
Empowering At-Risk Youth in AIDS Prevention

Forearms of Change Center to Enable Community

Jordanian Civic Activists Toolkit II: Case Studies of Jordanian Advocacy Campaigns

Civil Society Capacity Building in Jordan
USAID Civic Initiatives Support Program
2013 – 2018



¹ Source: The information related to these four areas of rights are adapted from and found in Discover Human Rights: A Human Rights Approach to Social Justice Work, The Advocates for Human Rights (<http://bit.ly/1TmOp6v>). The New Tactics Method utilizes: safety and security; non-discrimination; participation; and protection–accountability. NOTE: The rights listed in these four “categories” may be placed in any area depending upon the context where the right is being violated. For example, Article 23: Right to join trade unions might be placed in “Safety and Security” rather than “Participation” where organizing or joining a union is dangerous.

² Universal Declaration of Human Rights (UDHR), Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

³ The identification of the four action areas outlined in the Legacy Tool comes from the advocacy experience of Mr. Faisal Abu Sondos, former Executive Director of The Royal Conservation Society of Jordan (JREDS). Mr. Abu Sondos has been a New Tactics Method Trainer since 2010 and Lead Method Trainer since 2011. While using the New Tactics Strategic Effectiveness Method in his own organizations’ advocacy efforts and coaching other civil society organizations in using the Method he identified these four action areas to assess progress. The benefits and drawbacks regarding the use of technology in each of these advocacy action areas needs examination in relation to the appropriateness for the intended target groups and goals of an advocacy campaign.

Overview

Advocacy Issue

The right of non-discrimination for at-risk groups for HIV/AIDS and other sexually transmitted diseases

Human Rights-Based Focus Area¹

Non-discrimination (UDHR– Article 2²)

Scope of Advocacy

National

Advocacy Action Areas³

A challenge for many civil society organizations is distinguishing between being busy with activities and implementing tactical actions that strategically advance an advocacy effort. In order to help organizations better assess how to expend precious resources, the Legacy Tool offers four action areas that are needed to conduct any advocacy campaign: internal capacity building, research, mobilization and engagement with decision makers. This case provides insights into all four action areas:

- internal capacity building
- research
- mobilization
- engagement with decision-makers

Tactical Aim

New Tactics in Human Rights has identified four primary human rights-based tactical aims: prevention, intervention, restorative and promotion. This case demonstrates:

- prevention

Campaign Period

September 15, 2015 – October 31, 2016

March 1, 2017 – February 28, 2018

Brief Summary

Forearms of Change Center to Enable Community (FOCCEC) is on the forefront of public health advocacy to prevent sexually transmitted diseases and the systemic discrimination against those populations who are “most at-risk”.⁴ FOCCEC’s advocacy of “Empowering At-Risk Youth in AIDS Prevention”, focused on men aged 18-40 in Amman, Balqa, Irbid, Jerash, and Zarqa. Over a total period of 24 months, between September 2015 and February 2018, their advocacy resulted in profound impacts with engaged at-risk groups, together with organizations and institutions.

Although FOCCEC identified a number of at-risk populations, they concentrated their advocacy in the outreach, support and provision of health services to male youth at high risk for HIV/AIDS. The recruitment, training and engagement of 44 peer educators (41 men and 3 women) succeeded in raising awareness, gaining the trust of this marginalized population, and influencing at-risk behaviors. FOCCEC’s peer educators reached 1573 beneficiaries between the ages of 18 - 40 in Amman, Balqa, Irbid, Jerash, and Zarqa through 1200 field visits.⁵ These peer educators distributed nearly 26,500 copies of an educational leaflet giving accurate information on sexually transmitted diseases and how to take appropriate action. Through community outreach, they promoted voluntary counseling and testing services including rapid tests for HIV, Hepatitis B and syphilis.⁶ They also distributed over 60,572 condoms⁷ with guidance on how to use them correctly. This simple and effective behavior change significantly reduces the transmission of sexually transmitted diseases. In addition, FOCCEC’s hotline answers 90 - 120 calls per month. As a result of these coordinated actions, over 1,000 people availed of the voluntary counseling and testing services.

FOCCEC’s outreach built trust with the at-risk, marginalized community. One significant proof of that trust is that FOCCEC has become a safe place for marginalized groups as they face problems, need medical help, or psychological counsel without any kind of stigma or discrimination. FOCCEC recognizes that this stigma and discrimination faced by this marginalized group is carried into the institutional areas of the health care system. In order to address this, FOCCEC has engaged a broad range of stakeholders to serve on a fifteen member coordination committee. The coordination committee has provided guidance, as well as coordination among the members, to ensure non-discriminatory access to health services for youth at risk to HIV/AIDS. The committee includes representatives from this marginalized group, civil society organization partners and experts, and from essential governmental institutions. These important institutions include the Ministry of Health, Ministry of Awqaf and Islamic Affairs, Ministry of Social Development, Ministry of Planning and International Cooperation, Family Protection Department, Anti-Narcotics Department, among others. FOCCEC has made important gains in changing the systemic discrimination and barriers facing this marginalized group by addressing the processes and people in health service delivery.

⁴The organization was founded in 2012 to specifically work in the field of HIV/AIDS with marginalized groups at risk for sexually transmitted diseases, particularly HIV/AIDS and Hepatitis B.

⁵ Between September 15, 2015 - October 31, 2016 FOCCEC reached 638 beneficiaries, conducted 600 field visits, and distributed 40,500 condoms; and between March 1, 2017 - February 28, 2018, reached 935 beneficiaries, conducted 600 field visits, and distributed 20,072 condoms. Their total beneficiaries reached 1573 including: 1488 Jordanian, 16 Egyptian, 22 Iraqi, 10 Syrian, 8 European, 5 Lebanese, and 24 other nationalities.

⁶ FOCCEC’s prevention advocacy focused on male youth at risk for HIV/AIDS, they also reached other marginalized populations such as female sex workers (FSW), injecting drug users (IDUs), and people living with HIV/AIDS.

⁷ Funding for the purchase of condoms was not provided by USAID CIS.

FOCCEC identified a number of factors contributing to the urgency to prevent sexually transmitted diseases and the systemic discrimination against at-risk marginalized populations.

Age as a risk factor

Jordan has a young population. With 33% of the Jordanian population between the ages of 20-40 and 20% between the ages of 15-24⁸, these age groups are the most sexually active. Poverty, a poor economy, and the influx of Syrian refugees, have increased commercial sex work especially among youth. The age span between 15 and 40 has high rates of unemployment, a tendency to indulge in sexual practices, crime, and sometimes sex trafficking. These societal dynamics contribute to age being a risk factor for HIV and other sexually transmitted diseases.

Marginalization and discrimination

The Ministry of Health's (MoH) records confirm that more than 70% of reported cases of AIDS in Jordan during recent years (2012-2014) were from youth at high risk for HIV/AIDS. Additionally, a survey had shown that 20% of intravenous drug users (IDUs) are youth at high risk for HIV/AIDS. FOCCEC reasoned that many of the undetected or unreported cases may be among these at-risk populations who will avoid HIV testing. Because these at-risk populations face community exclusion their access to information and services is impeded. HIV-infected persons who are unaware of their HIV status do not seek access to treatment, care and support services. Without awareness and understanding of their illness, they cannot take adequate measures to prevent their HIV infection from developing into AIDS, or to prevent infecting others. Marginalization, in and of itself, increases the risk of spreading the disease among this population and others in the community. This marginalization follows at-risk groups into both the public and private health care sectors resulting in discriminatory practices and treatment. Health workers themselves require awareness on laws and policies, but also regarding their own attitudes and behaviors to combat stigmatization and discrimination regarding those with HIV/AIDS and other sexually transmitted diseases. It is essential for health workers to carry out their mandate to "first, do no harm" and ensure that at-risk groups receive their right to health care without any kind of stigma or discrimination.

Jordan's national strategy to combat AIDS

Jordan has been characterized by a low-prevalence of HIV. This includes very low levels of HIV among the general population, as well as among populations most-at-risk. Recommendations from research findings and international bodies stress the importance of preventing the disease of AIDS through actions that target "at-risk" populations. Prevention includes actions that raise awareness about sexually transmitted diseases, provide education, and facilitate access to testing and services without stigma and discrimination. While treatment is essential, a prevention approach was adopted in Jordan's 2012 - 2016 national strategy to combat AIDS. Due to lack of financial resources, it was not implemented. However, FOCCEC's prevention advocacy contributes to and advances this national strategy.

Achievements

Engagement of the at-risk target group

Because the lack of information and services increases the risk of spreading the disease, outreach to and engagement of the at-risk populations were critical

⁸ Department of Statistics, Statistical Yearbook of Jordan 2016, Table 2. 5 Estimated Population of the Kingdom by Sex and Age Group at the End of 2016 http://dosweb.dos.gov.jo/DataBank/yearbook/YearBook2016_eng.pdf

for this prevention advocacy. FOCCEC focused on youth at high risk for HIV/AIDS as the primary at-risk group. Over the course of the advocacy, 41 men from the target group between the ages of 18 and 40 became peer educators. Three women and other volunteers also helped to implement the outreach program. The criteria for selection included: prior knowledge of the target group, commitment and desire to work, respect and accepting the other without passing judgements, and geographical location.

Data collectors and peer educators from the at-risk group of youth at high risk for HIV/AIDS were recruited to ensure the participation and engagement of this target population in all aspects of the advocacy. Data collectors gained accurate information about the needs and barriers facing this at-risk population by conducting a survey and focus groups in four governorates – Amman, Irbid, Jerash and Zarqa. Based on the analysis of the research, peer educators participated in the development and testing of the resources and training materials in order to best convey the prevention information. Site visits by peer educators were based on their own knowledge and understanding of how to reach the at-risk groups in their geographic area. Peer educators encouraged those at-risk, through awareness sessions and to conduct rapid tests for AIDS and Hepatitis B. They provided referrals for voluntary counselling and testing. This critical engagement of youth at high risk for HIV/AIDS is the foundation of FOCCEC’s success in increasing awareness, knowledge and how to prevent, or at least reduce, the risk of catching HIV and other sexually transmitted diseases. During the period of April 2017 to January 2018, outreach workers, both peer educators and volunteers, along with friends and FOCCEC’s website reached a total of 898 “at-risk” men in Amman, Balqa, Irbid, Jerash and Zarqa (Results of FOCCEC’s outreach in five areas of Jordan).

Establishment of a safe community space

A significant achievement is the recognition of FOCCEC’s drop-in⁹ center as a trusted, safe space for marginalized groups. While FOCCEC provides voluntary counselling and testing (VCT) services in the drop-in center, the space has come to mean more than a place to receive services. This stigma and discrimination free space has come to serve as a welcoming, gathering and empowering community space. It’s a safe space to meet friends and enjoy entertainment and supportive exchange through T.V., computer, internet, film showings and book discussions. This success has also raised expectations among beneficiaries for services beyond what FOCCEC can deliver, such as providing for travel, shelter, dealing with family members, and migration. This has given FOCCEC the opportunity to address these unrealistic expectations in order to more effectively provide space and services within their capacity.

Prevention of sexually transmitted infections

FOCCEC’s advocacy has in fact succeeded in preventing sexually transmitted infections including HIV/AIDS. There is a high demand for quality services as FOCCEC remains the only organization that provides such services in the field of HIV/AIDS prevention. Comprehensive counseling services is provided by experts in different fields (social, health, family issues and transmitted diseases and AIDS) taking into account scientific criteria. This includes pre-test information, post-test counseling, linkage to appropriate HIV prevention, care and treatment services as well as other clinical and support services. All HIV testing services are provided within the World Health Organization’s (WHO) 5Cs: Consent, Confidentiality, Counseling, Correct test results and Connection (linkage to prevention, care and treatment). This means that the voluntary

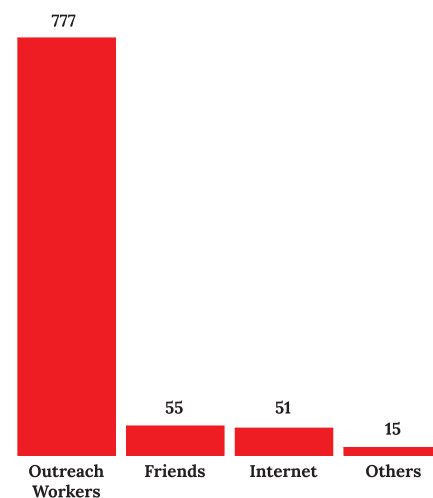


Figure above: This graphic provides a view of the significant results from Outreach Workers as well as other forms of outreach during the period of April 2017 to January 2018.

Types of Sexually Transmitted Infections

HIV: A virus that causes AIDS and interferes with the body's ability to fight infections.

Syphilis: A bacterial infection usually spread by sexual contact that starts as a painless sore.

Hepatitis B: A viral infection that attacks the liver and can cause both acute and chronic disease. The virus is transmitted through contact with the blood or other body fluids of an infected person.

Chlamydia: A common sexually transmitted infection that may not cause symptoms.

Genitalherpes: A common sexually transmitted infection marked by genital pain and sores.

Gonorrhoea: A sexually transmitted bacterial infection that, if untreated, may cause infertility.

Hepatitis C Virus (HCV): A blood-borne virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs.

Human papillomavirus infection (HPV): An infection that causes warts in various parts of the body, depending on the strain.

⁹ A “drop-in” center is an establishment designed to provide some kind of service (counseling, recreation, etc.) for a targeted population on an ad hoc basis – meaning without needing to have an appointment or whenever people want to “drop-in”

counselling and testing (VCT) services are provided within a context of respect, non-discrimination, and protection of privacy, confidentiality and dignity. The VCT services have reached 1,037 people yielding impressive testing results. This provides evidence for FOCCEC's prevention advocacy and the importance of coordinated referral and treatment services:

- HIV – 1,034 tested / 6 positive cases
- Syphilis – 952 tested / 8 positive cases
- Hepatitis B – 716 tested / 0 positive cases

An additional 105 sexually transmitted infection (STIs) cases were referred for treatment which included the following conditions: chlamydia, genital herpes, gonorrhea, hepatitis C virus (HCV) and human papillomavirus infection (HPV). *Types of Sexually Transmitted Infections* provides information to gain a better understanding of these infections.

Code based data system and coordinated referral services

FOCCEC designed a code based data system that ensures privacy and confidentiality for beneficiaries receiving counselling and testing services. This system provides for confidential follow-up and tracking for referral services. FOCCEC also developed a special referral service for drug treatment for organizations like the Ministry of Health, the Addicts Rehabilitation Center, and other public and private centers concerned with the reduction of violence and harm. The code-based system and referral service make it possible for FOCCEC to follow the referred beneficiaries to facilitate and ensure the services are provided without obstacles or challenges. Referral and coordination of services also include the provision of free medical consultations to beneficiaries by the Ministry of Health and private doctors volunteering their services.

Establishment of a coordination committee of stakeholders to address systemic discrimination

FOCCEC established a fifteen member coordination committee that demonstrates the benefits of a highly diverse group of stakeholders working together. The success of this particular coordination committee rests on these stakeholders' ability to focus on a common goal – the prevention of HIV in Jordan. It is noteworthy that the coordination committee includes representatives from the marginalized target group, civil society organizations, and from essential decision making government institutions, such as the Ministry of Health and the Ministry of Planning and International Cooperation. Such stakeholders have helped facilitate FOCCEC's outreach and training to health workers in the public and private sectors. The training for health workers has included laws and policies that ensure rights of "at-risk" populations to receive health care, without any kind of stigma or discrimination. FOCCEC is making notable advances in laying the ground for equal treatment, free of stigma and discrimination, at public and private health care centers and testing labs.

FOCCEC's dedication to ensuring access to counselling, testing and services for all without stigma and discrimination continues to build their reputation. Already known as a safe haven to "at-risk" target groups, FOCCEC has established itself to many local and international organizations working in the field.

Key Lessons

The following advocacy action areas provide lessons for reflection regarding FOCCEC's experience to prevent sexually transmitted diseases such as HIV, and the systemic discrimination against at-risk populations.

Advocacy Action Areas

Internal Capacity Building

Recruiting and training staff and volunteers

An important asset for FOCCEC's advocacy is their extensive experience, skills and ability to work with at-risk target groups in the field of HIV/AIDS. One of the co-founders of FOCCEC worked in the Ministry of Health's national AIDS program for twelve years, and before that as a health educator. The organization has additional professional expertise including a psychiatrist, an infectious disease specialist, a psychologist and a lawyer. The organization has put this expertise to work in training staff and volunteers. While FOCCEC had professional expertise, they were also highly conscientious about ensuring the participation of youth at-risk of HIV/AIDS. The engagement of this target group began in the earliest stages to determine their challenges and obstacles. FOCCEC provided training to their own staff, as well as volunteers, to address gender considerations, disability inclusion, and the stigma and discrimination faced by "at-risk" groups. Special recruitment was carried out for data collectors and analysts, peer educators, outreach workers and volunteers as they implemented the advocacy. The criteria for selection included that they a) are from the target group or in connection with them, b) are accepted by the target group, and c) accept the target group without discrimination. Once selected, specific training was provided:

- **data collectors and analysts:** 15 men selected from former beneficiaries of FOCCEC's services

With the participation of a survey expert, the fifteen data collectors and analysts were engaged in the earliest stages and received training to develop, conduct and analyze the results of a survey and focus groups conducted in Amman, Irbid, Jerash and Zarqa regarding challenges, obstacles and needs of the target group (see Research).

- **peer educators:** 41 men and 3 women (44 total) primarily recruited from at-risk target groups

Peer educators were provided training to work with their peers on raising their awareness and educating them on HIV/AIDS and other sexually transmitted diseases, promoting the support center's counselling and testing services, and providing following up.

- **additional volunteers:** recruited from "at-risk" groups, professionals, and other community members

Outreach workers and volunteers were also provided training to promote the services of the support center, raise awareness and educate "at-risk" groups, health workers, and the general Jordanian society about HIV/AIDS and other sexually transmitted diseases. The outreach workers are very dedicated, and volunteers include some from media, universities and professional sectors such as doctors, dentists, and translators.

Lesson Learned: *human rights based volunteer recruitment*

Volunteer recruitment among target populations is critical for advocacy organizations, yet is often a significant challenge. It is important to remember that a key component of human rights advocacy is the participation and empowerment of marginalized groups. The participation of FOCCEC's target group was essential to the success of their entire advocacy. Without the voluntary participation of the target group, FOCCEC did not have the internal capacity or the ability to reach and gain access to their target population (see Research). Nevertheless, FOCCEC still faced challenges when seeking to recruit new peer educators. While this was a weakness in their effort to expand the stability and involvement among the target group, it was crucial to maintain their selection criteria. While FOCCEC was able to overcome their immediate volunteer needs by re-recruiting peer educators with previous and good experience, they recognize the on-going effort required to recruit and empower volunteers that will maintain and advance their on-going advocacy to address stigma and discrimination.

Research

Ensuring appropriate resources and effective services

FOCCEC's advocacy initially sought to reach 600 youth at high risk for HIV/AIDS. Based on this goal, FOCCEC conducted a rapid assessment with 120 people (20% of the outreach number of 600), primarily from the target group from four governorates – Amman, Irbid, Jerash and Zarqa. In order to conduct the initial assessment, FOCCEC recruited fifteen men from the target group as data collectors. These men were selected from former beneficiaries of FOCCEC's services. These data collectors conducted the rapid assessment using a survey and focus groups in each of the four governorates. The results and analysis of the research determined the quality of knowledge, service needs, and the stigma and discriminatory barriers faced by the target group. Through this participation and critical engagement of the target group, the advocacy succeeded in reaching 1573 beneficiaries and providing voluntary counseling and testing services to over 1,000 people at-risk for HIV.

Lesson Learned: *utilizing participatory research to build trust, access and understanding*

The considerable time and resources to ensure FOCCEC understood their target group was well spent. They engaged members of the target group at the outset through using participatory research processes. This made it possible for FOCCEC to gain access to this stigmatized and marginalized community. By working along side the community to carry out the advocacy, FOCCEC has gained their trust, better understands their challenges, and how to reach and serve them.

The participatory research provided critical information and insights for methods of outreach, creating FOCCEC's peer educator training manual, and developing appropriate educational materials. Once the training and education materials were developed, peer educators from the target group tested the materials so revisions could be made before use and distribution. The participation of the target group ensured that resources were appropriate and services were effective. Without the engagement of the target group, FOCCEC would not have been able to understand the extent of the societal and systemic stigma and discrimination they face. This understanding helped guide FOCCEC's advocacy efforts to address systemic discrimination taking place in health institutions, laboratory testing facilities, and among health professionals.

Mobilization

Selecting stakeholders for collaboration and mobilization based on advocacy goals

When FOCCEC mapped their advocacy terrain, they initially identified many organizations.¹⁰ However, as they discussed one of their specific advocacy goals, **to fight the stigma and discrimination faced by marginalized groups regarding HIV testing**, they reduced the selected stakeholders to work directly with a smaller number. The FOCCEC decision making team included a peer educator from the target group who is now the field coordinator. As a result, they were able to narrow the stakeholders for outreach and collaboration to one lawyer (for recommendations on policy), two testing labs, the Ministry of Health's clinic labs, and International Development Law Organization (IDLO).

The existence of the partnerships and coordination between these different stakeholders facilitates the access to health services for at-risk target groups. This also reduces the challenges and obstacles they face that prevent them from accessing these services. FOCCEC focused on three main target groups for mobilization:

- **At-risk groups:** Outreach to at-risk target groups, primarily to youth at high risk for HIV/AIDS, was conducted through 44 peer educators that reached 1573 and mobilized over 1,000 to take action to avail of counselling and testing services for HIV and other sexually transmitted diseases.
- **Stakeholders in the field of HIV:** A fifteen member coordination committee (See Engaging Decision Makers) was organized by FOCCEC to engage relevant stakeholders in nominating delegates and meeting quarterly to guide decisions, agree on service transfer mechanisms, coordinate services for the at-risk target groups, and make recommendations for addressing systemic stigma and discrimination.
- **Health sector workers:** FOCCEC conducted field visits to health care centers, hospitals and medical labs in the public and private sectors in five governorates—Amman, Balqa, Irbid, Jerash and Zarqa. As a result, 60 health sector workers participated in three workshops. This is laying the foundation for creating a supportive environment in health care centers by enhancing the acceptance of health workers to ensure the full enjoyment right of the target group in receiving health care, without any kind of stigma or discrimination.

Lesson Learned: strategic use of outreach mechanisms

A common misunderstanding among advocacy organizations is that media engagement is the most effective outreach mechanism and necessary for successful advocacy. However, media engagement must be weighed against the advocacy goals and the target audiences. More effective results might be reached through other alternatives. This was certainly the case for FOCCEC by taking into consideration the most effective ways to promote their services to the at-risk target groups. FOCCEC dealt with the media strategically and carefully. They thoughtfully utilized their website and Facebook page to promote educational materials as well as their hotline, general services and contact information. Social media has been useful in promoting awareness messages on HIV rapid testing and posting three informative videos targeting men and women on its website and Facebook page. However, rather than using general media outreach mechanisms, FOCCEC has focused on face-to-face direct

¹⁰ FOCCEC had a team that participated in a New Tactics Strategic Effectiveness Method training in 2016 and used the tactical map and spectrum of allies tools to explore their advocacy terrain and stakeholders.

outreach and word-of-mouth sharing of information. This has been a very effective way of reaching their primary target group.

Engaging Decision Makers

Selecting decision makers for engagement based on advocacy goals

A significant success has been FOCCEC's establishment of the fifteen member coordination committee. This committee has engaged relevant stakeholders in the field of HIV including decision makers from important government institutions (See Mobilization). FOCCEC identified and conducted meetings with key stakeholders from civil society organizations and government ministries to share the aim and goals of their advocacy. The process of organizing the committee included receiving nominations for delegates and the commitment to meet quarterly. The result has been the active engagement of vital government stakeholders such as the Ministry of Health, Ministry of Awqaf and Islamic Affairs, Ministry of Social Development, Ministry of Planning and International Cooperation, Family Protection Department, and the Anti-Narcotics Department, among others. This has made it possible to coordinate services and agree on the service transfer mechanisms needed by at-risk groups. For example, the committee helped FOCCEC in providing HIV treatment for a 15 year old non-Jordanian girl by obtaining exemption from the prime minister to take the HIV treatment.¹¹ Another committee member was able to coordinate with a pharmaceutical company to provide the child dose HIV treatment because in Jordan children are given the adult dose.

Lesson Learned: finding a common goal for engagement

FOCCEC experienced delays in obtaining government approval to carry out the advocacy, particularly from the Ministry of Health. This was due in part to restricted community culture views towards the acceptance of the primary at-risk target group. FOCCEC was able to overcome these perceptions through direct meetings with the concerned authorities and clarifying the focus and goal of the advocacy. The focus was on public health approaches to reach the at-risk target group, who are marginalized and vulnerable. The engagement of government agency decision makers, with civil society actors working in the HIV field, guided decisions and recommendations for addressing systemic stigma and discrimination. The success of the coordination committee rested on these decision making stakeholders' ability to work with representatives from the at-risk target group, civil society organizations, and experts to focus on a common goal – the prevention of HIV in Jordan.

Organizational Impact of Advocacy

One of the most difficult aspects is the sustainability of this important work. We can now make links from our services to those of other organizations and vice versa. In our field of HIV/AIDS, we need many advocacy interventions. From the side of the community, religious leaders, health workers and the centers that provide health care. We also need to change the culture, raise the awareness of the community to be sure our work can continue, to serve and enhance human rights.

USAID CIS helped us to build our organizational capacity, providing a cornerstone to work in this field: our strategic plan for the next 3 years, our website, and many trainings including the New Tactics advocacy training on human rights.

The New Tactics method training helped FOCCEC to revise our thinking about advocacy. We had considered advocacy as addressing only decision makers. We

¹¹ This intervention and approval was required because Jordanian law doesn't allow non-Jordanian people to take HIV treatment even if they are living in Jordan.

thought advocacy was like a training. But after the New Tactics training, we changed our thinking about engaging stakeholders. We researched laws and the internal procedures of the testing labs to address the problems of stigma and discrimination, and expanded ways to engage and mobilize stakeholders.

- Abdallah Hanatleh

Video Resources

<https://www.facebook.com/foccec/videos/1797899633584306/>