

Promoting partnership in uniting HIV/AIDS prevention strategies, raising awareness/alertness and identifying best practices to help scale up the fight against HIV/AIDS among migrant communities in The Netherlands

Project Supported by the AIDSAIDS Netherlands

Summary

Health professionals and health policy advisors strongly concede the effectiveness of cultural approaches and considerations in prevention, care and support programs in the field of HIV/AIDS and other STIs. The need to incorporate these elements in the Dutch health care system has been repeatedly uttered. Hitherto, this potentially effective approach is not well developed and promoted in the Dutch Health Care system. For this and other problems (such as language, legal statute and ignorance) the regular health care system is rather less accessible to migrants. Active migrant organizations and groups have been working together to identify and develop possibilities of strengthening and promoting cultural and community-based approaches in the race against HIV/AIDS in The Netherlands. A national platform of migrant organization (NAMIO) has been realized from this process. NAMIO (National Association of Migrants Organizations against HIV/AIDS and other STIs in the Netherlands) is a network of migrant organizations with the primary objectives of promoting partnership and strengthening the capacities and services of migrant organizations to scale up the fight by intensifying and replicating best practices. Also one of NAMIO's strong points is advocacy and leadership building within the respective migrants' communities. One of NAMIO's activities for 2006 was to organize an information symposium as part of the further needs assessment of active migrants' organizations. This has already been done and it has served as an essential participatory forum for further project identification. The symposium that was aimed at bringing together migrant organizations and other relevant actors in the STI-HIV/AIDS sector provided valuable information needed to guide future plans. All the activities of the symposium will be communicated to the public using selected mass Media. The two-days workshop and the anti-hiv/aids street cruised will also be implemented in due time.

Interest areas: HIV/AIDS, STI, communication and culture, information, awareness creation, partnership, prevention, migrants, minorities, sexual health

Project type: development, implementation

Project duration: 24 months

Estimated budget: € 78,000. The migrants program of SOA/AIDS Nederland is expected to finance the staff cost of the project. We are pleased that ethnic-minority HIV/AIDS program of SOA/AIDS Nederland has expressed interest to cooperate and support NAMIO.

Background

The prevalence rate of STIs, HIV/AIDS and unwanted pregnancies among migrants from non-Western origin in the Netherlands has been increasing steadily until the year 2000 when the increase became substantial. Based on the figures of CBS from January 2004, non-western migrants account for 10.4% of the total population of The Netherlands (CBS, 2004). Presently, over 40% of all registered HIV positive cases in the Netherlands are migrants, a vast majority being migrants from Non-Western countries. One in three seropositive persons in The Netherlands is a migrant from non-western countries (based on figures from Laar and Coul, 2004; Raghoebier and Vossen, 2005). See also SoaAIDS Nederland (2004). The number of new cases (either because of new infection or immigration) which migrant organisations receive every month is rather increasing (example PAMA, 2004). Women are hit hardest and the situation remains critical. The increasing HIV/STIs infection rate and unwanted pregnancies within the migrant population could be averted through strengthening and coordinating the prevention, care and support services of the existing migrant organizations.

In The Netherlands, there are a couple of small formal and informal migrant organizations that attempt to mitigate the access and intercultural deficiencies of the regular health care system. These migrant organisations can bridge the communication gap and fill up the necessary socio-cultural and linguistic elements in the health care services of the Netherlands specifically with respect to ethnic minorities. But sadly these existing community organisations are neither structurally linked to the regular health care system nor are they well coordinated. Further more these organisations operate under limited scale and resources (personal observation, Asmare Yalew, Wageningen), and as a result, their services and contributions remain inconspicuous. Health professionals and health policy advisors strongly concede the effectiveness of cultural approaches and considerations in prevention, care and support programs of HIV/AIDS (example Bryce, 1992; Singhal and Rogers, 2003; UNESCO, 2003; Gillespie and Kadiyala, 2005; Bartholomew, 2006). Unfortunately, this effective approach is not well developed and incorporated in the health care sector of The Netherlands. The increasing infection rate among the migrant population and the high proportion of sero-positive migrants in the Netherlands could be attributed to the ineffectiveness of the regular health care system with respect to the migrant communities. Besides, there are other barriers such as poverty, language, isolation and ignorance which make the regular health care system rather less accessible to many of the migrants, especially those with no legal status in the Netherlands.

It is for this reasons that the idea of a National platform of migrants organizations active in the fight against HIV/AIDS and other STIs in the Netherlands came into play. Through the initiative and sponsorship of the National focal point of the NIGZ, migrants expert were brought together to work as volunteers in developing a project working document which lead to the creation and establishment of NAMIO (National Association of Migrants Organizations against HIV/AIDS and other STIs in the Netherlands).

Are there efficient and effective practices which would be further developed and executed on a large scale? Which are the key community and religious migrant initiatives and organizations to be approached for networking and promotion of prevention, care and support activities and the fight against stigma/discrimination?

The points provided here below may more insight on the background and relevance of the project:

- i. Active migrant organizations against HIV/AIDS are united, better coordinated and held accountable to perform and deliver.
- ii. Best practices are shared, replicated and multiplied in sizing up the fight against HIV/AIDS and STIs on a broader scale.
- iii. Increased knowledge and efficacy in using condoms and other preventive measures.
- iv. Reduced incidence rates of STIs, HIV/AIDS and unwanted pregnancies among teenage migrants in a long-term.
- v. Raised awareness and alertness about STIs, HIV/AIDS and unwanted pregnancies among migrants.
- vi. The institutional and technical capacity of the member migrant organizations is strengthened through training, workshops and broader interaction with other experts.
- vii. The intercultural and communication gap deficiency within the Dutch regular health care system with respect to ethnic minorities is filled.
- viii. Information about migrant's sexual health skills is better organized, coordinated and centralized.
- ix. Greater cooperation between the active migrants organizations, the regular organizations, the beneficiaries and the donors provide an opportunity for the donor to be seen by a wide public as a major health care provider.

Goal of the project

In pursuit of curving stigma/discrimination and the further spread of HIV/AIDS specifically within the minority communities in The Netherlands, this project is aimed at bringing active migrant organisations together, identifying community groups and methods with the ultimate objective of identifying effective best practices and promoting networking in order to scale up the fight against stigma and HIV/AIDS and other STIs.

Objectives

The goal will be realised by attempting to achieve the following objectives:

- i) To bring together active migrant organizations involved in the fight against HIV/AIDS in the Netherlands to share knowledge about their activities, constraints and ways of uniting best practices.
- ii) To collect and disseminate substantial information regarding HIV/AIDS epidemiology among the migrants population in the Netherlands to a migrant audience of about twenty thousand (20,000) people.
- iii) To encourage active voluntary testing for HIV/AIDS and other STIs among ethnic minorities as a first step towards prevention and control of spread of the disease.
- iv) To identify and establish a working contact with at least 10 ethnic minority cultural groups in the Netherlands in order to reach undocumented migrants with relevant sexual health information.
- v) To create massive awareness and increase knowledge and efficacy of the use of condom and other preventive measures.
- vi) To train and equip at least 50 community-based trainers of trainees for peer educators/ HIV contact persons.
- vii) To reach a wider audience with HIV/AIDS, STIs, and general sexual health awareness information regarding the risks and safety precautionary measures.
- viii) To hold dialogue with professionals and religious/community leaders regarding the possible roots of stigma/discrimination against people living with HIV/AIDS and public participation possibilities in the fight against the epidemic, which will be broadcasted to the public at large.

Activities

The above objectives will be achieved by organizing and executing the following activities:

- 1) Organising and broadcasting professionals, religious/community leaders and HIV-patents dialogue sessions
- 2) Organize workshops, training sessions and follow-up meetings as a means of continuous evaluation of the progress of events in reducing the spread of HIV/AIDS among ethnic minorities.
- 3) Identification of high risks groups within the ethnic minorities population, especially women and pay particular attention to this groups with special programs
- 4) Prepare campaign and sensitization materials (posters, flyers, pictographic materials of the pathology of STIs, training manuals, newsletters and brochures)
- 5) Participation in both National and International conferences
- 6) Advocacy through compelling political leaders and resources providers to exercise genuine political will and sufficient financial commitment in fighting AIDS.
- 7) Further identify and develop applicable and effective intervention projects in the fight against HIV/AIDS specifically among the migrant population.

Approach/method

The project duration is 2 years beginning October 2006 and will proceed as a continuation of an ongoing plan of activities already earmarked by NAMIO to significantly limit the rate of spread of STIs/HIV and minimize stigma, specifically among ethnic minorities in the Netherlands. It aims at bringing active migrant organisations together, identifying effective initiatives/best practices with the ultimate objective of scaling-up and promoting efficient intervention activities and networking in the fight against the spread HIV/AIDS and other STIs and stigma.

After the migrant public has been sufficiently mobilized, authorities of migrant community schools will be contacted to organize HIV/AIDS awareness activities with the students. Influential and enthusiastic students/individuals will be identified and encourage to form peer groups within their respective schools. Where possible the campaign within schools will include theatre performance, sketches and presentation by people living with HIV. Religious/community leaders, professionals and people living with HIV/AIDS will hold televised dialogue on the roots of stigma and the extent/risk of HIV/AIDS and the possible solutions.

Member organisations are expected to fully take part in the implementation of the project. Migrant cultural group leaders will be contacted to organize a campaign talks preferably during cultural group meetings during which information, education and communication materials (IEC) with regards to the prevalence rate of HIV/AIDS among migrants in the Netherlands will be distributed. In this way, undocumented asylum seekers and migrants who live illegally in the Netherlands could be reached with relevant sexual health information. This is going to be a mass campaign and will generate and provoke a massive general health care response within the ethnic minority communities in the Netherlands.

Implementation

No.	Activity	Specific task description	Strategy	Output	Responsibility	Estimated amount €
1.	Professionals, religious/community leaders and HIV-patients dialogue	-identifying and approaching dialogue participants -organising dialogue sessions -preparing dialogue report and broadcasting	-using already established networks of both NAMIO and member organisations -making use of the enthusiasm and ideas of migrant experts and others in this theme	- the public religious/community leaders will gain awareness and knowledge about HIV/AIDS and the social challenges of people living with the virus -HIV/AIDS will be more of a discussable problem -follow-up intervention activities and insights will evolve	-NAMIO executive Board -Employed staff - member organisations	27,000
2.	Two participatory project identification workshops	-developing contents and goals of the workshop -inviting participants -coordinating and leading discussions - project writing	- invitation letters -email/telephone - 2 workshops - task force for project development	- 2 workshops conducted - plausible projects identified and project documents prepared	-NAMIO executive Board -Employed staff - member organisations	12,000,-
3.	Training of trainers meetings.	-developing content and goals of training -identify and select expert trainers -inviting and selecting participants (trainees) -Design and print certificates	-announcements -recruitment -selection and training of 50 participants in 3 sessions.	-50 Trainers trained and equipped -New skills acquired -women groups empowered	-NAMIO executive Board -Employed staff - Experts from member org. -volunteers - target group	10,000.-
4.	Production and distribution of	-collect and assemble appropriate visual materials/information	-pictographic materials of STIs	-increased alertness and awareness	-NAMIO executive Board	6,000.-

	campaign materials and publications	-testing of new material -biannual news letter established	pathology	-member org. better equipped -target groups better informed	-Employed staff - Experts from member org. -volunteers - target group	
5.	Anti-HIV/AIDS cities cruised	-preparing the information packages and designing the activities -preparing posters and information flyers in three languages -recruiting and training volunteers -getting permission from the gov. for conducting the street action -approaching the train company for performances in selected train trajectories and possibly for free travel -filming selected activities -approaching appropriate mass media and broadcasting the activities -preparing electronic and text documents about the activities	-two cruised teams each with one reporter -each team performs one full day in the two cities and another one full day in selected train trajectories -peaceful music and drama -peaceful chants and announcements -distributing information brochures	-a total of three days anti-hiv/aids cruised by two teams conducted -15,000 information flyers distributed - synopsis of street performances broadcasted -electronic and text document of the activities prepared	-NAMIO executive Board -Employed staff -volunteers and target group	10,000.-
6.0	Community schools and cultural groups campaign	-Identifying and selecting schools to be reached. -contact schools and cultural group leaders -identify and select motivated students leaders and peers. -arrange theatre group and HIV+ speaker	-approach the schools and cultural group leaders -planification of activities -make appointments	-student and community well informed -undocumented migrants reached	NAMIO executives members, -Employed staff -authorities of schools and cultural group leader -student peer volunteers	5,000.-
7.	Participation in national and international conference	-preparation of presentations -Arrange necessary logistics	-exchange of skills/ideas and experiences	-new skills acquired. -cooperation enhanced	-NAMIO executive Board -employed staff	8,000.-

Reference

- Bartholomew, L.K., G. S. Parcel, G. Kok and N. H. Gottlieb.2006. Planning Health Promotion Programs: An Intervention Mapping Approach, 2nd Edition. Jossey-Bass.
- Bryce J. 1992. Issues of social impact and response: Amsterdam report. AIDS Soc. 1992 Jul-Aug;3(4):5, 8.
- CBS.2004. Allochtonen in Nederland. CBS, Voorburg/Heerlen.
- Gillespie S. and Kadiyala S. 2005. HIV/AIDS and Food and Nutrition Security: from Evidence to Action. Food Policy Review 7. International Food Policy Research Institute.
- Laar MJW van de and Coul ELM Op de (eds). 2004. HIV en SOA in Nederland in 2003. RIVM rapport 441100020.
- PAMA. 2004. Positive Africans Mutual Aid (PAMA): project document 2005-. Vereniging PAMA, Amsterdam (unpublished document).
- Raghoebier R. and Vossen C. 2005. Toekomstagenda seksuele gezondheid allochtonen. Colofon. NIGZ-nummer SA041559.
- Singhal A. and Rogers E. 2003. 1-Combating AIDS: Communication Strategies in Action. USA, London, New Delhi, Sage.
- SoaAIDS Nederland.2004. Een kwetsbaar evenwicht: stand van zaken HIV en andere SOA in Nederland. SoaAIDS Nederland, Amsterdam.
- UNESCO. 2003. HIV/AIDS, Stigma and Discrimination: An Anthropological Approach, Proceedings of the round table held on 29 November 2002. Special Series, Issue 20. Division of Cultural Policies and Intercultural Dialogue, UNESCO. Paris.