recovering from decades of civil strife. Due to poverty and limited access to appropriate education opportunities there is an increasing rural exodus in Cambodia.

Over 50% of the population are under 18 years of age. These young people travel to find work or to study, mostly to the cities and towns. Many of them are illiterate with few sustainable employment opportunities in rural areas. They leave the protection of their family and the largely supportive environments of rural communities and find themselves confronted by the hardship of urban settings. Here they are often exposed to high risk situations where unsafe behaviours are quite common, including exposure to illegal (recreational) drugs, sex work or involvement in urban crime and violence.

The incidence of drug misuse and unsafe sexual behaviours is thus significantly high among these mobile groups of people, adding health-related risks (including HIV infection) to pre-existing situations of vulnerability and social exclusion where people can hardly cope with the hardship of their daily lives anyway. Drug misuse is therefore recognized as a key indicator of extreme vulnerability among these groups and as an important factor (direct and indirect) in the transmission of HIV.
Drug misuse also affects another cross-section of young people i.e. students from a rising middle class who have sufficient means to purchase amphetamines and other recreational drugs. These affluent students along with migrant workers total around 500,000.

The plight of young women, particularly those from rural areas is also critical. They are victims of the crossover of drug misuse with sexual trafficking and exploitation. They can be persuaded (sometimes with parental support) to leave their familial environment in return for offers of jobs and money for their families. These migrant girls and women are extremely vulnerable in urban settings where they are often exposed to physical or social violence that can include non-negotiable sexual intercourse.

**Making a difference**

In line with the national Behaviour Change Communication plans and the specific communication framework developed by the NAA (HIV and AIDS Communication Framework for Promoting Enabling Environment and Behaviour Change, 2003), a project has been conceived to develop innovative communication and educational strategies that are designed to reach existing and future migrant populations, in particular youth and women, with appropriate prevention messages.

With a view to breaking the cycle of poverty and vulnerability among these populations and to help reduce the risk of exposure to potentially harmful situations (especially regarding drug misuse, HIV and other STIs), it was critical that important relevant messages were relayed to these key groups using new educational and communication strategies to enable them to make informed choices. In a situation where access to basic education is limited and where traditional prevention strategies, based largely on written materials, are not appropriate to raise awareness, particularly in rural areas, the use of multi-media was seen as a useful potential option to be further explored.

In this context, UNESCO identified Action IEC, a multi-media company based in Phnom Penh, with the resources to make ‘cinema’ quality productions and to produce a film targeting these vulnerable young people, women and children, dealing with key issues in a creative and impactful way.

By producing a fictional movie, the project aimed to use drama in a realistic way, based on evidence of what target groups’ realities are, and raise awareness among the audience about issues relating to narcotics, sex work, STIs, HIV and AIDS, as well as human trafficking, and how they are all interrelated. It aims ultimately to enhance coping mechanisms, thus protecting communities against harmful practices and risky behaviours.

The scriptwriter has spent several months in rural and urban communities, living among those people who are typically likely to go to cities to find a more gainful life as well as with groups that have made or experienced that choice, in order to fully understand their motivations for doing so and the resulting implications.
The script of the film was then elaborated based on migrants' experiences at the different critical steps on their way to their new urban lives. The script received valuable comments from different local and international experts and service providers in the fields of development, HIV and AIDS, as well as drugs. It was also tested on representatives of the target groups using focus group discussions, with the aim to (i) assess their level of understanding of some of the key issues when they heard the script, (ii) find out if the storyline triggers their interest, and (iii) identify suggestions for improvement of the scenarios depicted in the film.

Their reactions, comments and reflections about their own experience informed the refining of the script so that the film could better attain and maximize its educational objective.

Here are some examples of the reactions from the youth groups:

'When we smoke we do not feel hungry or sleepy. It can make us work for a long time.'

'Smoke can be stopped any time but if you like injections you can't stop. If you inject, you feel very brave, you can do anything, unlike the drug smokers. Injections are also very dangerous because usually we have one syringe to share together, HIV can transmit very fast when we inject.'

'Sometime we drink until we are very drunk. Then when we have sex, we forget to use condoms or because we trust our girlfriend or boyfriend. If we use condoms, they will say that we don't love each other or that we don't trust each other. Sometimes if we use too many drugs we also forget. At night time when we have no money we need to take our girlfriend to sell sex, if there is a good client or a kind person, they give a lot more money than usual, but sometimes they take her and not only don't give money but also beat her very strongly. Sometimes she has blue eyes when she comes back home. Some clients use condom but some do not use. None of us wants to do that but we have no choice, so the story is true and what you tell me is the same as the reality.'

The movie took several months to make and it involved many young people. For many of them, it was their first acting experience. The film appeared to tackle difficult issues in a dramatic and relevant way.

**Achievements so far**

The film, Road number 6, is now available in the Khmer language as well as with English subtitles.

Action IEC ensured that local individuals and representatives of the target population were actively involved during the implementation of the whole project especially in the film production phase so that experience and technical know-how was imparted from Action IEC to the local population.

The film has already been broadcast by Action IEC as part of a government-led initiative, funded by DFID, to promote VCCT and other services for HIV and AIDS, including access to anti-retroviral treatment, along with the provision of awareness raising activities, among some isolated rural areas. With this mobile event, the project reached an audience of some 20,000 people in total, and created visibility among local stakeholders, including government and other NGOs working on similar issues.

**Lessons learnt**

Participation of target group representatives in design and evaluation proves to be critical with a view to delivering relevant messages as well as a quality educational product. The resultant data and anecdotes were weaved into the script to increase audience identification with the film.

The script was then pre-tested on focus groups i.e. members of the marginalized community whose lives are dominated by drugs, crime, violence and sex work. The impact of the finished film has also been tested on project beneficiaries with questionnaires to test recall in three key areas: HIV and AIDS, human trafficking and drug misuse.
The future

The video of the film, Road Number 6, is now available. Copies of the film and a potential TV broadcast could reach over one million people. Specific activities are now being established to broadcast the movie in public on migration routes and in rural areas so as to reach the maximum audience among ‘hard to reach’ populations. Action IEC is seeking additional funding to scale up these initiatives.

This project has been supported by UNESCO and the European Commission
Why here?

Cambodia is one of the countries hit hardest in the Asia-Pacific region by HIV and AIDS. With a total population of nearly 14 million, UNAIDS has estimated that over 2.5% of the population is living with HIV. The situation is exacerbated by poverty, relatively high illiteracy rates (with more than 2 million illiterate adults, about 72% of them women), a post-conflict situation and high rates of internal migration. These factors demonstrate a significant level of vulnerability and a high risk for the HIV epidemic to spread among the general population. Although Cambodia has managed to limit the spread of earlier epidemics in recent years, efforts need to be sustained, especially among marginalized and mobile populations as well as in communities that have little access to appropriate and extensive prevention information. The integration of innovative modalities for outreach interventions as well as key issues such as drug misuse (including the transition from non-injecting to injecting drugs), which are often neglected within the framework of traditional prevention strategies, must be continued.

In Cambodia, many poor people from rural areas use the train to get to Phnom Penh to try and find work, conduct business, or visit their families. The cheapest way of travelling in Cambodia and getting from Battambang (North-West of Cambodia) to Phnom Pen, is by train even though the journey is very slow with many long stops. The project focuses on these passengers and on train stations which are themselves busy communities. Whole families live here. People work as porters, woodcutters or sell food. Some are sex workers and others sell drugs. Women and young girls working inside the trains and on the platforms – selling food for example – may be particularly vulnerable to sex work and human trafficking.

Many people arriving from the countryside to find work in urban areas are away from their families for some time and are vulnerable to risky behaviours (including alcohol and drugs misuse as well as involvement in sex work). There is a dangerous
situations of lawlessness on the border between the two provinces of Pursat and Kompong Chnang (between Battambang – not far from the frontier with Thailand – and Phnom Penh) along the railway where robbers and traffickers evade the police and authorities.

Making a difference

In this context, UNESCO developed a project with Phare Ponleu Selpak, a community-based organization in the district of Battambang. The organization was founded by 8 young adults in 1994, who had all attended the same class in fine arts while living in a refugee camp on the Thai border a few years ago. Phare Ponleu Selpak first got involved in artistic development for former refugees in a very poor and rural community in the province by providing a workshop in fine arts, and then in music and circus as well. After that, it expanded its activities to the fields of education (adult literacy and schooling) and social intervention. In 2002 it opened a drop-in centre for young victims of human trafficking and children orphaned by AIDS (with support from UNICEF). This was followed by a public primary and secondary school in 2003.

Among other activities, mainly focused on artistic, formal and non-formal education, the organization runs a circus school where young people from the community can develop professional artistic skills, complemented by literacy classes and schooling depending mostly on their age and background. In this sense circus brings the youth in to the vocational arts centre and, once integrated, they are offered a variety of basic education programmes from which to choose.

The aim of the ‘Trains against Drugs and HIV and AIDS’ project, developed with Phare Ponleu Selpak, is to make utmost use of the talent of these youths in order to further develop their artistic skills as well as raise awareness among these vulnerable members of the population about issues relating to HIV and AIDS, drugs and trafficking, focusing particularly on tackling discrimination and marginalization.

The project does this by adopting an innovative approach using circus and theatre acts which are performed on the trains during the journey between Battambang and Phnom Penh. Through a series of workshops the young performers improvise and rehearse dialogues which are then acted out on a ‘stage’ when the train stops as well as on the train’s carriages through short ‘happenings’ that interact with passengers and encourage them to reflect on their own behaviours. The scripts are developed by the young artists with initial guidance from experts and the whole process is monitored and supervised by experienced staff.

The stage is created on the platform. The troupe installs a backdrop when they arrive at a station and perform in front of it. They use popular music, humour and circus skills to engage the audience and act out their performances in front of a crowd of hundreds of people.

After the show the performers discuss and develop ideas in the train carriages and then distribute condoms to the passengers while demonstrating how to use them and also promote voluntary testing for HIV.

By repeating this activity regularly over two years, the performers gradually reach a large number of people and develop a genuine relationship with their audience.

In addition to undertaking these large scale prevention activities, the project also enhances the capacity of the community-based circus school by empowering the youth involved (largely as actors and musicians) by ensuring they participate in all aspects of project design and implementation while providing them with access to a sustainable income and learning opportunities.

Young participants are also involved in the ongoing monitoring and evaluation of these interventions by conducting, whenever possible, interviews and
focus group discussions with members of the audience after the shows.

Achievements so far

Fifteen young people from the circus community school have so far been involved and about 56 shows have been performed in 18 months, reaching a total audience of about 20,000.

The staff and members of the theatre group have learnt a great deal about HIV and AIDS and are conscious of their role in preventing its spreading further, not only through performance but by sharing information with family, friends and their local community. Three shows were previewed at Phare Ponleu Selpak before the project began on the train so the whole community has had their awareness of these issues raised.

Members of the theatre group have also benefited financially due to their involvement in awareness shows and activities. They are now able to earn a living and raise their standard of life. The troupe is now in the process of becoming a professional act and has participated in drama workshops teaching their skills to others in not only Cambodia but other countries such as the Philippines.

Lessons learnt

The young artists have interviewed several experts in fields such as HIV and AIDS and also benefited from training sessions in a number of areas that have enhanced their awareness and skills both on a personal and a professional basis.

The participatory approach and team work in writing the dialogue of the performances enabled the project team to constantly review and make changes as the project progressed.

The performers have also been filmed so that the video can be used to train others.

Short term results are measured which include an assessment of:

- Knowledge about drug misuse and potentially harmful and risk related behaviours.
- Information about HIV infection and transmission.
- The level of taboo surrounding HIV and AIDS.

These results fed into the development of performances on an ongoing basis reflecting local needs and requirements.

The performers use questionnaires to find out whether these results have been achieved. Results are monitored every time there was a performance and at regular intervals during the course of the project.

Humour was a good way to address some sensitive issues especially regarding discrimination. However it needs to be balanced with more dramatic simulation so it can make a significant impact on peoples’ minds particularly in relation to risky behaviours.

The future

The project now receives assistance from several partner agencies and is also supported by Government policy to reduce the prevalence of HIV and drug misuse. The theatre and circus troupe have become involved in other projects in Cambodia as a result and now perform in garment factories and schools. They have recently been hired to train teachers about ways to treat health issues in schools.

Phare Ponleu Selpak has an agreement with the Ministry of Culture and Fine Arts to give official recognition to the skills acquired through their artistic curriculum by receiving a state diploma. The organization is also contributing to the public education of the community in collaboration with the Ministry of Education, Youth and Sports with general education provided from grade 1 to 9 (10 to 12 is to open in late 2006).
This project has been supported by UNESCO and the European Commission
SHADOW PUPPET THEATRE AND PREVENTION EDUCATION
SOVANNA PHUM ART ASSOCIATION
CAMBODIA

Why here?

As well as having a significantly high number of people infected with HIV, Cambodia is also confronted by the problem of widespread drug misuse. Despite what local populations sometimes think, these issues do not only concern sex workers, migrants and street children. Nor are these risks always interrelated (drug users are not always HIV positive, and people living with HIV are not always drug users). Tremendous efforts are thus needed to inform the specific groups at risk as well as the general public, not only to protect them from unsafe practices, but also to address the cultural and social aspects that encourage discrimination and stigma against people living with HIV (PLHIV) and drug users.

There are no comprehensive official figures for the extent and nature of drug use in Cambodia. However it is clear that there has been a rapid increase in the number of young people using drugs not only in Phnom Penh, but also in other provinces across the country. Seizures of illegal drugs and arrests have continued to rise progressively over the last few years. The related socio-economic impact of drug misuse has increasingly affected the lives of many families and communities and this is regularly reported by the local media.

Making a difference

Drug misuse undeniably increases the vulnerability of populations who, very often, already have severe difficulties coping with the hardship in their lives. The impact of poverty, ill health, low literacy skills and access to educational opportunities as well as social exclusion or rural isolation, are significant obstacles for the development of communities' full potential.

Breaking the cycle of vulnerability and social exclusion can only start by reduced exposure to risky situations. While education remains the most efficient response to HIV, AIDS and drug misuse, the content of the messages as well as the way they are communicated to different target groups is critical. They must be made accessible, acceptable and attractive to a population of largely illiterate and marginalized people who are excluded from information in traditional prevention programmes that are largely based on written information.

UNESCO initiated a partnership with the Sovanna Phum Art Association, based in Phnom Penh, in order to develop socio-educative performances, using the traditional Khmer art of shadow puppet theatre and storytelling.
Sovanna Phum translates as ‘Golden Era’ and is an independent Khmer art association in Phnom Penh. In 1994 a performance space was acquired and has been a venue for shows and exhibitions ever since. The association was created in order to give Khmer artists the opportunity to perform their art whilst making a living. The aims of the association are to revive, preserve and promote Khmer culture to local and international audiences.

The project seeks to capitalize on the artistic skills of Sovanna Phum and to encourage the use of traditional art as a medium to develop awareness-raising activities, thereby providing Sovanna Phum with an opportunity to expand its actions from its traditional field of arts by partnering it with local social service education providers and experts in the fields of drugs and HIV prevention.

The project aims to create awareness among vulnerable members of the population, especially young men and women, about HIV and AIDS and drug misuse, and to provide information about risky behaviours and on harm related to discrimination and stigma and on where to seek help and treatment. Shadow puppet theatre is a popular and long-established tradition in Cambodia so it has been chosen as an effective means of communication.

The project first provided an opportunity for 12 young artists to be recruited by Sovanna Phum (6 puppeteers and 6 musicians). They received some training in artistic skills, as well as guidance about HIV and AIDS and drug-related issues and evaluation. A number of the artists became proficient in skills that helped them on a personal level by enhancing their livelihoods.

By collaborating with Mith Samlan - Friends, a local NGO working on drugs and HIV and AIDS with marginalized youth communities in Phnom Penh, training and guidance was provided to the young artists so that the storyline contained appropriate messages regarding awareness on drugs and HIV vulnerability.

Over a period of 3 months the young artists created leather puppets for the shadow theatre performances, developed the storyline with the technical guidance of experts and rehearsed several times a week to improve their performances.

Preview performances were then arranged in some marginalized youth communities in Phnom Penh to test the impact of the shows at communicating prevention messages to those who are most at risk in these poor urban areas. Sovanna Phum also subcontracted the Centre for Advanced Studies (CAS) in Phnom Penh to evaluate the initial performances, develop questionnaires and methods to assess the level of awareness the audience had before and after the performance.

Based on the results of these evaluations, the content of the performances was adjusted to improve the understanding and relevance of the messages conveyed during the performances. Using the methodology developed by CAS, the artists were then trained so that they could undertake the evaluation themselves during future performances. The project also introduced some post-performance activities such as a quiz with the participation of the entire audience. This ensured that spectators fully digested the information and could act on it. Individual semi-structured interviews with some spectators were also arranged to assess the cognitive impact of the performances, with incentives distributed to the interviewees.
After this preparatory work Sovanna Phum then arranged for the artists to go on tour with the performances in urban and rural areas in the provinces of Cambodia. They received the authorization of local authorities to perform publicly and in places where there was a high prevalence of drug misuse or other factors of vulnerability to HIV and AIDS.

The travelling show consists of a large truck which is dismantled, creating a stage for the performance. The show creates a fairground which when set up attracts hundreds of people ranging from the very young to the very old. Such shows are considered an important event in some local communities, especially in rural areas, and can attract a large and diverse range of the population.

The shadow puppet theatre conveys messages about HIV and AIDS and drugs in an entertaining and attractive way which has particular resonance for young people. The show focuses on providing information through storytelling about risky behaviours, the need to address discrimination and stigma, and about where to seek treatment. It particularly promotes condom use as well as voluntary counselling, testing for HIV and treatment for drug misuse.

After the show there is a question and answer session. Here the audience can share their experience, knowledge and fears about HIV and drug-related issues. They can be corrected, where appropriate, by the Sovanna Phum project team and artists, who draw on the knowledge and experience learnt during initial training workshops they attended. This session underlines and strengthens the message of the show.

**Achievements so far**

12 artists (comprising local puppeteers and musicians) have been recruited and trained on HIV and AIDS and drug issues, as well as in the field of evaluation. The show has been elaborated, tested and since 2005, 18 performances have taken place in 12 different provinces of Cambodia, reaching a total of about 8,000 people from marginalized communities in remote areas. Rural communities who wouldn’t otherwise be reached by public education campaigns are supported through this initiative.

**Lessons learnt**

- Given the relatively high rate of illiteracy in Cambodia, shadow puppet theatre is an attractive and very effective means of transmitting information through storytelling in comparison to posters and other written material and may also be complemented with speaking theatre.

- The introduction of a participatory approach which promotes ownership of the project among the artists and the audience, notably through post-performance activities such as quizzes, is key to maximizing the understanding of the prevention messages and the success of such a project.

- Partnerships with different experts in a range of technical areas (evaluation, drugs, HIV and AIDS) and local leaders are highly valuable and must be sustained throughout the project.

- The ongoing evaluation demonstrates that the audience enjoys the shows and that the project objective i.e. awareness-raising is achieved.
Evaluations indicated the need to try and increase the participation of girls and women and, where drugs are concerned, focus on preventing the transition from non-injecting to injecting drugs. This is in addition to primary prevention as non-injecting drugs are more widely used.

- Artists must receive good training in evaluation but it is preferable to have people specifically dedicated to conducting the interviews after the shows. Video recording is also an interesting tool which can be used for evaluating performances. It is also proven to attract an even higher audience.

- Ideally baseline studies should take place in each location before the performance so each show can be adapted according to local specifics.

There are significant disparities in different locations on risky behaviour and levels of awareness.

‘It was the first time I saw a shadow theatre ever in my life. The puppets looked so impressive. I liked the mixture of modern and traditional life during the play. And now I know a lot about HIV and AIDS, too.’ (Female participant of the performance in Kandal province)

**The future**

Sovanna Phum continues to develop artistic performances using traditional Khmer art and seeks to identify additional support to sustain this and also increase prevention-related interventions that cover the whole country.

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*This project has been supported by UNESCO and the European Commission*
Why here?

Millions of people in India are living with HIV and it would be impossible to say that they all know about HIV and AIDS and the risk of infection and even more tentative to say they are all aware of their HIV status. Prevention education, promotion of HIV voluntary testing along with advocacy and dialogue on social transformation that is geared towards impacting the various factors of vulnerability are important and methods that prove to be efficient in preventing the spread of the HIV pandemic essential.

In excess of 270 million youth and adults are illiterate in India, so prevention education at school is clearly not enough. Efforts in other environments must be made so as to reach everyone with appropriate information.

New Delhi has been categorized as a highly vulnerable area for HIV transmission. The city has an expanding migratory population, the majority of whom live in slum areas with an increasing number of street children and sex workers. There is also a low level of awareness of safe sexual behaviours and health related issues. This is not only among marginalized communities but also among the general public. So it is a real public health issue for civil society which requires action from all to build on a strong and innovative Information Education and Communication (IEC) strategy to pass on relevant prevention messages.

As anywhere else in the world and especially in urban areas that seem to gather lots of different deprived communities – street children, rural migrants, sex workers, drug users and people living with HIV – they must be protected from marginalization and from the stigma attached to their respective situations.

Making a difference

UNESCO collaborated with The Ishara Puppet Theatre Trust (IPTT), a leading puppet theatre in India, to set up a project promoting awareness on HIV and AIDS and drugs misuse. In cooperation with the Salaam Baalak Trust (SBT), an NGO that provides support services for over 3,500 street
children and adolescents in New Delhi (including a day care and drop-in centre, night shelters and outreach programmes), this project works with young men and women who are street dwellers, vulnerable to sexual abuse and denied access to basic education and health facilities.

SBT initially organized two workshops for staff and youth peer educators as training in handling HIV and AIDS and drugs issues. 5 youth beneficiaries were then selected from those attending the performing art classes organized by SBT to establish the troupe.

These young adolescents (aged from 15 to 18 years old) have been trained by IPTT in the art of puppetry skills and creative drama, thus sustaining a traditional art form, as well as imparting them with marketable skills.

They also learn basic literacy skills and can have access to other educational opportunities such as preparatory programmes for formal education. They learn how to make glove puppets, string puppets, clay modelling, dialogue delivery, body language, dance, various aspects of stage craft and musical skills. They also benefit from the other services provided by Salaam Baalak Trust and its partner organizations including counselling.

Plays are created to reach out to a wide range of audiences across the Delhi state and other parts of India. The plays are progressively developed through a series of workshops with the children and the guidance of both professional script writers and experts in public health issues. An expert in HIV and AIDS regularly checks the content of the material and the messages in the performance.

The plays are tested on different types of audiences to get their reaction including high risk populations as well as NGO professionals, artists and the larger public in general. There is a report after each set of shows that records feedback from both the artists and the audience. This helps enhance future interventions including improvisation so the plays reflect the target groups’ needs better and also helps inform the development of future plays.

‘Chunouti’ (‘The Challenge’) is the first puppet show the young men developed. The play presents HIV and AIDS as a struggle between knowledge and ignorance. The force of knowledge counters the force of ignorance by spreading awareness about four main issues: the appropriate use of condoms, safe blood donation, the use of disposable syringes for injecting by drug users (IDUs) and the prevention of mother-to-child transmission of HIV. The play ends with the message: ‘Awareness Is Definitely Safe’.

The puppet show ‘Nazre Kholo’ (‘Open your Eyes’) is based on the stigma and discrimination faced by people living with HIV. It is linked with the previous play on HIV prevention. ‘Nazre Kholo’ addresses the discrimination and stigma faced by people living with HIV from their own family, friends, community and more importantly from the health care system. The play ends with questions concerning the rights of the character who is living with HIV and involves spectators to respond.
During the shows and whenever possible, condoms and leaflets published by the National AIDS Control Organization (NACO) and the Delhi State AIDS Control Society are distributed, providing general information about HIV and AIDS, and locations for support and testing facilities. Discussion workshops follow the shows in the form of question and answer sessions, giving the audience a chance to raise issues and ask for additional information. Questionnaires have also been developed to evaluate the project on a regular basis.

Achievements so far
The plays have been performed in various settings: in public spaces including the street, as well as indoors when invited to perform by other organizations or special events.

Notably, the Chief Minister of Delhi has expressed an interest in planning additional school-based interventions thereby creating bridges between out-of-school and in-school environments and the troupe has been invited to perform at different festivals both in India as well as abroad. A photographic exhibition stemming from the project has also taken place.

A post-show survey has been conducted with 150 audiences to find out HIV and AIDS knowledge levels and gauge their reaction to the play.

In this respect, the performances have managed to reach different target groups, including key communities such as men who have sex with men, drug users, sex workers and their clients, as well as street children, truck drivers, women’s groups, public schools and the general public. The project has performed about 100 shows and reached a total audience of over 20,000 in just one year.

In terms of personal development, six adolescents from the group have been trained as puppeteers and have benefited from training, education and work experience as a result of the project. Two of them have now gone on to specialist formal schooling (journalism school) while others are further engaged in professional artistic work involving training others as freelance artists and performing in other troupes (e.g. puppetry, drama or dance).

The young adolescents have thus gained knowledge and skills that are highly valuable as part of their personal and professional development, whilst opening doors to further learning, awareness and income-generating opportunities. They are now role models for their peers and have further benefited from the supportive environment created by the project.
This is evident from the following quotes by members of the troupe:

‘This project has given me great joy, has given me a lifestyle, has given me economic stability.’

‘Working on this project I have gained tremendous confidence and can hold a discussion on HIV and AIDS and can answer many questions on the same.’

‘Since working with the project, my life has changed for the better and people have recognized my work in the market and invite me to work with them.’

‘I am happy that I have the confidence to stand on my own feet! Now I do not stay at SBT and I bear all my expenses myself.’

‘With the project and the stipend I get from it, we—some of our friends have rented a room and made it our home.’

Another key achievement of this project has been its capacity to build networks with many other NGOs and service providers (12 to date). Links have also been made with expert advisors from other organizations.

It is the first time that a consistent effort has been made in India to use puppetry for HIV and AIDS and drug misuse awareness and not just in one-off shows or programmes. The shows contain appropriate research, monitoring and evaluation methodologies that include a strong qualitative perspective and go far beyond just counting the number of spectators reached.

**Lessons learnt**

- Performing provides an avenue for street children to discover their potential and can lead to their empowerment. The project recommends further comprehensive service packages to address the needs of street children. Creativity can lead to very interesting ways of communication: e.g. the faceless puppets overcome gender issues and sensitivity concerning sexual transmission of HIV.

- Performing arts, particularly theatre activities, should be encouraged within marginalized populations like street children. This is not only to raise awareness but also to involve them in a new personal development process that builds their level of confidence and self esteem, allowing them to integrate into society.

- Systematizing a participatory approach is key to the success of this project. This especially concerns performers at all stages of project development and implementation, but also audiences and project beneficiaries for monitoring and evaluation.

- Puppetry is an effective medium of mass communication that can create awareness on various public issues including HIV and AIDS and drugs. Large-scale theatre activities including puppetry should be used in IEC campaigns, both in rural and urban slums and established housing colonies.

- Puppets are very useful in relaying difficult messages and reaching out to marginalized communities who don’t usually have easy access to such information. Puppets can communicate messages and deliver lines that actors simply can’t. The actions of a puppet, especially where sexual practice is concerned, are easy to portray.
without being offensive. In addition India has a strong and vibrant puppet tradition which can reach a wide audience of varying age and range in a non-threatening way, especially among adolescent and school children.

• The project highlights the value of exploring the use of actors with puppets and other objects so stepping away from conventional puppetry. For instance shadow puppets can be replaced with rod puppets. This is important when staging shows outdoors.

• Tuberculosis, Cancer, HIV, drugs, etc. are represented through using masks. They tend to be a little less threatening so children are not scared off in addition to not stigmatizing those living with HIV and AIDS.

• The project confirms the importance of post-show activities (such as question and answer sessions) to add to and clarify the information and issues that are directly addressed in the performance. These can then be integrated into future shows in a creative way.

The future

A second group of puppeteers is now being trained. More plays are to be developed with street children participating in the programme. These will be performed before other key communities and organizations (partnerships have already been established with more than 20 organizations).

A new, as yet unnamed, play is being developed which is specifically about drug misuse and will portray situations from rural life, urban street life, school days, teenage life and reflect the society at large.

This play will break the norms of conventional puppetry by using objects – the true essence of puppet theatre – the inanimate becoming animate. The props used will include shoes and footwear of various kinds so giving artists free scope to play with the community and individuals’ suspension of disbelief.
The play will thus portray sensitive issues about individuals and characters without being personal but using irony and humour to drive the point home. This will also pave the use for non-figurative puppetry in the group.

The project seeks to develop new partnerships and has responded to several requests already. It is now involved in the training of others in simple puppet making and performing for similar socio-educative programmes.

The young people in the project are being equipped to continue working independently through self employment and a network of schools and communities where they can create new shows and earn a living away from the street. These young people will also be trainers in future projects.

This project has been supported by UNESCO and the European Commission
India has a very large illiterate population totalling around 270 million, 65% of whom are women – a figure which is even higher in rural areas. Rural women have very limited access to information and they continue to be vulnerable and are often taken advantage of in many ways. They are frequently exposed to risky behaviours, the victims of social or domestic violence which can include non-negotiable (and often unsafe) sexual intercourse. The compromised status of women acts as an impediment to the progress of rural communities.

Young people growing up in environments where alcohol and drug misuse are quite widespread are also affected. Rural children have fewer opportunities for formal education than those in urban areas. Moreover for those with access to formal education, the curriculum generally focuses on academic achievement and so does not provide much support for the development of life and social skills. In these circumstances, many children drop out of school early with very limited opportunities to learn essential life skills for dealing efficiently with the problems of day-to-day life. In this context alcohol and drug misuse increases, especially among young people, leading to disastrous effects such as dependence that only add to the poverty and misery of many rural populations.

A lack of appropriate education covering health information and empowerment is thus a real challenge that needs to be urgently addressed in rural areas particularly among women and youth. Comprehensive awareness and life skills programmes are still rare in rural areas where there is also very limited access to healthcare and welfare services in comparison to most urban areas. Material on drug misuse and related information with an Indian perspective is also meagre and such material is often not accessible to many people. But India has a rich tradition of communicating through storytelling, which appears to also have tremendous therapeutic value. While this method of communication is particularly appealing to the illiterate population, unfortunately such stories are generally not well-documented.
Making a difference

The T.T. Ranganathan Clinical Research Foundation (TTRCRF) is a pioneering voluntary organization and a residential treatment centre that is based in Chennai. It is dedicated to the development of guidance and counselling, treatment and rehabilitation services, particularly for those affected by alcohol and drug misuse.

UNESCO developed a new project with TTRCRF to expand its activities further on education, awareness raising and life skills in deprived rural areas. The population targeted by these efforts included those affected by alcohol, drug misuse and HIV and AIDS, with particular focus on women and marginalized youth with limited access to education and low literacy skills.

The project was implemented within the region of Tamil Nadu (Southern India), and more specifically in 4 rural districts identified as having high HIV prevalence (Tanjore, Thiruvarur), high levels of alcohol use (Karamadai), where there is a concentration of key groups recognized as particularly at risk of HIV infection (e.g. truckers, in Namakkal).

In order to reach a significantly large number of people, the project developed partnerships with several specialized networks and NGOs operating in these rural areas involving youth clubs and NGOs working with youth in the region and micro-credit self-support networks aimed specifically at women.

Through these arrangements the project aimed to reach about 4,000 marginalized youth with 10 sessions on life skills and awareness in addition to the activities currently on offer through the youth clubs.

These participatory sessions largely cover alcohol/drug misuse prevention, tobacco use, protection of the environment, goal-setting and problem-solving skills, communication and refusal skills as well as HIV, health and hygiene-related information, thereby raising awareness of key issues while nurturing individual self-esteem and providing functional literacy.

The project organizes poster exhibitions, develops street plays with young people to raise awareness in the community and encourages participants to arrange discussion workshops with their peers. It plants trees and encourages participants to share job announcements to show others how to enhance their livelihoods in a sustainable way.

A programme of 8 participatory sessions was also designed specifically for women’s groups which covered issues relating to alcohol/drug misuse, HIV and AIDS, domestic violence, effective parenting, hygiene, women rights and empowerment.

This was to initiate a process of change where women recognize and use their collective power to support and empower each other. Around 250 womens groups are involved in each of the four districts, with a target population of around 20,000 women in the entire region.

Each session starts off with an ‘ice breaker’ and includes a minimum of two activities on a specific topic and ends with ‘home assignments’.

The programme for rural women includes activities such as poster design, artistic development, theatre plays, songs, and door-to-door prevention activities and demonstrations in villages and public places.
Some of the home assignments are based on the concept of ‘Jatras’.

Jatras are processions of women carrying posters, shouting out issues and singing songs related to things such as violence along popular and busy places in the village. The posters on HIV and AIDS are displayed in strategic locations in the villages attracting the attention of the public. In this way the project reaches out to many other populations.

The project is engaged in a stimulating participatory process at various key levels. TTRCRF first visited the project sites and conducted focus group discussions with local organizations and beneficiaries so as to better understand what the needs of the target groups were and help identify which materials and resources were available at community level. For example for voluntary HIV counselling and testing, treatment centres for drug dependence, organizations providing care and support for people living with HIV (PLWH), as well as Primary Health Care Centres to treat other infections.

TTRCRF then developed a specific curriculum for the different sessions of the life skills and education programmes. It recruited supervisors and outreach workers from each community to teach the sessions and enabled them to do so through initial training workshops which were taught by NGO coordinators who had themselves received special training under TTRCRF supervision.

A comprehensive package has been designed for outreach workers and local coordinators, which includes lesson plans, activities, flip charts, posters, condom use demonstration models and evaluation forms.

As a regional training centre on drug prevention, treatment and rehabilitation, TTRCRF was already undertaking training programmes for specific professional groups such as police, school, government, medical and health care institutions as well as community workers. These training workshops are conducted with the aim to share expertise and equip professionals with the necessary knowledge and skills to spread the concept of care and raise awareness about drugs and alcohol use, HIV and AIDS as well as other key factors in human and social vulnerability.

Based on various sources and including documentation and stories collected locally, a culture-specific, story-based workbook ‘Personal Recovery Tools for the Drug Dependent’ was also developed. This is a step-by-step, ‘how-to-do’ guidebook which aims to empower individuals by unlocking drug users’ potential for recovery. It focuses on the problems people dependent on drugs are likely to face during recovery and offers practical solutions. In this workbook individuals recounted their personal histories relating to drug and alcohol use in a way that the messages could be easily understood by recovering drug users and their families. All material in the workbook was checked by experts and recovering drug users. Topics included issues such as understanding drug dependence, rebuilding family relationships and managing relapses. Case studies and stories were used to illustrate these topics.

**Achievements so far**

The workbook has been published and shared with about 450 NGOs working on drug prevention and treatment in India. It has proven to be very user-friendly and is thus used as a guide book in training. It has been distributed to all patients in the treatment centres run by TTRCRF.

Supported by UNESCO a website was also launched ([http://www.addictionindia.org](http://www.addictionindia.org)) in February 2005 so that professionals and volunteers could easily access manuals, workbooks and information about drug dependence and rehabilitation, HIV and AIDS prevention and treatment. The website is also used to document other activities carried out by TTRCRF.

The core education and life skills building component of the programme has reached about 18,000 women and 3,000 young people in the region.
Some personal testimonies: ‘I enjoyed the homework done with the group especially the one on Prevention of Violence wherein all the women marched in the street with placards.’ ‘I have taken my alcoholic family member for treatment.’ ‘I have understood the laws related to women. This has helped me to deal with my problems related to my husband.’ ‘Through parenting skills, my relationship with my daughter has improved.’

Lessons learnt

The community-based programmes have been very successful and well-received. An inclusive approach is critical to nurture active participation, commitment, and ultimately empowerment among the target populations.

Providing appropriate information, raising collective awareness and increasing self-esteem through group-based development work is a crucial initial step but nothing is more valuable than the concrete application of knowledge into practical sessions where beneficiaries can develop real practical skills.

Positive feedback was received from many NGOs, service providers and development agencies on the process, activities, research and materials developed throughout the project indicating the value of the participatory approach and personal testimonies that have informed the project.

The future

Exposure to drug misuse and/or HIV is not always a matter of choice especially for women and marginalized youth. But large scale, target group specific, comprehensive education programmes promoting safe behaviours including voluntary HIV testing, are key to preventing the spread of HIV and AIDS and drug misuse. TTRCRF seeks to strengthen its efforts in this area.

Another long term issue would be to promote male responsibility by demonstrating how their behaviours can impact positively on women, so they can make their own choices. Such a goal refers to a long and difficult process of social and cultural transformation, but it represents one of the key challenges in addressing HIV and AIDS as well as women’s vulnerability, especially in rural areas.

Psychological support as well as health care and social services need to be further developed in rural areas not only for patients but also their families and the close circle of people who are affected by the lives and problems of drug users, and who too have specific needs. These needs have to be addressed as part of the strategy to respond to drugs, HIV and AIDS and harm reduction in a comprehensive manner.

TTRCRF now seeks to scale up its current prevention, treatment, training and advocacy activities, including the development of networks and partnerships with service providers, professionals and semi-professionals, at local, national and international levels. Many community leaders have also requested the project be expanded further so as to reach populations in other rural areas.

This project has been supported by UNESCO and the European Commission
Why here?

Situated in the Caribbean, Trinidad and Tobago is grappling with a steadily rising HIV epidemic that is spreading to all regions of the country. In the last decade, the number of reported HIV cases has doubled. In 2002, 1,209 HIV cases were reported, representing a rate of nearly 1 HIV infection for 1,000 inhabitants, one of the highest in the Caribbean. The potential economic impact of HIV and AIDS is serious as it could result in a rise in health care expenditure amounting to 5% of Trinidad and Tobago’s GDP by 2007.

Drug misuse is also high and affects the inner city areas in particular where there are high rates of illiteracy, unemployment and violent crime as well as substandard living conditions. Young people, especially from socially excluded and economically-deprived communities, are vulnerable to risk-taking behaviours. Many of them are boys and young men who have dropped out of school early. Many have parents or older brothers and sisters who are unemployed, in prison, or even dead and there seems to be nowhere to run, nowhere to go. In these conditions a negative cycle exists where children lacking traditional role models step into the shoes of their elders and find themselves exposed to vulnerable situations and risky behaviours.

Breaking this cycle of social exclusion and vulnerability is vital and can only be done by reaching young people at an early stage with appropriate information and assistance. New alternatives must be provided to help them make informed choices and overcome the difficulties they might encounter in life.

Making a difference

The Centre of Hope is a voluntary organization which has been established recently in one of the most deprived areas of Port of Spain with the aim to create a space and new opportunities for youth so as to support the development of learning and provide a healthy environment that is vital for enhancing their quality of life. The project especially seeks to increase individual and community empowerment through life skills and creative activities.

A key strategy consists in using participatory drama, role plays and music as a medium for transmitting information, raising awareness and building creative life skills among youth. To this end, the Centre of Hope works with an organization called Oasis, a youth drop-in centre, which is affiliated to Rebirth House, a drug rehabilitation centre. It is well known among young people as being a useful place to go to for support and information. Oasis was chosen as the main place for youth involved in the project to meet and work together in a group and prepare prevention performances on HIV, AIDS and drugs. The Centre of Hope also collaborated with several NGOs and drop-in centres working with street youth and impoverished young people in the area. About 25 young people were recruited to participate in the project.

A drama group specializing in drugs and HIV prevention from Serenity Place and a drug rehabilitation centre, were also engaged in
the project to guide the youth group in the
development of prevention performances. Several
skill building sessions were organized with the
youth group, providing appropriate prevention
information, artistic skills training and tools to help
them in their training as peer educators. These
developmental workshops also provided a venue
to identify additional needs among participants
and to refer them to appropriate partners and
service providers (ranging from literacy to health,
food and shelter).

The young people thus develop their own theatre
pieces and artistic performances on HIV and AIDS
and drugs prevention education with the guidance
of experts and under the supervision of social
workers.

Participants interacted in an entertaining way and
were given ownership of the project. This process
builds their self-esteem as they realize that they
can play an important role in the lives of their peers
and in the future of their respective communities.
They are given information about healthy lifestyle
options and encouraged to develop skills that will
strengthen their individual status and help them
to better face the hardships in their lives.

The project has received the approval of both
the National Drug Council and the Ministry of
Education. These organizations also feel that the
project supplements their respective efforts in the
field of prevention education and that it explores
an innovative means of intervention.

Achievements so far

25 young people were directly involved in
the project as part of the youth group which
developed and performed theatre plays and
artistic shows to spread prevention messages
among their peers in an entertaining way.

The performances addressed central themes of
interest to all youths and integrated elements of
HIV and AIDS and drug prevention. For instance,
topics included: ‘I am somebody’, ‘Keeping my
body healthy’ and ‘Use of my leisure time’.

The youth group participated collectively in the
different training and developmental sessions
and gained self-esteem, awareness, knowledge
and skills which were of great value in their future
development.

They now feel confident in counselling and
educating others about some important issues,
particularly in relation to HIV and AIDS and drug
misuse. More importantly they now believe that
something of value by others, both peers and adults
can come out of their minds and their hands.

The theatre plays and concert were first tested
on friends and families before being taken to the
real target groups of the project, young people
from impoverished communities in Port of Spain.
The project then undertook road shows to two
very marginalized areas in Port of Spain with a
significant population of vulnerable out-of-school
young people. Several shows were also performed
in schools thereby reaching both students and
out-of-school youth with relevant information
on drugs and HIV and AIDS. In these different
ways and with the establishment of partnerships
between The Centre of Hope and other NGOs as
well as school principals, the shows managed to
reach several hundred young people.

Lessons learnt

• Involving representatives of target groups as
primary actors and owners of prevention activities
is a key element to the success of the programme.
This provides an opportunity to assess what the
target population’s average level of awareness
is and what their learning requirements are and
to develop communication media and messages
that are relevant, acceptable and attractive to
the final beneficiaries.

• Youth usually have a short attention span. It is
thus important to arrange for more training
sessions for shorter periods of time. Getting
them interested and maintaining that interest
is where the challenge lies, and it is crucial that
there is informed commitment that is geared towards expected short-term benefits, as well as ensuring the activities are attractive by being playful. In this respect, drama presentations and musical videos seem to be very good media. Participation in such activities can also serve as an entry point to other education and skills building programmes that might seem less recreational.

- The area where the project is situated has become increasingly dangerous and there is on average one murder a day. It is an area where drug misuse and other risk behaviours are common and often gang related. It is thus important to get the consent of all community members to advertise the shows publicly as much as possible and arrange for security measures to be in place for both the participants and the audience.

**The future**

The drama performances will continue to be taken to other organizations and schools in the inner city.

The Centre of Hope, as a community-based organization which was recently established, seeks to build further partnerships with other educational, occupational and health services so as to ensure the sustainability of current interventions and facilitate access to other services among out-of-school youths and marginalized communities.

*This project has been supported by UNESCO and the European Commission*
Why here?
Grants Pen is an area located in the 'up-town' area of Kingston. Like similar inner city communities, Grants Pen has a large population of youth who are not in school and who are unemployed. School drop-out rates among youth, especially boys and young men, is a critical issue in the Caribbean and engaging with them a major challenge. These young men are vulnerable to risky behaviours which may cause them to harm themselves and others. For example, the Jamaican Ministry of National Security in 2002 found that 70% of violent crimes involved people aged between 15 and 27, as either perpetrators or victims. Other national statistics show that the number of young people being diagnosed with HIV is growing fast, with teenage girls three times more likely than teenage boys to be infected by HIV. Drug misuse, including crack cocaine, among young people appears to be on the increase.

Making a difference
Richmond Fellowship Jamaica (RFJ) was established in 1988 with the aim to provide treatment and care for those who have lost control over their lives due to the misuse of drugs. In 1991, ‘Patricia House’, the first residential drug rehabilitation unit was established, and a review of clients’ profiles soon showed that more than 90% of them had begun using drugs between the ages of 9 and 15. Based on the old adage ‘an ounce of prevention is better than a pound of cure’, and aware of the primary prevention efforts being promoted by the National Council on Drug Abuse, RFJ decided to explore ways of intervening in the process and thereby developed drug prevention activities that targeted youth in this age group. In this context, RFJ developed a project in Grants Pen, one of the communities where young people were the most exposed to drug misuse and violence, with a view to break the circle of vulnerability and social exclusion.

The project thus adopts a holistic approach of individual and community empowerment by addressing the root causes of vulnerability and social exclusion among key populations with the potential to influence the local process of social transformation.

It aims to equip young people with the knowledge and skills to reduce their exposure to risky and harmful behaviours (related to drug misuse, HIV
and AIDS, violence and crime) by developing a peaceful and supportive environment within the community.

Through providing the most marginalized youth with opportunities to access basic education and practical skills training the project aimed to increase their chance to attain sustainable livelihoods. Such initiatives have also been undertaken with a view to overcome the social stigma often associated by the very fact of living in the Grants Pen community, which is seen as the most deprived and dangerous area in Kingston.

The project works by using various methods of intervention and partnership, to reach marginalized youths and provide them with relevant learning opportunities.

For instance, an agreement was negotiated with the New Day Primary and Junior High School in Grants Pen to conduct participatory sessions with students that address several issues such as awareness of HIV and AIDS, drug misuse and violence, and to provide information on where to seek assistance and treatment, if needed.

Support was also provided through a youth club based in the community. The Youth Uprising Club House was set up and run by the NGO (Stella Maris Foundation). This club provides youth both at school and those that have dropped out, with classes and various other facilities and activities for personal growth and development.

These include literacy classes, a youth forum, entertainment activities such as sport and art, as well as venues for different information and discussion workshops, notably on HIV and drug misuse prevention.

In addition, a computer lab was established at the Patricia House, which is in a more privileged and residential area of Kingston. This provides a venue for training in computer skills and Information and Communication Technologies (ICTs), with free access granted to youths from poor families in Grants Pen. The training develops computer literacy and includes specific curriculum enabling learners to get official certification and facilitate employment opportunities. Classes are also available to middle class youth who pay for them thus facilitating an income-generating activity addressing the sustainability of the project beyond the life of UNESCO support.

Such an arrangement gives youth a chance to leave their usual environment in Grants Pen. In the same vein ‘youth camps’ are organized in areas out of Grants Pen where they can access different learning opportunities (including health education) and participate in recreational activities that contribute to their personal development.

**Achievements so far**

The diverse kinds of interventions provide a comprehensive response to empowerment and education related needs, promote participatory and learner-centered approaches. The life skills training and prevention programme impacts the lives of over 340 youth at the New Day Primary and Junior High School, and violence has notably decreased at the school. The Youth Uprising Club House makes efforts to increase membership and participation, although violence in the community impedes participation. Several groups of learners have now participated in youth camps, as well as in computer literacy and ICT training courses at the new computer lab.

Debating competitions have been held at the computer lab (topics included HIV and AIDS and abortion), and the lab has become a real beacon for the project. The ICT training programme which has enrolled about 95 students so far is now under evaluation by the Human Employment and Resource Training called National Training Agency (HEART-NTA) – the national vocational skills training and certification agency – which helped with the development and official approval of the curriculum. The certificate issued by HEART/NTA in Jamaica is growing in significance as the Caribbean becomes a single market. HEART/NTA in Jamaica
has been recognized by the region as the body that sets the standards for Vocational Skills Training in the Caribbean.

Out-of-school young people attending training sessions have shown great motivation and enthusiasm. It is estimated that about 40% of the learners have had access to new employment opportunities thanks to the computer training programme, although dropout rates remain relatively high, mainly because of the difficult social circumstances people face. Some testimonies from participants in the computer lab training programmes are very encouraging:

‘When I came here I did not know how to turn on a computer, today I can do all the basic things in word processing, I can surf the internet, and I can help myself on one graphics programme.’

‘One of the main reasons I applied to come to this course is because I had the time as I was not working. Today I am happy to tell you that because of this programme I now have a job.’

RFJ has also been engaged in several community awareness talks with significant participation and representation from project beneficiaries.

The various aims of the project have been well documented and reported in the local media which has contributed to a more positive image of Grants Pen although there is still a lot to do to address the problem of social stigma.

**Lessons learnt**

- Violence and crime are not conducive to undertaking community-based activities. Additionally engaging out-of-school youth remains a challenge ensuring their participation.

- Any activity designed to attract persons from a wide cross-section of Grants Pen is best held outside the community. Non-residential youth camps organized in the community have had relatively low attendance when compared to those arranged outside the community.

- Inadequate resources, especially in personnel, have been a real challenge. But alternatives involving unemployed parents, with immediate incentives, to facilitate out-of-school activities have been found. Successful learners can initiate other extracurricular activities such as dance or music. This is a very interesting achievement as it contributes to creating real community ownership. One learner has received support from RFJ to participate in video training. In return the learner spends some time engaging in new activities and making a video training programme for other youths in the community.

- The participation of drug users in various activities at the rehabilitation centre, especially with other youth in some of the youth camps, has proved to have a very positive impact. This is not only in passing on effective drug prevention messages to other youths but in the personal rehabilitation of the drug users too.

- A serious look must be taken at the general social lethargy and other disabling factors that characterize the community and its members. New and maybe unconventional methods must be further explored to motivate participants. Youth in this situation may not ‘value’; the same things that other people do and they have major difficulty perceiving life beyond tomorrow. Telling them about benefits that will come in three or eighteen months when their future is now is unrealistic. This issue must seriously be taken into account for the design and development of future activities especially in vocational training programmes by providing little incentives to learners for their participation or shortening the overall training programme.

**The future**

Plans for the future include a diversification of activities (including video, photographic and other artistic skills development) and of vocational training programmes that offer a wider range of learning opportunities and skills that are valued.
on the labour market. RFJ also intends to scale up current interventions, and to sustain the organization of awareness raising activities in relation to drug misuse and HIV and AIDS among key groups.

Income-generating activities should also be developed further to ensure the sustainability of some project activities. For example, the children living in the middle class residential area where the computer lab operates are asked to pay a fee to attend computer training. This fee helps to subsidize the participation of children coming from poorer neighbourhoods. There might be potential to expand or replicate this system for other activities.

RFJ also continues to promote the development of community services. One priority is advancing police-community relationships by having a police station, a post office, basic health services and other community facilities in the same place. This would significantly contribute to supporting the development of a healthy, peaceful and supportive environment in Grants Pen.

This project has been supported by UNESCO and the European Commission
Why here?

The city of Bridgetown, which is the capital and largest parish in Barbados, has a population of nearly 100,000 about 35% of the total island population.

This densely populated area is the hub of the business community and also has its proportion of underprivileged communities. The area of Nelson Street is where the socio-economic problems are the worst, thereby imprisoning its community in a vicious circle of vulnerability and social exclusion.

A national survey conducted in 2000 on substance misuse and violence identified the Nelson street area as a location particularly affected by drug misuse (marijuana, crack cocaine and alcohol), and related violence. Crime involving youths aged between 14-30 is on the rise, largely due to significant increase in experimental drug misuse among young people aged between 13-16. HIV infection also represents an important risk for local populations, not only among drug users but also youth and young women exposed to street violence and exploitation.

On many occasions, it has been suggested that the government should impose harsher sentences and employ more law enforcement officers to deal with this rapidly escalating social problem. However, a logical analysis would conclude that much attention has been paid to the symptoms but not enough to the root causes which could include academic failure, teen pregnancy, delinquency, poverty, community disorganization, gang membership, poor family management practices, parental criminality, parent-child separation, unemployment, the influence of media and truancy. To have some impact on the level of violence among youth, these diverse factors of vulnerability must be continuously addressed as part of a holistic and pragmatic approach to crime prevention and reducing vulnerability.

Making a difference

The key aim of the Pinelands Creative Workshop (PCW) project is to break the cycle of poverty and social exclusion by creating a series of development opportunities and hence reducing the impact of drug misuse and the spread of HIV and AIDS among the youth of Nelson Street. PCW’s credibility and its ability to reach community members as well as to build partnerships with known and trusted organizations and individuals is a strong asset for the project.

The reduction of poverty must be given specific attention and addressed within a framework of wealth creation. The levels of unemployment, poverty, education and marketable skills suggests that generating an income is an endemic problem for the community of Nelson Street. Therefore, in order to seriously affect and change living conditions and behaviours, the creation of wealth through business, employment and the development of marketable skills must be top priority. Such an approach would promote an alternative way of raising an income rather than selling drugs and would target those who are the most affected and vulnerable, namely out-of-school youth and single mothers.
The project was launched after an initial assessment of community members priority needs, interests, marketable skills and challenges. This resulted in the development of several programmes targeting heads of households in marginalized communities including women and youth who have fallen through the social and economic cracks. These training programmes covered the following:

- **Micro-enterprise development**: to provide learners with a variety of skills that are necessary to establish and manage a small business in a profitable manner. The main courses included computer training, marketing, accounting, legal orientation and enhancing basic literacy.

  Learners were assisted in undertaking tasks, developing business plans, and progressively establishing their enterprise under the guidance of PCW. A grant competition is also organized at the end of a 7-week evening training programme that provides loans for entrepreneurs through a open process involving professionals. PCW provides follow-up support to the participants after the commencement of their activities.

- **Employment preparation**: to enhance skills of particular value to potential employers. The major barriers to employment among those aged 15-24 are usually poor basic education, poor work ethics, lack of marketable skills and a lack of work experience. Training sessions thus mainly cover communication, presentation skills, computer training, work ethic and basic literacy. Considering that many of the participants have not completed secondary school and therefore have not received any certification, the programme tried to attain certification for specific topics of interest to participants. This can include an ICT Programme Certificate or a Basic Food Safety Training Certificate (awarded by the Barbados Community College).

  Practical sessions are also integrated into classes with activities such as short placements with local artisans and enterprises and the organization of a ‘Job Fair’ at the end of the 6-week programme. This attracts local businesses and partners to interview participants for potential employment opportunities. This is primarily a training session but can provide real employment opportunities.

- **Skills enhancement**: to enhance non-traditional marketable skills among participants in areas where employment opportunities exist (e.g. in plumbing, tiling, electrical installation, mechanics, horticulture, carpentry, computers and catering). A partnership has been established with the Barbados Vocational Training Board, so that learners can practice what they have learnt in this national training organization.

- **HIV and AIDS and drug awareness workshops**: These sessions were organized at different times throughout the duration of the various training programmes.

**Achievements so far**

An initial series of training sessions have been undertaken by community members, with about 20-45 participants attending one particular segment of the training programme.

The micro-enterprise development programme benefitted young adults above 20 who already had some kind of working experience. These included individuals, primarily women with limited or no training in business and management. Most of them wanted to start a business at the end of the programme and were supported to do so with micro-loans. They were able to start their
business under the guidance and with the follow-up support of PCW. (These businesses included small liqueur shops, selling fruit, cookies and peanuts, food production and marketing). The training programme obtained certification from the University Of West Indies School Of Continuing Studies.

Recommendations for future sessions notably included the organization of monthly group meetings among participants so that they could learn from others experiences and support one other.

Among the participants in employment preparation training, 5 were awarded an Information Technology Program certificate and 13 a Basic Food Safety Training certificate. After the job fair the majority of participants had access to full or part-time employment.

The skills enhancement training programme was found to be not very successful. Although 25 people were registered with the Barbados Vocational Training Board none had access in the end to a training opportunity which they preferred. Alternative training sessions organized in areas far from where they lived, was also found to be a restriction for many. Alternatives to this programme will be explored possibly with non-formal training and placements with local artisans.

Information and training sessions on HIV and AIDS and drug misuse were very well-attended. All the participants volunteered to have an HIV test at the end of the sessions and PCW arranged for a mobile testing team to do so.

This is a good start for the programme which has already made an impact in developing sustainable livelihoods by tapping into the potential of locals and providing opportunities for participants who are now armed with skills to help advance and care for their households.

Such activities also raise the profile of the community as success stories have been relayed in the local media. This positive image makes the Nelson Street community a role model for other marginalized and depressed communities.

This project can also serve to focus the government’s attention on the strengthening of community activities for producing positive social transformation.

It is interesting to note that despite the violence, sex work, and drug use that can be seen directly outside the training facilities, such factors never had a negative impact on the training programmes. Participants affected by such activities were never disruptive but rather supportive. And many others in the community, especially women, have already expressed an interest in attending new training sessions.

**Lessons learnt**

- The timely implementation of planned activities is necessary to build trust and confidence within the community.

- Hosting the programme in a location that is acceptable to the participants and that is at a convenient time is very important for the success of the project.

- The ability to engage partners from private and public sectors to contribute to the project is important.

- The provision of training that has a healthy mix of practical, experimental, relevant and participatory approaches appeals to those who would have difficulties with lecture type training because of a fear of the classroom.

- Employing a local person/facilitator from the community to assist with the implementation of the programme and management encouraged community participation.

- Adopting an approach of inclusion where the skills of participants were utilized wherever possible, enabling the participants to become empowered and have ownership of their development.
• Research is a critical tool and can determine the success of the project (communities are not clones, each one is unique).

• Letting the needs of the people determine the type of programmes that are offered.

• Presenting learning in a creative and inclusive way.

The future

The project has been successful in attracting women and is now exploring ways of including activities which will be attractive to men (such as music, sports, hairdressing and video). Addressing male responsibility by working with young men is critical to the progress the project can make in addressing further social transformation among communities.

The intervention was welcomed by the residents indicating a number of additional programmes and services they would like to see happening in the community (e.g. a sports development programme, artistic courses). PCW is also developing a skills training course on massage therapy so as to provide young single mothers with skills to enable them to remain at home and care for their children while earning an income without the expense of rent or nursery/day care fees.

PCW also intends to establish a computer lab in the community and develop specific training sessions for community leaders particularly on HIV and AIDS and drug misuse awareness given the potential impact these people can have on the community at large.

This project has been supported by UNESCO and the European Commission
Why here?

In October 2003, in the Dominican Republic, there were 14,341 (cumulative) cases of people with HIV, 6,930 of which had AIDS. More men than women were HIV positive (with men making up 63.4% of the total). Sexual activity is the most common form of transmission, with heterosexual relations representing about 75.8% of cases and 7.1% for homosexual or bisexual relations. HIV transmission through injecting drug use represents 3.1% of people living with HIV (PLWH) in the country. While sexual contact is the most common form of transmission drug misuse is an increasing risk factor especially among youth.

Making a difference

REDOVIH (Red Dominicana De Personas Que Viven Con VIH/SIDA) is an organization created for the improvement of the quality of life of people living with HIV and AIDS. REDOVIH numbers about 24 self-support groups in the country through its national network that involves more than 1,500 PLHIV. Since its foundation in 1997 REDOVIH has focused its actions on health promotion, prevention of HIV infection and access to anti-retroviral therapy. The organization also helps PLHIV defend themselves against social and work discrimination, to promote their human rights, citizenship and social solidarity, education, establishing self-support groups and networking with regional, national and global alliances.

The UNESCO project aims to support REDOVIH in developing appropriate prevention actions among key marginalized youth groups and to expand the capacity of self-support groups while providing new learning opportunities and skills for people living with HIV and AIDS. The project objectives are:

1) Provide information and guidance about HIV and AIDS and drug misuse in a comprehensive and personalized way to vulnerable residents, street children and adolescents in marginalized areas.

2) Create a dialogue among HIV and AIDS-affected drug users that will result in a positive emotional experience for them and provide social support to these populations with the establishment of self-support groups.

3) Develop educational materials and stage theatre productions to raise-awareness on HIV and AIDS and the prevention of drug misuse in vulnerable populations.
An important feature of this project consists in raising awareness and providing information about HIV and AIDS and drug misuse through theatre performances, referral and educational materials.

The use of theatre is one of the many different strategies used to make education more dynamic, accessible and exciting.

This part of the project works in collaboration with the creative theatre company ‘La Gestadora’ and has direct involvement from young people living with HIV and AIDS as well as ex-drug users. An evaluation study was initially conducted among street youth, community-based organizations, and local community leaders to help inform the content of the performances. The findings of this survey confirmed that some important gaps still existed in the population about receiving appropriate information and discrimination towards people living with HIV and AIDS and drug users.

The results of this survey then informed the development of future scripts that were written collectively under the guidance of experts, and were adapted for target audiences to make them locally relevant. The actors, who themselves are living with HIV, interact with the audience to give them the chance to raise questions and concerns about HIV and AIDS and drug misuse. Educational leaflets and condoms are distributed to the audience after the plays.

**Achievements so far**

22 young people were selected to take part in developing the scripts, 13 of whom were additionally trained during workshops called ‘Introduction to Theatre and the Grammar of Fantasy’. The development of basic literacy skills among participants was also encouraged. The theatre group now consists of 10 young artists, all living with HIV. They have performed in slum neighbourhoods, schools, treatment centres, public spaces and self-support groups in areas of the country where HIV is prevalent, in particular in Santo Domingo, Puerto Plata and San Cristobal. The group has performed street theatre at events like the Dominican Carnival, Gay Pride and religious festivals. Their performances have reached thousands of people and have been regularly evaluated. An external evaluation has shown that the theatre group has achieved great success in promoting safer sex and communicating drug prevention messages and has underlined the importance of this creative way of addressing health issues to a vulnerable and difficult to reach community.

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Two support groups for people living with HIV and AIDS have been established as a result of the project: one specifically for women, and one more specifically for drug users.

For actors, who are all PLHIV, the project represents a source of income (they receive incentives) and the skills they acquire will be useful when searching for other employment. But more importantly the actors realize the effect awareness raising can have on their personal situation: ‘People in the communities learn things; in the plays we talk about the discrimination [e.g. employers requesting a HIV test before hiring someone] and people look at you differently after they participate in those plays’.

**Lessons learnt**

• It is important to include the identified matters of interest for adolescents and adults in different information activities and adjust the content of each production for different populations. This can only be achieved by undertaking preliminary research to develop prevention interventions.

• The project recommends that sexually transmitted infections, HIV and drug prevention in adolescents, young people and adults needs to take on board a number of issues. In particular, issues such as the postponing of first sexual intercourse, condom use for those who are already sexually active, and preventing the shift from non-injecting to injecting drugs as well as promoting safe drug injection practices.

• The project confirms the importance of involving people with HIV and AIDS in all phases of project interventions directed at them, but also in the course of prevention activities targeting other populations, and especially young people who are particularly touched by the first-person testimonies of affected people.

• Setting up self-support groups for HIV positive drug users has proven to be very valuable. These groups need to work separately from others since this provides opportunities to share similar experiences and anxieties without feeling alienated.

• The history of drug users who live with HIV and AIDS and their opinions on the strategies of prevention programmes directed at adolescents should be considered.

• Prevention activities must be expanded and sustained as HIV and AIDS cases, particularly among drug users, continue to be on the increase. A possible cause for this increase, the project notes, is the absence of appropriate political support for prevention and rehabilitation activities, the easy availability of drugs to young people and the early initiation of sexual activity.

• While collaborating with drug treatment and rehabilitation centres, it was also noticed that many drug users do not think that they are particularly vulnerable to HIV infection. This is an important challenge which must be addressed as a matter of urgency.

**The future**

The project has enhanced the capacity of REDOVIH members in the areas of communication, education and information, including using drama skills as an innovative method of intervention.

New trained theatre groups now exist to take the work forward and others should be established throughout the national network, notably in Puerto Plata, with the assistance of those who have already acquired such skills.
Further networking will be explored with other NGOs, service providers and drug treatment and rehabilitation centres for joint activities. This will include future venues for theatre productions as well as the establishment of additional support groups where the development of alternative income-generating activities should also be promoted. This will help reduce the damage caused by HIV and AIDS and drug misuse where there is a high level of unemployment due to poor health among those impacted and drug users.

This project has been supported by UNESCO and the European Commission
**Why here?**

The 1980s in the Dominican Republic was characterized by accelerated inflation, price increases, real salary cuts and a reduction of social spending by the government and an increased migration from rural areas to the capital Santo Domingo's outlying neighbourhoods. Social problems increased, including unemployment, delinquency, sex work and exploitation, school truancy, violence and family disintegration. Children and young people living on the streets has become a serious problem.

Critically, the majority of the street children are Haitian, displaced from their homes because of the political situation in Haiti over the last decade. These displaced young people do not have the right to access health care, education or employment. Furthermore, they are often traumatized by their past experience in Haiti and discriminated against in the Dominican Republic because of their origins. Street children are often exposed to daily violence and abuse which has a severe impact on their living conditions as well as their self-esteem. Under these circumstances, the youth turn to drugs and substance use. A survey in 2003 demonstrated that glue sniffing and industrial solvents which cause physical and psychological problems were a major problem. There has also been an increase in the number of cases of STIs, including in relation to HIV, among youth in the recent years.

**Making a difference**

Niños Del Camino is a voluntary organization which aims to improve the quality of life of the children and young people (mainly boys and young men) who live on the streets of Santo Domingo, most of them being displaced populations from Haiti.
More specifically the project aims to improve the self-esteem of these children and adolescents through non-formal education and creative art. It strengthens their ability to protect themselves when facing risky situations by raising their awareness about drugs, STIs, HIV and AIDS, and other relevant issues. Moreover, the project provides the street children with vocational training, basic education and the chance to exhibit their creative work.

The project involves the establishment of creative artistic workshops, appropriate to the cultural identity of the target population, Dominican-Haitian music, theatre and arts. There are also workshops on handicrafts which provide vocational and technical training with the intention of enabling the children to sell their work and gain a 'safe' income. Links are being established with public and private institutions who might be potential employers.

Other workshops involve cultural and recreational activities such as sport, music, photography and theatre. Many of these developmental workshops are arranged out of Santo Domingo. This is in collaboration with a rural community-based organization which engages youth in creative handicrafts (such as clay modelling) and arranges for recreational activities in a healthy environment and space where youth can forget about their difficult urban conditions for some time. Informal participatory workshops on health, hygiene, drug misuse and HIV prevention are also organized.

Niños Del Camino more generally provides a multitude of services to street youth, ranging from basic needs such as food and shelter to outreach work, life skills or basic education. This includes information and counselling for accessing legal and health services.

A mobile school enables outreach workers to take the school to the children in an informal way. There are activities which enable the children to explore, play and develop their skills in literacy and numeracy, while at the same time providing a safe space to learn about HIV and AIDS and drug misuse whilst developing relationships with outreach workers. Workshops are also developed for street youth to be trained as peer educators on STIs, HIV and drug prevention.

Achievements so far

Several hundred street youth benefit from the various activities of Niños Del Camino, and more than 100 have received training which provides them with the skills to raise income through traditional craft making. The level of self-esteem has significantly increased among young participants who feel sheltered by the supportive environment of the project.
Several qualifying scholarships on Haitian-Dominican handicraft were granted to street children who showed a special interest in this activity to enhance their professional development. Many recreational and sporting events have also taken place where drug prevention information is also provided. More than 20 workshops about drugs and HIV and AIDS using theatre and puppets have been organized for young people, and peer education activities are underway.

A photographic exhibition about the project has been held and a regular bulletin about it is published. The bulletin is distributed widely among civil society partners and individuals. It echoes the voices of these youths who are also involved in the drafting of the articles. This material is then used, along with others like posters or youth forums as an advocacy tool to spread the concept of care for street youth among service providers and other institutions. The Ministry of Education has notably provided its encouragement and support to the project.

Materials on drugs and HIV prevention have been developed for educators and for young people, which are distributed as part of the mobile school activity. A partnership with Education Sans Frontières, a Spanish NGO which supports a programme ensuring access to basic education through a mobile bus within a rural setting has been established.

**Lessons learnt**

This project has a very strong research element:

The incorporation of findings from three PKAA (practice, knowledge, attitudes, aptitudes) studies informed operational activities of the project and were valuable in ensuring responsiveness.

On the basis of the findings the project refocuses its educational activities and reinforces its work in the field of social exclusion, particularly for the benefit of those living with HIV. Research informs the development of new activities to cater to the evolving needs of this, hard-to-reach, and very vulnerable population.

Niños Del Camino has an advisory team drawn from different institutions and with varying areas of expertise. Developing partnerships and networking activities with the different civil society sectors and service providers is key to offering a comprehensive response to the target population and to coordinating initiatives so as to avoid duplication and promote the most productive use of all resources.
The use of a participatory approach and recreational activities are crucial for impacting on self-esteem and addressing other educational needs such as literacy. The trust of street children in the organization is a prerequisite to the development of any specific activity with and for them. Opportunities to promote dialogue within the organization and among youth groups are also important factors that must not be overlooked.

The future

Niños Del Camino has practical experience in working for and with street children and adolescents. The organization also has good project management skills. This project is based on a need expressed by the children themselves and the plan is to ‘systematize’ the activities and to continuously improve, diversify and enhance the abilities and self empowerment of street children and their families.

Niños Del Camino has strong support networks, links with many institutions, and its activities fit well within national strategies. Within this framework, Niños Del Camino can advocate strongly for the better inclusion of beneficiaries into the Dominican society at large and will continue to do so for all those who are left outside the socio-economic development process.

This project has been supported by UNESCO and the European Commission
Why here?

The ‘red-light district’ of Bogotá is an area where the city’s commercial sex activities are linked with a high concentration of socially-excluded people living together. These include: street inhabitants, sex workers, drug dealers, dealers of other illicit and illegal items and delinquency. They all have specific problems and are highly vulnerable to drug misuse, drug dealing, delinquency, sexual exploitation and at high risk of exposure to HIV and other STIs.

The lack of local community-based services (health, education, basic care, personal security) means people do not have access to necessary services. The government’s response to the issue of drug misuse has been to reduce the supply. The problem of how to try and reduce demand has not been addressed. This can only be done by providing other sustainable alternatives such as livelihoods, care and treatment. This project demonstrates how this would be a good practice to address this problem.

Making a difference

PROCREAR has established a drop-in centre for drug users, street inhabitants, sex workers and socially-excluded people that is situated in the ‘red-light district’ of Bogotá. PROCREAR has developed this community-based project to reduce the painful consequences of drug misuse in a highly vulnerable area and to attain sustainable livelihoods for the people who live there.

PROCREAR’s approach is based upon five key elements:

1) **Organization**: The needs of the beneficiaries were paramount in order to develop an effective response. This involved understanding their needs through a participatory approach and organizing available resources (individuals, groups, networks, institutions and other NGOs).

2) **Treatment, care and support**: provide basic care for people in high-risk situations (e.g. shelter, hygiene, medicine and food).
3) **Education and empowerment:** support basic education (functional writing/reading/arithmetic) and planning to create opportunities for improved livelihoods.

4) **Treatment and rehabilitation:** link to support and services for people affected by the consequences of drug misuse, sexual exploitation and years of living on the streets.

5) **Livelihoods:** create income-generating opportunities through educational and micro-credit schemes that help establish individual or small group projects.

The project’s main areas of activities include:

- Outreach work by peer educators for target populations, including work in the streets.

- Basic education for all persons attending the Centre including training in basic literacy, numeracy and analytical thinking. One-on-one and group sessions provide participants with opportunities to recount and share their personal experiences. Linking basic education with human rights education, rehabilitation processes and productive skills training also supports participants to improve their quality of life.

- Training in Internet and computing skills, which supports learning while also helping the organization collect data and monitor the organization’s activities. For example, participants learn to read and fill in forms, use computers to file data and analyze it through practice using actual organizational materials.

- Drop-in centres providing shelter, food, clean clothes, psychological and educational counselling, basic medical aid.

- Condom distribution.

- Information and basic education on the safe use of drugs and injecting equipment and the promotion of safer sex through individual counselling, group sessions, short workshops and theatre.

- Referrals for anti-retroviral therapy, legal help and other services.

- Development of entrepreneurial skills through training and practice in four workshops: bakery, recycling, low cost restaurants and making affordable food. PROCREAR’s ‘Food Bank’ project supports this by getting food from the local food bank (30 local Bogotá institutions) and supporting project participants to prepare and sell it. As such, participants gain experience in cooking whilst generating an income.

- Assistance with job placements.

- Community-based treatment such as counselling, psychological support and group sessions.

- Teacher training in the fields of HIV and AIDS, safe sex and drug misuse prevention. This includes a partnership with the Faculty of Medicine from the Universidad del Rosario to train community people as ‘agents’ in health care and health education while they attend courses with their children in the Centre.

- Advocacy for the rights of extremely socially-excluded people and in particular sexual minorities (such as transvestites, men having sex with men, etc.).

The project participants are provided with a contract setting out behavioural goals they are expected to achieve. In this way they are given the responsibility of monitoring their own behaviour.
Achievements so far

• The project at the drop-in centre receives 60 visitors a day.

• 11 people have received handicraft training (20 sessions) and 11 have received training in the bakery (12 sessions).

• Five micro-businesses have been set up and produce from the bakery and handicrafts are used by the local community.

• 510 school students have received the sex education programme. This is an income-generating activity for PROCREAR.

• 16 women have been trained as local health agents.

• Advocacy and dissemination work involved setting up a local network of at least 20 partners including local universities, UNODC, UNICEF, public/private institutions and organizations working in the field of care, health and social policies.

• Many of the project participants left school before completing primary education and their involvement in the project has helped develop their skills in reading, oral presentation, ICT, writing and logical thinking.

Lessons learnt

• When working with very socially excluded people it is essential that their peers are included and involved. For this reason more than 70% of PROCREAR staff are peer educators.

• If the lives of these marginalized people are not improved by better livelihoods even good rehabilitation processes will have a low probability of producing sustainable incomes. Thus promoting income-generating processes has become an essential component of the project.

• One project cannot take into account all of the needs of one person so alliances with other service providers are essential. A community-based approach and networking and cooperation with different agencies are critical.

The future

The Mayor’s Office in Bogotá sees the project as a pilot scheme which, if successful, could be repeated in four other areas of Bogotá. The Mayor’s Office has a project named ‘Restore Rights and Social Inclusion’ which is for very excluded people. The project fits within the context of national policies on health and action on drugs.
This project has been supported by UNESCO, UNAIDS and Caritas International
Why here?

Young people, aged 15-24, are a significant part of the population in Brazil. The 2000 census found that 34 million people living in Brazil or roughly 20% of the population was in this age range. 81% of which were living in medium and big cities and 2.6 heads of households. Nearly a quarter (23%) of these households was living below the poverty level, with the situation worsening in female-headed and black households. Additionally, around 4.3% were found to be illiterate.

Data demonstrate that young people are more vulnerable to unemployment and dangerous work conditions. Young women are mostly employed as housemaids in urban areas and as unpaid workers in rural ones. Living conditions become worse when young women become pregnant: the 2000 census showed that 330,000 babies were born to mothers aged between 12 and 17. The number of births to young women aged between 15 and 19 has risen from 80 per 1,000 to 90 per 1000 in the last ten years.

The two local communities where the project is based aim to address these kind of vulnerabilities, with particular attention paid to young people and women.

This project aims to:

• Expand to reach the whole community through consultative processes and established services.

• Improve access to services for vulnerable groups who are socially excluded from the community.

• Establish a strong network of service providers whose methodology is considered to be a regional reference point in matters of drug misuse and empowerment.

• Confront stereotypes among individuals and institutions that reduce high-risk communities’ access to services.

Making a difference

In Sorocaba (São Paulo State) two drop-in centres bring people together to implement community-based prevention and harm reduction interventions in an area where two very high-risk vulnerable communities are regularly exposed to HIV, other STIs and drug misuse.

In collaboration with community centres and local education authorities, the Lua Nova project aims to reach out to Brazil’s vulnerable and socially excluded young people, including drug users and dealers, people with HIV and AIDS, sex workers, transexuals, transvestites, MSM and lesbians.

Lua Nova offers young people a safe haven – a ‘Listening Centre’ – where they can access
showers and health care and take part in HIV and AIDS and drugs awareness programmes. In addition, the project offers basic education and cultural activities.

The project takes a versatile, multi-disciplinary approach to its target group’s needs. As well as providing courses through non-formal education in basic literacy, reading and numeracy, Lua Nova runs locally-financed training programmes in entrepreneurial skills. This includes theatre, music (such as Hip-Hop), handicrafts, learning how to build homes, marketing, producing medicinal plants and silk screen printing.

Micro-credit is another key feature of the project which transforms the lives of those involved. Micro-credit has enabled some young people and women to set up businesses in silk screen printing, ecological brick making, recycling, dress-making, and natural medicine or cosmetic production. Screen printing products are sold at various outlets, fairs and public events where they are used to reach out to vulnerable groups and highlight the project’s aims, objectives and activities.

A house construction project is among Lua Nova’s more innovative activities. The programme teaches young women – who are predominantly either sex workers, drug users or street dwellers – the skills necessary for employment in the house construction industry and also includes basic literacy and numeracy lessons. Some of the women have had the chance to build their own houses, and the local government has facilitated micro-credit loans so they can set themselves up as self-employed. This is a self-sustainable activity both for individuals and the organization. During this activity some formal and non-formal educational activities were held such as training on micro-business, producing bricks and tiles and building. Along with these activities an informal assessment of basic literacy and numeracy has been established and specific needs have been addressed.

Achievements so far

This project has achieved a number of very positive and constructive outcomes, some of which include:

- 175 people have been involved in harm reduction activities, not only treatment and/or rehabilitation but also benefiting from basic education, counselling, legal aid, psychological support and livelihood training.
• 72 people have undertaken capacity building and training to establish individual or group micro-businesses or other income-generating schemes.

• 72 people have participated directly in income-generating projects. This has led to demand creation: the number of applications for activities such as theatre, hip-hop and dance, has increased as has the demand for HIV tests.

• Micro-credit has helped to change the status of people who were marginalized in the past and who are now considered trustworthy. This increases their self-esteem which, in turn, makes it easier to introduce education related to drugs and HIV and AIDS.

• Lua Nova has established strong links with other NGOs and the local community.

Lessons learnt

• If a community-based approach is used, it is important that the project beneficiaries do not only participate in the treatment and rehabilitation programme but that time is also allocated for social activities.

• Creating ownership and the value of community-based support was critical to ensure participation and responsiveness. It is of utmost importance to produce at least small positive results and to use them as motivation within the community which helps change the community’s attitude to the project.

• A creative approach is useful for confronting stigma, discrimination and stereotypes and can be an effective tool when faced with obstacles like changing risks into possibilities and difficulties into potential.

• Creating a culture within communities that promotes the social responsibility of its members strengthens cooperation between participants and social actors.

The future

The Brazilian government is promoting a policy on mental health which is focused on reducing the impact of hospitalization, reinforcing strategies of harm reduction, outpatients, outreach and street work. The role of non-formal educators in harm reduction and peer educators is growing in importance.

Lua Nova has an extremely successful self-help house building project for women that also engages them in literacy and numeracy training.
Some of the many entrepreneurial workshops. Here screen-printing skills are developed and the products are then sold in various outlets, fairs and public events to reach out to vulnerable groups and to highlight the project’s aims, objectives and activities.

‘I used to feel I was not capable of doing nice things. Through this opportunity I could see that it is possible; that I am capable of building things. And when I see the results of my work, when other people pay me compliments for it, I feel great! I feel like a real person!’ (A drug user)

This project has been supported by UNESCO, UNAIDS and Caritas International
Why here?
High levels of poverty concentrated in big urban areas in Brazil have a direct impact on the difficulty for poor people to access decent housing. Instability in income-generating as well as permanent exposure to social risks are the reasons why thousands of people are living on the streets of São Paulo. Cornelia Square in São Paulo was occupied by street dwellers among whom drug and alcohol misuse was very common. These marginalized people were rejected in this neighbourhood. They were perceived as anti-social and drug addicts and were victims of violence from intolerant groups that intended to ‘clean’ the city and murdered a number of street dwellers. In this context Father Jose Carlos Spinola started working with these people in 1997 providing them with access to basic services to reduce stigma and vulnerability. These people lived mainly by recycling goods thrown away by other people thus generating a minimal income enough to survive only in the streets. They also practiced illegal activities such as drugs dealing or stealing. The challenge was to provide these homeless people with necessary skills that would enable them to gain independence and autonomy and improve the quality of their lives.

Making a difference
An important principle of Reciclazaro is to promote the recycling of materials that society doesn’t want anymore and produce a new product with a new use. The final purpose of the project is as well reflected in Reciclazaro’s slogan: ‘Recycling lives through the recycling of materials’.

The aim of the project is to empower these socially-excluded people through non-formal education and entrepreneurial activities and rehabilitation. The organization first focused on supporting the recycling of materials, an activity familiar to individuals accustomed to living on the street. To facilitate social inclusion, the project began training people to make handicrafts using these recycled materials. They were further taught activities based on basic and non-formal education, including the development of functional literacy and numeracy. In addition HIV and AIDS education, as well as the prevention of drugs misuse were recurring themes incorporated throughout the project.

Reciclazaro has grown as an organization by implementing innovative schemes to reduce the vulnerability of local populations.
The organization has recently established a number of 'safe houses' for various vulnerable groups of men and women, ranging from those recovering from alcohol dependence, the homeless elderly, women living with HIV as well as drug users.

In these houses, Reciclazaro supports educational and productive activities and provides services such as childcare, shelter, food and medical referrals.

For example in Marta and Maria’s Home Community which helps homeless women and those affected by domestic violence or mental health illnesses, participants make handmade soap and tapestries. In Reciclazaro Productive Community, male and female alcohol and drug users, people living with HIV and socially-excluded people collect selected recyclable materials. In São Lazaro Community, former street inhabitants produce a range of products using recycled raw materials. In Casa Guadalupe Community, men and women living with HIV and other infections or illnesses, produce handcrafts.

In all the projects, the local community has an active participatory role. For example, the project organizes second-hand markets and educators make contact with their target audience on the streets. The project is currently investigating the possibility of developing an international fair trade network to sell their products.

Other activities include:

- Local Community Wall Journal and Radio Education: to give vulnerable groups a voice and improve their basic communication skills. This is part of the EduCommunication concept developed by Reciclazaro. The radio programme has also been established in collaboration with São Paulo University.

- Entrepreneurial skills training: to support income-generating opportunities and its therapeutic results for ex- or for recovering drug users. This includes training in a wide range of activities such as baking, recycling and handicrafts (carpets, bags, furniture, decoration accessories, candles, toys, etc.)

- Marketing and selling of products: to provide sustainable income-generating activities. This and the aforementioned activity include the provision of information on self-employment and micro-credit schemes.
Self help groups: to support the sharing of experience, peer education and rehabilitation. This is part of the project’s harm reduction programme which addresses community treatment, relationships, hygiene, nutrition, safe sex, safe drug use, STIs, HIV and AIDS, referrals to services, condoms and clean needle distribution.

Outreach for prevention and harm reduction: to raise awareness and reduce harm related to HIV and AIDS, STIs and drug misuse. Outreach activities are undertaken in local schools, vulnerable settings and in particular on the street.

Production of educational materials and tools: to assess, organize and plan interventions as well as monitor the outcomes among project participants.

Achievements so far

• 76 people have received training in entrepreneurial skills.
• 25 have taken part in training on micro-credit and 15 have attended sessions which teach skills required for self-employment.
• 100 have attended training on harm reduction. All the beneficiaries from all the communities of Reciclazaro regularly receive information about harm reduction from the daily social worker.
• Reciclazaro has established formal contacts with 8 local partners to work together on HIV and AIDS prevention and harm reduction in drug misuse with four communities vulnerable to risk.

Empowerment arises when individuals are provided with livelihood skills and taken through a process that helps them to manage money and their lives. Providing productive skills that helped develop personal livelihoods as well as generate an income were an important part of the process. In this sense empowerment is truly about supporting individuals to have a vision about their future.

Lessons learnt

• It is important to maintain a ‘routine’ to guarantee stability and encourage discipline.
• Without proper and continuous support by Reciclazaro staff all these experiments will not succeed.
• Socially excluded people need a lot of time to get organized and be totally autonomous. Long term objectives are difficult to achieve because daily survival is an immediate goal. To participate in the project without producing an immediate or short term result is something that is emotionally difficult and one of the main reasons why people drop out.

The future

The project aims to achieve the following short-term outcomes:

• Increase the number of people who are aware of HIV and AIDS, drug misuse and other risks.
• Stimulate, motivate and support participants and encourage enterprise and self-sufficiency in the target population.

Long term outcomes include the following:
• Provision of training and qualifications to facilitate financial independence and self-sufficiency.
• Develop financial literacy among the project participants through training in money management and micro-credit schemes.

• Changes in behaviours for those faced with high risk situations (particularly in relation to decreased drug misuse).

• Build on self-esteem and coping mechanisms among project participants.

Reciclazaro wants to enhance the process with the creation of another centre (Comunidade Produtiva Gasômetro), to implement other ‘mini businesses’ such as the production of glass crafts, woodwork, plastic brooms and patchwork. The scheme in this centre will be different. The leader of each ‘mini business’ will be responsible for a part of the whole centre’s expenditure (energy bills, etc.) while receiving technical support from Reciclazaro.

This project has been supported by UNESCO, UNAIDS and Caritas International
Why here?

The La Soledad area in Mexico City is situated near a huge popular market and in an area full of commercial activities. It is not a ‘red-light district’ in itself but from all the ‘deals’ going on there it is easy to observe exploitation in the form of sex work, drug dealing and many other illicit and illegal activities.

It cannot be called a poor area even if there are poor people such as street inhabitants and drug users living on the streets. The main problems appear to include (i) individual and gangs of youth whom commit violence related to drug misuse and drug commerce (ii) a high proportion of sex workers’ children abandoned in poor hotels and rooms or on the streets without any kind of educational support (iii) a high vulnerability to HIV and other STIs because of limited awareness and educational opportunities (iv) limited basic services, mainly health and educational (v) lack of alliances or networks among local service providers.

Literacy levels in ‘La Soledad’, a small park in a high risk area of Mexico City, are low. It is estimated that of the 715 people directly reached by this project about 90% did not complete primary schooling and, of these, about 50% are illiterate.

Making a difference

Hogar Integral outreach staff have established a basic care and educational project that is based on the strategy of outreach work and community empowerment. Hogar Integral’s approach is based on three lessons learned after more than 30 years of experience in reducing demand:

1) Projects must consider the local set of risks which contribute to social exclusion in order to implement systematic solutions.

2) High priority areas should be identified and the situation there addressed. In this site, these include: the provision of basic education and care and the identification and support for legal income-generating opportunities.

3) The integration of the local community there is crucial to attaining a visible impact.

Based on the lessons learned, the project launches these activities:

- Outreach to establish direct contact with all the people living in vulnerable situations. This has
led to an established relationship with more than 700 people on the project site. Outreach included education about human rights, safer sex, awareness on HIV and other STIs and AIDS, as well as syringe exchange, condom distribution and other services.

- Expression workshops (clay, drawing, painting, games etc.) with a competent tutor have been organized which receives all kinds of people from the community. In this context street inhabitants can compare their experiences with sex workers and other inhabitants, but most importantly the process builds self-esteem.

- Drop-in centres: to provide basic services of harm reduction and care (health, education, shelter, hygiene, food, counselling), HIV and AIDS awareness programmes, and other services such as syringe exchange and condom distribution. Notably, at the beginning of the project, a tent was pitched in the middle of a small park in the centre of the local community. Now there is a fixed drop-in centre that provides these programmes and services.

- Income-generating projects such as sewing and the creation of small businesses (e.g. cooking and selling food) to reduce vulnerability. These activities have demonstrated that it is possible to link educational, health, basic care and rehabilitation processes and provide positive experiences and models for escaping vulnerable situations. In this area education is essential.

- Networking: Staff devised one simple strategy to get in touch with all the community members who were responsible for providing basic care services, facilitating close cooperation and appropriate referrals.

Achievements so far

A number of outcomes have been achieved in this project and include:

- A local network of 10 service providers covering health, basic care, medical support, advocacy and human rights.

- 25 staff (more than 50% are peers) trained in awareness activities (safe sex, safe use of drugs, human rights, group work, income-generating activities, outreach and prevention programmes).

- 210 beneficiaries included in the continuous process of prevention, basic education and harm reduction.

- 19 people trained in income-generating activities such as setting up small businesses, while 7 people have started small businesses.

Lessons learnt

- Getting people to participate actively in programmes requires focusing on fulfilling their basic needs.

- Building continuous and personal relationships is essential to help people to identify and fulfil their basic needs (e.g. sometimes they ask for money to spend on drugs or for food they do not eat).

- Establishing micro-credits and income-generating projects with people who have been living off illegal proceeds for a long time is important not only to support rehabilitation and financial autonomy but to support social and civil education.
Starting with what is called ‘Community Diagnosis’ and continuing with ‘ecological mapping’, ‘organizational mapping’, ‘formal agreements and protocols of actions’ enabled the team to identify practical solutions to well-known problems in local communities.

Networking with other organizations supports security for staff and the target groups by building inter-institutional cooperation and combining financial resources to satisfy the participants’ basic needs.

In order to be feasible and sustainable there must be continuous networking. After negotiations with local gangs a space must be found within the community where people can work in safety. There must be alliances with other community leaders and institutions for joint activities (for example at the drop-in centre the food service is provided by one local NGO, the nurse is paid for by another).

The future

Future activities are primarily focused on:

• Ensuring the continuity and sustainability of the project and strengthening the community-based approach.

• Assessing the whole project in context to understand better how it operates.

• Systematizing and disseminating the project’s findings.
REDUCING VULNERABILITY TO ATTAIN SUSTAINABLE LIVELIHOODS
HUMANITAS
SAN JOSE, COSTA RICA

Why here?

HIV prevalence is relatively high in Costa Rica compared with other countries at the same development stage. Reducing harm and creating opportunities for better livelihoods for people living with HIV and AIDS especially those from socially excluded groups (street inhabitants, sex workers, drug users and transvestites) is the core aim of the Humanitas project in San Jose de Costa Rica.

The project includes a community centre with therapeutic residential and outpatient services, a facility in a dangerous area in San Jose and an income-generating component with activities such as a beauty parlour which becomes a harm reduction centre at night.

This project establishes and maintains constant contact with high risk groups in their living or working areas and provides basic harm reduction services. There are also centres where project participants can be referred for other services. So the project is situated where the problems are and from there provides essential services as a way of improving the quality of life.

Making a difference

Humanitas’s approach is based on two strategies: creating and broadening access to essential services for very excluded people including drug users, sex workers, transvestites, people with HIV and AIDS.

The project has a number of interrelated parts:

1) HIV and AIDS education campaigns including discussion groups with businesses throughout the country.
2) HIV and AIDS peer education programmes.
3) A school programme for parents including workshops in primary and secondary schools.
4) ‘Chameleon shows’ and information programmes for firms and businesses with group discussions and workshops.
5) Information and prevention messages at churches through discussion groups.
6) Self-support groups for women with HIV where education and training is provided to help start small businesses by individuals or small groups.
7) La Carpa project: a tent drop-in centre in downtown San José, providing services and referrals to educational and basic care services for people living in the street. This centre reaches street dwellers, drug users, local sex workers and other individuals who engage in drug misuse. Among these individuals (70% men and 30% women), many live with syphilis as well as other STIs and related diseases although typically they are unaware of how to access treatment for these problems.
8) Hogar de la Esperanza, a residential treatment and rehabilitation centre based on a therapeutic model of care, support, medical supervision. Hogar de la Esperanza also supports clients to access anti-retroviral therapy through a local hospital. A life skills programme here includes learning to live with HIV and AIDS, while an entrepreneurial skills development
programme provides training in hairdressing, beauty, tailoring (accredited learning process) and developing locally marketable goods such as bags and handicrafts including leather and jewellery making.

9) By pulling together aspects of the business training (production and marketing) and basic literacy some income-generating projects have been established: handicrafts, sewing, beauty parlour, poultry shed. These projects have generated an income and provide opportunities for the people participating in them.

10) San Martin Farm Project: providing support to people living with HIV and AIDS, street people, drug and alcohol misusers by providing agricultural training to encourage social inclusion.

11) A stall at a university selling handicrafts.

12) Setting up of a beauty parlour and a beauty academy.

13) Training in selling products on the handicraft stall.

14) Professional Insertion project which places people in jobs such as house building, office cleaning and administration.

15) Clients are assessed where they received basic education as an essential starting point. The main objective of this activity is to provide socially excluded people with enough knowledge about writing, reading, numeracy and, if possible, to help them obtain primary and secondary diplomas.

The problem of shortage of staff was remedied by promoting training for staff members working in schools, churches, private businesses, formal and informal groups, municipalities, hospitals and other settings and by training them as volunteers in the area of harm reduction and so improve the quality of life of socially-excluded people.

One of the best results was discovering that a lot of people are interested in learning and helping them in a proper way. One of the best practices was to train peers and encourage them to help their fellow peers.

Regarding micro-credits, Humanitas learnt that to invest in training and education gives back fair interest rates and trusting people and believing in their skills produces self confidence and motivation in them.

**Achievements so far**

- The harm reduction and safe sex education programme has reached 21,000 people throughout the country.
• The primary criterion for participants in this project is that they are PLHIV and as such the target group consists of 25 men and 30 women.

• In addition to this group 30 street dwellers as well as 20 drug users (mostly crack cocaine) are also supported through the La Carpa centre.

• 402 people have been included in continuous harm reduction training to produce a more permanent impact.

• 67 people have received training on income-generating projects and 4 such projects have been started and are still in operation.

• Some educational units have been created and experimented with by patients in Hogar de la Esperanza (Therapeutic Community).

• This process was disseminated to all the countries of Central America. Part of the main results are that 21,000 people have been made aware of these issues and Hogar de la Esperanza was officially recognized as consultant by Caja Costarricense de Seguro Social and the Ministry of Health.

Lessons learnt

• A community-based approach is more effective within groups of socially-excluded people and its effectiveness depends on: (i) good knowledge of the community (its problems, resources, local leaders, alliances etc.) (ii) the quantity and quality of alliances with other service providers (iii) an educational component as the strategy to link all of the interventions (iv) a personal and continuous relationship with all the project participants and (iv) alliances between different local service providers.

• The sustainability of the project is improved when public institutions are involved as active partners.

• Peer educators are effective links with local communities but must be invested in with training and support in order to maximize the results they can produce. Training them produces the best results in financial and operational efficiency.

• Humanitas’s main purpose was to develop partnerships with the private business sector and the social sector to improve the opportunities for its members and enable them to increase job opportunities.

• Relapsing back into drug use remains an issue for the project unless the rehabilitation process involves medium to long term support, especially for people with years of experience of exclusion and living with HIV and AIDS. This support would include medicines, counselling, therapy. All of these services cannot be provided simply by one agency and therefore networking is a necessity. Among the main difficulties are a prejudice against practice and measures to improve safe sexual behaviours, particularly within Catholic contexts.

The future

The main goal for the future is to stress the human rights of all the project participants largely through advocacy and networking to ensure that they have access to the services they need.

This project has been supported by UNESCO, UNAIDS and Caritas International
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Another way to learn is a UNESCO initiative that supports Non-Formal Education projects working around the world in Africa, South Asia, the Caribbean and Latin America.

The long-term goal of these projects is to develop sustainable livelihoods for low-income, low-literate populations by addressing vulnerability to HIV and AIDS and drug misuse, a lack of education and social exclusion. Central to all of these projects are the creative and innovative methods used to communicate in a meaningful way, engage people and encourage their participation. The projects all focus on capacity building, empowerment, and creating learning opportunities.

The purpose of this publication is to share UNESCO’S experience and our thinking behind these projects that have sought to address the needs of some of the most disadvantaged and in particular those impacted by drug misuse.