



> **Arumugam Kalamani, guest editor**  
for the thematic section on:

## External HIV/AIDS mainstreaming

In this issue of *Exchange* particular attention has been paid to the issue of integration of HIV/AIDS in development programmes, especially those strengthening the livelihoods of HIV-positive individuals and affected households. The issue of mainstreaming remains a difficult one and there are many definitions. However, they all point to the general concept of evaluating an organization's (or sector's) programmes and policies in the light of HIV/AIDS: examining the impact of the pandemic on the communities they serve, realigning programmes and projects so as to better serve PLWHA and their families, and studying the differential effects of an organization's development work on HIV-affected and non-affected populations. In other words: it is about looking at development work through an HIV/AIDS lens. In this issue, the lessons learned of organizations in Tanzania and India have been described and some interesting programmes in Myanmar and Malawi have been highlighted.

Other issues addressed in this issue are the Senegalese solution to HIV prevention and health promotion for sex workers, and a promising intervention in Malawi in which young women tested their own ways of dealing with uninvited sexual advances by older men.

We wish you pleasant reading and welcome your comments!

**Nel van Beelen** **Arumugam Kalamani**  
Managing editor Guest editor



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## Mainstreaming of HIV/AIDS in livelihood programmes

**A livelihood comprises of the capabilities, assets and activities required for people's means of living. Livelihoods can be destroyed by the impact of HIV/AIDS when economically active people succumb to the disease and die. Consequently, children drop out of school to cultivate the land and care for ill parents. This hampers the children's ability to acquire skills that could make them employable in the formal sector. To pay for medicines, hospital care or other expenses due to HIV/AIDS, a family may sell stocks of food, land or other property, farming tools, or send their sons and daughters to the city to find work.**

External mainstreaming of HIV/AIDS in livelihoods programmes is a strategy aimed at reducing the impact of AIDS on communities and households. According to Sue Holden (*AIDS on the Agenda*, Oxfam 2003), external HIV/AIDS mainstreaming refers to "adapting development and humanitarian programme work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS. The focus of external mainstreaming is on core programme work in the changing context created by AIDS." For development organizations, it is not simply about supporting the health sector to deliver HIV/AIDS-related outcomes, it is not about taking over specialist health-related functions, and not about changing their core functions and responsibilities. Instead it is about adapting their programming work to the changing needs of individuals and communities affected by HIV/AIDS.

### Sustainable livelihoods

Sustainable livelihoods approaches (SLA) generally identify five types of household resources that can be affected: natural, physical, human, financial, and social capital (some add a sixth type: political capital.) A livelihood is sustainable when it can cope with and recover from stresses and shocks – including the ones caused by HIV/AIDS – and maintain or enhance its capabilities and resources both now and in the future, while not undermining the natural resource base. One of the ways to evaluate the impacts of HIV/AIDS on households and communities, and to address these, is to use a sustainable livelihood analysis. This analysis offers development organizations a tool for external mainstreaming of HIV/AIDS. It raises fundamental questions on the way people live, why they live that way and why and how this way of life changes.



# This issue

By applying an HIV/AIDS lens to SLA, the impacts of HIV/AIDS on livelihoods can be demonstrated and addressed.

sible to those affected due to social stigma and misplaced fear of infection.

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The impacts of HIV/AIDS can be seen on the five groups of resources mentioned before:<sup>1</sup>

- HIV/AIDS affects *human capital* not only in terms of the health of PLWHA, but also the psychological and physical health of carers, and in terms of time and labour lost to caring from other work such as education or raising children. Particularly at the household level, gender relations are transformed. Women and children end up taking more tasks to fill labour and other gaps than it would be without HIV/AIDS.
- *Natural capital* is affected by changing and reduced land use due to household labour shortages. Natural resources close to home may be over-used; and land may be sold to cover medical expenses or burial costs. In many cultures, women lose their access to land after the death of their husbands.
- Access to *financial capital* in the form of credit is severely restricted for those affected by HIV/AIDS, as patients and their families are considered high-risk loan recipients.
- *Physical capital* – housing, community and farm infrastructure – becomes degraded in HIV/AIDS-affected communities/households due to labour shortages and priority shifts in investment. Physical capital can also be sold to pay associated expenses.
- Death and sickness erode existing social networks essential to *social capital*. Cultural and social networking through events diminishes, and may be inaccessible

## HIV/AIDS responses

Responses to the impact of HIV/AIDS on communities and households are usually limited to a small area and are short-term. Downshifts from progress that could be *developmental to struggle for just survival* are usually common. In the worst case, poor households fall into chronic poverty and destitution. By using an HIV/AIDS SLA, interventions can be tailored to strengthen one or more of the assets identified above (natural, physical, social, financial and human) and aim to decrease vulnerability. For instance, a *human capital* intervention in agriculture would be the introduction of less

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labour-intensive technologies to increase the chances of PLWHA to continue working on their land as long as possible. An example of a *financial capital* intervention is the increased use of savings and micro-credit schemes in HIV-affected communities. For instance, the UWESO Savings and Credit Union Scheme (USCS) in Uganda adapted its savings and credit scheme to the impact of HIV/AIDS, by:

- improved targeting and addressing specific needs of orphans and widows,
- establishment of an emergency fund,
- introduction of Children's Day where children narrate their life experiences and how they are coping with HIV/AIDS, and



# KIC

## Knowledge Infrastructure with and between Counterparts (KIC)

The KIC project aims to boost dynamic knowledge sharing, collaborative learning and networking. It is an action-oriented, counterpart-driven pilot project, of which the first phase runs up to the end of 2006. Within the KIC project Oxfam International and *Exchange* are collaborating to reinforce the learning on HIV/AIDS. The following issues will be about Gender-based violence, Women living with HIV/AIDS and Sexual & Reproductive Rights Education. Oxfam counterparts are invited to write articles about

lessons learned related to these topics. The articles produced in the framework of this collaboration are accompanied by an Oxfam logo in a green title box. The KIC project also has an interactive website: <http://oxfam.kic.org/>, which enables Oxfam counterparts to share evidenced-based practices and documents, and to participate in online communities. For questions and comments about this edition or about the project, counterparts are encouraged to use the email address [aids.kic@oxfamnovib.nl](mailto:aids.kic@oxfamnovib.nl).

**Examples of interventions that strengthen human capital (skills, knowledge, ability to work, etc.):**

- Farming schools for single women and orphans, e.g., the Farmer Field Schools project conducted by AfFOResT (African Farmers' Organic Research and Training Project) in Zimbabwe (aimed at widows and poor women farmers)<sup>2</sup>
- Mainstreaming HIV/AIDS in agricultural extension services, e.g., the introduction of less labour-intensive technologies and crop diversification
- Facilitation of labour exchanges among households, HIV-affected or not
- Vocational training for orphans, e.g., carpentry, nursing
- Anti-dropout programmes for vulnerable school youth

**Examples of interventions that strengthen financial capital (cash and other liquid resources):**

- Micro-credit schemes and savings clubs, e.g., the UWESO Savings and Credit Union Scheme (USCS) in Uganda ([www.uweso.org](http://www.uweso.org))

- Economic support for foster families caring for AIDS orphans, e.g., by CHIN (Children in Need Network) in Zambia ([www.chin.org.zm](http://www.chin.org.zm))
- Food and nutrition programmes, e.g., by the Indlunkhulu project in Swaziland: development of community fields to feed orphans and vulnerable children ([www.sarpn.org.za/documents/d0001394/index.php](http://www.sarpn.org.za/documents/d0001394/index.php))
- Prevention of transactional sex by economic empowerment of girls
- Health insurance schemes

**Examples of interventions that strengthen social and political capital**

- Advocating access to land inheritance for widows and orphans, e.g., by KANCO (Kenya AIDS NGOs Consortium, [www.kanco.org](http://www.kanco.org))
- Prevention of property grabbing, e.g., by Africa Institutional Management Services (AIMS) in Namibia ([www.aims.com.na](http://www.aims.com.na))
- Social networks/support groups for PLWHA
- Awareness raising, care and support (promotion of positive living, etc.)

- establishing partnerships with the private sector for community insurance services.<sup>2</sup>

**Challenges for CSOs**

Some of the challenges for civil society organizations (CSOs) with regard to external mainstreaming are:

- The impact of HIV/AIDS is more evident at the micro level (individual, households) than at the macro level (district, national). CSOs should avoid the generalized approach to exploring the impact and focus instead on lower community (household and intra-household) units.
- Defining entry points for engaging in external mainstreaming of HIV/AIDS depends on context and situations, while many of us would like to have ready-made templates, which do not exist.
- Critical linkages and partnerships are not readily achieved: the process of

exploring, building and maintaining partnerships for mainstreaming HIV/AIDS is always lengthier than one could imagine. These partnerships usually involve health and non-health specialist institutions. Non-health organizations should avoid reinventing the wheel, but instead work with health partners in developing health-related interventions.

- Experiences of successful external HIV/AIDS mainstreaming are still irregular and concentrated in certain regions, making it difficult to stimulate wide learning by policy makers and practitioners.
- Lack of political will in government institutions has been a critical barrier to the implementation of external mainstreaming. Both central and local government levels should take the responsibility to guide, facilitate and encourage organizations to mainstream HIV/AIDS. They can then direct information and resources to other actors to explore and build collaborations and lobby for wider adoption.

ambassadors for external mainstreaming should be able to understand that we all are vulnerable to becoming HIV in- and affected. Practising this thinking by personalizing HIV/AIDS within the organization and looking for coping strategies at the organizational level is a good step towards effectively coping with the impact of HIV/AIDS in the community. ■

*This article was produced as part of the KIC project.*

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1. J. Seeley, *Thinking with the livelihoods framework in the context of the HIV/AIDS epidemic*. Paper University of East Anglia, DEV/ODG, 2002: [www.livelihoods.org/info/docs/SLFraHIV.doc](http://www.livelihoods.org/info/docs/SLFraHIV.doc)
2. These examples are described, among others, in *Facing the challenge. NGO experiences of mitigating the impacts of HIV/AIDS in sub-Saharan Africa*. J. White (Ed.), Natural Resources Institute, 2002: [www.nri.org/news/pdf/aidreportnov2002.pdf](http://www.nri.org/news/pdf/aidreportnov2002.pdf). For more examples, see the side-boxes.
3. See also *Exchange on HIV/AIDS, Sexuality and Gender*, No. 1, 2005: [www.exchange-magazine.info](http://www.exchange-magazine.info)

Photo: Oxfam Novib



At the projects and programmes level, the two sides of mainstreaming HIV/AIDS – internal and external – are usually complementary. It is important to emphasize that starting with internal mainstreaming, i.e., developing HIV/AIDS workplace policies and programmes,<sup>3</sup> can easily open doors to external mainstreaming. This is a pre-requisite, since people you expect to be