UNGASS-AIDS and Sexual and Reproductive Health of Women

Civil Society Report 2010

Monitoring SRH&R in the National AIDS Plan of:

Africa
Kenya • South Africa • Uganda

Latin America and the Caribbean
Argentina • Belize • Brazil • Chile • Peru • Uruguay

Southeast Asia
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TABLE OF CONTENT

Presentation

Gestos was founded in 1993, in Recife, Brazil, and has been following up on the UNGASS-AIDS since 2001, sharing its experience with many organizations in Brazil and other countries.

Considering that i*t is impossible to fight women's vulnerability to HIV without an active process of empowering women,* we began a South-South Project in partnership with organizations from different social sectors in Latin America, the Caribbean, Asia, Africa and Eastern Europe, to identify gaps and progress in implementing actions of sexual and reproductive rights of women and girls to face the HIV/AIDS epidemic. The activities include capacity building and the creation of strategies to mobilize the community for actions of promotion, research surveys and monitoring actions.

The project Monitoring the Sexual and Reproductive Health Within the National AIDS Project was launched in 2007 to supervise the objectives of the UNGASS-AIDS goals, aiming to improve the countries' responses in regard to strengthening public policies and SRH services for women. The first phase (2007-2008) enjoyed the participation of 16 countries.

A special guideline was designed to collect data by civil society, the UNGASS AIDS Forum on SRH& R were established in each country and the results were validated through participatory processes with representatives from different social movements. The meetings and workshops were denominated UNGASS AIDS Forum on Sexual and Reproductive Health.

The main issue highlighted in this first phase showed that although a lot of countries had developed policies and guidelines to protect women's sexual and reproductive health, their implementation was not satisfactory. The government's promises and commitments were not translated into real benefits for the women, and there were frequent references in the country reports to lack of access and the low quality of services. Poor professional capacity to deal with sexual and reproductive rights and AIDS related issues was also common; the prejudice against women living with HIV was a frequent problem among different countries and so was the lack of data related gender based violence. In all countries AIDS policies and policies for women followed separate paths with no interconnection or dialogue between them.

Based on the results of the first phase, the second one (2009-2011), in which 12 countries participated –Argentina, Belize, Brazil, Chile, Indonesia, Kenya, Peru, South Africa, Uganda, Ukraine, Uruguay and Thailand – was focused in four main issues: a) Sexual education, b) sexual and reproductive rights promotion and HIV prevention for young women, c) sexual and reproductive health care for women living with HIV and d) strategies to face gender based violence against women. Again, the project has made it possible to identify gaps, especially in the field of the reproductive health of adolescents and young people; secondary prevention (positive prevention, PMTCT); and gaps in collaboration among health care institutions and organizations that provide social services.

The returns obtained from the surveys formed the basis for an agenda of advocacy actions with priorities being defined by each country by the groups participating in the UNGASS-AIDS Forum on SRH&R. As a result, in all countries where we have been stimulating these efforts to monitor SRH UNGASS AIDS-related issues the relationships between Civil Society, Government and UN agencies have markedly improved. Also, the dialogue with the Government regarding the production of the National Report on UNGASS and Civil Society participation in this process is being improved in 2010. The National AIDS Commission or Program has held open dialogues with CS and in all countries with an UNGASS Forum, it is helping to bring together different movements around cross-cutting issues associated to the AIDS response, Human Rights, Drugs users, Gays, Transgender Women; in a general collaboration in the advocacy efforts.

The project show that the use of international instruments is a useful and effective way of organizing the dialogue between civil society and governments and that it is possible to articulate several different segments in order to undertake actions that have an impact on the epidemic at the country level, not just restricting them to the AIDS movement or Health sectors.

*B*etween 2007 and March 2010, we have directly mobilized approximately 700 civil society organizations which have had the opportunity to meet the commitments made at the UNGASS-AIDS and deepen the discussion on their own national policies on AIDS and SRH.

The results obtained were made possible by the efforts and dedication of the coordinating organizations of each country. They developed partnerships with Gestos based on the ideal of collective construction, and with local autonomy for determining priorities in the execution of research and advocacy strategies.

Special thanks are due to Barbara Klugman, Adrienne Germain and Zonibel Woods for their tireless support for this initiative.

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List of Acronyms

Abstinence, Be faithful, Condoms	ABC
AIDS Control Unit	ACU
Acquired Immune Deficiency Syndrome	AIDS
Antenatal Clinic	ANC
Antiretroviral	ARV
Antiretroviral Therapy	ARVT
Adolescent Sexual Reproduction Health	ASRH
Zidovudine (antiretroviral drug)	AZT
National Development Planning Agency, Republic of Indonesia	BAPPENAS
Belize Family Life Association	BFLA
National Coordination Body of Planned Parenthood (Indonesia)	BKKBN
Couselling and Testing	C&T
Community Based Organization	CBO
Cluster of Differentiation 4	CD4
Convention on The Elimination of All Forms of Discrimination Against Women	CEDAW
Civil Society	CS
Civil Service Medical Benefit Scheme	CSMBS
Civil Society Organization	CSO
Child Welfare South Africa	CWSA a
Division of Reproductive Health	DRH
Domestic Violence	DV
Emergency Contraception	EC
Early Childhood Development	ECD
End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes	ECPAT
Emergency Hormonal Contraception	EHC
Emergency Obstetric Care	EmOC
Faith Based Organization	FBO
Female Genital Mutilation	FGM
Fédération Internationale de Football Association	FIFA
Family Planning	FP
Female Sex Worker	FSW
Gender Based Violence	GBV
Greater Involvement of People Living with HIV/AIDS	GIPA

Government Organization	GO
Government of Kenya	GoK
Highly Active Antiretroviral Therapy	HAART
Health Care	HC
Health Care Treatment	HCT
Health and Family Life Education	HFLE
Human Immunodeficiency Virus	HIV
Human Papillomavirus	HPV
Her/His Royal Highness	HRH
International Conference on Population and Development (Cairo Conference, 1994)	ICPD
Indonesia Rupiah	IDR
Injecting Drug User	IDU
Information, Education and Communication	IEC
National Youth Institute (Chile)	INJUV
International Organization for Migration	IOM
Kenya National HIV & AIDS Strategic Plan	KNASP
Lesbian Gay Bisexual Transgender and Intersex	LGBTI
Monitoring and Evaluation	M&E
Most at Risk Population	MARP
Millennium Development Goals	MDG
Ministry of Education	ME
Ministry of Gender, Labour and Social Development (Uganda)	MGLSD
Ministry of Education	MOE
Ministry of Health	MoH
Ministry of National Education	MoNE
Ministry of Public Health	MOPH
Ministry of Social Affairs	MoSA
Ministry of Social Development and Human Security	MSDHS
Men who have sex with men	MSM
National AIDS Control Council (Kenya)	NACC
National Council of Women	NCW
Non-Governmental Organization	NGO
National Health Insurance	NHI
National Health Security Office	NHSO
National Strategic Framework	NSF
National Strategic Plan	NSP
One Stop Crisis Centres	OSCC
Organization for Security and Co-operation in Europe	OSCE
Orphans and Vulnerable Children	OVC
Pan American Health Organization	PAHO
Pan American Social Marketing Organization	PASMO
Partnership Committee	PC
Ukranian Penal Code	PCU
Police Department (Policía de Investigaciones, Chile)	PDI
Post-exposure prophylaxis	PEP
Primary Health Care	PHC
Provider-Initiated Counselling and Testing	PICT
Indonesian Planned Parenthood	PKBI
People Living with HIV	PLHIV
People Living With HIV/AIDS	PLWHA
Prevention of Mother-To-Child Transmission	PMTCT
National STD/AIDS Program, Brazil	PNDST/AIDS
Private Not-for-Profit	PNFP
"Health in Schools" Programme (Programa Saúde nas Escolas, Brazil)	PSE
Routine Testing and Counselling	RTC
South African National AIDS Council	SANAC
Self-Coordinating Entities	SCE

National Minor's Service (Chile)	SENAME
National Women's Service (Chile)	SERNAM
National Tourism Service (Chile)	SERNATUR
Short Message Service (cellular phone text messaging)	SMS
Substitution Methadone Treatment	SMT
"Health and Prevention in Schools" (Programa Saúde e Prevenção nas Escolas, Brazil)	SPE
Sexual and Reproductive Health	SRH
Sexual and Reproductive Health and Rights	SRH&R
Social Security Scheme	SSS
Sexually Transmitted Disease	STD
Sexually Transmitted Infection	STI
National Health System (Brazil)	SUS
Tuberculosis	TB
Total War Against HIV and AIDS	TOWA
(em exame relacionado à sífilis) (???)	TPHA/RHR
Third World Network	TWN
Universal Health Care Coverage	UC
United Nations	UN
United Nations Joint Programme on HIV/AIDS	UNAIDS
United Nations Development Programme	UNDP
United Nations Population Fund	UNFPA
United Nations General Assembly Special Session	UNGASS
United Nations Children's Fund	UNICEF
Violence Against Women	VAW
Voluntary Counselling	VC
Voluntary Counselling and Testing	VCT
Women's Development Officer	WDO
Women's Issues Network of Belize	WIN-Belize
Women Living with HIV /AIDS	WLWHA

Executive summary

Half of all people infected by HIV/AIDS worldwide are women, which is a direct result of the lack of guarantee of their human rights, including their sexual and reproductive rights.

The growth of the HIV/AIDS epidemic among women and girls is based on a perverse combination of poverty, violence, the lack of women-friendly health and educational services and the different expressions of gender inequalities.

Gestos and its partners strongly believe that any process of building responses to reduce women's vulnerability to HIV/AIDS needs to focus on strategies to improve women's autonomy, which includes the building of health, educational and social policies with a crossover focus on Sexual and Reproductive Rights. At the same time we understand that policy building alone is not enough. It is also necessary to have these policies translated into adequate, ample and high-quality services accessible to all women and girls who need it.

Civil society's contribution to monitoring the relations between AIDS-related Health Actions and the Sexual and Reproductive Rights of Women has been done in two different ways. Apart from contributing theoretically and politically to policy implementation, we have made great efforts to share the knowledge produced, and to that end, we have been facing the challenge of having the information and the contents produced recognized as valid content.

The establishment and development of M&E tools by civil society has become a critical issue in most countries there is great disparity among the speeds of implementation of the actions planned by Governments.

The main results presented in this document shows that although there are many differences among the countries, there are also a lot of similarities among them. Most of the countries refer to at least some initiatives to guarantee sexual education for the girls and young women, mainly in the schools but it occurs on an irregular basis, with more emphasis on the description of the reproductive process than on the discussion of sexual autonomy. There is a strong lack of any integration of HIV-related policies and those for women and that is an obstacle to reducing their vulnerability. Furthermore, women living with HIV/AIDS are strongly discriminated in regard to their exercise of their reproductive rights.

Similarities and challenges in all countries

we still have a lot to improve

1 – There is a widespread failure to integrate AIDS policies and SRH policies and difficulties are encountered in ensuring that health care and prevention actions reach the more needy populations; partly due to the decentralisation process that is underway in all the countries that took part, and also partly due to the fragility of public primary health care systems. The fragmentation of policies and the reform processes underway in the health sector involving their decentralization directives and those for those for reinvigorating primary health care services are also perceived as obstacles to the conducting of advocacy policies and actions by civil society and especially by women.

2 – All the countries mention the progress made in the field of the sexual transmission of HIV as the primary activity related to the SRH/HIV interface. Although such actions are undeniably important they are eminently medical by nature and directed at a captive population of women theatre already using the services looking for antenatal care giving birth, and those actions sidestep entirely the key political issues that must be addressed in the elaboration of an SRH/HIV/AIDS policy that integrates: the right of women to exercise their sexuality as they wish and in safety; and the obligation of governments to guarantee that right;

3 – Most of the countries have prioritised reproductive health actions, especially those directed at reducing maternal mortality and the offer of condoms, and actions in the area of sexual health, like sexual education, diagnosis and treatment of STDs, and prevention against HIV. In all countries poor women find it difficult to get access to prevention tools and there is a lack of female condoms. Irrespective of their social status it is difficult for women to negotiate safe sexual relations. One situation that is considered to be common to all the countries is that the efforts and actions to support women's sexual and reproductive rights have mostly been the responsibility of civil society, whereas they ought to be the government's responsibility.

4 – In all countries, HIV positive women have been having their sexual and reproductive health and rights denied and that is reflected in the lack of universality in the actions undertaken for PMTCT, the inducement to undergo sterilization and the absence of any clear guidance for women living with HIV that wish to get pregnant. In terms of preventing vertical transmission, there is no concern for the integral health of the mother especially when all the attention and care is centred on the health of the baby.

5 – There is a generalised negligence among the countries of sexual and reproductive health actions specifically designed for young people living with HIV.

6 – In all countries studied, there is a proposal for sexual education, except for Thailand. Within the school environment it takes place in an uneven way, it is still not universal and very much depends on the attitudes of teachers and school principals; the educational models - impregnated with myths, prejudice, and the preservation of taboos - are great obstacles to the transmission of knowledge based on scientific data. In some places there are objections to the inclusion of sexual education in the school curriculum, totally ignoring the psychosocial factors and the economic, family and subjective pressures that determine the sexual practices and behaviour of youngsters.

7 – Some countries suggested that changing the terms used from most-at –risk groups to "more vulnerable populations or any other similar term persists in maintaining a prejudiced and erroneous segmentation of people that could potentially be exposed to HIV. That does not contribute to fighting the epidemic but rather tends to perpetuate discrimination and the production of stigma.

8 – Even though the countries have laws, regulations and plans regarding gender equity and normative tools to address gender violence, the implementation of actions is still very poor and it does not represent an underlying consistent policy. There is a distinct lack of political will, technical capacity and, oftentimes there is no specific budgetary provision or integration between the policies developed by different sectors of government. Those that do have policies generally direct them at punishing the aggressors and providing support for the women victims without however, designing or developing any prevention strategies or strategies for the empowerment of women as individuals. The actions to fight trafficking in women are merely incipient.

9 – All the countries coincided in not having any robust, effective policies to address the problem of children orphaned by HIV or children, adolescents and young people living with HIV. The situation is seriously aggravated by poverty, because better social-economic conditions enable 'family arrangements" to be made to provide support for such youngsters. Poor countries that do not take care of their orphans are reproducing the cycle of poverty and the creation of vulnerabilities.

10 – In regard to leadership, there is no effective participation of HIV positive women or groups of women in the design and evaluation of AIDS programs in any of the countries studied. There is no formalised gender equality in the councils or national committees, which makes it very difficult for women to take part in those decisive spaces especially if they are sex workers or drug users, two groups that are already highly stigmatised.

Find next a table summary of the main results for the countries set:

Questions:	Yes	No	Partial	Observations
Health Universal access free-of-charge			XX	Most countries only guarantee universal health care free of charge at the level of primary health services and even for those there are access problems. In many places the primary health care units are far from the residential areas and people need to spend to get to them. There are often long queues and long waits to be seen Most countries report insufficient numbers of staff and problems with medicine supply failures or shortages of test and exam materials.
ARV Universal access free-of-charge			xx	Most African countries have established criteria for offering ARVs that leave a variable percentage of people with HIV/AIDS ineligible for treatment. The proposal of countries on other continents is to guarantee universal access to ARVs once the person has managed to access diagnosis and treatment services,
HIV/AIDS policy includes a National Plan with defined strategic actions	XX			In accordance with the models proposed by UNAIDS, the Global Fund and the other cooperation agencies.
Official policy on sexual and reproductive health		xx		There are plans and programmes directed at mother-child care but generally they are not articulated with the policy and there is no dialogue established between them and the HIV/AIDS Programmes
Official policy for confronting violence against women	XX			Most countries have laws in force to punish rapists. A smaller number has legislation that punishes domestic violence. There is no focus on actions of prevention against violence or to empower women that are the victims of violence.
Sub-division into the National AIDS Programme dedicated to women's issues.		xx		Actions targeting women tend to be limited to prevention of mother-to-child transmission of HIV.
Specific policy for controlling STDs		xx		Actions to control STD are subordinate to those for combating HIV; some programmes refer to addressing syphilis infection as part of antenatal care.
Rights related to abortion		XX		All the countries except South Africa and the Ukraine have laws that restrict the practice of abortion; even those that contemplate the interruption of pregnancy in cases of rape or danger to the mothers life place considerable obstacles to accessing that right; and the South African report refers to barriers against HIV positive women
Percentage of national budget allocations dedicated to sexual and reproductive health				Most actions in sexual and reproductive health occur in the sphere of the primary health services and have no specific clearly stated presuppositions.
Percentage of national budget allocations dedicated to facing HIV/aids				In most countries budget allotments are growing in absolute terms mirroring increased spending on the purchase of medicines.
Sexual education programmes implanted in schools			XXX	Most countries do have a proposal even though it may not cover all schools. The quality of the work being done and the low level of institutionalisation are referred to in all reports.
Sexual education programmes for adolescents and young people outside school		xx		Some countries mention initiatives of this type run by NGOs with the support of governments or cooperation agencies, nevertheless their outreach is very limited
Promotion, availability and distribution of condoms to young people and adolescents:			xxx	In most countries the offer of condoms to young people is linked to specific projects and there are no policies in place to ensure wide availability of condoms to young people in the school and health services systems
Campaigns, policies or programmes to HIV prevention among heterosexual men.		xx		None of the countries referred to a systematic regular approach to HIV prevention among heterosexual men

Inclusion of civil society in the process of planning actions		XXX	In many countries civil society participation takes place in the national AIDS councils and committees although some reports declare that such participation is merely pro forma.
Inclusion of civil society in the implementation of activities	XX		Takes place in the form of support provided for the execution some actions.
Health professionals skilled to offer counselling on SRH and HIV/aids prevention		XXX	The countries refer to the efforts effectively made by governments to qualify staff but complain of the use of unsuitable methodology. The high staff turnover rate in the basic health services was also mentioned as a factor that diminished the effectiveness of capacity building efforts.
HIV testing available and accessible to all women		xx	The antenatal care services show the highest levels of testing availability but in some countries even they do not manage to meet the needs of all the pregnant women that come to them Indonesia does not anti-HIV testing in the antenatal care services.
Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minorities women		xx	None of the countries mentioned HIV prevention actions specifically targeting women belonging to ethnic minorities
Good quality counselling associated to HIV testing carried out in the antenatal services		xxx	Some countries referred to testing without the provision of counselling and of revealing results without provision of the necessary guidance and receptivity.
HIV testing available in maternity hospitals and maternity wards	xx		In all maternity reference units at least
Treatment to prevent mother to child transmission	xx		Whenever testing was possible.
Nutritional support provided to HIV positive pregnant women		xx	None of the countries referred to a regular nutritional support programme for pregnant women with HIV.
Anti HIV prophylaxis for the new-borns of HIV-positive mothers available and accessible	xx		Whenever testing proved possible
Milk substitute for the children of HIV infected mothers available and accessible		xxx	Some countries refer to this benefit but also mention irregular provision and insufficient quantities
Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS		XX	There are no protocols in place to address the medical needs or sexual and reproductive health counselling needs of women living with HIV. In most countries those needs are met or not according to the policy on sexual and reproductive rights of women as a whole and they usually depend on the attitude/opinion of the individual health worker
Reports of encouragement for HIV positive women to undergo sterilization	xxx		In all countries
Emergency Contraception available and accessible		XX	With the exception of the Ukraine, all the countries report problems with availability, access, and lack of knowledge on the part of women and health professionals.
Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done		xxx	In all countries the policies focus on punishment and only in some countries on support for the victims. In all countries the number of times the law is effectively enforced is far lower than the number of actual occurrences.
Specific actions against the sexual exploitation of girls and adolescents		XX	When actions do exist, they are feeble, with no visibility and limited outreach.
Services to provide care and address the needs of women and girl victims of violence		xxx	In those countries where services for girls and women that suffer physical or sexual violence do exist very few women actually manage to access them and when they do the focus is on medical care only.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?		xxx	In those countries that have services undertaking these actions, coverage is limited and few women manage to gain access to them.
National campaigns to combat violence against women and the sexual exploitation of girls		xxx	Where such actions do exist, they are feeble, and sporadic, with no visibility and limited outreach.
Specific actions to suppress trafficking in women	Xx		When they do exist they are scattered sporadic and have limited outreach.
Strategies to support boys and girls living with HIV/AIDS	Xx		Policies and actions directed at young people living with HIV are only found in the African countries. However they are considered to be insufficient in terms of volume and quality.
Strategies to support orphans due to HIV/AIDS	Xx		Policies and actions directed at providing support for children orphaned by HIV are only found in the African countries. However they are considered to be insufficient in terms of volume and quality.

ARGENTINA

Universal access free-of-charge

The country has a protective legislation of rights regarding the access to medicines, contraceptive supplies, surgical contraception, sterilization, diagnosis and HIV and other STIs treatment; adhered to and/or sanctioned laws and other legal normative that guarantee civil, social, political, human and fourth generation rights. In the public sphere, there are few effective services for adolescents. Among the ones existing, only a few provide preventive services for HIV/AIDS. The services of gynecology/obstetrics rarely incorporate promoting activities of prevention among their actions.

Has the Country a HIV/AIDS National Plan with strategic actions defined?

The country has a National Strategic Plan for 2008-2011, which states among its strategic objectives: to ensure and increase access to HIV prevention aimed at the general population with emphasis on populations at increased vulnerability to the infection: people in poverty, drug users, men who have sex with men (MSM), gays, sex workers (SW), people in prison, trans, migrants, refugees, children, adolescents, youth, women and native people.

The national policy of HIV/AIDS includes activities and content related to the HIV sexual and vertical transmission, the promotion and accessibility to condom and preventive tools and also mentions the articulation with the reproductive health and maternity and childhood health policies. In general the main elements of the governmental political action on HIV/AIDS are those designed to ensure equal and universal access to medicines and to reduce vertical transmission. There is very little dedication in prevention activities and services and almost no effort on measures to ensure palliative care and support and treatment services for vulnerable groups.

During 2009, both programs worked on drafting the National Protocol of Attention to Victims of Sexual Violence. However, besides specific activities, there is no integral articulation able to cross the actions developed by the two programs. It's heterogeneous the implementation and the level of development of programs and the of HIV / AIDS and SRH judicial actions.

The Directorate of AIDS and Sexual Transmitted Disease provides condoms to civil society organizations and networks for free distribution. There have been reported difficulties with the logistics of distribution among the provincial programs and the implementers of the jurisdictions, especially those out of the capitals and there are short periods of shortage.

Additionally, according to the demand variation, condoms that are received from the government may be insufficient in certain jurisdictions. The female condom is not available for delivery in the public health system throughout the country. Its inclusion as a preventive supply for free distribution is one of the proposals made, especially considering the effects of gender violence. In this sense, from government a project related to the use of female condoms has begun to be implemented. There are no relevant specific strategies to work with adolescents and young people driven from the public health sector.

Official policy on sexual and reproductive health

Argentina was marked by a pro-birth policy that rejected the various forms of family planning. The National Program of Sexual Health and Responsible Procreation was established in 2003. Its implementation covers the supply of supplies – condoms, injected hormonal contraceptives, breastfeeding formula, combined and emergency; IUDs to the provinces, the training of health teams, the production and free distribution of educational materials, the social communication activities and campaigns and the articulation of activities to other areas and programs.

Despite legislation, the provision of adequate care is not guaranteed in Argentina. The difference between what the program proposes and what happens in the services is wide.

There is insufficient articulation between SRH and HIV/AIDS services, as well as between the first and second levels of care in the public health subsystem, and between those and other levels. The SRH of WLHA is hardly ever taken care together at the health services. There is little material available on the subject and it's poor the training of professionals of both programmes. The National Program of Sexual Health and Responsible Procreation is reduced in the care of women. There is almost no attention to men let alone to the LGBTT population.

Official policy for confronting violence against women

The National Secretary for Children, Youth and Family has launched the Training and Treatment of Family Violence, Child Abuse and Sexual Abuse.

The country has legal normative equipment that promotes the eradication of gender violence, protects and promotes the rights of women and girls and criminalizes human trafficking, while seeking to assist and protect the victims. However, its effective implementation at national level is still an outstanding debt.

The legal Framework was extended in March 2009, with the sanction of the national law 26485 on Integral Protection to prevent, punish and eradicate violence against women in spheres in which they carry out their interpersonal relationships. The rule establishes the National Council of Women (NCW) as the agency responsible for the design of

public policies for effecting the provisions of the law, and for design and the monitoring of a National Plan of Action for Prevention, Care and Eradication of Violence against Women, as well as the development of preventive-care services and registration and monitoring of the violence against women and of the actions implemented. It also creates an Observatory of Violence against Women. The NCW is conducting rounds of consultation on the regulation of the law but it has not yet been regulated after a year of its sanction.

Sub-division into the National AIDS Programme dedicated to women's issues

The National Program has no specific sessions to address women issues regarding the HIV/ AIDS. The incorporation of HIV as theme of sexual and reproductive health is very limited. The disarticulation between the SHR and HIV/AIDS services is a constant in all jurisdictions.

There are no prevention and care strategies targeted at different types of women, such as migrant women, deprived of liberty women, sex workers women, girls/boys and adolescents, women with disabilities, female drug users, rural women, women from minority ethnic, among others. There are few or no preventive and care services for women and adolescents and young people. The absence extends to services or trained teams in order to work with women and adolescents and young people living with HIV.

Specific policy for controlling STDs

The policy for the STDs control is provided within the National Program. There are no massive outreach campaigns aimed at the STIs prevention. Government services only offers through its website promotional materials relating to STDs and includes information about them in the HIV/AIDS.

The availability of diagnosis and treatment of STDs in primary care varies according to different country areas and jurisdictions. Government services provide supplies for the diagnosis of syphilis and gonorrhea and treatment for most STDs, it uses recommendations for the treatment of syphilis in pregnant women and newborns. The prescription of a diagnostic test for syphilis in pregnant women is included as part of pre-natal checks.

Rights related to abortion

The legislation is restrictive on abortion and its interpretation is even more. Even though it is decriminalized in cases of risk to the health and life of women and in case of violations, there are no recorded cases where abortions were performed. The performance of non-punishable abortions faces resistances in the field of public health services and the members of the health teams keep on appealing to the unnecessary judicial authorization when they are requested by women. The Ministry of Health developed guidelines for humanized post-abortion care that were released in January 2008 and have not yet been implemented.

Sexual education programmes implanted in schools

Some provinces have included sex education in the curriculum. Resolution 249 of the Ministry of Education incorporates to the 9th grade Sex Education and Sexuality at the Core Learning Priorities. Education on HIV is incorporated in the Teacher curriculum.

In the education system, the government initiatives are linked to the accomplishment of the Integral Sexual Education Law (2006). However, there is heterogeneity in its implementation. The Ministry of Education, Science and Technology and the provincial Ministries of Education have not yet widely implemented the National Programme of Integral Sexual Education. Some jurisdictions, such as Buenos Aires, in 2007, had begun with CSOs some actions aimed at adolescent (boys and girls) in school, but in 2008, with the change of government, they were reduced and for the year 2010 a reduction in the budget to run this type of activity has been planned.

Promotion, availability and distribution of condoms to young people

The work of dissemination/awareness for the use of condoms is mainly based on the delivery of brochures and condoms, either continuously or in events on commemorative dates. Much of the preventive work with adolescents and youth is held by CSOs, including the regular provision of male condoms and lubricants. The access to condoms by young people is hampered by the predominance of moral values on the exercise of sexuality by staff of the health services.

Another main obstacle to access to condoms by the youth is due to the effectiveness of the protecting paradigm over minors in the practices of a large number of implementers and members of health teams and their ignorance of the legal Framework, which defines that adolescents from 14 years old on can access medical appointment and the provision of contraceptives without adult presence.

The requirement in many services to present a national document of identity and sign forms for delivery in the case of condoms hinder the access of all population who use the services.

Inclusion of civil society in the process of planning actions

The National Program has a Technical Advisory Committee, consisting of Civil Society Organizations, People Living with HIV/AIDS Network, Government Organizations and Scientific Societies, meets once a month. Also, in the last two years, working committees as the Commission on Prisons, Sexual Diversity, Adolescents have been formed, but there is no systematic participation of civil society organizations in the decision-making processes of the government policy.

There are no systematic and wide incorporation of women's and youth's organizations in discussions and consensus on action on HIV/AIDS. Based on the diagnosis of the affected people with a higher prevalence of HIV infection, the WLHA, through their own networks and their participation in networks of people with HIV, the transgender and sex workers have managed to participate in some planning instances, design of recommendations on care and/or programmatic actions.

Inclusion of civil society in the implementation of activities

The existence of a large number and diversity of civil society organizations, especially the organizations, groups and networks of people with HIV and the organizations of

women, improves the response. Their participation provides forums for discussion for the affected people and for government bodies.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

The existence of teams trained to work specifically with women and young people is lacking. Eventhough some effort has been made to train the members of counselling health team, it's still unsystematic and insufficient.

Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minorities women

The socio-sanitary situation of indigenous communities in the country registers alarming indicators. The health system has no interventions that consider the specific cultural representations and practices of the communities involved, which results in the difficulty to access the system by part of these populations. For women and young people members of indigenous communities, implementing programs designed to protect sexual and reproductive health are bounded by socio-cultural reasons, including the language.

Good quality counselling associated to HIV testing carried out in the antenatal services

The absence or low level of development of counseling related to the diagnostic test is a major problem, not only in relation to pregnant women but also in relation to other users of health services.

Treatment to prevent vertical transmission

Since 1996, the country has been offering tests to pregnant women and ARV treatment for Prevention of Vertical Transmission of HIV. Treatment is available.

Milk substitute for the children of HIV infected mothers available and accessible

The formula is available to children whose mothers live with HIV until they are six months old. Sometimes there are problems related to the logistics of distribution, from the services of central level to those at the rest of the jurisdictions.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

There is no trained personnel at SHR services at the national level to promote counselling and care for WLHA on how to regulate their fertility, prevent unplanned

pregnancy, get pregnant without any risk of infection in serodiscordant couples, and that they have their guarantee and human rights recognized including the sexual and reproductive ones.

The contraception in PLWHA is a pending issue, because it is not considered reasonable for a woman living with HIV/AIDS to have children, therefore, there is a tendency to discourage pregnancy and in some cases the sexual activity of the WLHA.

The only recognized progress in this regard is the development of the "Guide for the integral care of women with HIV infection", that included for the first time aspects related to monitoring and clinical and gynaecological care of women with HIV, contraceptive options for people with HIV, pre-conceptive consultation in women with HIV, recommended treatments for STDs, reproduction in the context of HIV infection and legal aspects. However, the impact of these recommendations has not yet crystallized into the attention of health services, so it's persistent the indication of condom use as the only method for PLWHA and the double protection is not promoted or regularly worked.

Emergency Contraception available and accessible

Emergency Hormonal Contraception (HEC) is provided by the National Programme as part of contraceptive methods provided by the program, its distribution was approved by Ministerial Resolution in 2007, and its availability is unequal in health services. The users when they need HEC do not request any health centre but they have to know where it is available and where there are professionals who adequately provide it.

Specific actions against the sexual exploitation of girls and adolescents

The Program against Violence Victims within the Ministry of Justice, Security and Human Rights, includes among its objectives the fight against abuse, exploitation and prostitution of children, its actions are only developed in the City of Buenos Aires.

Services to provide care and address the needs of women and girl victims of violence

Educators and health professionals are not enough trained in identifying situations of sexual abuse and violence, and the actions to follow. There are no suitable palces for the containment of violence and abuse. There are only few protocols for systematic and integral care of women victims of sexual violence. The availability of prevention and care services and other resources is uneven across the country, even within jurisdictions, the big cities tend to concentrate scarce resources.

In 2008, the Workshop of Attention to the Victim within the Supreme Court of Justice began operating, but its power extends only to the territory of the City of Buenos Aires. Some jurisdictions have: stations for receiving and handling complaints related to violence (police stations for women); ministerial departments, programs and worshops for addressing violence against women, as well as some municipalities. The reality, coverage and service quality is very uneven.

Availability of Prophylaxis against HIV, STDs, emergency contraception and legal abortion in cases of rape

A national protocol version on which some CSOs have expressed their opinion to normalize care for women victims of sexual violence and to specify the provision of emergency hormonal contraception for preventing pregnancy, the Post Exposure Prophylaxis for HIV prevention and psychosocial care. This protocol is currently in the final stage of design and will be published and disseminated in 2010.

National campaigns to combat violence against women and the sexual exploitation of girls

Campaigns to raise awareness and install the theme on the public agenda are insufficient. The civil society organizations have been able to install and maintain in the public agenda the issues regarding the violence against women.

Specific actions to suppress trafficking in women

Government actions in this regard are recent and are being progressively included on the agendas of various government agencies. During the monitored period, the law 26364 law was sanctioned which legislates on prevention and punishment for human trafficking and assistance to the victims.

State agencies responsible to address this matter (the National Council of Women, the Ministry of Justice, Security and Human Rights, the National Secretary for Children, Youth and Family), have not developed active policies at national level. Since the middle of 2009, a Brigade against human trafficking in the sphere of the Ministry of Justice and Security and Human Rights have been working, but it has failed to impact on the identification of traffickers and the recovery of victims.

Strategies to support boys and girls living with HIV/AIDS

The national government, either through agencies with expertise in the topic of HIV/AIDS, as the National Secretary for Children, Youth and Family, do not implement uniform strategies to support children with HIV/AIDS and/or children affected by the epidemic. Among the outstanding debts is a survey to size and characterize the universe of children and adolescents affected directly or indirectly by the HIV.

Some CSOs recognize as a debt in the sanitary field: research and development of paediatrics ARV formulas; the unveiling diagnosis and the follow-up of children and adolescents living with HIV.

There is little inclusion of HIV/AIDS in school curriculum and on teacher training in order to promote non-discriminatory practices in schools towards children with HIV and to create a school environment capable of favouring their inclusion.

Strategies to support orphans due to HIV/AIDS

There is no specific support to accompany the inclusion of children and adolescents in programs and benefits, the support provided, usually by social services of health

implementers, municipal agencies and other government agencies and CSOs have different levels of development. Even when access is determined and the services available, the dispersion and fragmentation of health and social interventions, which are managed by different government agencies usually from more than one level of government and, occasionally, by CSO's, make it more complex and difficult its appropriation and enjoyment by children and their responsible adults.

For children and adolescents whose containment and upbringing in the family and community is not possible, the legal system provides instances of alternative care as foster care and surrogate mothers, the institutionalization in public housing and/or managed by CSOs and adoption.

The disputes between the old paradigm of "care of minors" in force until the sanction of law 26061 and the appropriate assumptions of the Convention on the Rights of Children, result, even tday, in judicial interventions based on prejudice, stigma and discrimination related to the HIV/AIDS, that consider its presence in the children as in parental figures or members of the family as a situation of "physical or moral risk".

The tendency towards deinstitutionalization of care for children promoted by the Law of Integral Protection of the Rights of Children and Adolescents, and the common mode of upbringing and care of orphaned children or with absent parental figures in extended family units, indicates the need to extend and deepen monetary and non-monetary support to these extended family groups.

BELIZE

Universal access free-of-charge

The Ministry of Health operates on the principle that basic health care should be accessible to all without discrimination. While there is a charge for some essential services (such as the delivery of babies), no one is turned away from the services because they cannot pay. In 2003, government introduced the National Health Insurance scheme (NHI), which provides a basic package of services to the poorest areas of Belize. In recent years, the private sector health coverage has increased, particularly in heavily urbanized areas. Government contracts private institutions to provide some tertiary health care services. The policy on HIV/AIDS medication is comprehensive and clear. In the National HIV/AIDS Policy the government has pledged to provide holistic treatment that is accessible and affordable.

Country has National HIV/AIDS Plan with strategic actions defined

The National AIDS Policy was passed on 2006. The national plan is articulated in the Strategic Plan for a multi-sector National Response to HIV/AIDS in Belize (2006-2011). The National Strategy Matrix outlines proposed outcomes and activities in three priority areas: Harmonization (I), Prevention (II) and Mitigation (III).

With the exception of the Vertical Transmission Programme, most government-run activities on HIV prevention have lacked a particular focus on women. Most activities that have been directed toward women have been developed and implemented by civil society organizations, and these have been highly dependent on the availability of resources.

The main elements that compose the prevention policy of the HIV/AIDS National Program are related to sexual and reproductive health: Prevention of vertical transmission of HIV, condom promotion, HIV testing and counselling, risk reduction for sex workers, STI prevention and treatment and school-based education for young people.

While the messages are not explicitly included in the HIV/AIDS Policy, the primary campaigns that have been carried out in the past two years include: Know your status (Ministry of Health); Use a condom (Ministry of Labour, Ministry of Health, Ministry of

Human Development); Prevention of vertical Transmission (Ministry of Health); ABC: Abstinence, Be Faithful, Condom (Ministry of Education/HFLE). Government uses a variety of media strategies, including broadcasting (radio/TV) and printed media as well as posters, brochures and other materials. Health fairs and outreach tables are also used.

Official policy on sexual and reproductive health

The National Sexual and Reproductive Health Policy was established in 2002, and is manifested through the Sexual and Reproductive Health Plan of Action 2006 – 2010. The Ministry of Health has been open to civil society input as the Plan is currently being reviewed with respect to the last year of implementation and the development of a new Plan of Action for the period after 2010.

The Ministry of Health does not provide contraceptives, and family planning is limited to health education during pre and postnatal care. Belize Family Life Association is the main provider of contraceptives.

The lack of provision of services to a vulnerable population between the ages of 13-17 is a serious limitation. A major problem for young women and men is the legal requirement that individuals under the age of 18 must have parental consent to access sexual and reproductive health services, including treatment for STDs, HIV testing and ARV therapy.

Official policy for confronting violence against women

In 2009, the Women's Department of the Ministry of Human Development and Social Transformation developed a new National Plan of Action on Gender-Based Violence, 2010-2012. The Plan promotes a multi-sector approach to strengthen the response of the state and civil society to confront the issue of violence against women. The Plan was released to the public in December 2009. In February 2010, representatives of the Women's Department met with CEOs of relevant Ministries to establish their support for the Plan.

There continue to be concerns about the ownership of the Plan by government and the extent to which each sector will take full responsibility for the implementation of activities within that sector. Given the current economic climate and a legislative assembly that is exclusively made up of men, the prospect of finding the resources necessary to carry out the plan remains questionable at best. The surveillance system needs to be reviewed and strengthened, especially to ensure that all reported incidents are captured by the system. There is a need to expand the list of agencies that provide input to the system. Furthermore, the system is currently more successful at capturing incidents of domestic violence than sexual violence, so that particular attention is needed to address this concern.

Sub-division into the National AIDS Programme dedicated to women's issues

There is currently no particular focus on women in the National AIDS Programme, and some data is not disaggregated by sex. The primary state response that targets women is in the programme of activities for preventing vertical transmission in the Maternal and Child Health programme. There is no investigation underway into alternative forms of prevention for women – e.g. new designs of female condoms, microbicides and others.

Specific policy for controlling STDs

There is a specified policy for the control and spread of HIV/AIDS, however not for the spread of other STDs. STD diagnosis and treatment are available and accessible in the basic levels of attention to health.

While the Sexual and Reproductive Health Policy Plan of Action gives one objective as "to implement and maintain a comprehensive, gender and culturally sensitive STI/HIV/AIDS programme as part of the SRH services that are accessible and affordable to rural and urban populations", the policy lacks focus and does not give details of specific targets or activities to deal with the control of STDs.

Rights related to abortion

Abortion is an offence under the Criminal Code, with a maximum penalty of 14 years for carrying out an abortion. The Criminal Code does allow for abortions on the recommendation of 2 medical practitioners on specific grounds including risk to life, injury to physical or mental health of the woman or existing children, or the presence of physical or mental abnormalities resulting in severe handicap. In practice, however, this provision is interpreted extremely conservatively, and virtually no legal abortions are performed. A related policy is that all public health facilities provide post abortion care, including for those terminations that are not carried out in those health facilities. Abortion is a largely taboo subject, with public attitudes significantly influenced by religious prohibition.

Percentage of national budget allocations dedicated to sexual and reproductive health

No calculation of the percentage of the national budget dedicated to sexual and reproductive health and combating HIV has yet been made. This figure is not easily accessible as activities in this area are spread through various ministries, departments and programmes.

Percentage of national budget allocations dedicated to facing HIV/AIDS

The budget of the National AIDS Programme in the Ministry of Health (2009-2010 fiscal year) is US$554,873, with 63.1% of this amount allocated to medical supplies.

The National AIDS Commission is currently carrying out an activity to assess the percentage of government expenditures allocated to combating HIV.

Sexual education programmes implanted in school

The government initiatives in regards to prevention include education on HIV/AIDS prevention and against stigma and discrimination through Ministry of Health initiatives in schools.

The Ministry of Education has a Health and Family Life Education (HFLE) curriculum, which is a life skills programme with a sexual education component. However, the church-state system of education means that it is difficult to achieve a consistent approach in the implementation of the curriculum, since implementation is in the hands of different school managements. The curriculum includes a range of components, and schools are selective in what they include in their classrooms. Treatment of sexuality is uneven. Even when these issues are addressed, more attention is often paid to the biological aspects than the psychological/emotional part of sexuality.

Programmes for young people and adolescents are often developed and implemented without involvement of young people themselves. As a result, young people feel little ownership or investment in the programmes, and the activities offered may or may not address their needs and interests.

Sexual education programmes for adolescents and young people outside school

The strategies implemented to reduce HIV prevalence among youth of 15 to 18 and 18 to 24 years old include activities from Belize Family Life Association (BFLA) to address HIV/AIDS issues for the 10-24 age group through information, education, training and community activities promoting healthy lifestyle choices. The content of the prevention information disseminated is age and culture appropriate.

A number of civil society organizations run programmes and activities with young people in the community. These programmes are highly dependent on external funding. The government agency Youth for the Future also does some programming in this area.
While the availability of these programmes in urban areas is limited by resources, programmes in rural areas are severely lacking. Some civil society organizations do occasional activities in rural villages, but this is very limited. Furthermore, the cultural differences between urban and rural areas means that an approach needs to be developed and implemented in rural areas that is sensitive to those differences.

Promotion, availability and distribution of condoms to young women and adolescents

Free condoms are generally available through the Ministry of Health as well as NGOs such as Belize Family Life Association. While both male and female condoms are available, female condoms are generally underutilized because of misconceptions about them and unease about their use. Accessibility of both male and female condoms is more problematic in rural areas.

Campaigns, policies or programmes to HIV prevention among heterosexual men

The government sponsored "Know your status" media campaign included this group. In addition, the "Masculinity" media campaign done by PASMO (Pan American Social Marketing Organization) shows men questioning traditional ideas of manhood to promote greater responsibility among men.

Inclusion of women living with AIDS and women organization in the process of planning actions

For the most part, inclusion of civil society in planning is not effective. Civil society, and specific groups of women have generally not been invited to participate in the planning stages of campaigns and activities.

Inclusion of civil society in the implementation of activities

There is occasional inclusion of civil society in the implementation of activities, but this is limited. There is no regular mechanism for the involvement of civil society in general, in either the development or implementation of government-run activities.

Health professionals skilled to offer counselling on SRH and HIV/aids prevention

Some training has been provided, and Belize Family Life Association has provided training in sexual and reproductive health issues for public health nurses and nurses' aides at the request of the Ministry of Health. However, there is a significant way to go before it can be said that health service staff are "adequately" trained in this area.

HIV testing available and accessible to all women

Voluntary counselling and testing (VCT) sites have been established in all districts. The Ministry of Health operates 8 VCT testing sites and Belize Family Life Association also operates 8 sites. In the past two years, increased access to rapid testing at rural health centres has also been established by the Ministry of Health. Testing is also carried out at private hospitals.

Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minorities women

While basic information and services are provided through rural health posts, there is little sustained programming in rural villages that addresses the social and cultural issues that are critical to HIV prevention. Furthermore, these villages sometimes do not have access to media used in educational campaigns (television, for example) and language barriers sometimes prevent access to information (particularly for older women).

Good quality counselling associated to HIV testing carried out in the antenatal services

All pregnant women attending pre-natal clinics receive counselling and voluntary testing for HIV. Almost all of these women (99%) agree to be tested, and 100% of HIV positive mothers receive appropriate treatment during pregnancy and at childbirth. The incidence rate among this group is .68% and the prevalence rate is .9%. Women who use traditional birth attendants do not have access to this testing.

HIV testing available in maternity hospitals and maternity wards

Women are generally tested when attending prenatal clinics. However, if a doctor suspects that a woman is HIV positive when coming to give birth, he/she may conduct a test with the woman's consent.

Treatment to prevent vertical transmission

Vertical Transmission rate for HIV in 2008 was 4.5. Final figures for 2009 are not yet available, but the third quarter surveillance report indicates that the figure for 2009 should not exceed 5%. Cases contributing to the virtual transmission rate include mothers who give birth with traditional birth attendants and those who test negative but become infected during pregnancy. The latest statistics indicate 12 deliveries so far by HIV+ mothers, 11 mothers were given ARV treatment at the time of delivery. Antenatal clinic usage, particularly among rural populations is limited, and the figures reported here were calculated based on the number of HIV positive pregnant mothers who delivered, not on an estimate of the total number of HIV pregnant mothers in the country to whom antiretroviral prophylaxis could have been given. Thus these data should be interpreted with some caution.

There is general agreement that the Prevention of Vertical Transmission Programme has been a successful part of programming to combat HIV in Belize. There is still the need to strengthen the counselling component of the programme. While treatment is available, psychosocial support is limited in public facilities and does not occur in private facilities.

Nutritional support provided to HIV positive pregnant women

There is no food supply available. Some pregnant women do receive vitamins and mineral supplements.

Anti HIV prophylaxis for the new-borns of HIV-positive mothers available and accessible

In 2009, through the vertical transmission programme (PMCTC) in medical facilities, 100% of HIV positive mothers and 100% of exposed infants receive ARVs at childbirth. Two groups are currently excluded: women who give birth with traditional birth attendants and women who become infected during pregnancy and/or who are tested during the window period. Currently all vertical transmission in Belize involves mothers from these two groups.

Milk substitute for the children of HIV infected mothers available and accessible

Formula milk substitute is provided for HIV positive mothers for 10 months after childbirth.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

In public facilities, women are informed about the health effects of future pregnancies and HIV. Free contraceptives are available to HIV positive women through the government with the support of UNFPA. However, this programme is not well publicized, nor is it available in private facilities.

Women who are HIV positive are strongly discouraged from becoming pregnant. Couples in this situation are advised to use condoms to avoid infection of the other partner. If the woman is HIV positive, there are often problems in getting the man to be tested.
There is a widespread belief that women who are HIV positive should not procreate.

Emergency Contraception available and accessible

Emergency contraception is always available at the Belize Family Life Association (BFLA). Counselling is available at the Community Counselling Centre, and basic counselling is also available at the Women's Department.

Emergency contraception is available at private pharmacies but it is not publicized due to concerns that women will "use it abusively".

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

A new Domestic Violence Act came into effect in 2008, broadening the definition of "spouse" under the law, defining domestic violence as physical, psychological or emotional, sexual or financial abuse.

Implementation of the law remains uneven and often ineffective. The Chief Magistrate herself has said that the new law is "powerful" but that the lack of legal services for women limits their ability to use the law to its full potential. The response of the justice system to rape, sexual assault and sexual abuse reflects public attitudes that these crimes are trivial or petty matters. It is generally recognized that reporting rates are low. Attrition rates in the courts are high, in part due to the length of time that a case takes to come to trial – generally many months or even years.

Specific actions against the sexual exploitation of girls and adolescents

An NGO implemented a project on the commercial sexual exploitation of children and adolescents and training for Department of Human Services staff with the objective of enabling thee Department to take responsibility for this work.

Laws addressing the Commercial Sexual Exploitation of Children have been "in the draft stage" for the past 3 years, but there is no indication of when they will be passed or implemented.

There is a high degree of acceptance of the sexual exploitation of girls and young women by older men. Transactional sex is also often accepted, in particular where girls and young women provide sex to older men in exchange for money, gifts, school fees, etc.

Services to provide care and address the needs of women and girl victims of violence

Shelters for battered women have been established in 2 of Belize's 6 districts. Women's Development Officers (WDOs) from the Women's Department, Ministry of Human Development and Social Transformation, provide support and advocacy for battered women in all districts.

There are no specific services for women and girl victims of sexual violence. Where they are available, the shelters provide some response, as do a few NGOs. The Women's Department will also provide support to victims of sexual violence. For girls and young women under 16 years of age, social workers from the Department of Human Services provide support, especially for those cases that are going to court.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape

A 2008 policy of the Ministry of Health states that both prophylaxes against HIV and emergency contraception should be available at all hospitals. However, a December 2009 report from PAHO indicates that full implementation is pending. There are reports that these are available in some hospitals, especially in cases where the perpetrator of the offence is known to be HIV positive.

Given the extremely conservative interpretation of the law in Belize, abortion is not made available to victims of sexual violence.

National campaigns to combat violence against women and the sexual exploitation of girls

The Women's Department has implemented a number of campaigns in this area. An NGO has carried out a campaign on sexual abuse and exploitation of young women and girls since 2003, and until 2009 the Women's Issues Network of Belize (WIN-Belize) had sponsored an annual Torch Run against gender based violence and HIV/AIDS. In all cases, campaigns have been dependent on the availability of resources, as evidenced by the cancellation of the 2009 Torch Run due to lack of financial support. At the same time, there is a commitment to sustained public awareness work on these issues. The Women's Department coordinates the annual *16 Days of Activism on Gender Based Violence* campaign, with the participation of both public sector and civil society groups.

Specific actions to suppress trafficking in women

In June 2006 Belize was one of six countries placed on a Tier Three list by the U.S. for "not meeting minimum standards to fight trafficking in persons, a criminal practice". Since then the government has launched a number of public education campaigns and other initiatives on the issue and made several arrests in regards to this issue and was taken off the Tier Three list in September 2006. The issue of trafficking was not

addressed specifically to target the trafficking of women and young girls, but rather the trafficking of persons. There is an anti-trafficking committee, but to date it's efforts have been limited and have had little impact. There is a feeling that policies in the area of trafficking are hypocritical and cannot be trusted.

Strategies to support boys and girls living with HIV/AIDS

Children with HIV receive regular medical attention and are provided with adequate nutritional supplies. There is no specific psychological and social support mechanism in place in any of the shelters. In some shelters there are staff trained in basic HIV/AIDS issues. Children of school age are enrolled in school. The directors use their discretion as to whether or not to inform school officials of a child's status. Some support is available through the government's Ministry of Human Development, including counselling for these children. Civil society organizations also provide some services.

Strategies to support orphans due to HIV/AIDS

The situation for orphans is similar to that for children with HIV/AIDS. Some support is available through the Ministry of Human Development and Social Transformation.

Brazil

Universal access, free of charge

The National Health System (SUS) seeks to provide universal health care free of charge at all levels of complexity.

The government offers testing and counselling centres, antiretroviral therapy and assistance in the public health network, however, in many states and municipalities, especially in the northern and north-eastern regions there are serious problems with the quality of the care offer especially at the primary and secondary health care levels.

Does HIV policy include a National plan with defined strategic actions?

The Ministry of Health has an STD, AIDS and Viral Hepatitis Department that elaborates projects covering five-year period. To gain access to Ministry funding states and municipal authorities have to draw up goals and actions plans defining measurable strategies for their implementation.

Is there an official policy on sexual and reproductive health?

Yes, in 2004 the Ministry of Health elaborated a sexual and reproductive health policy and set up a special technical area to articulate its implementation. However Brazil is a federation of states and decentralisation has already been implemented and consolidated so that the policy is not necessarily reproduced in all the states and municipalities. Some states do have a women's health programme but all the respective health actions like ante-natal care, childbirth and post-natal care, cervical cancer prevention, anti-conception measures and others are all carried out in the primary health services network by means of a "Family Health" strategy.

Is there an official policy for confronting violence against women?

Yes, there is an official national policy for combating violence against women coordinated by the Special Secretariat of Policies for Women. In the states the policy is reproduced in the State plans to combat violence against women and by establishing state networks for confronting violence against women and reference centres to provide support to women victims of violence in pole municipalities, the creation of state councils for women and shelter homes for women victims in situations where their lives are threatened.

There are no proposals for actions prior to the violence being committed (prevention, women's rights and citizenship) and most of the services are only implanted in state capitals so that access to them is limited for many of the women who really need them.

Is there a technical sub-division of the national AIDS programme dedicated to women's issues?

No. In 2007 Brazil launched the Integrated Plan to Combat the Feminisation of AIDS and other STDs and each State has adapted the plan to its own reality, a process that has only recently been concluded. The coordination of the plans however is attributed to state and municipal administrative staff that already have other responsibilities and there is no coordination infrastructure nor are there any specific budget or other resource allocations made for it. All of that has made it difficult to materialise the plans in the states.

Is there a specific policy for controlling STD?

Only for controlling congenital syphilis. It was hoped that this action would also reach out to the male population, which has not happened so far. All other STD are addressed by the Family Health primary health care units in response to spontaneous demand from service users and the administration of the disease is up to the health professional handling the patient. A considerable effort has been made to qualify health staff in the use of a syndrome-based approach to STD treatment but that strategy has still not been widely disseminated and enjoys little support from staff or from members of the population at large who still prefer to rely on their local drugstore when they find themselves with an STD.

Percentage of national budget allocations dedicated to sexual and reproductive health and facing HIV

No data available

Sexual education programmes implanted in school

The 'Health in Schools' programme (PSE) has now incorporated the programme 'Health and Prevention in Schools' (SPE) but implementation is still very patchy among the states and municipalities.

The actions effectively carried out under the aegis of the SPE/PSE, are still only incipient, ineffective and have made little impact. There is still a lot of prejudice and taboo surrounding the issue of sexual education in schools. Sporadic efforts are made such as

lectures and so on but they do not constitute effective ongoing actions. The poor qualification of educators in general is a big problem in the country.

Are there Sexual education Programmes for adolescents and young people not in schools?

Not as a government policy but more in the form of a community response. Actions are sporadic and discontinuous.

Promotion, availability and distribution of condoms to Young people and adolescents:

The primary health care units regularly distribute condoms and NGOs also participate in distributing them. In the local health centres there are limits set to the number of units an individual service user can collect per month. The difficulties for young people are greater because many centres require that the person should identify himself or herself and register for the service. In the case of girls, the requirements are even more severe and very few of them make use of the service. According to the Ministry of health (PNDST/AIDS 2006) the main place of condom acquisition is in the local drugstore. Nevertheless, there is evidence of a regular, gradual increase in condom use across all age groups and schooling levels in recent years.

Promotion of condom use is achieved by means of campaigns launched at certain critical times of the year and events like, the beginning of the holiday season, and carnival time but there are also other regular condom-promotion actions, often conducted by NGOs. In Brazil the male condom is the predominant form of condom used.

Campaigns, policies or programs for HIV prevention among heterosexual men

There is a National Male Health Policy that is now in the process of being adapted to realities of the states with a view to implementation. STD/AIDS prevention is not the main focus of the policy however. On the part of the National STD, AIDS and Viral Hepatitis Department there has only been one campaign specifically dedicated to this population segment, and that was some years ago.

Inclusion of civil society in the process of planning actions:

Civil society effectively participated in the planning processes through the presence of its representatives in the Nations STD and AIDS Commission and in the various advisory committees of the national Department. That is also true for the state and municipal spheres. However the participation of women and especially of women living with HIV/AIDS in the processes that delineate policies on HIV and AIDS is still merely incipient. Gestos in particular has made great efforts to strengthen this group in the northeastern region where AIDS incidence has been increasing over the last few years.

Inclusion of civil society in the implementation of activities

Civil society participates directly in the implementation of many activities by developing and supporting the execution of projects and indirectly through the insertion of its representatives in activities undertaken by state and municipal STD/AIDS coordinating bodies.

Health professionals skilled to offer counselling on SRH and HIV prevention

All three spheres of administration and management have made efforts to qualify professional health staff for counselling by means of capacity building courses and training activities. The results however do not come up to expectations and there are frequent reports of negligence or inadequate attitudes taken by health staff when addressing issues of sexual and reproductive health and prevention of HIV. That is particularly true of the primary health services where the demands on staff personnel are very high and they do not put priority on such issues.

HIV testing available and accessible to all women

There is a guideline stipulating that HIV testing be offered to all pregnant women in antenatal care and presently around 50% of the women are tested. Outside of the antenatal care offer, any man or woman can go to a counselling and testing centre and take the test and it can also be requested in the primary health care unit nearest to the person's home.

There is no evidence however, that women spontaneously seek the testing service except when the "Know your Status" (*Fique Sabendo)* campaign was at its height (2008), encouraging people to take the test.

Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minority women

There is a dialogue involving the Working Group of the State and Municipal Health Departments on "The Health of Negro and Indigenous Populations" around the implantation of a specific policy for those population groups and there has been support for the sporadic production of educational material and the holding of some events. However there is no gender approach in those proposals and they are not being made in the national sphere.

Good quality counselling associated to HIV testing carried out in the antenatal services

The number of reports from women that felt themselves secure and well received in the counselling process as there are of women referring to negative experiences involving discrimination and chilly and tactless attitudes especially on the occasion of revealing positive test results. There have been no consistent evaluations of the quality of counselling associated to rapid testing.

HIV testing available in maternity hospitals and maternity wards

In state capitals and other large cities, testing is available in all public maternity hospitals and wards. In smaller cities there is reference system that seeks to ensure that women that have not received testing results as part of antenatal care are tested to extend coverage of testing for pregnant women either during antenatal care or at the time they give birth. It is estimated that around 50% of all pregnant women in Brazil are tested.

Treatment to prevent vertical transmission

Pregnant women testing positive for HIV during antenatal care are referred for follow up in the specialised services. Those that are only tested at the time they give birth receive the treatment stipulated in the respective protocol. The vertical transmission rate of HIV has been steadily dropping in Brazil, Colocar qual a atual taxa

Nutritional support provided to HIV positive pregnant women

It does occur but on a very irregular basis depending on the particular state or municipal health service.

Milk substitute for the children of HIV infected mothers available and accessible

There are guidelines to this effect that are generally followed except when there are supply problems.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

There is no formal space for discussion and debate capable of effectively identifying the sexual and reproductive health demands of women. Their medical needs are met by gynaecologists in basic care services, except when there is a gynaecologist attached to the specialised HIV/AIDS services in the respective cit or municipality. The demands of most women in this situation will be met or not according the organisation of the local services and there are no formal protocols specifying procedures. A woman that seeks counselling will be dealt with according to the personal attitude of the health professional that she consults.

Reports of encouragement for HIV positive women to undergo sterilization

Informal report of this are frequent but there are also well-structured and well-conducted surveys that show not only that the right of sterilisation among women with HIV is higher, but also, that there is a strong inducement for the women to undergo sterilisation stemming from the health staff. There is abundant evidence that women living with AIDS feel themselves to be discouraged from living their sexuality to the full.

Emergency Contraception available and accessible

This service is not offered in a standardised way except in specialised services for women victims of violence. In other services EC may be available and accessible but there may also be obstacles to access and in the case of some municipalities, it is actually banned.

Rights related to abortion

The right to abort has been the object of heated discussion in the spheres of both government and civil society, over the last few years. The tension associated to this debate has meant that the services authorised to carryout abortions in those cases provided for by the law are concentrated in the capital cities and that makes access difficult for many women that need them. The only cases when abortion is not subject to the pain of law are when the pregnancy is the result of rape or the pregnancy is threatening the mother's life. There has been an increase in the number of cases of judges' authorizing the abortion acephalic foetuses.

Public opinion polls show that over the last twenty years public opinion in regard to abortion has been gradually changing and the number of people considering that the woman has an unrestricted right to interrupt a pregnancy as she wishes has gone down and the number considering the practice legitimate in certain defined circumstances has increased.

In Brazil there is a "National Pact to Confront Violence against Women" coordinated by the Special Secretariat of Special Policies for Women that is intended to encourage the implementation of local actions in compliance with the legislation in force. As part of the pact, specific resources have been allocated for organising and strengthening specific services and for the setting up of local networks to combat violence against women. The National Council of Health Secretaries has also undertaken a series of actions to promote 'health and prevention of violence' and under that heading has unfolded various actions to confront violence against women.

Specific actions against the sexual exploitation of girls and adolescents

Some actions in this category have been taken directed chiefly at curbing the practice of child labour. There also actions carried out directly in motels, hotels, gasoline stations, airports, and on federal and state highways. They are not only preventive activities, such as fixing posters and distributing material on the issue, but also there are punitive actions unfolded whenever the authorities find girls involved in commercial sex in such places. On the other hand, it is common to find girls involved in commercial sex in popular tourist locations and in the downtown areas of all big cities, which suggests a very low level of commitment to prevention and repression of such activities on the part of the authorities.

Services to provide care and address the needs of women and girl victims of violence

Nowadays there is a big care network in place including, shelter homes, reference centres, specialised outpatient services, and Councils of Guardians. Furthermore, the notification of cases of violence is now mandatory and under the terms of the Maria da Penha Act, so

are alternative services to handle the aggressor. The quality of the care and assistance in the shelters is being openly questioned. The regime of reclusion imposed transforms the woman from victim into accused and that has led to a very low rate of user-adherence to the service in all spheres.

Prophylaxis against HIV and STDs, emergency contraception and legal abortion available in cases of rape

Prophylaxis against HIV and STDs, emergency contraception are part of the care service offer to women victims of sexual violence. Abortion is not considered a crime in those circumstances but in practice, it is rarely done because many doctors do not feel comfortable with being refereed to as “abortionists”.

National campaigns to combat violence against women and the sexual exploitation of girls

These are carried in the form of government initiatives or initiatives of non-governmental organisations receiving support from government or international cooperation agencies and sometimes even from national donors like corporations.

Specific actions to suppress trafficking in women

Such actions are merely incipient with very low visibility and that is true for both government and civil society.

Strategies to support boys and girls living with HIV/AIDS

There is no formal strategy other than the regular financial support provided by state and municipal bodies coordinating the STD and AIDS programmes to the NGOs that shelter and support children with HIV. International cooperation (UNICEF) in partnership with local governments has been supporting and organising networks of youngster living with HIV, and carrying out work in schools to improve their social inclusion and that youngsters stigmatised for any other reason. The coverage and visibility of such initiatives however is far poorer than it should be.

Strategies to support orphans due to HIV/AIDS

There is no formal strategy other than the regular financial support provided by state and municipal bodies coordinating the STD and AIDS programmes to the NGOs that shelter and support children orphaned by HIV.

CHILE

Universal access free-of-charge

Health care for people living with HIV/AIDS has been explicitly guaranteed in the health system since 2005. In both the public private health networks ARV therapy is available to all persons that need it and to 100% of pregnant women diagnosed as being infected by the virus.

Elisa testing is voluntary and confidential and accompanied by pre- and post test counselling. In the case of pregnant women the test is offered in the first stages of antenatal care and if the result is positive they have access to treatment and in the case of other women living with HIV they have also access to antiretroviral medication and to formula milk supplies.

Condom distribution policies focus on most exposed populations such as people living with HIV, sex workers, people seeking treatment for sexually transmitted diseases and other people that seek the health services because they feel they are at risk.
There is no policy in place to guarantee condom access to the entire population.

HIV/AIDS policy includes a National Plan with defined strategic actions

There is no National AIDS Plan but there is however, a Strategic Plan of the National AIDS Committee that covers the period up till 2012. Plan funding is on an annual basis and dependent on the budget allotments made to the health sector.

The absence of a National AIDS Plan has negative consequences for AIDS policies in Chile, on the one hand because it remits the issue to a technical sphere as is the case of the National AIDS Committee and without the necessary political backing that would allow for a inter-sectorial perspective they have to appeal for the creation of political agreements necessary to implement integral synergic strategies and to conduct monitoring and evaluation that are essential for improving management. In turn the absence of a National Plan means that untimely changes are constantly being made according to the political contingencies and priorities of the moment. One of the great gaps in the story of AIDS in Chile is in the inter-sector work albeit there have been some

attempts, especially in the sphere of the Global Fund but not constituting a firmly established way of fighting the epidemic.

Official policy on sexual and reproductive health

There is no Sexual and Reproductive Health Programme as such although the Women's Health Programme does address the issue to some extent. There is no legislation in place to promote and protect the exercise of the sexual and reproductive rights of women. There is draft bill on citizen participation and non-discrimination that has been in before Congress for years and there are other similar legislative proposals in favour of women, lying dormant in Congress.

Official policy for confronting violence against women

There have been a growing number of actions to curb violence against women and the theme of *femicide* is high on the media agenda in an attempt to raise awareness in the citizenry in regard to the problem. The Ministry of Health has a policy on gender violence and it is a crosscutting theme in all the health services run by that Ministry. There has also been some progress in regard to violence against women in terms of legislation and actions undertaken by the State but that is very different from the situation of the results and if on the one hand the very fact of raising the issue is valued, on the other hand the capacity of those actions to effectively improve women's situations is highly questionable. The public response to the issue of violence against women takes place in the sphere of intra-family violence which makes the subjects and the roots of the problem equally invisible – the approach has been to address the women as victims and not as subjects in their own right and consequently it makes no contribution to the empowerment of women.

Sub-division into the National AIDS Programme dedicated to women's issues

There is no subdivision of the National AIDS Programme that specifically, and exclusively, addresses the theme of women. However, a Gender Equity Committee has been set up in the Ministry of Health with the mission of addressing issues associated to the Sexual and Reproductive Rights of Women and the theme of AIDS has come up in that context although orientation is not exclusively in the direction of that theme There are also strategies directed at women in the community work that is carried out in the sphere of the Integrated Regional Response.

There are no strategies or campaigns specifically targeting women. The National AIDS Committee justifies that decision by pointing out that the epidemic in Chile is spreading mainly among men and more particularly among homosexual men. There are no direct contacts between the National AIDS Programme and the women's movements although a valuable indirect connection exists in the form of the Ministry of Health's Advisory Council on Gender. There have been some successful experiences with women living with AIDS in the context of the Global Fund but they have not been sustained.

Specific policy for controlling STDs

The policy on STD control favours epidemiological control by means of a Sexually Transmitted Diseases Sentinel Surveillance system. Furthermore free and confidential

care and treatment are guaranteed as well as universal access to all those that seek out the public health system. Although the norms and regulations state that there must be control, follow up and free treatment; that is not always the case and frequently there are long waits for such benefits. The same situation prevails in regard to tests and exams and there are problems due to staff shortages.

In regard to civil society the STD policy is restricted to public health control of STDs associated to commercial sex, and no attention is given to wider spheres like education and prevention actions, whether in the form of community actions or mass campaigns. On the other hand the effect is to make the theme of STDs invisible in the context of relations in a stable union to the point of actually hiding the diagnosis. There are also serious cultural barriers that make it difficult to provide care to people that consult the services because of a sexually transmitted disease. There are no campaigns directed at STD prevention except those that are run in connection with HIV/AIDS.

Rights related to abortion

In Chile all forms of abortion are illegal so no one in Chile is allowed to have an abortion under any circumstances not even for therapeutic reasons. By not offering therapeutic abortion the State obliges women to bear the children in all cases of sexual violation, in cases of non viable foetuses and foetuses with congenital deformations. Furthermore, in the case of congenital deformations the state offers no assistance for the woman to be able to handle the situation.

If there has been some slight progress insofar as there is supposed to be confidentiality for women arriving in the health services with abortions, it is nevertheless, something that only exists in the regulations and in practice nobody complies with it.

Sexual education programmes implanted in schools

There is no effective form of sexual education in the educational establishments and there is no solid evaluation of the sexual education programmes that are carried out in them. The Ministry of Health Programme "Programme of Sexuality and Affectivity Education recommends contents (including STD prevention) and methodologies, however it is up to each educational establishment to decide if it wishes to incorporate them in the school curriculum and in what way. Added to that is the poor qualification of the teachers because the theme itself is not present in the curriculum of one single teaching degree course in any university the country.

Sexual education programmes for adolescents and young people outside school

There are no educational programmes on AIDS prevention run by the government only some sporadic actions under the aegis of the Integrated Regional Response. One of the great problems is that when educational strategies for sexuality education and AIDS prevention are being created, the powers that be, the alliance between the catholic church and conservative right wing political groups, work up political pressure to kill such initiatives before they are even born.

Promotion, availability and distribution of condoms to young people and adolescents:

There is a project involving 'Info-centres' that is being implanted in the sphere of the National Youth Institute (INJUV), and its object is to facilitate access to condoms for young people by creating special spaces just for them so that they do not have to depend on the health services. Presently there are 22 Info-centres in different regions of the country, albeit coverage is not yet nationwide.

In the mass prevention campaigns carried out up until 2007 there was always special concern for youngsters as a target group, however that concern is no longer articulated in the current context of the de-articulation of the national response.

Inclusion of civil society in the process of planning actions

There are not many examples of women taking part in decision-making processes within the National AIDS Programme. Women do not have any participation in decision-making but they do participate to some extent in the non-deliberative Councils.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

Health staff receives no training in specific prevention counselling for women. The emphasis is on men that have sex with men in response to the profile of the epidemic in Chile. On the other hand capacity building for counsellors is done in a gender perspective and furthermore they are prepared to individualise the counselling avoiding the use of standardised answers. There are presently 595 staff members of the public health system undergoing capacity building processes in various parts of the health network as for example in locations where Elisa testing is available or centres that provide STD services and in the programs that provide attention for people living with HIV all over the country.

The weak point of the strategy of capacity building for counsellors is in the way it selects staff for the process insofar as those chosen are not always the ones that will eventually deliver counselling at the end of the line. Another complicated aspect of counselling is that it represents yet another work load for the staff member as it is not contemplated among the priority objectives that the staff are expected to achieve as set out in the document Explicit Health Guarantees. That is why, although counselling is guaranteed by Law, in practice, whether it actually takes place or not depends very much on the time the corresponding health worker has at his disposable.

Programmes or actions in SRH or HIV prevention specific to ethnic minorities women

There are no sexual and reproductive health programmes or actions or prevention programmes specifically for women belonging to ethnic minorities. There have been some initiatives in the sphere of the Integrated Regional Response where the focus has been on women belonging to a certain village of indigenous people and they have taken the cultural context into consideration.

However, considering that in Chile indigenous people have not even been recognised in the constitution yet, it can hardly be expected that such programmes would exist.

Good quality counselling associated to HIV testing carried out in the antenatal services

There has been vertical transmission prevention protocols and regulations in place since 2005 that guarantee the offer of Elisa testing to all pregnant women attending either public or private health services. Actually vertical transmission rates in Chile are very low. Civil society objects that frequently the provisions of the law are violated insofar, as the women are not consulted as to whether they wish to take the test or not. The same situation exists in the private health services where the voluntary nature of test taking is violated and furthermore in many cases no counselling is provided before or after the test and there is less control on the part of civil society and of government.

Treatment to prevent vertical transmission

Access to antiretroviral medication is guaranteed to all HIV+ pregnant women in both public and private health systems but Civil society has questioned the official statistics showing 100% access to antiretroviral for all persons living with HIV/AIDS in Chile and consequently, the figure for pregnant women. That situation is even more complicated because today Chile can no longer count on the cohort study that was closed down for lack of budget allotments, so that it is actually impossible to know what is really happening with people living with HIV in terms of their access to medicines, opportunistic diseases, morbidity, etc.

The repressive attitudes vocalised by health services in regard to the sexuality and the right to maternity of seropositive women create yet another obstacle in their path discouraging them from seeking timely treatment if they do get pregnant.

Nutritional support provided to HIV positive pregnant women

There is no nutritional support provided to seropositive pregnant women.

Milk substitute for the children of HIV infected mothers available and accessible

According to the National AIDS Committee all women have access to adequate supplies: protocols are in place to ensure that they not only receive the necessary information but they receive substitute, formula milk free of charge for the first six months of the baby's life. Civil society however declares that while it is true that there are protocols in place, they are not always followed and the milk is not available everywhere. The Chilean state has a serious debt with the Laboratories that is threatening the stocks of milk and even of antiretroviral.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

There are no specific actions or programmes for women living with HIV designed to protect their sexual and reproductive health, they depend on the primary health services where staff are not qualified to handle that specific population. There is no established guideline on contraception for women living with HIV or that takes into account possible interactions between contraceptives and antiretroviral medication.

Reports of encouragement for HIV positive women to undergo sterilization

According to the National AIDS Committee seropositive women are not induced to undergo sterilization but a survey made by VIVOPOSITIVO in 2002 showed that 13% of women with HIV had been sterilised without their consent. In the opinion of civil society the situation today is no different.

Emergency Contraception available and accessible

The recent government decision to make the "day after" pill available to girls over 14 was objected to by the right wing groups and some sectors of the Christian Democrat party that is a member of the government coalition. Emergency contraception has stirred up an intense debate in the country. The government has been trying to make it available to female citizens but that has been made difficult by conservative groups of civil society and right wing politicians and parliamentarians. As the issue is still being debated the present situation is unclear and undefined as to whether it should only be supplied in cases of sexual assault, or also in cases of sexual exposure through unprotected intercourse and there is no information as to coverage of this measure.

Private individuals can purchase it directly in drugstores and pharmacies but a doctor's prescription is required. Indeed, access to the pill has become even more restricted insofar as the pharmacies are in collusion with the conservative groups and have stopped importing it.

Specific actions against the sexual exploitation of girls and adolescents

During 2009 the National Women's Service - SERNAM, has carried out the following actions: Workshop on "A gender perspective in public policies and programmes" run by specialists in projects addressing sexual abuse and bodily harm, sexual exploitation of children and adolescents, children and young people living on the street; and a campaign in collaboration with the Ministry of the Interior, SENAME, SERNATUR, PDI and representatives of the International Labour Organisation which consisted of incorporating in a migratory label the warning that the sexual exploitation of minors is a crime; a campaign in the Internet against the sexual exploitation of children that sought to warn possible users about the crime they were committing.

Services to provide care and address the needs of women and girl victims of violence

Nationwide health assistance networks are opening special rooms to provide assistance to women victims of sexual violence attended by professional individuals specially trained in that field of assistance.

SERNAM has its own programme on Intra-family Violence and during the mandate of the present government it has greatly expanded the number of centres so that presently there are 90 centres and 25 shelter houses. The care centres function in integration with municipal authorities and private institutions and the 90 centres can count on the services of social assistants, lawyers, psychologists and also a technical reception team that works with prevention, contention and treatment.

The care and assistance centres are designed to receive women that have suffered violence that is classified as light. In cases of serious violence the work is done in coordination with other institutions and after the denunciation has been formalised and it has been identified that she is in a serious violence risk situation the woman goes to a shelter home. To provide support to the process of re-inserting the woman work is being done together with the Ministry of Housing to construct special programmes whereby women in the shelter homes can apply for a housing allowance to enable them to change their place of residence.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

Although emergency contraception prophylaxis against HIV/AIDS is supposedly available in cases of sexual violence and abuse, the women involved are not informed about it. The treatment meted out to a woman that has been sexually abused is far from welcoming and the main object of the attention she first receives is directed at determining the existence and nature of the crime. There is no follow up in the care and attention offered to women victims of sexual violence.

National campaigns to combat violence against women and the sexual exploitation of girls

There are some permanent campaigns that take the form of prevention activities in the care centres and in other places and there is the mass campaign that is run on an annual basis (16 days of activism against violence) every November. Those campaigns are important to give visibility to violence against women and they have played an important role in projecting in the media the assassinations of women that have taken place around the country.

Specific actions to suppress trafficking in women

Since 2008 there has been an Intersectoral Table on Trafficking in People which takes on the task of coordinating the actions, plans and programmes of the various institutional actor, in the areas of prevention, repression and punishment of trafficking in human beings especially women and children. There is no legislation on this issue as yet.

Strategies to support boys and girls living with HIV/AIDS

The cases of children living with HIV in Chile are all the result of vertical transmission. The rate has now gone down to 2%. That is why presently there are only 240 children in the country in care in the public services. They have guaranteed access to the controls, treatment and examinations and also receive psychosocial support. There is a law that determines non discrimination in schools and there are various actions underway around

the country to make teachers and schools sensitive to the problem and accept boys and girls living with HIV in their establishments, There is a special program line of care service, the Paediatric AIDS Program, separate from the programme for adults. There are 21 centres around the country that handle children living with HIV. Each one is staffed with specially qualified professionals among them paediatricians, pharmacists, with special training that oversee their medication and many of the centres provide psychosocial support. In some centres the boy and girls have access to even more integrated services that includes support for the parents and carers especially in the question of adherence to treatment. The National AIDS Committee is finalising a book about the purpose of psycho-social support for children living with HIV/AIDS and they have incorporated a discussion of the emerging needs of boys and girls living with AIDS as they become adolescents as a topic in the capacity building of staff working in this field.

Strategies to support orphans due to HIV/AIDS

There is no need for special accommodations because most of them are raised by other family members and also go to school so that this theme has no relevance for Chile and consequently there is no social policy specifically designed for this group.

INDONESIA

Universal access free-of-charge

In principle, access to health care services can be obtained. Some health care services are provided for free while other services are not. Free of charge health services are intended for those who posses a health insurance card issued by the State, however, it is limited and key affected populations found a wide range of difficulties in accessing it.

HIV/AIDS policy includes a National Plan with defined strategic actions

Indonesia has National Strategic Plan (NSP) on AIDS for 2007-2010, while NSP for 2010-2014 is currently in the process of elaboration.

The present NSP consists of several objectives, including creating enabling environment, prevention, Care-support-treatment, mitigation along with intervention strategies focusing on the key affected population, resulting in some parties' being concerned that the intervention in the general population will be ignored.

Based on prevention strategy, which was developed by the National AIDS commission, intervention targets of prevention programmes still focus on most at risk population like drug users, MSM, Transgender, Sex workers. There were no specific strategies to address the general population, which include women, young people and adolescents. Recently it has been realized that infection among women who are spouses of clients of commercial sex workers is significantly increasing. This realization suggests that we should review the definitions of "key population or Most at Risk population".
There have been a lot of complaints that migrant workers have been neglected by the current policy. We also noticed that at least 15% of reported HIV cases involve individuals age 50 years and older. This segment of the population has been perceived as asexual and so they do not receive information or education on HIV and AIDS.

Official policy on sexual and reproductive health

Although the National Strategy for Sexual and Reproductive Health is already in place, the implementation of that strategy has not yet fulfilled the needs of youngsters in terms of sexual and reproductive health information. The strategy itself has already been "translated" into a youth context. However, the challenges are at the implementation level.

Official policy on reproductive health is outlined in the Law on Population Development and Family Welfare. According to that, every citizen has the right to obtain information and get education related to his/her reproductive rights, and the government is responsible for providing information, services, and technology for family planning including IEC materials on reproductive health for (prospective) married couples (which include adolescents).

A Main obstacle in this policy was in article no 5, which stated that SRH could only be provided to married couples and that is closely tied to social norms and religious values. It represents a barrier for women who are sexually active but do not yet have a married partner. This issue was also mentioned by Law No. 36 on Health, article 57, and would be a great barrier to implementation level.

Official policy for confronting violence against women

National Commission on Violence Against Women is a national mechanism to eliminate violence against women in Indonesia. In 2004, the government released a Bill regarding "The Elimination of Domestic Violence". In 2009 they reported the vulnerability of women to economic and sexual violence at home, in education institutions, and state institution. Prior to that, Government of Indonesia had ratified the Convention on The Elimination of all Forms of Discrimination Against Women, CEDAW.

Sub-division into the National AIDS Programme dedicated to women's issues

National AIDS Management Commission has retained Working Group of Human Rights & Gender; and Working Group of Woman and Children. Both Working Groups mostly discuss women-related issues.

A limitation encountered by the present working groups is that there is no obvious monitoring and evaluation mechanism, including target achievement that should be retained. Accordingly, working group output will just be a strategic document and impracticable.

Specific policy for controlling STDs

STD policy has been incorporated into the National AIDS Prevention Strategy in 2003. Indonesia has had a "100% condom" policy in place since 2003. It was added to the Strategic and Action Plans on AIDS 2003-2007.

Race/ethnic groups, and social classes have not been seriously considered in most STD interventions.

Indonesian government has not discussed the concern of gender gaps, overlapping social relationship patterns and other social phenomena including poverty in the approach of Sexual Disease Transmission Prevention. Recent report suggests that the prevalence of STD is still significantly high among sub-populations: high titters syphilis (TPHA/RPR >= 1/16) 4.11%; gonorrhoea 27.2%; Chlamydia infection 24.74%; trichomoniasis 9.49%; bacterial vaginosis 54%; Candidiasis 10.29% among female sex workers.

Rights related to abortion

Public policy on abortion is stated in the newly enacted Law No. 36, year 2009 on Health. Article 75 states that abortion is illegal, except if it meets several conditions. Abortion can be performed only when there is a medical emergency situation indicated early in pregnancy, such as conditions endangering the lives of woman and infant, genetic abnormality, or other condition that will make the life of the infant outside of the womb seriously jeopardised. In addition, termination may be performed in cases of rape which otherwise will sustain psychological trauma to the woman. Termination of pregnancy may be conducted before 6 weeks of pregnancy and after client undergoes counselling. Pregnant women with HIV may be allowed to terminate her pregnancy when an expert (medical) opinion support the notion that her life is threatened or that the life of the baby will be seriously affected by HIV. No clear guideline is in place. This new law, especially article 75, has received strong reactions from anti abortion activists and some religious leaders. The pro and con debates are still going on.

Percentage of national budget allocations dedicated to sexual and reproductive health

The specific data on range of funds allocated for sexual and reproductive health programmes are not available.

Percentage of national budget allocations dedicated to facing HIV/AIDS

Fund of The State Budget Plan allocated is IDR 115 billion (26.27% of total AIDS response cost).

In 2008, that increased to around IDR 542 billion (51% of total AIDS response cost) of the whole funds allocated for AIDS management in Indonesia.

Sexual education programmes implanted in schools

Most of the educational programmes on HIV for women and young women were done by the NGO/CBO/FBO.

Reproductive health education is available in most Biology textbooks for Junior and Senior High School students and to a limited extent in social studies and religious study textbooks. In biology textbooks, most biological and technical aspects of reproductive health are well covered, including sexually transmitted diseases. Sexuality, however, is not adequately discussed. Whenever mentioned, it is the consequences of irresponsible (non-marital) sex, which are explained.

However, many schools throughout the country use co-curricular activities to bring about information on sexuality. This is usually performed in the form of a seminar or training-workshop in cooperation with an NGO or invited guest speakers. Since governance matters have been decentralized the education sectors in different provinces have taken their own initiatives. In West Kalimantan, for example, the provincial office of MoNE collaborates with the PKBI (Indonesian Planned Parenthood) to develop a teacher's manual on reproductive health and HIV prevention. Similarly, in Papua, the provincial government has recently been mainstreaming reproductive health and HIV prevention in the school curricula to fight the generalized HIV epidemic. Many schools in more progressive regions such as Bali and West Nusatenggara, Jakarta, DI Yogyakarta undertake similar initiatives to help their students to have more knowledge and skills related to reproductive health and sexuality.

According to some school principals that have become respondents of the UNGASS Forum Indonesia assessment 2009, they expect that government could accommodate sexual reproductive health issue in the form of standard curriculum, so that the implementation of this curriculum could be easily monitored in the term of site implementation whether or not such education has been provided.

Sexual education programmes for adolescents and young people outside school

The government of Indonesia has a strategy to increase people awareness on sexual and reproductive health and rights through education for youth and school-based education. There are laws in Indonesia that prohibit people from showing sexual reproductive organs in the form of pictures, or through any other media, even when it used for education. The last law cancelled the initiative to educate people in Indonesia regarding sexual and reproductive health and their rights regarding it.

BKKBN (National Coordination Body of Planned Parenthood) in cooperation with PKBI (NGO that focuses on Planned Parenthood) have launched in 2004 a website called Remaja Ceria Indonesia and Centra Mitra Muda (Facebook) to provide reproductive health education for children outside of school. BKKBN also indicated that 10,800 adolescents had been trained as peer educators, 5,000 had been trained as peer counsellors to implement this program. The Ministry of Social Affairs (MoSA) also indicated that they have been implementing IEC on reproductive health and HIV prevention to children outside school including children living and working on the street. However, these programmes have very limited impacts due to lack of serious investment and community support. Most IEC activities in reproductive health and HIV&AIDS are performed by NGOs, which have been known for their works on family planning, gender awareness, drug education, and HIV prevention with significant component of reproductive health. Most of them have their own IEC instruments. Unfortunately, NGOs have not been working together in partnership or coordination. They have their own target groups but overlapping is highly likely. Therefore, impacts of their work remain limited and not properly documented.

Promotion, availability and distribution of condoms to young people and adolescents

Some provinces and districts translated the Sentani Commitment into provincial or district regulation, where not using condoms in a "high risk" area would be considered an unlawful act. Jayapura is one of the districts that implement the "100% condom" district regulation. However, this regulation alone seemed unable to ensure condom use. In Tanjung Elmo, the most popular brothel complex in Jayapura, the regulations were

actually influencing the "pimps" to force the sex workers to wear condoms during sex transactions with clients; the sex workers even have to show the used condoms after the sexual transaction was over.

Campaigns, policies or programmes to HIV prevention among heterosexual men

Indonesia holds National Condom Campaigns each year, although it always brings out heavy criticism alleging that the campaign is nothing more than promoting adultery and sex before marriage.

Inclusion of civil society in the process of planning actions

In general, civil society participation in Indonesia is still in its early stages. Some CSOs involved in programme implementation are consulted.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

Government using fund contributions from donor institutions frequently provides capacity building for counselling delivery, especially for VCT. Some international development institutions have provided staff that work for either government or non-government organization in relation to counselling pre-HIV test. Its effectiveness should be taken into consideration since it still requires much improvement, particularly for service continuity that relies mainly upon the fund contribution from several institutions. Moreover, government does not provide specific fund for that purpose.
A recent study by STIGMA Foundation (2009) reveals that health services attached to Harm Reduction program in Jakarta are not gender sensitive. Interviews with female IDUs accessing reproductive health, methadone, and VCT services found that their specific needs as women were misunderstood or ignored.

HIV testing available and accessible to all women

HIV test is generally available in major cities in Indonesia. However, since Indonesia has big regions, such test could not entirely provide coverage to isolated and distant areas from the government center.
The HIV test is basically free of charge, while other tests such as CD4 or Viral Load tests are not free of charge.

Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minorities women

Indonesia does not recognize minority status based on ethnic groups. In development policies, "minority status" is often associated with "difficult to reach population" due to geographical locations and living arrangements.

Good quality counselling associated to HIV testing carried out in the antenatal services

Information service, counselling and HIV test are not available in antenatal care.

HIV testing available in maternity hospitals and maternity wards

Generally, HIV tests are not particularly available in maternity hospital. For Papua, HIV test has been mandatory for pregnant women since the AIDS epidemic began to spread to the general population. This is obviously conflicting with the NSP on AIDS, that stated the HIV test should be carried out in a confidential environment, on a voluntary basis and the person should be well-informed via pre-test counselling.

Treatment to prevent vertical transmission

Most of the prevention of vertical transmission programmes is provided by NGOs. There are significant improvements related to care, support and treatment for mothers living with HIV in Indonesia – however, the coverage of these improvements may still limited to big cities. Prevention of vertical transmission services is not widely provided for seropositive couple that are going to have children. This is particularly related to the fact that birth service workers are not familiar enough with information on HIV and AIDS. Some NGOs provide prevention of vertical transmission services as part of their services, however the coverage is very limited and often not accessible to those in rural areas. According to database 2007, of 1,274 hospitals Indonesia, only 15 reference hospitals could perform the prevention of vertical transmission program.

Is treatment offered to reduce the risk of vertical transmission of HIV? Is any psychosocial support made available?

PMTCT services are not widely provided for seropositive couple that are going to have children. This is particularly related to the fact that birth service workers are not familiar enough with information on HIV and AIDS. Some NGOs provide PMTCT services as part of their services, however the coverage is very limited and often not accessible to those in rural areas.

Nutritional support provided to HIV positive pregnant women

For some provinces in Indonesia, the Social Department by means of the Local Social Offices has provided nutritional contribution for the HIV+ pregnant women and for their family members who are HIV-infected. However, this support is either geographically or quantitatively limited. Some non-governmental institutions have also offered similar support although limitations exist.

Anti HIV prophylaxis for the new-born of HIV-positive mothers available and accessible

Prophylaxis usage has not been considered as a main issue in Indonesia. This is particularly the result of the inadequate capacity of health service providers, typically birth services, and unavailability of pediatric ARV package in Indonesia.

Milk substitute for the children of HIV infected mothers available and accessible

Formula milk as the alternative to breastfeeding has been available all across Indonesia, but the price is relatively high so that not all people can access it, including HIV-positive mothers that often live under severe economic condition. Further, since Indonesia is a big country and consists of many islands, formula milk distribution could not reach isolated regions and small islands.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

In principle, women living with HIV have access to reproduction health services but it is limited to a few providers especially in municipal areas.

Reports of encouragement for HIV positive women to undergo sterilization

There are several actions/inducements from health service officials for HIV infected woman to perform sterilization to prevent them from having a child. An official report concerning this issue is not available. Some pregnant women with HIV indicate that they were advised to terminate their pregnancy.

Emergency Contraception available and accessible

Emergency contraception instruments such as birth-control pills are mostly available in Indonesia, however, information on the usage as emergency contraception is still limited. Pills such as postinor have been illegally sold on the open market. However, the process of legalization is facing obstacles since Law of Health has defined it as criminal practice and it requires appropriate recommendation from religious groups to be able to sell free pills including postinor.

Specific actions against the sexual exploitation of girls and adolescents

In 2002, the government produced a Bill where all forms of violence against children would be considered illegal acts, including sexual exploitation. Indonesia has enacted the Law on Child Protection and recently a Decree of the Coordinating Ministry of People's Welfare Against trafficking of women and commercial sexual exploitation of children. The implementation of these laws is spearheaded by the Ministry for Women's Empowerment and Child Protection supported by ministries in social, labour, and tourism sectors. The ECPAT Affiliate group is currently working with the Body shop and sectoral ministries to combat trafficking and commercial sexual exploitation, especially in tourism destinations.

Services to provide care and address the needs of women and girl victims of violence

Some non-governmental institutions have provided guiding contribution for violence victims against women. Unfortunately, it could not reach all regions in Indonesia.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

Emergency Contraception was available in clinics and hospitals in Indonesia but only 22% of physicians interviewed agreed to provide these drugs over the counter.

National campaigns to combat violence against women and the sexual exploitation of girls

In a very limited fashion by existing national coalition and gender-based NGOs. Currently the National Bureau of Planning (Bappenas) require that gender issues and child protection be mainstreamed into all sectoral strategic plans.

Specific actions to suppress trafficking in women

Indonesia has enacted a Law on Suppressing Human Trafficking and recently Decree of The Coordinating Minister of People's Welfare Against human trafficking and sexual exploitation of children. Campaigns, rescue, and treatment & rehabilitation have been performed by various agencies, state, NGOs, UNICEF, IOM, etc. No national evaluation has been conducted to measure impacts.

Strategies to support boys and girls living with HIV/AIDS

Department of Social Affairs – integrated into poverty alleviation program and child protection. It is limited to nutrition support.

Strategies to support orphans due to HIV/AIDS

Orphans and vulnerable children (OVC) is one of the issues that currently lack of attention, commitment and action from both government and non-governmental organizations. This issue should be reviewed and included in the national AIDS strategy as a priority area.

KENYA

Universal access free-of-charge

Kenya has a policy and strategy to promote comprehensive HIV treatment, care and support. Free ARV is provided in GoK, FBO facilities. It was reported that it is difficult to separate HIV and AIDS related health care services from other health related services at health facility level, PLHIV end up paying the "cost sharing fee" and also for nutrition support.

Health facilities are located at long distances and health personnel are few, making it difficult to access services – there is poor access of ARVs in the Arid and Semi Arid Lands of Kenya; inadequate human resources at health facilities with capacities to attend the needs of people with disabilities; nutrition care is expensive; palliative care is minimal; Poor and/ or lack of awareness on Post Exposure Prophylaxis.

The Most at Risk Populations do not have special treatment facilities available or recognition of their health needs. There is a context that impedes the Most at Risk Population accessing the services since some situations are widely regarded as unlawful and criminal especially for IDUs, Commercial Sex workers, MSM – the Kenyan law on Marriage Act only recognises the man and woman union. Such obstacles have caused increased marginalization, minimal accessibility to HIV & AIDS service, and increased risk of HIV infection by these sub populations. Attempts to de-criminalize them have faced significant religious and cultural resistance among the population.

Sex work has not been legalized; prison inmates' HIV and AIDS related issues are not articulated by Kenyan laws, though the Kenya prisons have a workplace HIV/AIDS policy, it is not clear how the prisoners' HIV/ AIDS issues are being addressed by this policy. The situation is particularly serious for women but data is not available.

HIV/AIDS policy includes a National Plan with defined strategic actions

Kenya's response to the epidemic is based upon the "Three Ones" principles: one national strategic action plan, one national coordinating authority, and one national M&E system. Since the year 2000, Kenya has had a multi-sector strategic plan.

Kenya National HIV & AIDS Strategic Plan - KNASP I from the year 2000- 2005; KNASP II from the year 2005- 2009/2010; KNASP III from the year 2009/2010-2013

This has led other ministries and workplaces to come up with their HIV & AIDS strategic plans as well. Specifically HIV is integrated in key development documents: the vision 2030; Sector plans and the *National, District and Constituency* annual plans.

Strategies being pursued to achieve those objectives include: advocacy and promotion of behaviour change, blood safety, continuum of care and support, treatment and control of Sexually Transmitted Diseases (STDs), epidemiology and research, prevention of vertical Transmission of HIV, and mitigation of the socio-economic impact.
There are no non- discrimination laws or regulations that specify protection for MARPs or other vulnerable subpopulations in Kenya.

Official policy on sexual and reproductive health

Immediately after Cairo, Kenya embarked on a process of domesticating the ICPD Programme of Action. This process culminated in the development of a consensus policy document entitled, The National Population Policy for Sustainable Development, which was approved by Parliament as Sectional paper No. 1/2.000. Nowadays however, maternal mortality in Kenya continues to be unacceptably high: Five hundred and ninety (590) women per 100,000 live die due to pregnancy and childbirth related causes.

DRH forum is a newsletter launched for the sharing of information, provision of widespread technical leadership and information. There is also the website www.drh.go.ke Within DRH, there is the programme of gender, sexual and reproductive rights. Gender issues cut across all other programme. Within DRH, there is the adolescent sexual reproduction health (ASRH).

The pill is the best-known family planning method followed by injectables, and condoms. However much unmet need for family planning persists. 24% percent of Kenyan women who would like to either space or limit births are not using a method of family planning reflecting a high unmet need for family planning.

There are policies put in place to ensure that there is reproductive health education for women and girls who are more vulnerable to HIV infection. But still the most common adolescent and youth sexual and reproductive health problem are early child bearing, STIs/HIV&AIDS and unsafe abortion. Adolescent Reproductive Health Policy is in the process of being formulated but currently reproductive health needs for youth focus only in the promotion of "responsible sexual behaviour".

Provision of reproductive health services is hampered by harmful practices including female genital mutilation (FGM) in the form of female circumcision. Thirty eight percent of women age 15-49 have undergone the practice. Although the practice is declining nationally it is still deep rooted among the Kisii, Kalenjin Maasai, and the Meru. Female circumcision causes life long reproductive health risks among girls and

women and studies have shown that infant and maternal mortality is highest among the practicing communities.

Official policy for confronting violence against women

The government has committed to fight gender-based violence by passing sexual offences bill and signing it into law so as to protect women and girls against sexual violence although sexual violence against women and girls is still high in the country.

The sexual Offences Act has a section on issues of Gender Based Violation (GBV) and a Gender and Children desks have been established in all police stations and special courts have been established to deal with offences related to the law.

The campaign against FGM in Kenya is included in the National Plan Of Action For The Elimination of Female Genital Mutilation in Kenya, 1999-2019. FGM has also been outlawed by the recently enacted children's bill. Strategies for the elimination of FGM have included information and education mainly targeting the practicing communities. Alternative rites of passage involving exchange of gifts or a slight scratch are promoted rather than FGM. Safety nets are provided to girls who say no to circumcision or to forced marriage.

There are no non- discrimination laws or regulations that specify protection for MARPs or other vulnerable subpopulations in Kenya.

Good quality counselling associated to HIV testing carried out in the antenatal services

For HIV positive pregnant and postpartum women, the government promotes routine offer of HIV testing and counselling. Data on Sentinel Surveillance of HIV and STDs in Kenya showed that due to wider coverage of pre-test counselling and HIV screening during prenatal services the HIV prevalence in both STD and ANC patients had significantly declined over the years.

Sexual education programmes implanted in schools

Youth in schools are reached through Family Life Education, components of which are integrated in carrier subjects. Peer education programmes are also being implemented in some districts, providing youth with life saving skills they need to protect themselves from unplanned pregnancies, STIS/HIV&AIDS. There is no further information about the quality of these programmes and it should be noted that opposition by religious groups has prevented the Family Life Education from being taught in schools.

Sexual education programmes for adolescents and young people outside school

Reproductive health needs for youth out of schools are provided at youth friendly clinics and at youth centres established in some districts. Call-in weekly programmes targeting the youth are also aired on the national radio. Despite these efforts, reproductive health needs for the youth have not been adequately addressed in Kenya. The quality of these programmes is very low.

Promotion, availability and distribution of condoms to young people and adolescents

A policy and strategy for promoting HIV related Reproductive and Sexual Health Education for young people exists, but clear directions on condom availability and use (public health and human rights) are needed to streamline, among other things, the controversies in condom provision and distribution. The fact that the Condom Policy (2001) is silent on whether condoms should be made available makes the situation more confusing for management. The interpretation could be that there is no policy against condom provision in Kenya.

Treatment to prevent vertical transmission

The government promotes routine offer ARVs (Zidovudine+ Nevirapine or Single dose Nevirapine) for the woman and single dose NVP with Zidovudine for the infant and ART for women who are eligible for treatment. However there is a huge challenge because about 68,000 pregnant women need ARV treatment to prevent vertical transmission.

Campaigns, policies or programmes to HIV prevention among heterosexual men

In the African set-up, involvement of men is crucial for successful implementation of reproductive health programmes, reduction of sexual and domestic violence, including sexual abuse of minors and FGM. The activities being implemented to enhance male involvement in reproductive health include male only clinics and information and education urging men to encourage and support their spouses/ partners in reproductive health.

Milk substitute for the children of HIV infected mothers available and accessible

There is need also for provision and sustainability of alternatives for those HIV+ positive mothers who cannot afford to exclude breast-feeding.

Inclusion of civil society in the process of planning actions

The Kenya Government has involved people living with HIV, Most at Risk Populations and other vulnerable sub- populations in the design of HIV- policy and programme implementation through NACC's planning and review processes. Through the TOWA financial support has implemented the GIPA principle, Affirmative Action, and ACUs' programmes in line ministries/ departments and institutions.
During the development of the current KNASP III, Civil Society Organizations and Networks were well incorporated as major stakeholders having a representation of almost 58 %.

Inclusion of civil society in the process of implementing actions

There is a mechanism for promoting interaction between Government, Civil Society Organizations, and the Private Sector in the implementation of SRH& R and HIV and AIDS strategies and programmes through the NACC's Coordination and Support Department. However, it was cited that coordination and support requires further strengthening. Main challenges being encountered include lack of full engagement of CSO's and need of civil society capacity building.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

Lack of adequate intervention to mitigate against gender violence such as PEP. There is a poor and/ or lack of awareness on Post Exposure Prophylaxis in general

Specific actions to suppress trafficking in women

According to a report by National Commission on Gender and Development there are laws protecting women against human trafficking and these laws are in accordance to government's obligation to comply with its international human rights obligations. However in practical terms there absolutely no structure and systems to protect women against trafficking.

Strategies to support orphans due to HIV/AIDS

There is a policy and strategy to address the additional HIV – related needs of orphans and other vulnerable children. There is an estimate of orphans and vulnerable children being reached by the existing interventions. The challenge is the training process and capacity building for the organizations that are providing the work with Orphans and Vulnerable Children. There is no documented distinction between HIV OVCs and OVCs.

PERU

Universal Access free-of-charge

Law Nº 28243, dated May 2004 made Elisa testing of pregnant women mandatory and formally recognised the right to treatment and furthermore that integral care should be provided to PLWHA addressing their biological, psychological and spiritual needs.

HIV/AIDS policy includes a National Plan with defined strategic actions

The National HIV/AIUDS Strategy seeks to strengthen the national response by means of "prevention against STD and HIV/AIDS transmission and reduction of its impacts on individuals, society and the economy" and it establishes three lines of action: prevention and promotion; integral care; and prevention of vertical transmission.

Prevention recommendations directed at young people and adolescents by the health system and the education system favour abstinence and the retarding of sexual initiation. The National Health Guidelines on Sexual and Reproductive Health and the Norms associated to Family Planning merely mention condom access as a prevention mechanism against STD and HIV infection but there is no reference to double protection.

In regard to care, the emphasis has been on treatment and adherence to HART partly due to the influence of Global Fund Indicators.

The consequence has been a 'medicalisation' of prevention because the focus is based on a prevention achieved by controlling the "identified cases".

In 2007 the Multi-sector Strategic Plan 2007–2011 was launched to guide and articulate actions designed to control HIV/AIDS in Peru. One sign of progress is that actors from the sphere of civil society and leaders of affected populations were invited to participate in designing the strategy. However there are still many challenges to be met in the planning process such as: the conception and integration of the social determinants associated to the epidemic and the identification of the needs and specific

objectives of the female population and also of Trans populations currently addressed under the heading of MSM which denies them their presence and obscures their specific needs.

Official policy on sexual and reproductive health

The National Sexual and Reproductive Health Policy sets out a comprehensive approach to the issue of sexual and reproductive health but the interventions associated to it are practically restricted to provision of obstetric and family planning services and the greatest efforts have been devoted to reducing maternal mortality associated to the right to reproductive health.

The actions directed at promoting sexual and reproductive health are embedded among the actions of the interventions of the Guidance for Promoting a Healthy Life and in some of the interventions in schools.

Official policy for confronting violence against women

The efforts made by Government to confront violence against women are still very feeble. However there has been quite a lot of legislation introduced in recent years addressing the question of violence against women and the laws are now more severe and have led to the creation of a programme setting up Emergency "Hot (Call) Centres for Women to encourage denunciations of violence. The various National Plans also make mention of the issue. There is a serious lack of definition in the Sexual Violence Programme and the priority that State sets on it is increasingly doubtful. There not many actions of prevention with women victims of violence, especially in areas where there are high levels of criminality and that not only affect women but men too.

Specific policy for controlling STDs

A guideline established in 2003 recommended that there should be periodic health care for male and female sex workers for the diagnosis and treatment of STDs, with free services, testing and medication provided.
To the general population the sexual and reproductive health services offer information and referral for diagnosis and treatment of STD as part of a larger package of information designed to offer women the means of controlling conception and controlling the risks associated to pregnancy, childbirth and the puerperal period. Coordination of the strategies is gradually being achieved with the support of international cooperation.

Rights related to abortion

Since 1924, therapeutic abortion has been legal in Peru only when the life of the mother is endangered by the pregnancy. There are only two health care protocols addressing therapeutic abortion and another that is now in the process of being implemented.

Percentage of national budget allocations dedicated to sexual and reproductive health

The regional health boards are responsible for the planning and programming of funding and they in turn depend on the regional governments, because the decentralised model implanted attributes health measures and budget allocation decisions to them.

Percentage of national budget allocations dedicated to facing HIV/AIDS

In 2007 the amount spent on AIDS was 107.7 million New Sols. This year there has been a 60% increase in spending on prevention and a decrease in spending on care and treatment. The latter may be due to the reduction in prices of antiretroviral medication.

Sexual education programmes implanted in schools

Since 2004, coordinated actions of the Ministry of Education, the Ministry of Health and Non Governmental Organisations have been carried out under the aegis of the Project funded by the Global Fund designed to qualify school principals, young people and teachers and a considerable amount of informational material has been prepared. Such actions are vehicles for prevention messages. They are sporadic, concentrated actions and the educational discourses among them vary widely from those that seek to induce prevention by shocking the reader and stereotyping those that are living with the virus; to others that approach prevention as an action that qualifies subjects to make good decisions. The emphasis in existing material is on prevention in the perspective of the hegemony of heterosexual sexuality, which obviously restricts access to information for those adolescents whose sexuality is homoerotic and jeopardises the construction of sexualities other than the hegemonic one.

The Ministry of Education undertakes sexual education actions in regular school education and they are regulated and monitored. However, it is difficult to detect the presence of HIV/AIDS prevention contents as an integral part of the sexual education offer. The population group that attends alternative forms of basic education and special basic educations consists of young people and adolescents that are outside of the regular school network. One of the contents of the prevention package concerns risk behaviour and supposedly the issue will be addressed as part of sexual education. Considering the amount of time allotted and the contents being offered it is hard to see how such approaches are going to make any difference.

In 2008 an education policy directive was issued that included the themes of HIV prevention as a priority-crosscutting theme. Financial provisions were made to develop the qualification of human resources. Today only pilot projects are actually being implemented due to a shortage of funds and a lack of political will to develop the programme in a more consistent manner.

Sexual education programmes for adolescents and young people outside school

Under the auspices of the Global Fund, the Ministry of Health has rolled out prevention actions in the field of information and communication directed at young people and

adolescents. Evaluations however have difficulty in identifying any successes. In terms of knowledge and awareness the levels that were revealed are important however prevention practices have not yet been incorporated. Bearing in mind that the strategy declaredly seeks to address a concentrated epidemic and considering how little coordination there is with other strategies that target young people; the possibility of more consistent actions seem remote

Other youths that live in marginalized situations that impede them from enrolling in regular education have restricted access to information. There are also restrictions to accessing care and HART services for youngsters without being accompanied by their parents or those in charge of them so that they have their access limited especially those of them that are engaged in commercial sex and also those that have active sex lives unbeknown to their parents.

There is very little connection between the structure of the regulatory and reference framework and its effective response to reality. That is particularly serious in the case of teenagers who find their access to services severely limited because the legal framework classifies sexual intercourse with minors under 18 years old as a crime.

Promotion, availability and distribution of condoms to young people and adolescents

There has been a recent communication campaign stimulating condom use, directed at adolescents and young people and driven by Global Fund financing.
Male condoms are available free of charge in health establishments and in the groups that do peer counselling. Peer groups are also channels for educational activities and recruitment for periodical medical care in addition to community distribution of condoms. Among the peer counsellors can be found: transsexuals, gays, sex workers and to a far lesser extent, lesbians. Condoms are also made available in the private health services network of some institutions. They are not distributed in schools and community distribution by promoters has almost disappeared.

The female condom is not available in the public health services yet.

Access to Ministry of Health Condoms calls for the articulation of the two health strategies: Sexual and Reproductive Health and Prevention and Control of STDs and AIDS. At the moment each one has its own different programmatic criteria and normative procedures.

Inclusion of civil society in the process of planning actions

The decentralisation process has made it possible for the population to take part in consensual decision making by both authorities and the citizenry with the intention of defining citizens' priorities in regard to local growth and development. The Strategic Multisectoral Plan 2007–2011 for the Prevention and Control of STD and HIV/AIDS in Peru was negotiated and agreed to by various different sectors of the state including representatives of civil society.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

The Ministry of Health has been responsible for some capacity building for health teams in HART management, prevention of vertical transmission and also in counselling in defence of the rights of HIV+ mothers.

The preparation of health staff to ensure health service provision free from discrimination continues to be a considerable challenge.

HIV testing available and accessible to all women

The Ministry of Health provides free voluntary ELISA testing for HIV in its establishments to all those that request it. In the case of pregnant minors the permission of the parents or the person responsible is required.

Good quality counselling associated to HIV testing carried out in the antenatal services

Pregnant women have a good opinion of counselling and they value it insofar as it provides them with information on how to care for their health. Vertical transmission prevention is probably the one the most effective intervention, not only because it is directed at a captive population group (pregnant women) that is making increasing use of antenatal care and institutional assistance for childbirth; but also as a consequence of the Law that makes it mandatory for pregnant women to take the diagnostic tests. The obligatory nature of the testing poses an additional challenge: ensuring improvements in the quality of the care offer and the counselling.

A failure to articulate care actions during antenatal care and the lack of coordination among health strategies has often mean that: the test is not provided or it is not accepted or the tests are not logistically accessible to staff, or staff are not qualified to administer it. There are other problems in delivery of the results by laboratories, delays in implementing prophylaxis and treatment during pregnancy, depleted stocks of medications and other problems that constitute such a long a series of delays that many women do not come back to receive the results. There are also problems with post-birth follow up of women with HIV or Syphilis diagnoses and follow up on the exposed newborn baby chiefly stemming from discriminatory attitudes on the part of health staff towards the woman and also because the attention of all the health care actions is concentrated on the baby alone as opposed to the health of the woman.

Treatment to prevent vertical transmission

Some prevention and promotion actions have been carried out in the form of informative campaigns and they have led to 100% of pregnant women accessing the health services to undergo HIV/Syphilis screening and expanding the coverage of prophylactic measures.

Two campaigns about health, information, and education have been unfolded to promote the preventative treatment of vertical transmission.

In the antenatal care service HIV screening is mandatory and so is the rapid test for women going into labour in the services without having undergone prior screening procedures. The package of pre- and post birth counselling and antenatal prophylaxis include the treatment for the newborn babies of HIV infected mothers and the substitutes for the mother's milk.

Milk substitute for the children of HIV infected mothers available and accessible
The technical protocols for the prevention of vertical transmission of HIV prohibit breast feeding of any baby born to an HIV infected mother and require that the mother should receive a free supply of formula milk for the first six months of the child's life.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

Women regularly complain that they are not consulted about their wishes in regard to reproduction because in the minds of many service providers there is no longer any possibility of sexual activity for women living with HIV. In spite of the fact that vertical transmission risks can now be drastically reduced many woman are denied the right to have children and they complain of being criticised and stigmatised. Another problem that women living with HIV have to face concerns having a Caesarean birth. Doctors and health staff habitually obstruct that possibility.

Emergency Contraception available and accessible

Stemming from the implementation of the AOE, as part of the family planning methods, we have found that there are many obstacles to its distribution in the different Ministry of Health establishments in the national sphere. It was implemented in 2005, and its distribution was limited to health establishments in the national sphere so that an evaluation of consumption for the period 2005 to December 2006 revealed that only 16% of the population hade used it due to general lack of information on the part of service providers and service users alike.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

There is a Law for the prevention of sexual harassment that sets out the penalties for acts of sexual harassment in the workplace whether public or private.

The Law of Protection against Domestic Violence includes sexual violence in that category, and establishes that municipal authorities must promote prevention, care, and rehabilitation services such as legal defence for women, temporary refuge shelters, counselling services, mutual aid groups, municipal defence bodies for children and adolescents involved, and rehabilitation services for the aggressors.

Services to provide care and address the needs of women and girl victims of violence

Centres to receive denunciations of violence and provide care to women victims of violence have been set up but a study conducted by the Right to Health Observatory shows that the services fail to provide care for the victims.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

Very few hospitals have stocks of ARVs set aside for treating the victims of sexual violence. The same is true of emergency contraception for women victims of sexual violation.

The Ministry of Health elaborated the National Guide to Integral Sexual and Reproductive Health Care in 2004. In March of 2006 the Office of the Public Defender conducted an inspection of 85 Ministry of Health establishments and found that 57% of the staff did not have a copy of the guide and 50% were unaware of the protocol regulating care in cases of sexual violence, which is among the contents of the guide. The Defender's Office recommended capacity building to redress that situation.

Strategies to support boys and girls living with HIV/AIDS

The question of integral care and mitigation of the effects in infected, vulnerable and affected boys and girls was addressed and included in the last Multisectoral Strategic Plan. Albeit their numbers are small, infected children compose a highly vulnerable group and various actions have been directed at them by the Ministry of Health, the Ministry of Social Development and Civil Society. The question of prevention has been inserted in the Ministry of Health's approach to this specific issue when it undertakes capacity building for teachers to enable them to handle discrimination directed against children living with AIDS. In regard to children in highly vulnerable situations, and directly affected, there are very few actions specifically targeting them. The State is conspicuously absent in the implementation of homes and shelters and other spaces for the protection of affected children and the few spaces that do exist are the result of private initiatives, very well intentioned, but not very sustainable.

SOUTH AFRICA

Women are accounting for approximately 55%-60% of HIV positive people. Women in the age group 25-29 are the worst affected with prevalence rates of up to 39.5%

Universal Access free-of-charge

Health care system is integrated and decentralized, and is based on primary health care, freely available to all citizens in the public sector.

Femidoms (female condoms) are not widely available and are generally limited to research sites and programmes.

Public facilities have long waiting times and primary care facilities have too few doctors. Minors can access services without their parental consent, but there are anecdotal reports of judgemental and hostile health workers.

South Africa is in a process to put in place a national health insurance scheme in order to create more equitable access to quality medical care for everybody. The scheme would help to overcome the imbalance between the quality of medical services available to South Africans. This approach addresses a need for a fund that supports everybody's right to quality, safety health care.

Currently the public sector does not make provision for certain HIV/AIDS treatment related services for women, for example, medical abortion, HPV vaccination, cervical screening if below 30 years of age. The private sector does not include contraception as part of prescribed minimum benefits.

There are a range of treatment areas around HIV/AIDS for women that are at the bottom of the AIDS treatment agenda and not integrated into services.

In 2009 the country experienced severe shortages of both ARVT and Formula Feed due to inefficient National and Provincial Financial Management.

The National Strategic Plan (NSP) advocates the distribution of 425 million male condoms and only 3 million female condoms.

Has the Country a HIV/AIDS National Plan with strategic actions defined?

In 2007 Government in collaboration with many stakeholders (civil society, the private sector) launched the HIV and AIDS and STI National Strategic Plan 2007 – 2011. The plan notes in Goal 2 ' reduce sexual transmission; and Objective 2.6 ' develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant health services'. The target set in 2007 for this objective is to reach 40% of services and 90% of services by 2011 as well to increase access to quality STI services using updated syndromic management guidelines. The Objective2.2 notes the need to target HIV infection in young people focusing on young women. The interventions suggested include dealings with schools, keeping young girls in school and to strengthen life education in all primary and secondary schools.

A number of government policies have an excellent articulation of women's sexual and reproductive health and rights. However, these policies have not been matched by the allocation of resources and implementation of integrated services.

The syndromic approach has been a major step forward in rationalising and improving management of STIs, but STI services have not been well implemented and lack quality of care. There is also a disconnection between services offered in the public and private sector.

There is no overall conceptual lens unpacking sexual and reproductive health and rights within the National Strategic AIDS Plan.

Official policy on sexual and reproductive health

There is no official policy of SRH in South Africa. However, there are a list of SRH-related policies but they are not linked. Currently reproductive health is not on the essential health priority list. This leaves gaps in terms of the continuum of care and there is a lack of integration, for example, HIV positive women's sexual and reproductive intentions are not provided for, abortion services are not regulated within HIV care, sexual violence is not part of the STI syndromic approach.

Government has been a signatory to the Maputo Plan of Action which highlights a sexual and reproductive rights and integration lens on HIV/AIDS prevention. However this has not been matched with adequate services.

Integrating HIV/AIDS into ongoing SRHR programmes and conversely SRHR issues into HIV/AIDS programmes remains a crucial area of development for South Africa. The materrnal health paradigm dominates services with limited understanding of sexual and reproductive health policy and implementation of services.

Official policy for confronting violence against women

There have been a number of initiatives in dealing with Violence Against Women and multi-sector public policy documents exist on the theme. The government has legislation dealing with domestic violence there is supported by policies, directives and regulations. The Domestic Violence Act No 16 of 1998 was developed with the

consultation of a number of civil society stakeholders and articulates the mechanism for obtaining a protection order. There are also the National Instructions for the Police on Domestic Violence (2006).

The Sexual Offences Bill (2008) has been drafted and has been the subject of intense negotiation for the past three years. Currently the draft aims to comprehensively and extensively review and amend all aspects of the laws and the implementation of the laws relating to sexual offences, and to deal with all legal aspects of or relating to sexual offences in a single statute.

There are a number of challenges besides the swift passage of the Sexual Offences Bill. These include adequate information systems to monitor the incidence of violence against women. The collaborative working together of policing, safety and justice and health is an enormous challenge.

Sexual Violence is not part of the syndromic management of STDs in South Africa. Emergency Contraception and Post Exposure Prophylaxis is a challenge within the public sector.

Laws and policies focus on responding to violence and secondary prevention, not on primary prevention. Currently, government does not look at implementation strategies based on knowledge of risk and protective factors nor does it implement proved and promising strategies on a larger scale, in various settings.

There are limited opportunities where both violence against women and HIV/AIDS can be synergistically addressed through multi-sectoral approaches.

Sub-division into the National AIDS Programme dedicated to women's issues.

While the HIV/AIDS sector has embraced the concern of general equity issues, women's sexual and reproductive health and rights in relation to HIV/AIDS are not being explored and addressed with he same vigor and passion.

The South African National AIDS Council has four technical task teams on the key priority areas of the HIV & AIDS National Strategic Plan 2007-2011 namely prevention, treatment, research and human rights based. All these key priority areas have aspects relating to women and HIV within their objectives. There is however no technical sub-division solely dedicated to women.

While sexual orientation is guaranteed constitutionally, there is limited good messaging and information on prevention materials for lesbian. Similarly issues of HIV/AIDS and abortion are stigmatized.

Rights related to abortion

Abortion is legal in South Africa, however only 60% of designated facilities are functional. Currently the law provides for surgical and not medical abortions. Medical abortion is only provided in the private sector for the first 63 days of pregnancy. The NSP suggests that the medical abortion guidelines for the public sector need to be finalised and medical abortion should be offered as part of the continuum of HIV/AIDS care. However, this is not on the treatment agenda. It is important to stress that services for abortion are not accessible and active providing public sector designated facilities

have decreased from 70 to 43%. Demand for abortion services exceeds supply and health workers have not easily accepted the provision of this service.

Abortion and HIV services are not integrated, linked or regulated and there have been anecdotal reports of HIV positive women being coerced to be sterilized to obtain a legal abortion.

Nowadays the law that regulates the abortion is being challenged by 'Doctors for Life' and has been sent back to parliament to ensure greater public participation.

Sexual education programmes implanted in schools

Government adopted a curriculum called 'Life orientation' in early 2002. In 2007 all (100%) schools are reported to have provided life-skills-based HIV and AIDS education A number of school-based programmes have been initiated by NGOs who work with specific schools/provinces to supplement the life skills curriculum.

The NGOs have developed materials in partnership with government. These materials contain information on sexual and reproductive health and rights.

While education programme are comprehensive, they may be limited by the attitude of the facilitator, or teacher, who may object to the materials on sexual and reproductive health and rights.

Since 2004, the Western Cape provincial government has been running a high-school based HIV prevention peer education programme in about 150 schools. The aim of the programme has been to delay age of sexual onset, increase protective sex through regular and correct condom usage and encourage both primary and secondary abstinence. The subject matter includes a range of topics such as HIV/AIDS, sexual and reproductive health, leadership and other life orientation topics. This programme is being implemented by various non-governmental organizations. However, distribution of free teaching materials for children is a challenge.

Sexuality education is formally available, but curriculum design and delivery of HIV/AIDS and SRH education remain problematic. There is little hard evidence to show that current school-based approaches to HIV/AIDS education and, more generally, sexual and reproductive health and life skills education have had a significant impact on sexual behaviour. Teachers themselves often lack both the competence and commitment to teach these topics in an already over-crowded and examination-driven curriculum; and little or no training has been provided in this area. Guidance and counseling services as well as peer education are simply inadequate.

Sexual education programmes for adolescents and young people outside school

There are many sexuality education programmes for the youth that are outside the school system or outside of school hours. Some of these programmes are implemented by NGOs at national or local level. A number of national Sexuality Education Programmes outside the school system are funded by Government and other donors.

Campaigns, policies or programmes to HIV prevention among heterosexual men

Many NGOs have initiated men's programmes as part of their overall strategy. The *One Man Can Campaign* supports men and boys to take action to end domestic and sexual violence and to promote healthy, equitable relationships that both men and women can enjoy – passionately, respectfully and fully. At the same time, the campaign encourages men to work together with other men and with women to take action - to build a movement, to demand justice, to claim our rights and to change the world.

Brothers for Life[1] is a media programme that embraces the principle of brotherhood and which uses advertisements to address HIV prevention efforts for both male and females with the main focus of mobilizing men.

Inclusion of civil society, especially women living with AIDS and women groups, in the process of planning actions

SANAC has a Communications Technical Task Team to co-ordinate messaging but it is not a sector. It includes a range of communication groups yet no women's organizations, experienced advocates on women's issues or champions of SRH&R are involved.

Inclusion of civil society, in the implementation of activities

Civil Society work, especially with women living with AIDS and women's groups, has not been integrated or coordinated sufficiently in this regard.

HIV testing available and accessible to all women

South Africa has wide availability and awareness of Voluntary Counselling and Testing (VCT) services. However, testing rates remains low for most patient groups. A streamlined approach that aimed at scaling up testing was developed – Provider-Initiated HIV testing and Counselling – PITC in which all patients in medical settings are offered testing. The PITC pilot intervention for STI patients was conducted in Cape Town in 7 clinics from April 2006 to December 2007. An increase in testing rate

was found; with concerns that this approach may compromise informed decision-making and lead to coercive practices, especially in poorly resourced health systems.

However, apart from PMTCT services, there is no VCT available and accessible to all women. There has not been successful integration of Family Planning and HIV testing services. Older women can only access services from VCT services.

[1] It is result of joint effort by the South African National AIDS Council, the Department of Health, USAID/PEPFAR, Johns Hopkins Health and Education in South Africa (JHHESA), Sonke Gender Justice and the United Nations System in South Africa..

Good quality counselling associated to HIV testing carried out in the antenatal services

VCT is the testing practice that is promoted in South Africa, however in the antenatal services the voluntary nature of this process is not guaranteed as it is common that every pregnant woman is tested for HIV for protecting the fetus from transmission. During the counseling session it is not clear how providers talk about the benefits and potential risks of HIV testing and whether women feel that the counseling they are provided is adequate to address their issues surrounding disclosure and other psychosocial issues. There are no detailed requirements about who should provide counseling. And pretest counseling can occur in groups or individuals. Testing policies that are not pregnancy-specific tended to provide more detailed information regarding confidentiality.

HIV testing available in maternity hospitals and maternity wards

South Africa has a high antenatal coverage rate of 92% and coverage for testing in PMTCT services overall is about 80%. There isn't good data from hospital wards about testing coverage and this is a weakness, as all in-patients should now be receiving HIV testing.

Treatment to prevent vertical transmission

The South African PMTCT programme was largely introduced as a vertical programme to allow for central control and faster implementation.

There has been considerable work done in the area of prevention of peri-natal transmission. Government initially did not adopt the WHO guidelines in providing dual therapy of Nevirapine and AZT and currently this is only provided in the Western Cape.

An important barrier concerns the focus of these programmes on the baby, while the services that are integrated and able to provide services to the mother or pregnant women are limited. HAART treatment for pregnant women if indicated is not accessible to all women. Currently only 25% of all people who should be on treatment are on treatment currently and there are backlogs. Only 51% of HIV positive pregnant women accessed PMTCT.

PMTCT programmes provide ongoing psychosocial support that addresses issues such as disclosure, infant feeding choices and positive living. However in reality these services are lagging behind- as implementation of these is not very effective.

Nutritional support provided to HIV positive pregnant women

Women are not provided with nutritional support in pregnancy but there is support after birth – the support that is provided is patchy – and mostly provided by NGOs.

Anti HIV prophylaxis for the new-borns of HIV-positive mothers available and accessible

There has been a national coverage increase from 65% in 2006/07 to 76% in 2007/08. It remains much lower than the 95% National Strategic Plan target for 2011.

The nevirapine uptake rate among babies born to HIV positive pregnant women is measured by the percentage of babies of HIV positive women who received nevirapine within 72 hours of birth, out of the number of live births in facilities to HIV positive women. There were serious data quality problems. The only data that is considered to be realistic is from 2006/07 at 81%.

In April 2001 Nevarapine (single dose) was registered for use in South Africa and it is available at birth for the infants. The new policy introduced the dual-antiretroviral prophylaxis, consisting of nevirapine plus AZT, for preventing mother-to-child-transmission of HIV rather than the single-dose nevirapine regimen recommended in the Department's 2003 PMTCT protocol. Pregnant women enrolled in PMTCT programmes will now receive AZT from 28 weeks of pregnancy (14 weeks from April 2010) until labour and a single dose of nevirapine during labour. Infants will be given a single dose of nevirapine after birth and short course of AZT for seven days. A large variation in nevirapine coverage was found across districts.

Milk substitute for the children of HIV infected mothers available and accessible

Children born to HIV positive mothers are provided with free formula to enable exclusive feeding up until three months. This service is not equitable through out South Africa, and there are issues of sustainability to support exclusive feeding. There is free formula milk available to women, however there are problems with a sustainable supply and women fear stigma in being identified as HIV positive. Provide formula milk to children of HIV-positive women choosing and are eligible to practice replacement feeding. Official data shows that 66% of babies are receiving formula in South Africa. A study in Eastern Cape and Mpumalanga provinces found only 54% and 75% respectively adequate supply of free infant formula. There are however health systems constraints with providing a regular supply. Nurses have also in some instances sold the formula to clients pocketing the money.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

There are gaps for specific actions with women living with HIV/ADS. The HIV positive women's sexual and reproductive intentions are not provided for, abortion services are not regulated within HIV care, sexual violence is not part of the STI syndrome approach.

There has not been adequate provision of contraceptives for HIV positive women. The male condom barrier method is generally suggested to women. Female controlled barrier methods as in *femidoms* are not widely available.

Reports of encouragement for HIV positive women to undergo sterilization

There are prevalent attitudes and frustrations expressed by health workers that HIV positive women should not be sexually active and have children.

This may lead to abuses of suggesting that they have a sterilization or an abortion –there have been reports of women being compelled to sign consent for an abortion or sterilisation in order to continue accessing HAART.
Among a loose network of women, 20 women are known to have experienced forced sterilization over the past ten years. Eighteen women have been identified in the past five years.

Emergency Contraception available and accessible

EC, as a method has been taken up in the national guidelines for Contraception and should be available at all clinics. Although there is a policy on bridging to regular contraception at the time of EC request, this is rarely practiced.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

The Sexual Offence Bill still falls short in including clear regulations concerning integration of health, justice and safety and security that would make the law implementable. Government has set up special courts to deal with sexual offences and in particular to assist young girls in not having to confront their offender. These are not wide spread and state financial support for these is erratic.

The Domestic Violence Act 116 of 1998 gives responsibilities to the police to respond appropriately to reports of incidents of domestic violence. The Act provides for a protection order/interdict as a remedy to domestic violence and makes breach of such an order a criminal offence. The Act was never budgeted for properly and no consistent training of courts and police has taken place – this leads to inequality in service provision.

The Parliamentary Portfolio Committee on Women, Children and Persons with Disability, held public hearings on the implementation of the Domestic Violence Act on 28 and 29 October 2009. The hearings noted the enormous challenges women face to exercise their rights contained in the law and its failure to protect women from Domestic Violence. In addition, the Act does not make specific provision for the management of Domestic Violence amongst LGBTI populations. Further, the role of the Department of Health within the act is also not clearly articulated. The Act doesn't provide for DV amongst LGBTI populations.

Criminal Law (Sexual Offences) Amendment Act 32 of 2007 – The Act replaces the Sexual Offences Act of 1957 and redefines many sexual offences and creates new offences. It has expanded the definition of rape and created offences such as sexual grooming and sexual exploitation of children. The Act is not properly implemented because it is still largely unknown and very little training on the law has taken place, particularly quality training. The National Policy Framework to be published under the Act is not yet available.

Under certain circumstances, rape could lead to a minimum sentence of life imprisonment (25 years). This is for example where the complainant was raped more than once; was gang raped, where she was under 16, physically disabled or mentally ill. It would also apply where the accused has previous rape convictions or knew that he was HIV positive at the time of the rape.

The Criminal Law (Sentencing) Amendment Act (no. 38 of 2007) has been effective from 31 December 2008. It outlines certain factors that the courts may not consider substantial and compelling circumstances to allow them to deviate from the prescribed minimum sentence. These factors include the complainant's previous sexual history, the apparent lack of physical injury to the complainant, the accused's cultural or religious beliefs about rape, and that a relationship existed between the accused and complainant before the rape. The National Policy Framework linked to the Act is still pending and that it is delaying implementation of this act.

Government has stated that the process towards the re-establishment of specialised police units dealing with domestic and sexual offences and other crimes against women and children has begun. In addition, a Directory on Services for Victims of Violence and Crime which contains services provided by over 1 500 government and civil society organizations in all provinces has been developed.

Specific actions against the sexual exploitation of girls and adolescents

The new Criminal Law (Sexual Offences) Amendment Act 32 of 2007 includes a detailed section which criminalises sexual exploitation of children under the age of 18. The Act also provides for mandatory reporting of sexual abuse. Mandatory reporting by everyone aware of abuse of a child, including sexual abuse, is also imposed by the Children's Act 38 of 2005.

The Criminal Law (Sexual Offences) Amendment Act 32 of 2007 does not allow the employment of persons who have been found guilty (convicted) of committing a sexual crime against a child or person with a mental disability in certain circumstances. Such persons are not allowed to, for example, work with a child or person with a mental disability, or become a foster parent.

Services to provide care and address the needs of women and girl victims of violence

Services such as counseling, care centres, trauma rooms, shelters, etc. are available but variable in provinces and rural/urban settings. There are currently 17 Thuthuzela Care Centres in addition to those run by NGO's established across the country in communities with high incidents of sexual violence. The Centres provide health and welfare services as well as initiate processes for effective reporting and prosecution of offences in a dignified and caring environment by qualified professionals. The efficacy of the Thuthuzela Care Centres is currently limited.
The Domestic Violence Act provides for shelters to be established. There are currently 96 shelters in South Africa, from 39 in 2001.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

The Cabinet's decision in 2002 to provide antiretroviral drugs to rape survivors to prevent HIV infection.

Yes but variable – and again limited not well distributed and integrated.

Referral systems often don't work for a variety of reasons, the referral network is not standardised and levels of care are very much dependant on geographical location. Social Marketing of the systems at community level is often poorly integrated.

To reinforce HIV prevention efforts, survivors of rape, in terms of the provisions of the Sexual Offences Amendment Act, have a right to request compulsory HIV testing of an alleged offender. This application should be brought within 90 days of the alleged sexual offence.

Post-exposure prophylaxis (PEP) services need to be better implemented.

National campaigns to combat violence against women and the sexual exploitation of girls

Government has endorsed the annual international campaign of 25 days to end violence against women and there is a NGO national network on violence against women.
The 16 Days of Activism against Violence against Women is a national campaign that is contributed to by most government departments and NGOs in the gender-based violence and sexual and reproductive rights fields. This 16-day period also highlights other significant dates including November 29, International Women Human Rights Defenders Day, December 1, World AIDS Day, and December 6, which marks the Anniversary of the Montreal Massacre.

Campaigns implementation in general in South Africa is poorly integrated and therefore the monitoring and evaluation of the work becomes difficult.

Specific actions to suppress trafficking in women

The South African Law Reform Commission has drafted legislation on Trafficking that has yet to be introduced into the national parliament. No law exists currently dealing specifically with trafficking. However traffickers may be dealt with in terms of other laws, such as the Prevention of Organised Crime Act, the Sexual Offences Act, the Child Care Act, the Immigration Act, the Films and Publications Act and the common law, which prohibits abduction, kidnapping, rape, indecent assault and assault.

The South African Law Reform Commission released an Issue Paper on Sexual Offence that calls for the decriminalization of sex work in 2002. A necessarily underground activity, such as trafficking, is assisted by an environment that makes all sex work illegal. Persons trafficked into the sex work industry face a complex context in which they themselves are perceived as criminals and treated as such. Threats by their traffickers that going to the police will simply get them arrested and deported are real. Decriminalisation will therefore assist in addressing trafficking issues by making it easier for the authorities, victims of trafficking, sex workers and others to seek assistance.

Trafficking is contextualised in three pieces of legislation in South Africa: The Children's Act which provides for combating trafficking in children; The Sexual Offences Act which criminalises persons for trafficking for purposes of sexual exploitation; Combating of Trafficking in Persons Bill, which criminalises the trafficker (supply side) and the procurer (demand side) but not equally, identifies causes, has a preventative component, provides for compensation, asset forfeiture, and victim support services.

Child Welfare South Africa (CWSA) has recently launched a national Child Trafficking and Exploitation Prevention Programme in partnership with Absa Bank. There are several other public-private initiatives going on in view of next year's FIFA World Cup 2010.

Strategies to support boys and girls living with HIV/AIDS

Departments of the government developed an Integrated Plan for Children Infected and Affected by HIV/AIDS. The youth programme, addressing "issues affecting youth in and out of school" is a part of this programme. Organisations were not aware of any strategies, nevertheless there are programmes within their communities that are trying to assist boys and girls, including: OVC programmes in the communities; shelters within the communities although they are few; ECD and after-care programmes funded by Department of Social Development; education programmes - After care, life skills.

The Children's Act (2005) seeks to give effect to realising children's rights. It focuses specifically on the right to family care, parental care or appropriate alternative care, the right to social services and the right to protection from abuse, neglect, maltreatment and degradation.

The government's plan for the comprehensive care, management and treatment for HIV and AIDS focuses narrowly on the roll-out of ARV treatment. It does not particularly focus on children or consider children's comprehensive health needs. There are no provisions for life-skills programmes that would prepare children living with AIDS for disclosure or guidelines to prepare families to disclose. There are no age appropriate guidelines for counseling. The children's Institute's research at six sites across five provinces in South Africa found that health workers and counsellors are "not comfortable in counseling and supporting children". There is no information especially related to girls' situation.

Strategies to support orphans due to HIV/AIDS

The Child Support grant has been an effective provision to enable orphans and children to obtain support until the age of 18. There are bureaucratic barriers in obtaining the grant, in having to have identity documents and time to apply at local offices. In some rural areas, these barriers serve as a serious obstacle to obtaining the grant.

Policy framework for orphans and other children made vulnerable by HIV & AIDS.
A large portion of the implementation of policy and delivery of services is carried out by Civil Society organizations and the Government. This however varies, depending on the sector and geographical location.

There is no guidance outlined on HIV positive diagnosis for children who have no adult caregivers, are homeless or in informal care without an adult to give consent on their behalf.

THAILAND

Universal Access free-of-charge

As a result of a national health care reform in 2002, Universal Health Care Coverage (UC) financed from general revenue was introduced. Apart from the UC, others have access to health services through their rights under the Social Security Scheme (SSS) and Civil Service Medical Benefit Scheme (CSMBS) and others. Health services expenditure covered by UC, among others, are Health promotion and prevention for basic diseases as regulated by Ministry of Public Health (MOPH); and comprehensive HIV/AIDS care and treatment and treatment for other chronic or high cost diseases e.g. diabetes, hypertension, hemophilia, brain surgery, heart surgery, cancers, leukemia, TB, Thai traditional medicine and massage is used for rehabilitation, etc.

At the very local level there health units providing primary health care and health promotion in all sub-districts of the country. In more advanced or complicated cases, patients will be referred to nearby district hospitals. Referral system can work from health stations at sub-district level to community or district hospital, provincial hospital and regional hospital according to the necessity of each case. If referral is done by the original UC-registered hospital of the patient, such health treatment and care will be free of charge.

Common obstacle to health care accessibility comes from the fact that people have to register at a specific hospital. If they visit other hospitals they are not registered for, they have to pay the service fee themselves, unless they were referred to that place by their registered hospital. Thais who work out of their registered hospital area or migrant laborers who are not legally working in Thailand may face difficulty in accessing the health care services under the UC scheme. They have to pay for it themselves.

Has the Country a HIV/AIDS National Plan with strategic actions defined?

The National AIDS Prevention and Alleviation Strategic Plan (2006-2011) is the fifth national AIDS implementation framework. The goals of the present national strategic plan are set for 'universal access towards prevention, treatment, care and support by 2010' with three specific goals i.e. 1) a 50% reduction of the new infection rate from previous estimated levels in the country, 2) all PHAs and AIDS patients have access to ARV and medical treatment and 3) at least 80% of PHAs and their families will be taken care of and able to access to social services.

Strategic plans are defined to cover 4 main strategies: 1) management for HIV/AIDS integration to all related sectors, 2) comprehensive strategy for AIDS alleviation, prevention, and care, 3) AIDS rights protection, and 4) monitoring, evaluation, research and development for AIDS alleviation and prevention.

Does the country have an official policy on sexual and reproductive health?

Yes. SRH policies and plans are stated in various responsible organizations. Main concerns on SRH policies and plans are listed below and excerpts of the plans follow them.

1. The National AIDS Prevention and Alleviation Strategic Plan
2. The First National Policy and Strategy for Reproductive Health Development (2009-2013)
3. The Four Years Action Plan (2009-2012) of the Department of Health
4. The Healthy Sexual Plan of Thai Health Promotion Foundation
5. The Bureau of Gender Equality Promotion Plan

Under the National AIDS Plan, key measures on sexual and reproductive health are defined in a prevention strategy for specific Most at Risk Populations (MARPs). In addition to the National Plans on AIDS and SRH policies, the reproductive health rights and AIDS rights are protected by related laws, specifically by criminal laws under confidential and personal rights article and by the National Health Act. At present, there are two draft Bills in the legislative process that hopefully will become laws to provide reproductive health protection for Thai women and girls: the draft Reproductive Health Protection Act and the draft Sexual Equality and Opportunity Promotion Act.

Under the First National Policy and Strategic Plan for Reproductive Health Development (2009-2013) main strategies are divided into 6 strategic lines of work follows:

1. Promotion of healthy and good quality of life of new families and the new generation;
2. Promotion for appropriate SRH behaviors of all Thais;
3. Improvement of an effective and a good quality SRH service system;
4. Development of a holistic SRH managerial system ;
5. Improvement of SRH laws and regulations;
6. Development of SRH technology and knowledge management.

There is no concrete plan for AIDS prevention among married women. The national strategic emphasis is on VCT for sero-discordant couple and pregnant women, without having any significant implications for AIDS prevention for married women that do not get pregnant. At the same time, VCT is making pregnant women disclose their positive status in a difficult situation.

Strategies of AIDS prevention for youth does not include a gender dimension since its emphasis is only on traditional values without creating an understanding of the differences between men and women, including the gender power dominance of men. There is no linkage between HIV infection and violence against women and children.

The study of Pimpawun Boonmongkon, Sulaiporn Chonwilai and Roonapoom Samakkeekarom (2009), reveals that the main reasons of no condom use from the woman's point of view are a) unable to negotiate with their partner, b) afraid of complaints that they are 'experienced or not being a good women', c) vulnerability from inequality of power among men and women (including VAW), economic dependency and psycho-social dependency.

Official policy for confronting violence against women

Domestic Violence Victims Protection Act began to be enforced in Thailand in 2007 and Prevention and Suppression of Human Trafficking Act began in 2008. The Domestic Violence Victims Protection Act also defines and reinforces that domestic violence is not family matter but it is a public concern. Witness of the violence has to report such violence and provide a helping hand for the victims. After the case has been reported to official authority, public reporting of it through newspapers, TVs, radios are prohibited. However, existing mechanism for coping with gender-based violence against women and girls is still having problems, especially regarding its efficacy and coverage. The other laws confronting the issue of violence against women are an article on sexual offences especially rape under the criminal law.

Sub-division into the National AIDS Programme dedicated to women's issues

Gender inequality is predominant in Thai society and has become a hidden obstacle making policy makers reluctant to formulate concrete policies, although the issue was touched on in the National AIDS Plan.

However the most significant programme is the PMTCT that has the goal of reducing mother to child transmission rate to 3.7% in 2010, 3.6% in 2011 and 3.6% in 2012 . This strategy is included under the "Four Years Action Plan (2009-2012) of the Department of Health"

Rights related to abortion

National policy on abortion is still an unimportant policy for most governments in Thailand, particularly during these present years. The controversy of abortion concerns religious belief and strong social attitude towards the abortion.

However, under new regulation of the Medical Council of Thailand, abortion can be made under certain condition and depend upon the "physician's" diagnosis. A key helpful message lies on the term of 'F34.2 adjustment disorder' that can be a justification for legal abortion and paved a more comfortable way for physicians to make decisions regarding abortion. Nevertheless, there is generalised negative social attitude, and that includes many physicians, towards the implications of this regulation.

It should be also noted that doctors have the authority to perform a diagnosis and make a decision on an abortion. Additionally, since the government launched the policy of preventing vertical transmission of HIV, pregnant women with HIV infection have not

been eligible for an abortion because their child/foetus will be protected from HIV transmission by ARV drugs.

Sexual education programmes implanted in schools

In 1978 it was proclaimed that sex education be taught as part of the Life Skills course in primary school, and as part of the health education course in high school. The strategic plan for AIDS for the period of 2007-11 specifies that *"Item 11: There should be teaching of sex education and AIDS in the formal curriculum of schools, with coverage of youth in the non-formal setting as well. The MOE should develop the capacity of teachers at the Ratchapat University and all other teacher training institutions to ensure that this can be implemented throughout the country."*

Under the framework *Integration of the AIDS Plan*, it is stressed that success will depend on full coordination among government and related agencies.

Actually the contents of formal curricula on sex education used in all primary and secondary schools cover six main issues i.e. human sexual development, interpersonal relation, personal and communication skills, sexual behaviour, sexual health, and society and culture. The curricula is designed to suit the learning ability of students in each level. In general, there are many rooms for school decision to provide any useful sexual educational programmes insofar as the schools can reach the optimum goal of sexual education regulated by the Ministry of Education (ME). In addition to formal curricula under MOE and others there is a special sex education curriculum taught in boy scout and physical health sessions in schools all over the country.

The main concerns are related to the attitude and skills of teachers who lead the course as well as the policy of each school to accommodate this learning process or not. In addition to formal curricula under the Ministry of Education, there is a remarkable new approach to sexuality education in the Teenpath Project developed by PATH-Thailand and supported by the Global Fund, that has been institutionalized in education curricula in schools since 2003. Another informal curriculum incorporating it is the peer-to-peer curriculum developed by Thai Positive Women Network. for young people both in and outside schools in particular areas.

Sexual education programmes for adolescents and young people outside school

There are youth councils in all provinces of Thailand. Youths, both in and outside the school system have been eligible to be members of these councils since 2006. They can create any program addressing their interests, including sexual educational activities or campaigns. Such initiatives can be implemented in their areas with financial and academic support from Ministry of Social Development and Human Security (MSDHS) and other local supporters including academic institutions and local governments. Other efforts are from informal sex education programs initiated by various NGOs working for women and youth in difference purposes and settings but aiming at the better understanding in sexual and reproductive health. GOs and NGOs designed a SHRH manual for teenage self studies, informal classes for SHRH, local broadcasting, etc.

Promotion, availability and distribution of condoms to young people and adolescents

There was an effort to install condom vending machines in schools, but it was not successful due to pressure from various conservative bodies and persons in society against this endeavour.

However, there are condoms available in schools with the support of the MOPH and NHSO. Students have to request them from responsible persons in the school. Many students are reluctant to do so because the responsible persons is most likely a teacher. More effective distribution channels are through hospitals, NGOs and local groups in the area such as PHA and youth groups.

The condom 100 % was introduced into ordinary practice. During 2007-2009, there were two TV commercials promoting condom use. The message of the commercials tried to raise confidence in condoms and instill the habit of condom use for ordinary sexual relationships.

Campaigns, policies or programmes to HIV prevention among heterosexual men

Thailand places an emphasis on mono-sexual and bi-sexual male rather than heterosexual populations. The policy also emphasizes pregnant women who are the wife or partner of a heterosexual male. There is less attention paid to HIV prevention directed at women in general, young people, and adolescents. The public campaigns like the TV spot on condom use also show no specific targetting of women. In view of the large scale of the problem, it is clear that this issue should be a prime concern and the next step in progressive HIV prevention must be a gender-based program in Thailand.

Inclusion of civil society in the process of planning actions

Although there are various instances of NGOs representatives participating in various planning bodies of the national AIDS program including the National AIDS Alleviation and Prevention Committee, the effect in practice still does not satisfy civil society. AIDS Policy watch team stated that most 'committee structures' at national level are likely to fulfill the official requirement and have civil society people participating, but the fact does not in any action since most processes are driven and dominated by government bodies.

In addition, the national policy and planning body has become less active due to political instability in recent years. Nevertheless, during the formulation of the present national strategic plan, many representatives from civil society (NGOs and PHLA networks) participated in the process. However, along with the national AIDS plan, there is 'the People's AIDS Plan' formulated and proclaimed to be implemented in civil society sector.

Inclusion of civil society in the process of implementing actions

Incorporated SRH work of civil society in the implementation of SRH services can be seen into two 2 forms i.e. a) Co-operated work under the same project supported by major donors both in Thailand and international bodies; b) Separated work in issues

that public sectors do not pay attention to, but are incorporated in the national AIDS plan such as peer education, outreach activities, for instance. The obstacle here can be seen as 'the implementation work' included in the national plan but there is no budget allocation to support such activities. With exception of the NHSO support provided to a holistic health service centre operated by the PHLA network, all other NGOs working in AIDS care and prevention have to face the costs using their own financial resources.

Good quality counseling associated to HIV testing carried out in the antenatal services

The official provision of antenatal services to pregnant women includes VCT. Good quality of all counselling associated to all HIV testing carried out at the clinics cannot be guaranteed. There are protocols specifying counselling procedures, but reports from various sources reveal that the quality of counseling varied from place to place, depending on factors like time allocation per case, number of cases in the ward at that time, and basic the attitude of the counsellor towards women living with AIDS.

HIV testing available in maternity hospitals and maternity wards

It is common practice to have HIV testing in maternity hospitals and wards. Most pregnant women receive VC before testing and this has become an effective mechanism of the Thai health service in PMTCT. Nevertheless, there is much concern that in practice, the testing may not be truly voluntary or confidential. At present Provider-Initiated Counselling and Testing – PICT has been introduced and begun to be a widely used term instead of VCT, and the process has probably actually been PICT ever since VCT was first introduced.

There is no VCT in private hospitals.

Treatment to prevent vertical transmission

It is widely practiced in PMTCT programmes of the MOPH.
Main measures are VCT, per-post VCT counseling, providing friendly service to women and couples living with HIV and substitute milk for their infant up to one year and a half. Presently, Department of Health, MOPH, have supported HART for all HIV positive pregnant women in order to reduce Nevirapine resistance under PMTCT. Some hospitals have now began to adapt HARRT for their positive pregnant women to suit their own situations, but after the next fiscal year (October 1, 2010), all hospitals must provide this medical service to all pregnant women. Some gaps still occur due to basic conditions in each hospital, attitudes of health personnel for instance.

Nutritional Support provided to HIV/Positive Pregnant women

Official nutritional support is offered only for the children born to infected women.

Milk substitute for the children of HIV infected mothers available and accessible

There is a good system for milk substitution for the children. MOPH provide substitute milk for the new born infants up to one and a half yeas old. Obstacles to receiving substitute milk occur because of the mother's vulnerable status e.g. stigma when people see that she is not breast-feeding the child feeding to their child, or not being able to afford the journey to pick up the free milk-substitute.

Specific programmes to protect the SRH of women living with HIV/AIDS

Accessibility for women living with HIV varies from place to place due to the differences in health personnel attitudes and initiative work to change it in the area. Some gaps in the policy to control infection rate of infected infants have led to attmpts to control the attitude towards their sex loves of positive women. It is quite common to see the idea of Thai nurses on positive women that they (the positive women) 'should not get a new partner or ever get pregnant'.

According to Rapeepan Phiromchai, (2010) HIV infected women do not use condom because of a) lack of power to negotiate with men, and b) non-disclosure.

Peer to peer education is used as tool for raising awareness on safe sex and protection of good reproductive health of women living with HIV/AIDS, but they are mainly implemented by civil society.
These peer education techniques were later applied to the official curriculum of special courses for core PHA training organized by Health Department and put into practice in 35 pilot provinces and now expanding to cover all provinces of the country.

Reports of encouragement for HIV positive women to undergo sterilization

There is no official report about encouragement for women to undergo sterilization. Only some in-depth study reports reveal such practice in hospitals. TWN (Rapeepan Phiromchai, 2010) also reported that such encouragement does not exist in regard to all positive women, but only in certain areas. There is also a good sign of changing attitudes tending towards accepting women's decision on pregnancy and providing other options associated to that decision.

Emergency Contraception available and accessible

Emergency contraception is easily available in most drug stores over Thailand. Youth tend to know about and access this contraception more than the older women. The purpose of youth use differs from emergency use since they use it as a prevention tool right after they have sexual intercourse.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done.

There was an amendment of criminal law article on rape penalty in 2007 that includes men and women, boys and girls, as well as wives who were raped by their husbands. Still, there are some concerns specifically regarding the reduction of the penalty for a man, under 18, if he is going to marry to the one he raped. This concern is similar to the other penalty that is reduced to half for a husband who raped his wife and the couple decided to continue their marriage. Another concern is that the cause of rape should not be limited in law only to "releasing sexual need", since there are many causes driving such violence i.e. revenge, to show off power over the victim or stimulated by pornography and similar media.

The Domestic Violence Victims Protection Act B.E. 2550, to protect victims of family-based abuse has been in force since June 2008. This law protects both female and male members of the household, wives and husbands and co-habiting partners and has a provision for jailing the offender – not to exceed six months – or levying a fine – not to exceed 6,000 baht –, or both. The intent of the draft law is to keep the family united and, thus, it is applied with a view toward the family as a whole and not to specific victims. In this way, the law can be unfair to women who are more often the victims of abuse (than the men in the household), and it is likely to aggravate the abuse if the law is applied as a measure for arbitration and reconciliation to keep the family together. This law does not support women who may wish to terminate the marriage and in the case of VAW; makes no provision for hearing the viewpoint of the abused woman before documenting the settlement agreement or before dismissing a complaint or law suit. Nevertheless, this Royal decree provides a basis for criminal prosecution in cases of severe physical abuse (according to Provision #....) and other offenses such as sexual abuse of a child. However, for the reason cited above, the decision whether or not to refer the case as a criminal complaint is up to the discretion of the presiding judge. Especially in the case of VAW victims, women are not empowered to negotiate with the legal authorities and decision-makers.

Specific actions against the sexual exploitation of girls and adolescents

Sensitivity and consideration to heal the victim can be seen in some legal processes. At present, there is an initiative at Thon Buri Court to separate victims and offenders while their case proceeds in court. It could be a good model for other courts in the country.

Services to provide care and address the needs of women and girl victims of violence

There are One Stop Crisis Centres (OSCC) established in 20 pilot provincial hospitals in 1999. The centres provide necessary help to victims of violence provided by multi-disciplinary team. These are providing treatment, healing, counselling both for psychological support and the necessary lawsuit, social welfare and or necessary training for vocation as well as referral to other appropriate helpful organizations.

The ministry of public health has expanded the OSCC to cover all provincial hospitals in Thailand since 2004. In addition to the OSCC, there are emergency shelters in every province, under ministry of social welfare and human security, to provide safe places for women and girls to stay during their healing process.

National campaigns to combat violence against women and the sexual exploitation of girls

Since 2009, HRH Princess Bajarakitiyabha became a Goodwill Ambassador to UNIFEM and became the public face of UNIFEM's advocacy initiative "Say No to Violence Against Women" in Thailand. Various campaigns have been launched including commercial spots to stop violence against women. It was a good raising public awareness campaign to change the Thai social attitude from 'non intervention to family violence' to being helpful and making proper interventions in domestic violence.

Specific actions to suppress trafficking in women

There is no official plan to suppress trafficking in women, there is only a process for drafting the plan. At present, there is a cooperation of related agencies to act upon suppressing the trafficking under their authorities – Royal Thai police, Ministry of Interior, Ministry of Social Development and Human Security and Ministry of Foreign Affairs. Committees at district and provincial level are set up for taking care this problem.

Strategies to support boys and girls living with HIV/AIDS

In terms of physical health, there are basic services provided to children by public health care i.e. health stations, community and provincial hospitals.
All children, under the National Education Act, have their rights to obtain primary and secondary education and under present government policy, all children can access to such education for free. The problems are seen in terms of implementation. Many children living with HIV or affected by HIV are unable to go to school because of stigma of local community and schools. There are no concrete plans or actions to provide psychosocial supports to these children. Unless there are considerate teachers and health personnel to arrange activities or campaigns to reduce social stigma in the area, indirect educational discrimination will continue. The accessibility of schools to children living with HIV is still a problem.

Additionally, there is a gap in SRH services for infected youth. There are ARV clinics, providing care and information support for infected children and adult, but not for adolescents. Presently, an increasing number of infected children are becoming teenagers but there is no intervention for their better SRH knowledge and no services for this vulnerable group.

Strategies to support orphans due to HIV/AIDS

There are many public foster homes to provide necessary care for orphans including arranging legal adoption. Many NGOs also provide help and care for the orphans.

UGANDA

Female HIV Prevalence is 7.5%

Universal Access free-of-charge

The structure of Uganda's health care system on paper may depict a sense of universal access in the country. However, large sections of the population still find it difficult to access health services. Health Centres II, which are supposed to be nearest to the local people were found to be non functional in most of the districts. Majority of the local people rely on Health Centres III, which are considerably far from the people that need services at this level. Furthermore, health centres are characterized by long queues, small staff compared to the numbers of patients, shortages of drugs, reagents and medical supplies. Some patients leave the centres without getting the service they had come for.

All services in public services are free, although reports of "under-the-table charges" are not uncommon. There are costs associated with accessing services. In some cases, individuals have to buy supplies such as gloves and syringes so that the health workers can treat them. Because of stock outs of drugs and other supplies, individuals seeking services receive only consultation and prescription services from the health workers are required to buy drugs from the market. Also individuals have to travel long distances to get to facilities for services. For services like ART, which are provided at Health Centre IV and the district hospital, individuals have to spend heavily on transport costs. Services in the private health units are mostly accessed at a fee except for HIV/AIDS related services such as HCT, PMTCT and ART as well as information. Provision of ART is not universal; it is a specialized service common in hospitals and a number HC IVs in the country. On average, 8% of all available facilities in Uganda offer ART services i.e. 83% of the hospitals and about half of HC IVs in the country. It is common to find PLWHAs travelling from up-country to receive ARVs from Kampala and other urban based facilities, especially clients receiving free ART from donor funded projects.

HIV/AIDS policy includes a National Plan with defined strategic actions

The country has a National Plan for HIV/AIDS with clearly defined strategic actions. The National Strategic Plan (NSP) for the 5 years (2007/8-2011/12) takes cognisance of the challenges that lie ahead to reduce new infections, prevent vertical transmission, and facilitate universal access to associated services. The critical emphasis of the plan is to integrate the continuum of HIV prevention, care and treatment; and reverse the trend in the number of people living with HIV. In addition, to consolidate and scale up access to ART, while providing much improved social support to reduce the socio-economic impacts of the epidemic.

A Review of the Prevention Response for HIV/AIDS in Uganda shows that the country has re-invigorated HIV prevention and a roadmap has been developed to achieve this. National policies and technical guidelines for key HIV prevention services particularly biomedical services of PMTCT, HCT, condom promotion, blood safety, STI treatment, medical infection control, post HIV exposure prophylaxis and HIV education in schools are available and are evidence-based. National targets and rollout plans for most interventions have also been developed. However, implementation is lacking for most of the above.

Official policy on sexual and reproductive health

Uganda has no official policy for SRH. SRH in the country is planned for and implemented in the sphere of Primary Health Care (PHC). Policies defining SRH in Uganda are embedded in the PHC policy stipulated in the national Health policy. In order to achieve the targets for the Millennium Development Goals (MDGs), a Road Map for Reducing Maternal and Neonatal morbidity and mortality in Uganda has been developed. Three priority areas identified under the Reproductive Health Strategy (2005-2010) include (i) Increasing access to institutional deliveries, (II) Emergency obstetric care (EmOC) and (iii) Strengthening of Family Planning (FP) services. The 2007 national Joint Review Mission re-emphasized the importance of SRH and agreed on two Undertakings to be achieved by October 2008 namely; i) provision of Comprehensive EmOC in 70 out of 108 equipped HCIVs, and Basic EmOC in 400 out of 955 HC III and ii) revitalization of family planning and zero tolerance for stock out of contraceptive supplies. Anecdotal evidence and confessions from health officials approached for comment on SRH shows that the above targets have not been achieved yet.

Official policy for confronting violence against women

Uganda still lacks an official policy for confronting issues of violence against women. Both the Domestic Relations Bill and the Domestic Violence Bill are still pendant.

Sub-division in the National AIDS Programme dedicated to women's issues

Uganda has no technical sub division of the National AIDS programme solely dedicated to questions involving women and HIV/AIDS. All the national AIDS Programmes are dedicated to questions involving all persons living with HIV/AIDS in general.

Specific policy for controlling STDs

The monitoring of STD programmes is done through the Uganda National Health Behaviour Survey (UNHBS) and it provides for all STD information though it concentrates more on HIV/AIDS.

People that have been diagnosed for STD have been given care and treatment to some level depending on the availability of the drugs. Programmes on mass mobilization and sensitivity rising on STDs have been run throughout the country and so far all districts have been covered. All these programmes have emphasised high risk or vulnerable populations in the country.

The draft national HIV/AIDS policy proposes policy actions as well as guidelines for the control of STDs in relation to HIV/AIDS. These include designing a concerted campaign to educate people about STIs and their association with HIV infection/transmission, a policy for integration of STI treatment and HIV prevention services into other health services to reduce social censure, and increase in health sector funding to ensure access to STI treatment at PHC level. However, despite the country's National Syndromic STI Management Guidelines, provision of STI treatment services is still limited. The poor support extended to PHC programmes has resulted in poor quality of care, shortage of drugs and other supplies. Although STI services are available in 60% of PHC facilities, less than half of clients are being appropriately managed according to National Guidelines.

Special STD educative programmes have been designed for the young people and for adults. Nevertheless, despite this approach by government, some sections of the population are not reached due to geographical limitations, facility, financial and other resource limitations.

Rights related to abortion

Under the Ugandan Penal Code the performance of abortions is generally prohibited. Nonetheless, under other provisions of the Penal Code, an abortion may be performed to save the life of a pregnant woman.

Despite this, illegal abortions are common in Uganda, partly contributing to a high level of maternal mortality, estimated at 435 per 100,000 live births. Induced abortion has been ranked as the second leading cause of maternal mortality. Illegal abortion is more prevalent among young women.

Percentage of national budget allocations dedicated to sexual and reproductive health

The budget allocation for SRH may not be easily isolated because SRH is integrated within the wider PHC budget.

Percentage of national budget allocations dedicated to facing HIV/AIDS

In Uganda health falls under priority N°4 on the country's list. Allocations of funds for health in the national budget increased from 9.0% in FY 2007/08 to 10.8% in FY

2008/09. Information about allocations for HIV/AIDS is also scattered. For instance a total of US $ 234,509,533 was estimated to have been spent on the national response, of which US $ 78,430,077 was spent on HIV prevention interventions for the year 2006/07. The bulk of the funding was bilateral, with Government of Uganda contributing 6% of the total resources for the national response.

Sexual education programmes implanted in schools

The level of understanding among young people indicates some good standard of awareness raised on HIV prevention depending on their debates in schools though this mostly happens in urban schools and also it does not necessarily mean that behaviour is changed.

In the past two decades, a number of sexual education programmes have been implanted in schools at all levels in Uganda. Both the government and NGOs have carried this, sometimes in partnership. Some of the programmes have been implemented in a few schools, not necessarily in all schools in the different regions of the country.

However critics have demonstrated the limitations of these interventions in regard to behavioural change and empowerment of young women, especially in the light of the gender and power dynamics that play out in our culture. They argue that the programmes are unrealistic insofar as they adopt an ABC approach and tend to be moralistic in their outlook. The critics add that the programmes do not recognize the realities of the lives of girls in marginalized and difficult settings like post conflict Uganda.

HIV/AIDS education for in-school and out-of-school youths is not universal.

Sexual education programmes for adolescents and young people outside school

Awareness of HIV/AIDS prevention methods is still a dream for the young people in rural areas of the country. Uganda has a number of sexual education programmes for young people that are outside the school system. These have been planned, managed and implemented mainly by the CSOs in conjunction with government agencies. However, sexual education programmes for young people outside the school system are limited and unique to certain districts in the country.

Promotion, availability and distribution of condoms to young people and adolescents

The male condoms due to the high demand compared to female condoms dominate the condoms that are distributed. The prevention interventions have been effective though they were somehow interrupted in 2004/2005 when condoms passed their expiry date before use and we were obliged to withdraw them for tests. The government introduced female condoms several years back but later withdrew them from the market and supply centres because of the complaints by users and the general public related to design and usage. Female condoms were again returned to the market recently but they remain unpopular. They have also not been well marketed and are not readily available.

Campaigns, policies or programmes to HIV prevention among heterosexual men

The entire country response to HIV/AIDS is aimed at the heterosexual population. Other sexual orientations are outlawed and thus no overt campaigns are organized for sexual minorities.

Inclusion of civil society in the process of planning actions

Uganda implementation roles of partners are steered under the Uganda HIV/AIDS Partnership, an innovative and systematic coordination mechanism at national level bringing to the fore the role of civil society together with public sector. The Partnership is one of the mechanism through which the UAC now fulfils its coordination task at national level. Currently, the constituencies, as Self-Coordinating Entities (SCEs)-in the Partnership, include the Ministries of Government, United Nations (UN) and Bilateral, the Decentralized Response, People Living with HIV/AIDS (PWHA) organizations, Private Sector, National NGOs, International NGOs, Faith Based Organizations and Research, Academia and Science. These SCEs share information, plan and coordinate issues within their constituencies. All nine have elected a representative to participate in the HIV/AIDS Partnership Committee (PC), which meets once every month. The PC sets the agenda for the update, implementation and monitoring of the National Strategic Framework on HIV/AIDS (NSF) and facilitates and harmonizes HIV/AIDS policies, programmes, plans and spearheads resource mobilization. An annual HIV/AIDS Partnership Forum bringing together all members of the SCEs reviews progress and sets priorities for the next year.

Inclusion of civil society in the implementation of activities

Uganda implementation roles of partners are steered under the Uganda HIV/AIDS Partnership[2], an innovative and systematic coordination mechanism at national level bringing to the fore the role of civil society together with public sector. The intent is to minimize duplication, maximize potential for synergies, harmonization, leaning and peer support and pool efforts for scaling up the response.

The Greater Involvement of People Living with HIV/AIDS (GIPA) is one of its major guiding principles. Currently, the constituencies, as Self-Coordinating Entities (SCEs)-in the Partnership, include the Ministries of Government, United Nations (UN) and Bilateral organisations, the Decentralized Response, People Living with HIV/AIDS organizations, Private Sector, National NGOs, International NGOs, Faith Based Organizations and Research, Academia and Science. These SCEs share information, plan and coordinate issues within their constituencies. All nine have elected a representative to participate in the HIV/AIDS Partnership Committee (PC), which meets once every month.

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[2] **The Uganda HIV/AIDS Partnership An innovative and systematic coordination mechanism at national level for the multi-sector response to HIV/AIDS in Uganda September 2003**

common ownership of strategic responses and increased transparency and accountability, which is the very essence of the Uganda HIV/AIDS Partnership. It is within this spirit that recent developments such as the basket funding mechanism (Civil Society Fund and Public Sector Fund) have been developed. However the structures involving civil society at the national level are nearly replicated at lower levels with the decentralized governance system in form of District Coordination Structures, though with less success.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

Health workers are not adequately trained to offer counselling for the women, young people and adolescents. Health service providers receive general training on counselling for all patients but not specifically for HIV and for women, young people and adolescents. Often however, there have been reports of poor counselling environment and techniques by some of the health staff. Many of the community members described some of the service providers as being rude and harsh as well as judgemental and criminalizing (interrogative as opposed to counselling).

There is evidence of government initiatives and commitment to build capacity of health staff in counselling. The annual national and district health sector budgets have funds allocated for capacity building of health service staff. However, this is short term (3 days or week at most) and quite irregular (sometimes once a week). The funds allocated for training are usually inadequate to allow meaningful training schedules and activities. In most cases in terms of health department priorities, capacity building is the least prioritised.

HIV testing available and accessible to all women

HIV testing is not yet available and accessible to all women and everyone in the country especially in rural areas. About 38 % of all health care facilities in Uganda provide HCT services. Apparently, all the 104 hospitals and 152 HC IVs have an HIV testing facility. At the PHC level, provision of HCT services is available in 46 % of HC-III and 9 % of HC-IIs. Provision of HCT services is skewed in favour of health care facilities in urban areas. Apparently, HCT is almost universally available in Kampala city i.e. 98 % of facilities. In other places the number of health care facilities with HCT services ranges between 25 % and 38 %. But private and PNFP facilities are more likely than public health care facilities to have functional HIV testing systems. Some mobile/outreach HCT services are conducted but for some of the providers, clients are required to pay user fees that are nominal

Programmes or actions in SRH or HIV prevention specific to ethnic minorities women

Although there are categories that would be defined as ethnic minorities, there are no known programs directed specifically at women belonging to such groups.

Good quality counselling associated to HIV testing carried out in the antenatal services

All health centres (public and private) that provide antenatal and PMTCT services provide pregnant women with information, counselling and anti-HIV testing. In the absence of counselling and testing, at least information is provided and referral made. The quality of counselling associated to all HIV testing is generally poor. Most of the health centres lack trained counsellors as well as good environment for counselling. In most cases, the midwives and other staff carryout the counselling and at the same time execute other duties at the facility that compete for time and attention. On many occasions, midwives have been described by the pregnant women as being rude, harsh, and not understanding.

HIV testing available in maternity hospitals and maternity wards

HIV testing is available in maternal wards. All pregnant women that visit the maternal ward for antenatal care have to be tested for HIV (RTC), except in situations where the facility has run out of testing kits and reagents. The latter situation is not uncommon.

Treatment to prevent vertical transmission

Provision of PMTCT services has gained a lot of popularity. For instance, by the end of 2007, they were being provided in 89% of all hospitals, 91% of HC IVs, 40% of HC-IIIs and 12% of HC-IIs. This success is partly attributed to the integration of PMTCT service provision in ANC. ANC is used as the entry point for PMTCT clients. As a matter of policy in Uganda, every expectant mother attending ANC has to be tested for HIV and if found positive with HIV, is counselled to enrol for PMTCT services. Commonly, Nevirapine is being used for HIV-positive pregnant women at the on-set of labour and for the baby and this can be found at PHC facilities. Other components of PMTCT such as prevention of unintended pregnancies among HIV positive women, and provision of comprehensive care to the mother and her family are non-existent at PHC facilities.

Nutritional support provided to HIV positive pregnant women

In Uganda, no nutritional support is provided to pregnant women with HIV infection. It is only in a few selected districts in the country where HIV positive pregnant women are provided nutritional support. This is done by NGOs that are usually donor funded. In any case, the intervention has been temporary and implemented in a project form.

Anti HIV prophylaxis for the new-borns of HIV-positive mothers available and accessible

Only health centres providing PMTCT services in the country offer anti HIV prophylaxis at the moment of birth. The country has a national coverage of nearly 70% of centres providing PMTCT services.

Milk substitute for the children of HIV infected mothers available and accessible

The Government has limited itself to providing information and counselling to HIV positive pregnant women on issues concerning infant feeding to help them make a

decision on how they will feed their babies. The Government has also provided guidelines for the HIV positive women on how infant feeding should be done so as to reduce the chances of the born infant of getting infected with the HIV.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

There is no specific programme set aside for women living with HIV /AIDS (WLWHA), instead WLWHA are taken care of in the ongoing SRH services with the rest of the population seeking such services. Women living with HIV are given information on the available contraceptives in the country and the decision for which method to adopt is left to them. They are further helped and monitored to see whether the method chosen has been adapted well with no severe effects. They have been encouraged to use contraceptives to avoid getting pregnant and re-infection, especially the discordant ones. Most service providers encourage women with HIV not to get pregnant.

Services to address SRH needs are provided within many health facilities on routine basis. Some of the common items include education and counselling, pills and injectables for fertility regulation, and condoms. In some of the active public facilities, health Workers at HC IIIs and HC IVs and Hospitals also offer sessions on topics related to SRH. Women are given all possible information they need highlighting the precautions to be taken as well as the risks. While the decision is left for them to make, generally, women living with HIV have been discouraged from getting pregnant. Women with HIV have reported situations of stigma and harsh treatment from health facilities when they get pregnant.

Discordant couples are advised to temporally avoid getting into conception.

Reports of encouragement for HIV positive women to undergo sterilization

Women have been given information concerning all forms of contraception in the country, including sterilization. Though not the most common adapted method of contraception among women, service providers have encouraged some women to take up the method. Sterilizations are more common at hospitals and in private facilities in urban areas like Kampala.

Emergency Contraception available and accessible

Emergency contraception is not readily available in the country. It is mainly accessed from urban private pharmacies that sell them at a prohibitive cost price considering the minimum standards of living and incomes in the country. A facility survey of public health units shows that emergency contraception is rare in public health centres and nearly non-existent in rural health centres in the country. The major reason for this situation is the fact that the use of emergency contraception is (directly) not in tandem with Government's policy and programmes to reduce the spread of HIV/AIDS and others STDs, that is, through Abstinence, Being Faithful and using condoms. Making emergency contraception available is perceived as a way to encourage unprotected sex, which may increase the spread of HIV and other STIs.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

Uganda has no functional laws specifically designed to prevent violence of all forms against women. The present operating laws on violence in Uganda designed to specifically for violence only cover mild features of violence on women. Most of the laws were designed to cover every person that may face violence. The proposed specific laws to address violence on women have not yet been passed or enacted by the national Parliament despite efforts by CSOs to expedite the process. The Penal Code Act has the currently existing and operating laws that can be used to punish people that inflict violence against women physically, sexually and emotionally.

Specific actions against the sexual exploitation of girls and adolescents

The Penal Code Act outlines the offences and punishment for sexual exploitation of girls and adolescents. Article I of section 129 states that any person who unlawfully has sexual intercourse with a girl under the age of 18 years commits an offence and is liable to suffer death. Article 2 adds that any person who attempts to have unlawful sexual intercourse with a girl under the age of 18 years commits an offence and is liable to imprisonment for 18 years, with or without corporal punishment. Such laws and punishments can only be implemented if the case (s) reach the courts of law. Unfortunately most of the public and many of the women and girls are insufficiently informed of such actions and therefore such exploitation continues to prevail unpunished. Further, widespread corruption at nearly all levels, never allows the perpetrators to be punished as per law or for the reported cases to reach the courts of law where such actions can be undertaken.

Services to provide care and address the needs of women and girl victims of violence

The government and its development partners have initiated a number of programmes with intent to stop violence against women and young girls. It is not measured for statistical data, but there is legal aid, sensitization and provision of post exposure prophylaxis in some districts of the country but no effective monitoring systems in place to give a clear picture.

Gender Based Violence – GBV- services are nearly a new concept to most health workers, except District Directors of Health Services. The discussions about GBV and related services such as counselling and prophylaxis do not bring out much to share. In the course of discussions with health workers, the need for capacity building for effective handling of GBV cases was strongly expressed. Besides the low awareness and capacity at facility level, community people are not sufficiently helped to seek services at the health facility in the case of GBV, rather the few who disclose go to the police and are later referred.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

Uganda still has barriers in laws, policies and their effective enforcement like the law on defilement and rape. To offer services both legal and medical also depends on the limited number of trained personnel to provide preventive counselling. In some few services prophylaxis and emergency contraception is given as well as post abortion counselling (not legal abortion).

National campaigns to combat violence against women and the sexual exploitation of girls

Since 2007, the women CSOs and organizations against violence on women and girls in Uganda join the rest of the world annually in campaigns against violence on women and girls during the 16 days of activism. In 2007 when the regional theme was "I commit to preventing violence against women! What about You? "Speak out, reach out, stand out!" organisations held marches, conferences, rallies, dramas, talk shows, community outreaches, video shows, media events and other activities. In 2008, the years' global theme was 'Defending Rights, Defending Women" while the regional theme was 'Our strength is the solution: Communities can prevent sexual Violence'. In relation to the 16 days of Activism against Gender based violence in 2008, Women of Uganda Network supported two SMS-based campaigns.

Specific actions to suppress trafficking in women

The country's Penal Code is the major enactment that can be used to combat human trafficking. The Act does not specifically use the term or phase trafficking in human beings, nevertheless there are provisions that prohibit slavery, trafficking abduction, which is kin to trafficking and there are provisions that may be exploited in the fight against trafficking of women for purposes of prostitution or slavery. However there is no mechanism for handling cases of human trafficking and there is no specific law outlawing or criminalizing human trafficking, so the police may be reluctant to act.

Strategies to support boys and girls living with HIV/AIDS

The government has not implemented any strategies to support boys and girls living with HIV/AIDS.

Strategies to support orphans due to HIV/AIDS

The government has developed plans for implementation to support OVCs in the country. Each district was asked to develop an OVC district strategic plan with the help of the Ministry of Gender and Social Development (MGLSD) that is in line with the national plan. The plan comprises a number of activities intended to improve the lives of OVCs in the country, as psychosocial support, food security, child protection, care and support, education and health service. The programme implementation is coordinated by the MGLSD and funded by USAID through the CSF. CSOs are the key implementing agencies at the district level.

UKRAINE

Universal Access free-of-charge

Every citizen of Ukraine has the right to health protection, medical assistance and medical insurance. Medical services in private health facilities are paid for by the patients while the state and communal facilities provide free medical services. However, lack of funds means they do not provide the declared free medical assistance for all populations, so the common practice is that patients themselves or their relatives pay part of the service as a charity contribution to support the facility. Such payments are increasingly making the health care system less accessible for poor populations.

Principles and administration of health care system are inherited from the Soviet times, including funding mechanisms based on normative provision indexes, orientation on narrow specialization of medical assistance, insufficient prevention activities. All this has its negative impact on the quality and accessibility of health care services.
The state guarantees social protection of HIV+ and AIDS patients, their families and health care workers involved in counteracting AIDS, as well as providing to HIV-infected and AIDS patients all kinds of health care services under the legislation. At the moment, 6,859 women are in ARV treatment and 1,840 still need it but do not get it. Underage children often run into legal obstacles when trying to access HIV services because the national legislation requires that all children under 18 years old obtain parents' consent to access these services, although the common civil law permits children over 14 years to give their informed consent in order to receive medical treatment.

Has the Country a HIV/AIDS National Plan with strategic actions defined?

In 2009 a new version of the Law *On Prevention of AIDS* was developed with assistance of international and public organizations and was widely discussed with the public. Article 12 of the new version stipulates the rights of HIV+ women, particularly reproductive rights. Currently the draft bill is pending approval.

The National HIV Programme 2009-2013 has an integrated approach and is composed of activity modules with identified main objectives (prevention module and the module for improved treatment). The Programme also envisages care and support activities. Main activities of HIV response concentrated in the Programme allow for uniting the efforts of the state, international and public organizations. However coordination of state and private sector cooperation in identifying priorities, provision of transparency and accountability of the state funds disbursement are not properly regulated. There is a clear tendency to a decrease in the number of identified new HIV cases among the IDU population in general and young IDUs in particular. Regarding women who are IDUs, one cannot detect any clear tendency towards reduction of new infection cases. A new HIV infection case among young adults of the general population decreases every year, but for women it is just the opposite.

Official policy on sexual and reproductive health

In 2006, the State Programme *The Nation's Reproductive Health* up to 2015 was approved. Protection of reproductive health in Ukraine is one of the priorities in the social policy of the state. In addition to the health care services the legislation envisages a number of benefits and allowances to families with children. A level of public awareness about reproductive health and family planning, especially in rural locality, remains unsatisfactory, professional upgrading of health workers (especially family doctors), pedagogical and social workers requires improvements, there is an urgent need to develop strategies for providing the population with proper family planning. Unsolved problems in training specialists in the field of reproductive health, both for prevention and medical services, are observed as well. The level of appropriate knowledge and skills among family doctors and obstetricians is insufficient, which restricts access of the rural population to such services. Implementation of the Programme activities in 2008 contributed to improvement of reproductive health indicators, however, a number of problems still remain, such as the high maternal mortality and prenatal mortality rates. Article 12 of the 2009 draft Law *On Prevention of AIDS and Social Protection of Population* stipulates the reproductive rights of HIV+ women.

Official policy for confronting violence against women

In pursuance of the Law on Prevention of Domestic Violence, specialised agencies for victims of domestic violence commenced their operations, including crisis centres, social and psychological assistance centres to provide comprehensive psychological, legal, informational and advisory, social, medical and other assistance. Application practices of the Law showed its need for improvement. There are problems in isolating persons who committed domestic violence from the victims of violence. Issues of sanction application and non-compliance with the requirements of defence regulation need improvement. The Programme for Assertion of Gender Equality in Ukrainian Society is expected to ensure equal female and male rights and opportunities. The state policy to oppose violence against women is being implemented through the introduction of gender principles in the activities of society. Ukraine has ratified all international standards in this field; the national legislation is being gradually brought in line with the requirements of international documents. Currently, the State Programme measures to secure gender equality in Ukrainian society for the term till 2010 have not yet been duly performed. Measures initiated by the ministries and agencies, are of situational, *ad hoc* nature and are focused on the reporting needs rather than on consistent implementation of gender policies into sectoral operation. Failure of the central executive bodies to appoint an authorised person responsible for implementing a gender component in their activities is also typical. As international and domestic experts have established, there is vivid gender inequality in political and social life in the Ukraine.

Sub-division into the National AIDS Programme dedicated to women's issues

Neither current nor previous national programmes contain separate sections or measures on prevention of HIV infection among women, or improvement of accessibility and quality of reproductive health services for women living with HIV, including rendering of gynaecological services, prevention of unwanted pregnancy, use of ancillary reproductive technologies.

Specific policy for controlling STDs

The "Sexually transmitted infections" protocol determined the tactics of management and female patient counselling, algorithms of clinical and laboratory examination of women with STI, treatment, with the exception of gonorrhoea and syphilis. Although dermatovenerologic service is in place in the country, the effective integrated system for STI prevention and control is still missing. STI control in the field is performed in specialised institutions that provide treatment and detect sexual contacts. Cooperation between specialists, family doctors and others qualified to control STIs in the community is inadequate. Reluctance to establish such contacts is partially connected with the lack of professionals trained for this purpose, and independence of certain specialised services. There is also insufficient understanding of the linkage between STI and HIV contagion and that the main aspect of combating STI incidence should be primary prevention of these infections integrated with HIV prevention. STI supervision is traditionally based on passive reporting about STI cases diagnosed in clinics and laboratories. STI diagnostics laboratories are generally located in dermatovenerological dispensaries; yet, up till now, the registry and certification of these laboratories round the country are not in place. The existing system for data collecting and analysis does not reflect the real rates of STI contagion.

Rights related to abortion

Owing to ratification by Ukraine of the Action Plan adopted at Cairo Conference and political and state support for its provisions, the country has established an effective system of family planning to foster the population demand in planning the number of children and frequency of their birth aimed at ensuring optimal conditions for birth, care and bringing up. Abortions are legally authorised in the Ukraine in the first 12 weeks of pregnancy at the woman's request; in certain cases established by the law pregnancy may be artificially terminated in the 12^{th} to 22^{nd} weeks of pregnancy. Persons under 14 are provided medical aid on the consent of legal representatives. In cases of severe diseases and in situation where pregnancy negatively affects the clinical course of the disease, a pregnancy may be terminated under 22 weeks according to the Law of Ukraine. Legalisation of abortion has contributed to reducing the number of criminal abortions and related maternal losses. HIV-positive women receive medical services on abortion on an equal basis. Integrated medical care during abortion includes measures on high-quality artificial termination of pregnancy and abortion prevention in the future. Exclusively obstetrician-gynaecologists in public and private health care institutions operate a patient. Midwives should render counselling services to a woman seeking medical care on abortion. The MoH approves standards and procedures for abortion. The Criminal Code of the Ukraine stipulates that illegal abortion is an abortion by a person without special medical education and will be punished. In general, women are well informed about the places of abortion in public and private sectors and pricing. Insufficient training of specialists at the pre-and postgraduate level, low awareness of new technologies, poor material resources and conditions for artificial

termination of pregnancy jeopardise the offer of safe abortion methods and qualified counselling on contraception to populations all round the country. Most medical institutions performing functions related to abortion planning and procedures are located in urban areas. Women from rural localities have limited access due to timing and material costs required for getting these services. Abortion remains one of the methods for birth control in Ukraine. IDUs, HIV-positive women and female sex workers mention difficulties in applying for medical assistance due to lack of finance and the negative attitude towards them. Problems of stigma and discrimination of these categories of population do exist.

Sexual education programmes implanted in schools

Sexual education curricula are implemented through compulsory and alternative curriculum components. An invariant component deals with sexual education in the biology course. It also includes topics on sexual identity; formation of personality; gender equality; family relations; roles of mother and father; and other issues. An alternative component in sexual education is represented by various curricula. The most common of these is the optional course entitled School against AIDS aimed at providing accurate and complete information on HIV/AIDS. Because of introducing educational programs based on the life skill development, in 2008 Ukraine registered its first reduction. Nevertheless, there is an urgent need for the development of comprehensive approaches to sexual education of adolescents and youth, since young people are especially vulnerable to HIV infection through risky sex behaviour or drug/alcohol use, lack of sufficient access to appropriate information on HIV infection in line with their age and to preventive services, as well as for socio-economic reasons.

Sexual education programmes for adolescents and young people outside school

Youth in Favour of Healthy Lifestyle curriculum is also widely spread in out-of-school education (through the peer education method). It focuses on a healthy lifestyle and contains two modules on sexual education.

Campaigns, policies or programmes to HIV prevention among heterosexual men

Nationwide programme of the preventive care against HIV, treatment, care and support 2009-2013 does not distinguish male heterosexual population as a separate target group. Preventive work with men is performed within the framework of the national information campaigns directed at the general population. A survey covered the female commercial sex workers most vulnerable to HIV and found that despite the high risk of HIV infection by male clients of FSW and justification of urgency of such work, there are practically no special programmes designed.

Inclusion of civil society, specially women living with AIDS and women groups, in the process of planning actions

The 2009 new version of the Law *On Prevention of AIDS and Social Protection of Population* was developed with assistance of international and public organizations and this new version of the law was widely discussed with the public.

Inclusion of civil society, in the implementation of activities

Churches and religious organizations in Ukraine hinder certain activities implemented by the State or NGOs in such cases: some preventive and educational programmes to combat AIDS are perceived by the Church as propaganda of a free sexual life and advertising of condoms; traditional Churches do not support the programmes of harm reduction for IDU's (syringe exchange, Substitution Methadone Treatment - SMT); some clergymen preach that the Lord can heal HIV infection.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

Up until now comprehensive counselling directly associated with examination for antibodies to HIV infection in Ukraine is insufficient. Counselling is not done everywhere and not done in all cases. The quality of these services continues to be far from optimum. The centres for prevention and relief of AIDS (AIDS centres) provide quality services with regard to counselling, however other public health institutions, maternity counselling centres in particular, which actually accomplish the majority of tests for HIV infection, still provide pre-test and post-test counselling of poor quality, or do not provide it at all; sometimes post-test counselling is offered only to the patients with HIV positive results.

HIV testing available and accessible to all women

Over the last few years, the country manifests its progress in development of the national system of voluntary counselling and testing. The number of such persons who took testing among the different groups of the population grows every year. In 2006, medical specialists conducted 2.5 million tests, in 2007 – 2.8 million tests, and in 2008 – 3.2 million tests, respectively. During that period, the number of institutions that provide s voluntary counselling and testing services gradually increased, and today these services are provided in all large cities and small towns. Ukraine also established a wide network of centres that provide «counselling and testing for HIV» services, including 214 centres and offices, which provide HIV testing services to their clients, as well as 648 counselling service points, which cover all regions of the Ukraine. Problematic issues in counselling and testing remain as follows: absence of development strategy for IDU, FSW, MSM, prisoners, patients with STI, tuberculosis, etc; imperfection of the regulatory legal base on C&T issues, techniques of assessment of the population needs, educational programs and purchasing policy; absence of quality control programmes; insufficient material, personnel resources; public service publicising of the testing centres is extremely limited.

Programmes or actions in sexual and reproductive health or HIV prevention specific to ethnic minorities women

In accordance with the Constitution of Ukraine, «There shall be no privileges or restrictions based on race, skin colour, political, religious, and other beliefs, gender, ethnic and social origin, property status, place of residence, language or other characteristics'. Therefore, there are no special provisions or programmes developed for women of the ethnic minorities that involve rendering medical services or preventive care

in the sphere of reproductive health. The specified groups of women obtain these services in accordance with the general practice.

Good quality counselling associated to HIV testing carried out in the antenatal services

The issues of pre-test and post-test counselling are not priority for the obstetrician-gynaecologist doctors in the course of follow up of pregnant woman. In addition, medical personnel of maternity counselling centres and maternity clinics are insufficiently educated in provision of these services, and there are not enough special information materials for the medical specialists. Education was conducted basically in the form of trainings, which were organised with supports of the international and public organisations.

HIV testing available in maternity hospitals and maternity wards

For the purpose of conducting HIV preventive care, women are offered the chance to be examined for HIV infection in the course of taking the annual preventive gynaecologic examination in the maternity counselling centres combined with taking pre-test and post-test counselling. Testing for HIV infection should be conducted with all pregnant women in accordance with their informed voluntary consent. Standard testing of blood for HIV in pregnant women is accomplished in the specialized maternity medical facilities where they register. Percentage of the pregnant women tested for HIV among those registered at maternity counselling centres over the last years totalled 98 %.

Treatment to prevent vertical transmission

Normally, pregnant women receive anti-retroviral treatment and preventive care as well as all other medical services in the state clinics. After the HIV infected woman obtains complete information about probable risks and opportunities of receiving the medical services, she will make the informed decision about maintaining or terminating the pregnancy. Each woman has an opportunity to make an informed choice with regard to reproductive plans. Medication-based preventive treatment of vertical transmission of HIV infection in Ukraine is carried out in accordance with the clinical protocol. Services on support for treatment observance among the pregnant women are predominantly rendered by NGOs, which work in partnership with AIDS Centres, and coverage of such services remains limited. Quality of medical services and the attitude of the medical personnel towards the HIV positive women still require improvement.

Nutritional support provided to HIV positive pregnant women

HIV positive pregnant women are not provided with any additional nutrition.

Anti HIV prophylaxis for the new-borns of HIV-positive mothers available and accessible

Preventive care against HIV vertical transmission during childbirth is accessible in the Ukraine. All necessary ARV medicine is supplied to obstetrical public health institutions of all levels of medical service provision. The HIV positive pregnant women, whose status has been determined during childbirth, are preventively treated with use of azidothymidine, lamivudine, and nevirapine in the course of child delivery, and after the

childbirth such medication is prescribed to mother and child in accordance with the protocol.

Milk substitute for the children of HIV infected mothers available and accessible

An HIV+ birthing mother gives up the breast-feeding of the newborn upon her informed consent. Medical specialists provide counselling with regard to artificial feeding and teach how to feed the newborn with the adapted breast milk substitutes. Children are supplied with the breast milk substitute up to age 3 months. Responsibility for provision of breast milk substitutes to all the HIV+ children that require such feeding is vested in the local budgets, which in many cases are incapable of providing uninterrupted supply of breast milk substitutes. Parents are compelled to buy breast milk substitutes from their own funds or receive them from public organizations.

Specific programmes to protect the SRH of women living with HIV/AIDS

There is no special programme in the Ukraine for the protection of the reproductive health of HIV+ women. The National HIV Programme 2009-2013 does not contain a separate section on this issue, only items for prevention of HIV vertical transmission. Women living with AIDS are expected to receive reproductive health services on the same conditions as non-infected women. HIV infection is a contra-indication for the treatment of female infertility with the use of auxiliary reproductive technologies. AIDS is one of the cases when pregnancy is contraindicated. Women report stigmatisation because of pregnancy, doctors often insists on abortion in cases where HIV-infection is present. Low level of information about achievements of modern medicine in the sphere of prevention of vertical transmission and doctors' disinterest in promoting adherence to ART leads to violations of the reproductive rights of HIV-infected women.
Services in the sphere of sexual and reproductive health for HIV-positive women are restricted in quantity, quality and accessibility.

Reports of encouragement for HIV positive women to undergo sterilization

It is impossible to analyse the situation with regard to the use of sterilization as contraception method because there are no official statistics on this method, nor any relevant sociological studies.

Emergency Contraception available and accessible

Emergency contraceptives are available and accessible in Ukrainian pharmacies. The contraceptives are in free turnover in the pharmacies. Average price of one package is 10 USD. These contraceptives are not procured by the state or local governments for protection of socially vulnerable populations.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

All family violence victims can apply to non-government organizations and the State Social Services for legal aid, consultancy and psychological assistance. Up till now state medical and social assistance services for domestic violence victims are still at the initial stage. The victims of domestic violence can apply for help to crisis centres. There were 56 such centres of various ownership types across the entire country. The national system of clinical and epidemiological data on health disorders exhibited by victims of the domestic violence is virtually non-existent.

The legal basis for protecting women's rights is generally in line with international standards but some provisions still need further updating. There are implementation problems at different levels: financial, logistic and actual enforcement of legal rights. The most important issue is public stigmatisation. It equally affects victims of all violence types and HIV-infected women and hinders implementation of their rights.

Specific actions against the sexual exploitation of girls and adolescents

The Ukrainian Penal Code explicitly prohibits creating or maintaining brothels and/or pimping activities. The Penal Code does not provide for any punishment for soliciting sexual services from children. However, the Penal Code does establish a penalty for sexual relations with a "person who has not reached sexual maturity". The PCU also punishes child pornography. The National Plan of Actions for Implementation of the UN Convention on Rights of the Child includes: protection of children against brutality, exploitation and violence; liquidation of child trafficking, sexual exploitation and other forms of brutal behaviour toward children. The Plan envisions a set of preventive measures among children, rehabilitation assistance to children who have suffered from the above crimes and extension of the system to track down cases of child sexual exploitation. The International Women's Rights Centre La Strada - Ukraine jointly with the Ukrainian Ministry of Education and Science has issued the manual 'Prevention of Child Trafficking' that is disseminated in Ukrainian schools.

Services to provide care and address the needs of women and girl victims of violence

State social services in general and Social Service Centres for Family, Children and Adolescents in particular support hot lines and run victim assistance programs. The system of crisis centres for women who have suffered of domestic violence was established in pursuance of the Law on Prevention of Domestic Violence. Their services include elementary medical assistance, psychological support to women, and correction programs for offenders. Because of certain financial problems the services to violence victims are provided on the regular basis only by NGOs. Since 2002, the IOM Trafficking Victim Assistance Centre operates in Kiev providing confidential and comprehensive medical and psychological assistance to victims.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

The prevention measures to curtail the spread of HIV-infection among violence victims in the above rehabilitation centres are not conducted on a permanent basis. They are implemented only by a fraction of NGOs in parallel with projects to assist victims of violence or trafficking in groups targeted by the organization. HIV and STI tests are offered to all clients of the Medical Rehabilitation Centre of the International Organization for Migration. The Centre pays the treatment of STI. Artificial termination of pregnancy is not included in the list of services offered by the medical rehabilitation centre. If necessary, women are referred to medical institutions.

National campaigns to combat violence against women and sexual exploitation of girls

Ukraine launched its national campaign to combat violence against women, children and domestic violence, Stop The Violence. The events held as part of the national campaign included the National forum Against Violence; another feature was developing the national concept of social advertisement. The main slogan of the social advertisement was We're Fed Up With Such Gifts, which urged all affected persons to access the free all-national hot line on violence prevention and children's rights protection. Also, 10 video clips of similar content were prepared and broadcast on TV. Another regular event is the national campaign 16 Days Against Gender Violence that starts annually on 25 November and lasts till 10 December. Within this period a number of actions on gender equality issues and eradicating violence against women, protection of human rights etc are held across the entire country.

Specific actions to suppress trafficking in women

The public policy in Ukraine on issues of trafficking in persons is based on three major principles: prevention, investigation and assistance for trafficked persons. Shelters for persons who have suffered trafficking were established. If necessary they also provided accommodation to victims of domestic violence. In the area of crimes related to trafficking in persons, law-enforcement agencies successfully cooperate with NGOs. When receiving any complaints concerning violence the departments to combat trafficking in persons refer the victims to the public organizations who provide them with necessary assistance. In most cases reintegration the International Organization reimburses assistance for Migration (IOM), that covers the legal counselling and lawyer fees if necessary. The victims are entitled to receive assistance such as: return to Ukraine from abroad, get shelter, receive medical, psychological and legal aid, attend professional upgrade training courses. On the other hand, the country implements a program of small grants to promote private entrepreneurship among the trafficked persons to enable them to maintain their families economically. The assistance and shelter to trafficked persons are provided mostly under the Comprehensive Program for Combating Trafficking in Human Beings run by the International Organization for Migration. The Organization for Security and Co-operation in Europe (OSCE) Projects Coordinator Office in Ukraine has established the referral system for victims of trafficking in persons to improve the efficiently of the entire effort. Under this system reintegration help will be provided also by government agencies. So far, these services are virtually left beyond the boundaries of this system. Regardless of active and persistent work the efforts are still falling short of desired effect. The most problematic issues are the punishment of trafficking offenders and providing sufficient protection for trafficking victims.

Strategies to support boys and girls living with HIV/AIDS

The existing Ukrainian legislation that was created to curb the spread of HIV/AIDS among children is focused essentially on prevention. However the financial support of these provisions is extremely scarce. Since the mechanism of concrete implementation is not elaborated and the efficient control over observance of these documents is virtually nonexistent, none of the legislation has led to any noticeable progress. Vague regulations regarding the examination of HIV-infected children under 14 years old without parental consent or persons who substitute them and at the child's consent as well as uncertainty of the status that is assigned to children in boarding schools constitute factors that interfere with measures to protect children with HIV. Another problem is the way the child is supposed to be informed of his/her HIV status. Presently, the physicians can disclose to the child positive test results only in the presence of his/her parents or guardians, which is impossible in case of homeless and neglected children.

Strategies to support orphans due to HIV/AIDS

There is evidence of denying HIV-infected children access to education, keeping orphan children in hospitals instead of sending them to board school. The drug users are sometimes refused services, including Antiviral Therapy.

URUGUAY

HIV Incidence among women: 36%
12,356 people diagnosed HIV positive and 3,722 with AIDS.

Universal access free-of-charge

The availability of HIV diagnostic tests and treatment varies from city to city and there are even variations within a single city.

Country has a HIV/AIDS National Plan with strategic actions defined

The priority STD/AIDS Programme has been functioning since 1987 and is under the responsibility of the General Health Directorate of the Ministry of Public Health. Among the programmes responsibilities are: elaborating norms, promoting public health policies monitoring and evaluating the norms and regulations and the provision of services. The Programme has elaborated handbooks for the diagnosis, treatment and monitoring of adults and pregnant women with HIV/AIDS and guidelines for paediatric interventions. In 2009 it standardised the protocol for emergency prophylaxis in cases of exposure to blood or body fluids. It has expressed the intention of eliminating congenital syphilis and that involves early diagnosis in pregnant women, empowering women, the right to health and prevention of vertical transmission.

A nutritional complement is supplied to people living with HIV under the aegis of the INDA programme. In Montevideo distribution is monthly and in the country areas it is done every two months in coordination with local municipal authorities and treatment centres. To access such support a person must be registered with the target population group, receiving care from Public Health services and fill out a form. With a photocopy of his or her identity card, a doctor's certificate attesting the diagnosis and confirming temporary or permanent unsuitability for work and other documents.

One of the objectives of the STD and AIDS Programme is monitoring and evaluation. There is no prevention programme specifically targeting young people.

Official policy on sexual and reproductive health

Since 1996 health services provided by the Ministry of Health and policlinics of the Montevideo Municipal authority have been offering free contraception methods and cost reimbursement for contraceptive expenses as part of the general gynaecological services offer. Provision of contraception methods is not included in the services offered by the system of private health insurance groups.

In regard to sexual and reproductive rights one of the INAMU's most recent actions has been to elaborate a guide together with the National Women's Health and Gender Programme of the Ministry of Public Health to provide women with a useful tool offering information, guidance and integral health care suggestions. The elaboration of the guide is part of the process of implementing the Health Reform underway in the National Integrated Health System and the First National Equal Rights and Opportunities Plan.

The Ministry of Public Health's National Youth Programme, together with INFAMILIA is implementing a line off action to follow up on adolescent mothers from the time the baby is born until it is one year old. Another to qualify young promoters and another to support the implementation of care centres specialising in sexual and reproductive health. Up to now there are 18 adolescents health centres in operation in Montevideo and other places in the interior. In terms of evaluation of the programme some of the directors declare that the centre work extremely well.

Percentage of national budget allocations dedicated to facing HIV/AIDS

It was not possible to obtain accurate information on the amounts or percentages of the budget allocated to AIDS

Sexual education programmes implanted in schools

Up till now sexual education has been introduced in the formal education network. At higher secondary level HIV prevention is included in the contents of the Biological Sciences programme.

Sexual education programmes for adolescents and young people outside school

Although the National Youth Programme is a universal programme the adolescent health centres are effectively accessed by the poorest sectors of the population and in fact they area programme priority. The centres are established in areas where vulnerability is high. The target population is youngsters in the 10 to 19 age group. No prevention programmes specifically targeting women and young people have been implanted by the State or by the Ministry of Health or by ANEP.

Promotion, availability and distribution of condoms to young people and adolescents

In regard to condoms, the population does not have easy access to them especially in the rural areas where apparently they are obtainable in family planning services and gynaecological services but not in all health units.

Campaigns, policies or programmes to HIV prevention among heterosexual men

The MSP states that it supplies condoms but effectively getting access to them is difficult for the general public.

The female condom has been incorporated in the health care offer to specific populations like women living with HIV, sex workers and women in situations of domestic violence. The MSP does not distribute female condoms to the female population at large. Currently the ministry is running a 6-month pilot programme designed to deliver female condoms to female sex worker, women living with HIV and women victims of domestic violence. The programme also distributes a leaflet containing information and guidance that was produced jointly by the STD/AIDS Programme and the Women's Health and Gender programme and carries out educational activities on the theme.

Many times the condom has arrived in the country and to the Ministry through sexual and reproductive health with a focus on condoms for contraception in family planning clinics in gynaecology, but does not reach the policlinics for sexually transmitted infections, or policlinics that assist people with HIV or sex workers or youth in general.

Maldonado states that male condoms are available in all health centres free of charge and are delivered in adolescent's spaces to anyone who requests it. It is not necessary to be assisted at the Public Health to Access condoms. It is also said that emergency contraception is available and offered at the Health Services for free.

Inclusion of civil society in the process of planning actions

The STI AIDS program has instances of participation, consultation and articulation with people living with HIV and social organizations that address this problem. There is an inter-institutional articulator space called "Country Coordinating Mechanism" that currently works as a space of governmental, nongovernmental and academic regarding the discussions on national policies to HIV/AIDS.

Health professionals skilled to offer counselling on SRH and HIV/AIDS prevention

There has been a great work in the counselling guidelines because it was very scarce in the country. This work included health team trainings.

Good quality counselling associated to HIV testing carried out in the antenatal services.

Pregnant women with HIV are referred to Montevideo.

HIV testing available in maternity hospitals and maternity wards

The Ministry of Public Health establishes the obligation to offer all pregnant women the HIV tests in their first obstetrical control and it is positive it is indicated antiretroviral therapy to decrease the possibility of vertical transmission. There is a care protocol in case of pregnant women with HIV and prophylaxis anti HIV is the time of delivery. These procedures are in deliveries performed by midwives and/or gynaecologists, but not all births are.

Treatment to prevent vertical transmission

Uruguay's rate of vertical transmission had decreased from 26%, in 1995, to 3% today. There is a decree which states that every pregnant woman should ask for an HIV research with their previous consent and in case of positive result provide treatment. This covers the entire national territory and supposedly all HIV positive pregnant women are treated in order to reduce vertical transmission. It is applied, through a pilot program, a rapid test for HIV and syphilis at the first level of care at the policlinics of Montevideo and of Public Health. This way it is clear that the STI/AIDS programme and the Health Programme for Women and Gender have put together HIV and Syphilis vertical transmission prevention preventions, which worked separately. A brochure, aimed at pregnant women, about the importance of their own care and the demand of HIV and syphilis control by the health system was produced.

Nutritional support provided to HIV positive pregnant women

It is monthly delivered food supplement for people with HIV. To obtain this support, it is required to belong to the Target Populations, be assisted by the Public Health Service and have specific documentation.

Milk substitute for the children of HIV infected mothers available and accessible

It is available the substitutes for breast milk for the first six months of life. All respondents argue that the people needing access it without any problem.

Specific programmes to protect the sexual and reproductive health of women living with HIV/AIDS

The National Institute of Women-NAIWO (Ministry of Social Development) has no clear policy on women living with AIDS.

Effectiveness of the laws to prevent violence against women, punish perpetrators and repair the harm done

"In 2002 was sanctioned the Law 17514 of domestic violence, which created the National Consulting Council to Fight Domestic Violence, responsible to develop the First National Plan to Fight Domestic Violence, with an integral approach, aimed at prevention, care and rehabilitation of those involved in order to achieve better use of existing resources.

Since 2004, there has been a national plan to fight domestic violence, which commits the institutions to implement and monitor their results through the development of inter-sector activities of rights and prevention promotion, as well as the permanent training of human resources. Since 2006, we have initiated a process of implementation of services for domestic violence in different departments of the country.

The establishment by law and implementing of the National Plan for Equal Opportunities and Rights led by the National Women's Institute (Ministry of Social Development) means a breakthrough for the development of policies against gender violence and, in this sense, includes a number of strategies related to preventing and eradicating violence against women.

The Women Police Station is located in Montevideo and in the countryside this type of police station works with different names. These stations are mandated to receive complaints, send reports to the judge, and in some cases containment is provided. This last service depends on each unit. Regarding the staff working there, it is scarce and not sufficiently trained.

The main legislative progress achieved related to non-commercial sexual crimes, is the approval of the law which repealed the articles of the Penal Code under which the crimes of rape, violent indecent assault, rape and abduction were extinguished if the offender contracted marriage to the victim. The law 18039 also incorporated new circumstances that enabled the action of trade in sex crimes: the relationship of labour dependency of the victim about the offender, and the condition of the offender responsible for the education or health of the victim.

However, the criminal legislation have problems and difficulties regarding to sexual crimes. A provision that is grossly opposed to the recommendations of the Committee of CEDAW and that should modified is article 36 of the Criminal Code. It includes, as cause of impunity, the passion provoked by adultery and gives the judge the possibility of giving judicial pardon, if the homicide is caused by the so-called "passion provoked by adultery." It is a law that legitimates forms of family violence, blaming the victim of the fact, based on discriminatory social and cultural patterns of women.

In Uruguay there are no national government programs that articulate strategies to togheter mitigate the HIV pandemic and the gender and sexual violence.

Specific actions against the sexual exploitation of girls and adolescents

A law from 2004 introduces specific offences relating to the commercial sexual exploitation of children and adolescents. Sets the type of offence that specifically punishes the customer of child sexual exploitation as well as criminal offences in connection with the use of child pornography and adolescents. Indirectly addresses the issue of trafficking, focusing on the stage of transfer of national borders for sexual exploitation, leaving out various stages of trafficking, such as the recruitment, accommodation, which continue to be governed by general rules.

Services to provide care and address the needs of women and girl victims of violence

From the Executive Decree 2006 (Decreto494/2006), public and private health care institutions and service providers must provide care and assistance to women in situations of domestic violence. In all cases where the professionals involved are made

aware of an act of domestic violence, they must report to the competent judge in the matter.

It requires that these institutions or services seek to have an informed staff able to detect and provide an initial response to the women victims of domestic violence. It is also expected to provide a multidisciplinary team of reference for specific attention and reporting information to the Program of Women's Health and Gender (MSP). On the other hand, should ensure the existence of the necessary inputs for the implementation of care, promote and participate in prevention activities, and establish institutional mechanisms for judicial complaint in cases that require so. Since November 2008, training of health teams in domestic and sexual violence is incorporated as a performance based goal mandatory for all service members of the integrated national system of health-SNIS.

The Ministry of Internal Affairs offers a service of responding to victims of violence and crime. The aim of this unit is to provide assistance to victims of violence and their families on the recognition of their rights, the containment and reduction of damage. It aims to achieve comprehensive protection to improve the quality of life of those affected.

The Centre for the Care of Victims of Violence and Crime offers, through a team of professionals, primary care policy in addition to the development of personal and social harm reduction policies by an interdisciplinary approach.

In April 2007, launched the "Integrated System for the Protection of Childhood and Adolescent against Violence." This system is intended to comprehensively address the issue of violence against children and adolescents. There have been workshops for implementers in domestic violence since 2005 with different agencies and in various parts of the country. Since 2006, we have initiated a process of implementation of services for domestic violence in different departments of the country. There is no specific protocol for dealing with sexual violence.

Prophylaxis against HIV e STDs, emergency contraception and legal abortion available in cases of rape?

There is in Uruguay, a procedural guide for the first level of health care on addressing domestic violence, issued by the Ministry of Public Health. This guide refers to the care and guidance to potential users of hormonal emergency contraception. However, there is no specific protocol for dealing with sexual violence.

There is also a Police Procedures Guide, which aims to comply with Law No. 17,514, and provide a tool to improve care for those who require the services Police. The Guide has the support and consensus of those actors involved in the subject. So, at the request of the National Women's Institute (INAMU) and with the support of the Ministry of Interior, a working group was put together involving the justice system and representatives of civil society organizations (NGOs), to establish criteria and procedures for their approach and provide the necessary training service providers.

There is legal abortion in Uruguay in the cases of rape and life risk for the woman. In late 2008 the Uruguayan Congress (Chamber of Deputies and Senate) approved a change in the law that would allow abortion in any case until 12 weeks gestation, but the bill was vetoed by then President Vásquez.

National campaigns to combat violence against women and the sexual exploitation of girls

INAMU has conducted national campaigns on domestic violence in the media, and has developed and disseminated graphic material on the subject.
Specific actions to suppress trafficking in women

INAMU has implemented a policy on trafficking of women since 2005, working in coordination with the International Organization Migration, performing clinical care and support for community reintegration of women who have been trafficked. INAMU staff also has participated in training that IOM has developed in the country, to improve the response provided. This is an issue that has been placed heavily on the REM - Special Meeting of Women.

Strategies to support boys and girls living with HIV/AIDS

At the CHPR Polyclinic for the Monitoring of HIV in Children, there is work with young children infected and provision of psychological containment. This clinic has treated 1118 children born HIV from positive mothers. Of which about 170 are infected.

Strategies to support orphans due to HIV/AIDS

UNICEF and the National AIDS programme run a project for children orphaned by AIDS that is funded by UNICEF.

Recommendations

Ensure that polices are effectively translated into real services provided to communities especially those most affected and that they include women, young women and girls and address their specific needs and demands.

Strengthen coordination, follow up and supervision of policies to guarantee the timely delivery of services that are appropriate and adapted to the needs of infected and affected women bearing in mind that much of the financing goes to meet administrative costs and fails to reach the most vulnerable women in the form of educational activities and permanent support specifically for them

The services providing psychological support and voluntary counselling and testing continue unchanged but they need to be improved in order to reduce fear of testing and the stigma associated to positive results, to increase adherence to prevention practices, and reduce violence practiced against people living with HIV/AIDS.

Increase the efforts to integrate the SRH services with those for HIV/AIDS, with an adequate management of the resources, as well as to improve the capacity for absorbing the resources mobilized to the country. It's urgent to increase the funds to primary health care and social services, devoting special attention the SRR of poor women and girls.

Implement epidemiological surveillance mechanisms and data input that reflect the real situation of the epidemic in the country. The access of society at large to good quality information is fundamental to enabling efficient interaction and effective follow up on government policies. Data gathering is essential in order to adapt care and prevention practices to specific cultural contexts that have a strong influence on the effective exercise of sexualities.

Regarding the orphans, especially the girls, there is a need for government, donors and researchers to unleash a large-scale mobilization to make this population and its specific needs visible, including the elaboration of studies and policies that consider the differences between boys and girls regarding their social vulnerability to HIV/AIDS.

Guarantee access to information, education and SRH services for teenagers and youngsters without permission from anyone, protecting their right to privacy and

confidentiality; and the elimination of formal and informal barriers to education and information, with a gender perspective, taking into account the differences between adolescent boys and girls.

Policies, plans and national programs should combine specific actions on prevention and attention to women with actions of health promotion that affect the social, individual and programmatic determinants of vulnerability to HIV and AIDS.

Governments with decentralized administration should develop agreements with local administrators for the effective implementation of all policies aimed at reducing the vulnerability of women and girls to HIV / AIDS, including actions for social and economic empowerment, SRH, and elimination of all forms of violence against them. That requires political leadership, technical ability and financial resources regardless of the contribution of external donors.

Guarantee a wide variety of actions, information and services for women capable of contributing to their autonomy, allowing them to enjoy their own sexuality in safe conditions, and to reproduce without any risks to their health or under any kind of coercion.

It is essential to have a lay state, where public policies are free from any religious influence.

In order to achieve all these recommendations, it is essential to guarantee the effective participation of organized women, affected and/or infected by the HIV/AIDS, in all decision making processes concerning public policies on SRH and HIV/AIDS.

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