PRESENTS
REPRODUCTIVE HEALTH INTEGRATION
ISSUES

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FOCUS: COMMUNITY RESPONSES TO HIV/AIDS

Reproductive Health Integration *Issues* is a publication of Initiatives Inc. designed to support the integration of reproductive health into the portfolios of community based organizations currently addressing other development concerns. In quarterly installments, *Issues* addresses the complex programmatic, managerial and evaluative questions that arise in planning and implementing RH integration strategies.

THE IMPACT OF THE HIV/AIDS EPIDEMIC ON DEVELOPMENT

During the last century, 33,600,000 people were infected with HIV and over 16 million men, women and children died. The number of cumulative infections in Africa totalled 23.3 million, in Asia 6 million, while in North America only 920,000 cases were identified. Every day one thousand children younger than 15 and 14,000 people between the ages of 15 and 49 are infected with HIV. In 1999 alone, 5.4 million new infections were recorded, almost half in women. 95% of all new infections occur in developing countries, which have the least resources to respond to the epidemic. It is difficult to find more staggering statistics that represent a tragedy for human life and a direct consequence to human development.

As of June 2000, over 13,000,000 children, age 14 or younger, had been orphaned by AIDS, leaving them to be raised by their extended family, elderly grandparents or to resort to the risky life of street children. Life expectancy, in countries such as Zambia, Zimbabwe and Botswana, decreased by an average of 10 years in one decade, diminishing the development gains of the last 25 years. In Kenya, over the next 20 years, per capita income will decrease by 10% and GDP will be 14.5% less due to AIDS. Already overwhelmed health facilities are unable to meet the demands of treating opportunistic infections associated with HIV. At the household level, illness and death has resulted in diminishing food supply, reduced school attendance, and less income leading to increased poverty. The message is clear: HIV is as much a development problem as a health problem.

CONTRIBUTIONS TO VULNERABILITY: Transmission modes of HIV are well defined. Research has demonstrated that societal conditions, such as poverty, illiteracy, unemployment, sexual abuse, untreated sexually transmitted infections, migratory practices, gender discrimination, and drug use, that often have an increased presence in developing countries are co-factors in increasing vulnerability. For example in the Ukraine, which registers the fastest growing rate of HIV infection in Europe, 70 percent of their more than 40,000 HIV cases are attributed to injecting drug use. *(Impact on HIV, FHI: 1999)* In large urban centers of India, ¼ of all sex workers tested positive for HIV. (*UNAIDS Report: June 2000)*

NGO RESPONSE TO THE EPIDEMIC As always, NGOs are in a unique situation to be effective providers of HIV/AIDS prevention and care services to their communities as well as strong advocates for their needs. NGOs generally have strong links to their communities: good relationships with their leaders, knowledge of community problems, awareness of cultural norms and potential vulnerability of the population, and ties to available resources. These are important factors in creating community specific responses.

SHOULD YOUR ORGANIZATION INTEGRATE HIV/AIDS SERVICES? Decisions about integrating a new strategy into your present portfolio must always include a careful look at your organization's present resources, financial capability, technical capacity and organizational commitment to the new service. Simultaneously you should consider the needs of the community, gaps in service and potential linkages with other NGOs, community groups, business or government services for technical help, volunteer workers, and other resources.

DEVELOPING A STRATEGY

Developing a viable strategy is a marriage of current strengths and identified needs.

INVESTIGATE:

- What stage of the epidemic is your community currently facing? Is there a need for caring for HIV affected people and their families? Is the

care and placement of orphans a growing issue? Is changing behavior to prevent further infections the major objective?

- What is the National AIDS plan? Has a role or funding sources been identified for community level interventions provided by NGOs?

- Is the business community playing an active role in the HIV/AIDS prevention campaign by providing: resources, workplace education, funding for new ventures, rooms for workshops, food for HIV positive families, drugs or funding for drugs to control the infection in individuals infected with HIV? Does your organization have linkages with the private sector upon which it can build?

- Are there special groups within your community that need focused attention such as, migratory workers, refugee settlements, unemployed youth, commercial sex workers, prisoners, or intravenous drug users?

- Are there social marketing programs to promote condom use? Are there NGO AIDS networks, which disseminate information and build capacity of NGOs new to the AIDS field?

BUILD ON STRENGTHS:

- Current activities: Does your organization provide community outreach?
- Target population: Does your organization work with special groups: youth, commercial sex workers, drug users, or refugees?
- Skills: Does your organization give health talks, organize community services, and advocate for change?
- Partnerships: Do you already collaborate with other organizations that can provide technical assistance, act as referral sources or assist in mobilizing the community to respond?

SERVICE DELIVERY OPTIONS: When the first cases of HIV are identified, the problem is already well embedded in your community. *Prevention* is the first step in limiting the spread of the virus to others. Research has shown that prevention activities must be linked to service delivery to be effective. Thus education should include distribution of condoms or access information. When HIV positive people begin to develop symptoms of opportunistic infections, attention must be paid to developing *care and treatment* programs that are either facility or home based. To maximize the outreach, these programs should be directed toward aiding family members to care for their loved ones. When a community is resource poor or the rights of some members are compromised, *advocacy* for better treatment, human rights, subsidized drugs, and more services is a paramount need. These service delivery options are not mutually exclusive; organizations may choose to develop their strategies based on the changing needs of their communities and combine several activities at one time.

Strategies must be tailored to meet the needs and resources of the community. As the epidemic becomes more devastating in Africa, attention must be placed on reaching the youth of tomorrow. Priority must be given to orphans who require nurturing and welfare assistance and youth who require guidance to make life-saving decisions. Other needs are to empower people to demand better services and to ease the burden of families who have to address their relative's health and emotional needs. The following examples illustrate how African NGOs are stepping up to this challenge.

NGO STRATEGIES: REACHING ORPHANS THROUGH THE COMMUNITY: KWASH MUKWENU NGO

Assistance for orphans is a priority for Zambia. The Kwash Mukwenu NGO mobilized women to identify and care for orphans. The women tend to 3-5 orphan families ensuring that they have proper schooling, shelter, medical care, clothes and the attention of a caring adult. They also visit 50 people with AIDS in the community providing food, bathing, counseling and at times financial help for vital medicines. All of the women are volunteers and do their own fund-raising; the local parish has donated meeting space and a stove and UNICEF has given sewing machines to assist the income-generating project. (The *Population Council: New York)*

ADVOCATING FOR THE RIGHTS OF THOSE AFFECTED WITH AND BY AIDS: TASO

In Uganda, TASO has worked to provide support and counseling to HIV positive people and preventive education to families and communities. Their counseling emphasizes the rights and responsibilities of people who are positive and supports their sense of self worth. A person who feels cared for will honor his responsibility towards the community. TASO is now trying to help women demand new laws to protect themselves against abusive husbands and to help the women use the laws to equalize their relationship. (Reid 1995)

USING RELIGION TO MAKE A DIFFERENCE: THE ISLAMIC MEDICAL ASSOCIATION OF UGANDA (IMAU)

IMAU, a professional NGO, saw the need to reach out to the minority Muslim population in Uganda to reduce the spread of HIV infection. They approached Imams to educate their followers about the risk of HIV/AIDS and to motivate people to change their behavior to reduce exposure to infection. IMAU held a national workshop and district level meetings, educating the Imams on transmission facts and incorporating preventive messages into the spiritual teachings of the Koran. Volunteers went door to door with the messages. Preventive and correct behavior messages were integrated into school education. To combat the co-factor of poverty as a risk factor in HIV transmission, income-generating activities were initiated. The use of religious leaders and community volunteers helped make the community feel 'safer sex' was the community norm. After 2 years, a survey revealed that there was an increase in knowledge and preventive behaviors, a reduction in the number of sexual partners and an increase in condom use. The Imams were able to lower the risk associated with the cultural practices of ablution and circumcision and teach safer methods. *UNAIDS: Best Practices UGANDA October 1998*

THE ZIHP PROJECT: ZAMBIA

The USAID-funded ZIHP Project in Zambia provides small grants to NGOs who are judged to have the capacity to develop innovative strategies in AIDS prevention or care. Zambia will toll 1.8 million AIDS deaths by 2010 and have ½ million orphans by 2000. It is difficult to find a family that has not been affected either directly through HIV or indirectly by having to care for extended family survivors. Through short-term grants, ZIHP is assisting NGOs to assess their capacity and develop realistic strategies based on organizational capacity and community needs, develop needed partnerships with the District MOH teams, monitor their effectiveness and ensure sustainable mechanisms. ZIHP is also helping smaller NGOs to link with larger, more experienced NGOs for guidance on project implementation, proposal writing and training.

DAPP PROJECT: PEER COUNSELING

Infection rates among young African women are five times higher than that of male youth. In Zambia, the fastest growing rate of HIV is among girls from 15-20 years of age. By 2010, ¼ of all those presently 15 will have died from AIDS. Teenage years have always been a time of turmoil, reckless behavior and distrust of authority figures. In countries ravaged by the effects of AIDS, this is exacerbated by the death of so many elders, a lack of education, poor knowledge about the impact of STDs, and little access to health and counseling information.

Yet there is hope; Zambia has begun to see the effects of intervention programs. According to UNAIDS, reports of sexual activity among unmarried women fell from 52% to 35% over the period 1990 – 1996. The percentage of pregnant 15-19 year old girls dropped by almost half in those 6 years. One of the most promising interventions to impact the rate of HIV infection among youth is peer counseling. Youth counselors encourage their peers to be tested and treated for STDs, to postpone the age of first sexual encounters and to use condoms as prevention against pregnancy and sexually transmitted diseases.

The Development Aid from People to People (DAPP) Project in Chibomba, Zambia has worked with the schools and the community to begin a peer-counseling program, initially with 80 youth identified from in and out of school populations; their target population is 40,000 youth. DAPP has partnered with MOH to bring in a staff nurse and supplies to a new community information center. The peer counselors

will be supported by the staff nurse and be able to use the center as a referral source for counseling, testing and medical care. DAPP has also involved community leaders, teachers, and parents to ensure support for the project. Similar projects have shown that providing training and a chance for an influential role in their communities, youth assume a new dignity and a reason to encourage behavior change. *DAPP Chibomba, Zambia ZIHP Project 2000*

MOOMBA HOME BASED CARE PROJECT

The Moomba Home Based Care Project (MHBC), housed in the rear of a simple church outside of Lusaka, began when Mr. Musamba, a dedicated churchgoer, began to notice that several of the regular members of his congregation were not attending services. Casual investigation began to reveal the effects of HIV on the community. Illnesses associated with the epidemic were forcing church members to remain at home. With a board of 6 men, Mr. Musamba approached the Archdiocese of Lusaka to assist him to organize volunteers to identify the affected households and begin providing support to the chronically ill and their families. MHBC supports clients with HIV/AIDS, TB, cancer, stroke as well as orphans and widows. Male and female volunteers have been trained by the Kara Counseling and Training Program to take care of the chronically ill, give spiritual counseling, medication, basic facts about HIV/AIDS and to train and support the primary care givers so they are better able to care for their loved ones. The major training is in the area of first aid, hygiene, including washing the patient and purifying water; and information about when to take relatives to the hospital for additional care.

Volunteers are also responsible for providing health education and preventive messages to the community to help to turn the tide against the epidemic. Although not providing condoms themselves, the volunteers provide information to the community about where condoms can be obtained. Each volunteer is provided in-service training and is guided by a volunteer supervisor. Supervisors are selected based on their experience and commitment to the home based care program. Every month the supervisor visits the client's homes of those he supervises and determines whether the client is receiving services and whether they are satisfied with them. Every other month, the home based care worker accompanies him. Each supervisor has 7 supervisees. If problems are noted, the supervisor reports them to the Project Office where Mr. Musamba addresses problems that arise.

Today Moomba Home Based Care works in 218 villages, serving approximately 220 families with 50 active volunteers out of a population of 49,000. The ZIHP grant will help Moomba HBC to increase the number of volunteers and to begin preventive programs in the community. MHBC is trying to partner with the District Health Management Team (DHMT) to ease the process of obtaining drugs and care for the chronically ill. DHMT has organized special days for clients to come to collect drugs, receive counseling and health education. MHBC is hoping this partnership can grow and in the future DHMT and the Project can jointly assess and meet the community's needs. *ZIHP Project 2000*

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1. *Lyons, J.V., Huddart, J.A.* Integrating RH into NGO Programs Vol 1: Family Planning. SEATS Project/Initiatives Inc. 1997
2. *Reid, E.* Ed HIV & AIDS The Global Inter-Connection. UNDP NY 1995
3. *The Population Council*, Community Based AIDS Prevention and Care in Africa, Case Studies from Five African Countries. NY.

WEB LINKS FOR RH INFORMATION:

www.fhi.org
www.initiativesinc.com
www.positiveaction.org
www.rho.org
www.unaids.org

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