Stigma and Discrimination

The Network of Associations for Harm Reduction (NAHR) aims to reduce HIV/AIDS Stigma and Discrimination towards Most at Risk Populations (MARPs) and People Living with HIV/AIDS (PLHA) in Egypt. A series of activities are conducted to identify factors leading to Stigma and Discrimination and increase awareness of Harm Reduction and HIV prevention. The advocacy activities main goal is to create an enabling environment where an open dialogue can take place among various stakeholders.

Communicating with Youth from a Muslim and Christian Perspective

Following the 2013 publication of the culturally adapted manual *"Teaching Adults to Communicate with Youth from Muslim and Christian Perspective",* aiming to train adults to promote sexual education and integrate HIV/AIDS as part of reproductive health to community youth, NAHR organized and conducted a series of training workshops led by Muslim and Christian religious leaders.

Orientation and Information Session for Religious Leaders, NAHR Training Center, May 2014
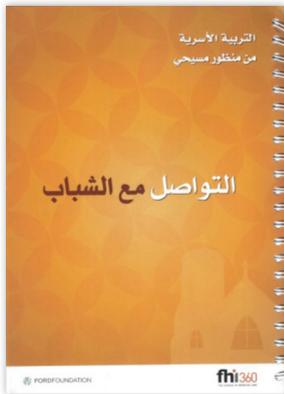
Raising Awareness about HIV/AIDS through Orientation & Information Sessions

Focus groups followed by orientation sessions on HIV/AIDS were conducted to measure the level of Stigma and Discrimination among various groups from different geographical, social, and religious backgrounds to ensure a wider impact on the Egyptian community. The selected groups include: healthcare providers, religious leaders, media experts, legal advisors, policy makers and the general population (literate, and illiterate). Motivated participants are selected for further training to implement activities to combat Stigma and Discrimination.

NAHR Objective

"Reduce Stigma and Discrimination among MARPS and PLHA through advocacy."

Listening to the Voices of PLHA

NAHR with the support of the National AIDS Program (NAP) organized a meeting with 85 PLHA to identify their needs, problems, and related recommendations and tailor its Comprehensive Care Centers (CCC) services accordingly.

Teaching Adults to Communicate with Youth from Muslim and Christian Perspective Manual

Capacity Building

The Network of Associations for Harm Reduction (NAHR) aims at building the capacity of Civil Society Organizations (CSOs) implementing Harm Reduction projects in Egypt. NAHR ensures high quality services for Most at Risk Populations (MARPs) and People Living with HIV/AIDS (PLHA) and their related communities through a diverse and comprehensive training program.

Raising Awareness and Improving Technical Excellence

NAHR offers more than 27 different types of trainings using curricula developed by FHI 360 in collaboration with the National AIDS Program (NAP). Trainers include physicians, legal, legislation and finance experts, as well as religious leaders. Trainings are monitored for efficiency through pre and post-tests to measure the knowledge of the participants. Training evaluation forms are also completed to assess their satisfaction with the trainers and the logistics. In addition to building CSOs staff capacity, NAHR has also conducted orientation trainings about HIV/AIDS in Egypt with the participation of different groups including the general population – literate and illiterate – religious leaders, media experts, legal advisors, health care providers, and youth from the Muslim and Christian communities.

NAHR Objective

"Strengthen the capacity and improve access to quality services for MARPs and PLHA".

NAHR Outreach Training, January 2014

Planning for the Future

NAHR plans to continue implementing its training program while developing new curricula and updating existing ones, to further build the capacity and improve the quality of services offered by NAHR to MARPs, PLHA and related communities.

Types of Training

1	Legislation		15	Certification
2	Outreach and Peer Education		16	Religious Leaders Orientation
3	Voluntary Counseling and Testing (VCT)		17	Policy Makers Orientation
4	Infection Control		18	Health Care Providers Orientation
5	Support Group		19	Media Experts Orientation
6	Human Rights		20	Legal Advisors Orientation
7	Monitoring and Evaluation (M&E)		21	General Population Orientation
8	Grant and Proposal Writing		22	Youth Training from a Christian Perspective
9	Strategic Behavioral Communication (SBC)		23	Youth Training from a Muslim Perspective
10	HIV/AIDS Clinical Care		24	Program Management
11	Sexually Transmitted Infections (STIs)		25	On-site Trainings
12	Hepatitis		26	Developing Skills of CSO Staff
13	Home-Based Care (HBC)		27	Developing Skills of MARPS and PLHA
14	Finance		28	Upcoming Trainings

Support Group Training,
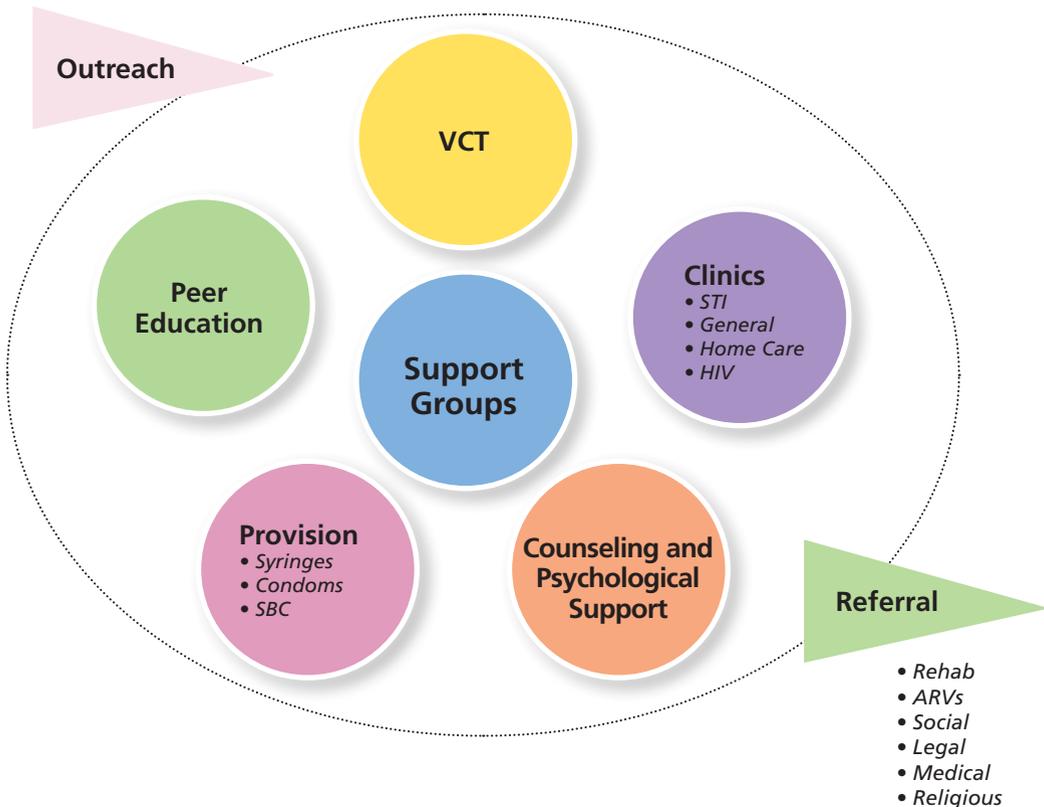*NAHR Training Center, January 2014*

Comprehensive Care Centers

The Network of Associations for Harm Reduction (NAHR) Comprehensive Care Centers (CCCs) provide HIV/AIDS prevention, care and support services to Most at Risk Populations (MARPs), People Living with HIV/AIDS (PLHA) and related communities. NAHR adopts two different approaches to provide Harm Reduction services for MARPs and PLHA; Referral to CCCs and Direct Referral from the streets. Emphasis is placed on Harm Reduction strategies that include promoting safe sex and safe injection practices. All services offered are anonymous, confidential and free of charge.

Comprehensive Care Center (CCC)

Outreach

VCT

Peer Education

Support Groups

Clinics
• STI
• General
• Home Care
• HIV

Provision
• Syringes
• Condoms
• SBC

Counseling and Psychological Support

Referral

• Rehab
• ARVs
• Social
• Legal
• Medical
• Religious

Comprehensive Care Center Services

Service	Description
Street-Based Outreach	Provision of Harm Reduction education to MARPs in the street through peers and escorting / referring them to the CCCs or other related services.
Peer Education	Implementation of educational strategies by peers to beneficiaries visiting the CCCs. The desired outcome is to affect and sustain a change in behavior by providing relevant information.
Voluntary Counseling and Testing (VCT) for HIV	Delivery of pre-test counseling, HIV testing, post-test counseling by trained counselors. This service enables the beneficiaries to make an informed choice about being tested, helps them cope with related stress while providing them with support and assistance in making personal decisions related to HIV/AIDS.
Counseling and Psychological Support	Conduction of psychological support, additional HIV, and addiction counseling on a one-on-one basis or as a group, to respond to the needs of infected or affected people.
HIV Support Group	Support PLHA to cope with and accept their HIV status in a positive manner.
Basic Medical Care	Provision of general medical services.
Management of Sexually Transmitted Infection (STIs)	Diagnosis and treatment of STIs using the enhanced Syndromic Approach which is based on beneficiary's symptoms and signs.
HIV Clinical Care and Home-Based Care	Management of opportunistic infections by specialists, in addition to education for PLHA and their care providers on Home-Based care.
Strategic Behavioral Communication (SBC) Materials and Commodities	Distribution of informative booklets about HIV/AIDS, Hepatitis, and STIs, as well as condoms and syringes.
Referral to External Services	Referral for laboratory investigations, such as HIV confirmatory testing and CD4 count, Anti-Retroviral Therapy, and hospitalization. Other referrals include private and public practitioners, legal and social services, and detoxification/rehabilitation centers.

Aside from the list above, socio-economic support and services are also provided. NAHR attempts to link PLHA and service providers to income generating programs whenever possible.

![NAHR - The Network of Associations for Harm Reduction]

Sustainability Committee Members,
NAHR Training Center, February 2014

Sustainability

The Network of Associations for Harm Reduction (NAHR) aims to establish a sustainable operational capacity that can maintain program services after termination of major financial, managerial, and technical assistance from donors. The network's goal for sustainability is to gradually transfer ownership and responsibility for delivering, managing and coordinating Harm Reduction and HIV/AIDS services to local Civil Society Organizations (CSOs). A sustainable NAHR will continue to develop strategies and implement activities to ensure high quality Harm Reduction services in the future.
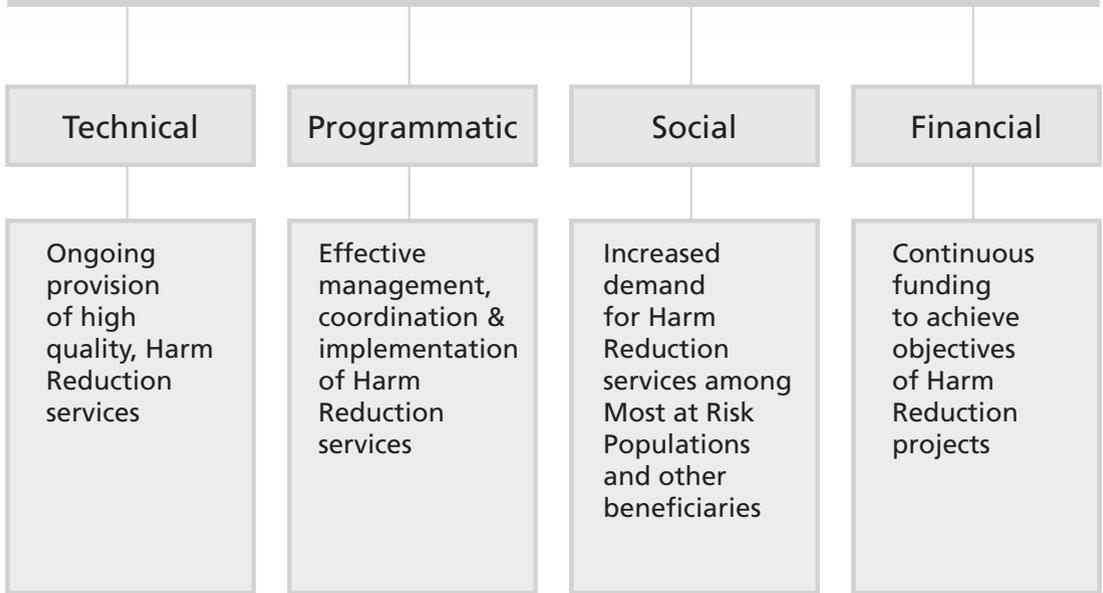
NAHR Objective

Developing financial sustainability and local ownership.

Pursuing Sustainability

The NAHR Sustainability Committee was established in February 2014. It includes representatives from Harm Reduction projects, beneficiaries, the Drosos Foundation, the Ford Foundation, FHI 360, and UNAIDS. Meetings are held on a quarterly basis in NAHR Training Center to define and prioritize strategies and activities, focus on technical, programmatic, social, and financial components.

Sustainability Components of Harm Reduction Projects

Technical	Programmatic	Social	Financial
Ongoing provision of high quality, Harm Reduction services	Effective management, coordination & implementation of Harm Reduction services	Increased demand for Harm Reduction services among Most at Risk Populations and other beneficiaries	Continuous funding to achieve objectives of Harm Reduction projects

NAHR Sustainability Component

Achieving Sustainability

NAHR is pursuing a self-sustaining status by:

- Building new donor relationships
- Pursuing new funding opportunities
- Initiating income generating activities for CSO staff and People Living with HIV/AIDS
- Organizing fundraising events with the help of volunteers
- Collecting fees for services provided at NAHR facilities
- Marketing NAHR to public and private donors
- Strengthening NAHR's local network
- Documenting and disseminating NAHR successes at both local and international levels

Skills Workshop

Ethics Committee members,
NAHR Training Center, June 2014

Code of Ethics

The Network of Associations for Harm Reduction (NAHR), in collaboration with the National AIDS Program (NAP) and FHI 360 technical support, created the first Code of Ethics for Harm Reduction in Egypt in 2014. The Code of Ethics aims to highlight the ethical principles and behaviors that govern the internal and external relations of all members of NAHR, regardless of their roles and responsibilities. A related committee was established to discuss the ethical challenges encountered in the field.

Operating Responsibly and Ethically

The NAHR Code of Ethics is divided into two parts and exists in both Arabic and English language versions. A training curriculum and a related Monitoring and Evaluation (M&E) System are developed. The NAHR Code of Ethics is divided into two parts:

Part 1: NAHR General Code of Ethics

This applies to all NAHR members, service providers, and stakeholders to ensure the following:
- High skills and knowledge
- Objectivity, integrity, transparency, and accountability
- Mutual respect
- Equality
- Stigma and discrimination - free environment
- Confidentiality
- Collaboration and coordination

Part 2: NAHR Service Provider Code of Ethics

This applies only to service providers and establishes a standard of operation for all services based on the following principles:

- Ensure autonomy, protection, and voluntary participation
- Minimize hazards, do no harm
- Guarantee confidentiality, privacy and anonymity
- Provide stigma and discrimination free services
- Prevent physical and psychological harm
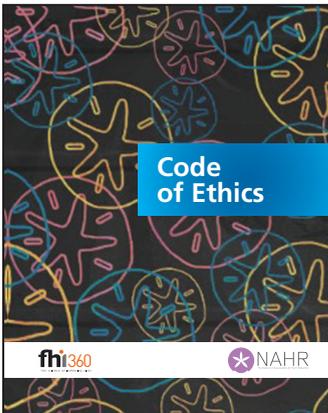- Maintain justice
- Balance hazards and benefits

Our Vision

"A healthier society where all individuals have equal access to harm reduction services"

Pursuing Ethical Operations

The NAHR Code of Ethics Committee members include:

- Drosos Foundation
- FHI 360
- Ford Foundation
- NAP

- Resource Persons
- UNAIDS
- UNESCO
- UNHCR
- UNODC

NAHR Code of Ethics Manual, January 2015

Ethics Committee members, NAHR Training Center, June 2014

NAHR
The Network of Associations for Harm Reduction

Monitoring and Evaluation

The Network of Associations for Harm Reduction (NAHR) uses a comprehensive Monitoring and Evaluation system (M&E), developed with the support of FHI 360, to ensure quality standardized services and efficient impact. The M&E system features an electronic database to monitor Harm Reduction projects and activities in Egypt. NAHR continuously builds the capacity of Civil Society Organizations (CSOs) staff to use the pretested and developed M&E tools.

Monitoring & Evaluation Toolkit

This CD includes:
- Database Files
- M&E Forms

NAHR

fhi360

Funded by Drosos Foundation
and Ford Foundation

NAHR Monitoring & Evaluation Toolkit

Improving NAHR Impact

NAHR has a long list of indicators that can be monitored through the M&E system. In order to regularly measure successes and report on activities, the members of the network selected a shorter list of standard indicators that include:

- Beneficiaries by population
- Gender of beneficiaries
- Marital status
- Employment
- Location
- Referral inside and outside NAHR
- Number of beneficiaries who reported:
  a. Ever injecting drugs
  b. Sharing needle or syringe at last time of injection
  c. Ever having sex
  d. Using condom at last sex
  e. Ever having tested for HIV
  f. Receiving HIV test results
  g. Ever having a Sexually Transmitted Infection (STI)

NAHR M&E Forms

- Short Intake Form
- Long Intake Form
- Follow Up Form
- Counseling and Psychological Support Form
- Voluntary Counseling and Testing Form
- Medical Form
- Sexually Transmitted Infections Form
- Home Based Care Form
- Inventory Forms
  - Condoms
  - Syringes
  - Rapid Test Kits
  - Strategic Behavioral Communication Materials
- Support Group Forms
- Exchange Visit Forms

Monitoring and Evaluation Technical meeting,
NAHR Training Center, February 2014

Changing Behaviors

A follow-up system is in place to monitor beneficiaries every six months through recording any changes in their injecting and sexual behaviors.

Ensuring Quality

NAHR adapted tools developed by FHI 360 to integrate quality assurance into the M&E system. Components of quality assurance include the following:

- Anonymous and confidential services with a coding system that consists of a code name, number, and date of birth
- Theoretical and practical capacity building for CSOs staff
- Regular field visits for direct observation and collection of qualitative data
- Visits by mystery clients

Monitoring and Evaluation Training,
NAHR Training Center, June 2014