



The SEEP Network
HIV & AIDS and Microenterprise Development Working Group

Conference Synthesis

Strategies for HIV & Microenterprise Programming

Conference Synthesis: Strategies for HIV & Microenterprise Development Programming



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Introduction

AIDS is the leading cause of death worldwide for people aged 15-49. There are more than 33.2 million people living with HIV and AIDS, nearly 22.5 million of which live in sub-Saharan Africa. Approximately 6,000 people die every day from AIDS. The SEEP Network has started a cross-sector initiative to bring together microenterprise development and public health professionals to confront and combat the challenge of HIV and AIDS.

From June 18 to June 25, 2008, the SEEP Network hosted the on-line conference **Strategies for Microenterprise and HIV Programming** with the support of the United States Agency for International Development. *The SEEP Network Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities: Supporting Economic Security and Health*¹ (The SEEP Guidelines) were the driving force of this introductory dialogue.

Nearly 200 field practitioners from all over the world enrolled in this conference, and there were 25 active participants in the discussions. As of the publication of this synthesis (July 2008), Participants and non-participants alike continue the dialogue on the SEEP Network website http://communities.seepnetwork.org/me_hiv_conf/discussion.

Key Discussions:

1. Benefits to Integrating MED and HIV and AIDS Programming
2. Facilitating Cross-Sectoral Partnerships
3. MED Strategies within HIV and AIDS Impacted Communities
4. Challenges of Integrated Programming

¹ Available on the SEEP Network online platform **Microenterprise & HIV** (<http://communities.seepnetwork.org/hamed/node/23>)

Benefits to Integrating MED and HIV and AIDS Programming

The SEEP Guidelines provides guiding principles for planning cross-sectoral programming and collaboration. Integrated programming does not necessarily encourage MED services to build capacity for HIV and AIDS services or vice versa. Both MED and HIV programming are highly specialized and technical fields, and their proactive involvement in integrated programming is directed at **partnership**.

Participants began this discussion by focusing on benefits to integrating MED and HIV and AIDS programming with the key question, “To integrate or not to integrate?” Their comments and observations from the field included,

- In order for successful integration between MED and HIV programs to take place, MFIs will have to be actively involve in either providing social services or partnering with the appropriate institution that does so.
- There is a bi-directional linkage between poverty and HIV. People affected by HIV and AIDS have different needs and depending on the level of treatment, care, and stage of illness, their households can shift in and out of economic security and destitution. At the same time, most poor people depend on microenterprises for their livelihood². Bearing in mind that people are affected differently by HIV and AIDS in each community, one can hope that successful MED integration with HIV and AIDS services including prevention, care, and treatment will create a sustainable network from the ladder of services to “climb out of poverty”. **The challenge remains on how to foster networking amongst the various stakeholders and prevent MED services from stretching beyond their capacity** in their attempts to innovate comprehensive services with comprehensive care.
- In programs where people living with HIV (PLHIV) receive effective counseling and obtain proper nutrition, observations from the field in rural India have concluded that these clients may be at lower risk for MFIs than non-HIV affected populations due to a higher self-esteem that motivates them to maximize their benefits.
- Successful integration is further exemplified in the Promising Practice Series found on the **Microenterprise & HIV** website (<http://communities.seepnetwork.org/hamed/node/29>).

² To an MFI servicing high HIV- & AIDS-impacted communities, integrated programming is a risk mitigation strategy to prevent increased default, reduced outreach, and group disintegration. The conference pointed out that soon to be published is a USAID microNOTE on MFIs and risk mitigation within this context.

Facilitating Cross-Sectoral Partnerships

The SEEP Guidelines offers an MED model for eradicating poverty that incorporates the impact of HIV and AIDS. The model advocates partnership to support a strong livelihood security response to the HIV- and AIDS-affected households with the **end-all goal to establish a strong community safety net sustained by economic security**.

The SEEP MED model was created from practice and is an evolving process that for the on-line conference sparked further exchange of ideas and recommendations by the participants. They **concluded that both partners should appreciate transparent and open communications/ attitudes to ensure their joint success**. An equal balance of pro-activity is also required, meaning that one partner may have to energize the other.

The facilitation of cross-sectoral partnership also entails:

- matching client access to the benefits and services of both sectors;
- identifying the targeted beneficiaries to ensure that PLHIVs are not only receiving health care support or that the greater community at large is not excluded from the institutions serviced by MED;
- performing market research, particularly over the market impact of HIV and AIDS and the needs of the clients;
- sensitizing one another and their staff on the different social and financial barriers within each respective field; and
- creating a sustainable partnership network that will further expand on individual strengths and goals and mutual objectives.

MED Strategies within HIV and AIDS Impacted Communities

The conference largely echoed *The SEEP Guidelines'* emphasis on the need to create a community safety net, so that the stable and healthy populations can better care for others. This requires that **access be given to youth and other vulnerable but healthy populations** who would otherwise be excluded from MED services and ensuring that the community is sensitized to HIV so that PLHIV can join the network without the fear of stigma or discrimination.

There are two recommended solutions to stimulate business development services (BDS)³ in areas highly impacted by HIV and AIDS in order to meet market demand and ensure that the beneficiaries are still driving the process:

- Pro-Poor Value Chain Development: when community works together to market a product to extend to markets, build relationships, and overcome barriers to entry⁴.
- Social Enterprise: when an NGO identifies and creates business and hires the targeted clients, or, helps community groups run social enterprise⁵.

a. MED strategies within HIV and AIDS impacted communities also include stimulating businesses that are high value, low input, and market-approached to help access market channels (create linkages) with mid/long-term contracts for products.

b. MED strategies need to factor in health issues of PLHIV and others within the community including:

- stigma that may affect the selection and success of business opportunities;
- labor and time constraints faced by PLHIV and their families;
- using the workplace as a venue to increase access to HIV-related services including prevention education and treatment;
- economic activities should not increase health risks to PLHIV or increase the vulnerability of others to acquiring HIV; and
- protection for girls, women and youth needs to be considered when developing business opportunities.

³ It is important to keep in mind that BDS is technical, and there exists the need to hire development workers with these skills or hire people with experience running businesses.

⁴ The SEEP Network held an online conference "Urban Value Chain Development" in April and May; access the discussion posts and synthesis document at <http://communities.seepnetwork.org/urban/discussion>. Further resources available at (<http://communities.seepnetwork.org/edexchange/node/88>).

⁵ The SEEP Network is holding an online conference from July 15-30, 2008, "Defining Social Enterprise"; it is open to the public (http://communities.seepnetwork.org/se_conf/node/1187).

Challenges of Integrated Programming

In addition to institutional barriers and stigma and discrimination found in communities and MED services, the conference confronted another challenge of integrated programming outlined by *The SEEP Guidelines*: **targeting**.

While public health programs target beneficiaries according to their HIV status, MED service target based on economic status. The participants discussed how joint targeting is key to the successful implementation of MED strategies, but **there is ongoing debate over what the challenges of integrated programming further signify**. For example:

- the need to foster the involvement and networking of the various stakeholders involved, whether it be MED or HIV and AIDS service-organizations, groups of PLHIV, NGOs, or the government;
- the need to increase community participation/mobilization and help civil society integrate with the above sectors and strategies;
- the need for funding of MED strategies; and
- the observation by the participants that targeting can be time-consuming and costly.

Economic status, and not health status, determines the MED activity. The UN Millennium Development Project defines very poor as living on \$1 per day, which is determined by what each household spends divided by the number of people living in the household. However, households can periodically fluctuate out of extreme poverty depending on environment, health, and economic circumstances.

Ongoing Debate

A sub-discussion to the challenges surrounding joint targeting surfaced on **how MFIs could best serve children affected by HIV and AIDS**. Children who are ill are often a concern of the family (or, potentially, the community safety net). Yet, an alarmingly visible consequence of HIV and AIDS is the increase in child-headed households, compounded with the lack of rights and status Orphans and Vulnerable Children have across the world.

While participants shared good models in Tanzania and Kenya that provide vocational training and business development assistance to the youth, **there was also debate and skepticism over the reality of the situation**, when MED services often exclude rural OVC.

This vibrant dialogue continues on the **Strategies for HIV & Microenterprise Programming** discussion space (http://communities.seepnetwork.org/me_hiv_conf).

Other questions left open for continuous discussion are:

- What are the key roles of each partner, the best practice models, and the advantages and disadvantages of each model?
- How to secure donor funding and its effective management, especially to cater for delinquent loans due to illness?
- What are the barriers for public health organizations to partner with MEDs?
- Are there any MFIs who have a reputation to work with PLHIV?
- Are there MED programs or strategies that have been successful in targeting marginalized groups such as intravenous drug users?
- How is SEEP contributing to the plans for Peer Learning Exposure visits as organizations already implement a model with lessons to learn?

Annex 1. Additional Resources

Over the course of the online conference participants sited additional resources including documents and online discussions that may be of interest for those seeking to integrate MED and HIV-related activities.

Bibliography

This bibliography contains links to helpful publications about MED and HIV program integration.
<http://communities.seepnetwork.org/hamed/resources/results/results/taxonomy%3A26>

Online Communities of Practice

Social Performance Working Group

<http://communities.seepnetwork.org/edexchange/node/225>

Social Enterprise Working Group

<http://communities.seepnetwork.org/hamed/node/726>

<http://communities.seepnetwork.org/edexchange/node/89>

Enterprise Development Exchange

<http://communities.seepnetwork.org/edexchange>

MicroLINKS

http://www.microlinks.org/ev_en.php?ID=8390_201&ID2=DO_TOPIC

Tools

Poverty level assessment tools

http://www.grameenfoundation.org/what_we_do/social_performance

<http://www.iris.umd.edu/>

Participatory Appraisal of Competitive Advantage (PACA)

<http://www.paca-online.de/index.php>

Forthcoming Partnership Toolbox

Practitioner Learning Program for MED programs with community based organizations working with HIV impacted communities anticipates the publication of a Partnership Toolbox which has a set of guidelines on creation of successful partnerships between community-based organizations providing social and health services to HIV and AIDS impacted affected communities and MED sector organizations.

Websites & Documents

The SEEP Guidelines

This web-based document provides a framework for collaboration between the MED and HIV sectors.

<http://communities.seepnetwork.org/hamed/node/23>

The SEEP Network Case Studies Series on Microenterprise Programs Targeting the Very Poor

<http://communities.seepnetwork.org/edexchange/node/225>

<http://communities.seepnetwork.org/edexchange/node/224>

<http://www.iris.umd.edu/>

[http://www.grameenfoundation.org/what we do/social performance/](http://www.grameenfoundation.org/what_we_do/social_performance/)

Promising Practice Series on MED and HIV Integration

<http://communities.seepnetwork.org/hamed/node/29>

Addressing HIV in the Workplace

<http://www.aed.org/Projects/smartwork.cfm>

<http://www.ilo.org/public/english/protection/trav/aids/countryprofile/tc...>

Economic Strengthening for Vulnerable Children

This document provides principals and specific programming recommendations for economic strengthening for vulnerable children and their families:

http://www.microlinks.org/ev_en.php?ID=21730_201&ID2=DO_TOPIC

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