



AIDS briefing paper:

Giving Communities the Tools to Respond



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mitigating the impact of HIV/AIDS

the HIV/AIDS pandemic soon will have claimed more lives than any other disease in human history. Last year, 3 million deaths were attributed to AIDS; it is now the leading cause of deaths in some African countries. At least 40 million people are living with HIV and AIDS; more than 28 million alone in Africa. HIV/AIDS is not only a health catastrophe, it threatens to unravel the hard-won development gains of the past several decades while limiting progress for many more to come.

Everyone is vulnerable to HIV and AIDS, but those who are poor or marginalized are at special risk; poverty, underdevelopment and illiteracy are among the principal contributing factors to its spread. Poverty diminishes the perceived value of avoiding HIV, it increases the relative costs of both avoiding and treating the illness, and it exacerbates the impact of weakened immunological integrity as a result of a more hostile bacterial and viral

environment. Poverty also increases the impact HIV has on family and friends; the poor are more dependent on informal coping mechanisms such as family and friends and less so on insurance companies and the state.

Unfortunately, the disease also is compounding the effects of poverty and is reversing or impeding development in many countries. It increases poverty in the short-to-medium term by stripping assets of many kinds: human, social, financial,

physical, natural, informational and political. Draining assets leaves individuals, families and communities more exposed to future shocks; children are pulled out of school to help with labor needs, and women may be forced to become commercial sex workers if they can not feed their children.

Women, children, youth and mobile populations living in poverty face some of the greatest risks of all and often are least equipped to cope with the consequences of HIV/AIDS, which include discrimination and economic devastation. Gender equality and the empowerment of women are fundamental elements in reducing the vulnerability of women and girls to HIV/AIDS. In many poor communities, efforts to end poverty, promote gender equity and human rights, and to respond to HIV/AIDS have become inseparable in CARE's programs.

The challenge for poor households and communities affected by the pandemic is to mobilize resources to cope with HIV and AIDS while confronting many other immediate problems, including daily survival.

Armed conflicts and natural disasters

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CARE Bangladesh has incorporated self-defense, human rights, and leadership and organizational training into its HIV projects working with sex workers.

CARE Haiti and CARE Rwanda both provide home-based care for people living with HIV/AIDS in the form of psychosocial support, food, vocational training and counseling.

CARE Kenya and CARE Thailand/Raks Thai Foundation have participatory sensitization activities to reduce stigma against people living with HIV/AIDS. There also are public-private sector partnerships incorporating HIV/AIDS workforce policies in CARE Vietnam and CARE Honduras's programs.

also exacerbate the spread of the epidemic and make it very difficult to mitigate impact. Mobile populations – people whose work requires frequent moves or long absences from home – and people displaced by conflict also are more vulnerable and are the focus of many of CARE’s interventions. Stigma, silence, discrimination and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations.

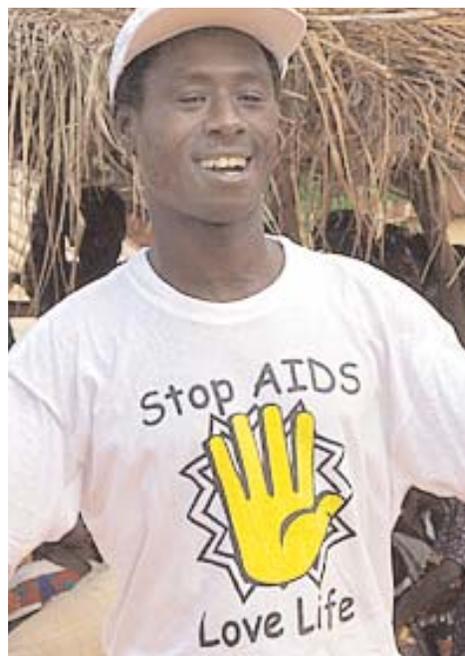
CARE is focusing efforts both in HIV/AIDS prevention and impact mitigation programming. Mitigating sectoral and development threats of HIV/AIDS requires assessing its impact – and planning and implementing appropriate responses. The most direct impact of HIV/AIDS mortality and morbidity is on families and communities. This extends to reduced sectoral output and gross domestic product. Actions to break the vicious cycle are required at all levels, but actions at the sectoral level may have the most effect, because they provide services to households and generate output for the economy. Therefore, CARE is expanding community-based HIV/AIDS programming and capacity building in sectors such as agriculture, food security, basic and girls’ education, emergency programs, economic development and health. ■

There are several projects that integrate food security, agriculture, health education, literacy, saving and credit schemes, and human rights in their strategies (e.g., projects in **CARE Bangladesh, Nepal, Malawi, Zambia, Zimbabwe and China**). CARE has addressed the impact on mobile populations in **West Africa**; on the border between **Thailand and Myanmar/Burma** with seafarer migrant laborers; and along transport and trade routes in **India**. CARE has also organized outreach and services to commercial sex workers, truck drivers and policemen in Yacuiba, a rapidly growing frontier town on the border between Bolivia and Argentina.

h preserving income and assets

Households affected by HIV/AIDS need access not only to care and support but also to the means to maintain an income and pursue alternative livelihoods when traditional employment is no longer an option. Local institutions, such as savings and loan societies and agricultural development agencies, can assist people living with HIV/AIDS and their families in diversifying and protecting their assets, if their special needs are understood.

Special insurance products designed to protect investments, provide some health care or continue some income are also an option. Women and children need support and alternative financial systems when inheritance laws prevent them from keeping their husbands’ and/or fathers’ land and assets. A primary goal of CARE’s financial services in places like Zambia is to give women affected and infected by HIV/AIDS more access and control over resources; women not only are the primary caregivers but also have proven themselves, as a group, to be good consumers of credit. ■



impact on household livelihoods and agriculture production systems

Chronic sicknesses, especially HIV/AIDS, tend to trigger a sequence of impacts on the rural household economy. The most immediate impact is loss of labor. **CARE Malawi's** study on the impact of HIV/AIDS on agricultural systems and rural livelihoods showed that more than 70 percent of the households affected by chronic sicknesses experienced loss of labor. This loss led to other problems,

like delayed agricultural operations (45 percent of the affected households), leaving land fallow (23 percent), change in crop mix (26 percent) and a change in sources of livelihoods (36 percent). All these factors led to decreased agricultural productivity, experienced by 72 percent of the households affected by chronic sicknesses alone.

These results provide several avenues of hope and possibilities for a better future and ways for mitigating the impact of HIV/AIDS. In relation to agricultural production, these include: introducing labor-economizing technologies; introducing crops that require less labor; increased and better utilization of low-lying wetlands and home-stead gardens; and providing opportunities for women to acquire skills to cultivate high-value crops, so that families can continue to earn income from farming even if wives become widows.

dissolving stigma

Most often fueled by fear, stigma can be a major barrier preventing people living with HIV/AIDS from participating in society. Cultural and religious taboos mean that communities in all cultures are uncomfortable having conversations about sexuality, sexual behavior and HIV/AIDS. AIDS programs need to first create a safe

and appropriate environment to discuss sexuality and HIV/AIDS.

Community support helps communities build upon existing coping strategies and apply them to HIV/AIDS. The support of one's community can make all the difference in how a family withstands the shock of AIDS. In rural Thailand, for example, some communities used to believe that AIDS could be spread through hugging or sharing a pair of scissors. People with HIV were afraid to tell others they had the disease, for fear of rejection

or losing their jobs. Now, after community outreach in more than 30 villages in high-prevalence areas, more people understand the disease and how it is transmitted, and fewer families are forced to live in shame. Those with the disease are banding together in support groups. Once stigma is overcome, communities at large often mobilize to care for their own. ■

impact on families and children

The HIV/AIDS pandemic also is producing orphans on a scale unrivaled in the history of the world – and it's happening so quickly that family structures can no longer cope. These children are part of a "lost generation," suffering from a long list of deprivations and vulnerabilities including: loss of family, depression, malnutrition, lack of access to education and health care, homelessness, loss of property, loss of inheritance, sexual exploitation, abuse and increased exposure to HIV/AIDS. Barely a single family remains untouched. Extended families and communities, the de facto social safety nets in most countries, are being seriously over-stretched. Communities heavily affected by HIV/AIDS are being robbed of a generation of adults in their most productive years, leaving behind children to be raised by relatives, left on their own in households or out on the streets. Keeping children in a home, in the community, where they receive not only schooling and help with their basic needs but also culturally appropriate psychosocial care, is the stated aim of CARE's HIV/AIDS programs.

Yet, in the poorest communities, existing community structures cannot accommodate the needs of large numbers of children affected by HIV/AIDS. In response, CARE is involved in the **Hope for the African Children Initiative (HACI)**. HACI is a collaborative effort between CARE, Plan International, Save the Children, the World Conference on Religion and Peace and the Society of Women Against AIDS in Africa (SWAA). The partners work with African communities to prevent the spread of HIV/AIDS, mitigate the impact of the pandemic and provide care and support to children and families affected by HIV/AIDS. Using a child-focused and community-based approach, the initiative: extends the life of the parent-child relationship; prepares the family for transition; ensures the child's future; and builds awareness and reduces the stigma of HIV/AIDS. ■

Daniel Gapare is one of the people CARE Zimbabwe has trained to help groups of people set up small (micro) income-generating activities. Using this training, Gapare has organized groups of HIV-positive individuals and their families who are saving and lending to one another and starting up small businesses. "I used to think it was impossible to do this kind of venture without external capital for loans," Gapare says. "But I knew that most of our clients couldn't repay loans, and so it was not an appropriate way to help them. Now, with the approach we are using, we have seen that people can do a lot with their own resources. We have eight groups now in the rural areas and 11 in the town of Chinhoyi. And every day, more people come to me wanting to form new groups. **This kind of project for people who are HIV positive helps to overcome the stigma and provide a way to support themselves. They have hope, and their families have hope too.**"

CARE Zambia works with the Zambia Community Schools Secretariat to assist a number of organizations and communities in managing schools that provide a basic curriculum of life skills, charge very low fees and offer subsidized or free places to orphans and vulnerable children. Collaboration with the Ministry of Education is underway to establish minimum standards for community schools. ZCSS helps coordinate the many donations and grants that are received to support this growing sector. However, the scale of these efforts is far from sufficient to meet the demand, and much greater investment is required to ensure an adequate quality of teacher training, facilities and curricula, and greater access to "bursary" funds for orphans and vulnerable children.

prevention, treatment and care

are inextricably linked with impact mitigation. A continuum of all these responses is needed to ensure that people can maintain the best quality of life for as long as possible. The range of prevention interventions is wide, but critical elements include voluntary counseling and testing, condoms, and improved prevention and management of sexually transmitted diseases.

There is a growing body of evidence that people who believe they can receive treatment are more likely to seek testing, to live positively, to manage their infection and to cope with its impacts. Those with access to treatment for opportunistic infections of HIV can live longer, more productive lives. Where circumstances permit, antiretroviral treatment is the most effective treatment for those infected by HIV and for the prevention of mother-to-child transmission (MTCT+). ■

CARE's prevention interventions in the health sector include areas such as basic behavior change information, education, and communication (BCC/IEC); youth-oriented reproductive health services; infant feeding and nutrition; condom promotion; and management services for sexually transmitted infections (e.g. in **CARE Honduras, Philippines, Ethiopia, Kenya, Tanzania, Uganda, and Rwanda**). Most of these health activities are implemented through CAREMORR and YouthNet, two Cooperative Agreements with USAID, and through the CARE/CDC Health Initiative (CCHI), CARE's partnership with the US Centers for Disease Control.



CENTRIA CLOPPER

CARE International

is one of the world's largest private humanitarian organizations, committed to helping families in poor communities achieve lasting victories over poverty. A confederation of 12 separate member organizations, CARE International reaches tens of millions of people each year in more than 60 countries in Africa, Asia, Europe and Latin America. Together, CARE International members not only collaborate on poverty-fighting projects, they also work together on advocacy, communications, fund-raising and building relationships with governments and other organizations. CARE International is coordinated by a secretariat in Brussels.

CARE's key strengths for responding to the HIV/AIDS crisis are its geographic coverage, multi-sectoral expertise, and experience in strengthening the capacity of community-based organizations. Our experience in HIV/AIDS programming started in 1987 and has shown that effective responses can be mounted at the community, national and international levels. Beginning with one HIV/AIDS project in 1987, CARE's portfolio now includes more than 50 projects with HIV/AIDS components. ■

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