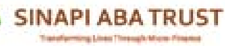

PLP in Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa

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TECHNICAL NOTE

Enhanced Service Provision for Economic Strengthening in HIV and AIDS-Impacted Communities

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Abstract

People infected or affected by HIV and AIDS face social, health-related, and economic challenges. Non-governmental organizations (NGOs) can help address these needs, often in partnership with other entities. This technical note explores the range of services required by HIV and AIDS-affected communities for effective economic strengthening by microfinance and enterprise development (MED) programs. It analyzes the issues that confront clients affected by HIV and that affect their economic livelihoods and explores the available services that affected clients can enlist to overcome these challenges. It concludes with a list of decision questions to help microfinance and enterprise development programs determine which services are most needed for their own clients and whether partnerships can help deliver these services.

This document is also published as an addendum to The SEEP Network *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities* at http://hamed.seepnetwork.org.

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List of Acronyms

AEE	African Evangelistic Enterprise
ART	Anti-retroviral therapy
BASICS	Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa
BDS	Business development services
CBO	Community-based organization
CHF	Cooperative Housing Foundation International
CRS	Catholic Relief Services
EMG	Emerging Markets Group
HBC	Home-based care
MED	Microfinance and enterprise development
MFI	Microfinance institution
NGO	Non-governmental organization
PLP	Practitioner Learning Program
PLWHA	Person living with HIV and AIDS
PPAG	Planned Parenthood Association of Ghana
SAT	Sinapi Aba Trust
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing services
WFP	World Food Program
WISE	Women in Self-Employment

About The SEEP Network

The SEEP Network, founded in 1985 and headquartered in Washington, DC, is an association of more than 70 international NGOs that support microfinance and microenterprise development programs around the world through microfinance and enterprise development. SEEP's mission is to connect microenterprise practitioners in a global learning community. As such, SEEP brings members and other practitioners together in a peer-learning environment to produce practical, innovative solutions to key challenges in the industry. SEEP then disseminates these solutions through training, publications, professional development, and technical assistance.

About the Practitioner Learning Program

The Practitioner Learning Program (PLP) methodology was developed by SEEP as a way to engage microenterprise practitioners in a collaborative learning process to document and share findings and to identify effective and replicable practices and innovations to benefit the industry as a whole. The PLP combines a small-grant program with an intensive small-group facilitated-learning process, usually over a period of one or more years, and utilizes workshops, email listservs, conference calls, and distance learning. Practitioner Learning Programs focus on learning at three levels: the individual organization, the PLP group, and the industry at large.

The objectives of the Building Alliances to Serve HIV and AIDS-Impacted Communities in Sub-Saharan Africa (BASICS) PLP are to empower microfinance and enterprise development practitioners through peer learning to build and strengthen strategic alliances with partner organizations and to document and disseminate the most effective models for developing these alliances for maximizing impact.

Introduction

People infected or affected by HIV and AIDS face social, health-related, and economic challenges. Non-governmental organizations (NGOs) can help address these needs, often in partnership with other entities. This technical note explores the range of services required by HIV and AIDS-affected communities for effective economic strengthening by microfinance and enterprise development (MED) programs. It analyzes the issues that confront clients affected by HIV and that affect their economic livelihoods and then explores the available services that affected clients can enlist to overcome these challenges. It concludes with a list of decision questions to help microfinance and enterprise development programs determine which services are most needed for their own clients and whether partnerships can help deliver these services.

BASICS PLP Participating Organizations

Fantsuam Foundation and community-based organizations, Nigeria: Fantsuam Foundation offers a package of microfinance, information technology (IT), and support to HIV and AIDS-impacted individuals and households. Through several community-based partners, as well as self-help groups, Fantsuam can expand its services to include psycho-social support in general and aid for orphans and vulnerable children, such as school uniforms, nutritional advice, and support.

Catholic Relief Services (CRS) and Caritas, Rwanda: CRS and Caritas have a long-standing relationship, wherein CRS provides capacity building and funding to Caritas, who carries out grassroots implementation of programs. Under the BASICS PLP, the two organizations have expanded the number of self-managed savings communities and increased their capacity to save and to grow new businesses.

Sinapi Aba Trust (SAT) and Planned Parenthood Association of Ghana (PPAG), Ghana: SAT is a well-established and leading microfinance institution (MFI) and member of the Opportunity International Network, serving over 80,000 clients in Ghana. The BASICS PLP enabled Sinapi Aba to improve the delivery of HIV and AIDS awareness, and to pilot other services as voluntary counseling and testing, nutritional support, and medical services to its clients through its partner PPAG.

Mercy Corps and Women in Self-Employment (WISE), Ethiopia: Mercy Corps and WISE are collaborating to increase the range of services offered to WISE's 10,000 clients, who are members of savings cooperatives. With a focus on new income-generating opportunities, WISE and Mercy Corps are piloting briquette production and kitchen gardens, among other activities.

CHF International (CHF) and African Evangelistic Enterprise (AEE), Rwanda: CHF implements a PEPFAR (President's Emergency Fund for AIDS Relief)-funded program in Rwanda with an economic development component for impacted communities. With AEE, CHF is developing new economic opportunities for impacted groups, such as the market development and facilitation for co-operatives who participate in agriculture value chains.

Emerging Markets Group (EMG) and Fruits of the Nile, Uganda: EMG is a private consulting company with strong experience in value chain programming. EMG is facilitating the relationship between clusters of caregivers (for orphans and vulnerable children) and a private agricultural processing and export firm—Fruits of the Nile—enabling rural women to sell dried fruits to higher-value markets.

Impact of HIV and AIDS

HIV and AIDS continue to pose an enormous threat to millions of households globally. In 2007, more than 33 million people were living with the disease, and two million people died of AIDS, despite increasing availability of antiretroviral (ARV) therapy.[1] The number of AIDS-related deaths worldwide peaked around 2005, but has since declined only slightly.[2]

The effects of HIV and AIDS are felt at all levels, from individuals to nations. In sub-Saharan Africa, organizations report resulting labor constraints, loss of skills, reduced resources and assets, increased production costs, and reduced profits.[3] Public and private actors in developing countries are attempting to reduce the spread and impact of HIV and AIDS, but much remains to be done. Some donors have stepped in to shoulder much of the burden in sub-Saharan Africa. Many organizations work in collaboration with donors to deliver a variety of services to those affected by HIV and AIDS, from village- and community-based organizations (CBOs) to national NGOs to large international not-for-profit organizations. However, it is difficult for one organization to address the many interconnecting needs facing HIV and AIDS-affected clients. For example, large organizations may have good technical skills and information, while CBOs have access to local networks and knowledge. Furthermore, the impact of HIV & AIDS can be categorized at different levels and thus may require deferent levels of interventions.

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1. UNAIDS, 2008, "The HIV epidemic has changed our world" in "2008 Report on the Global AIDS Epidemic" (Geneva: UNAIDS), http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/

2. AVERT, 2009, online document, "Number of People Infected during 2007, and the Number of Deaths," in "Worldwide HIV & AIDS Statistics Commentary," http://www.avert.org/worlstatinfo.htm

3. For example, for discussions by organizations on impact issues, see L. Jones and M. McVay, 2006, "Economic Support and Income-Generating Programming for HIV and AIDS–Impacted Communities," SEEP Progress Note 15 (Washington, DC: SEEP), http://www.seepnetwork.org/Resources/4694_file_Progress_Note_15_Economic_Support_HIV_AIDS.pdf

Role of Partnerships in Addressing the Impact of HIV and AIDS

The SEEP *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities* states that "microenterprise development is a crucial element of a holistic approach to HIV and AIDS prevention and mitigation." It acknowledges, however, that "implementing integrated programming is challenging. It requires bringing together diverse technical approaches, different program priorities, and—sometimes—competing institutional and professional interests. The key to addressing these challenges is facilitating effective cross-sector partnerships among public health and MED (microenterprise development) professionals and organizations."[4]

Alliances with other organizations can help address existing gaps in institutional capacity. Collaboration between institutions with complementary strengths provides a mechanism to deal with the wide-ranging and interrelated issues facing affected individuals, households, and communities. Such partnerships are often better able to respond to the diverse needs of HIV and AIDS-affected clients with a spectrum of appropriate services when compared to either organization acting alone.

Section 2.2.5 of the SEEP *Guidelines* explores common services offered in HIV and AIDS programming, such as testing, prevention, treatment, and care and support. The information in this technical note is meant to complement this existing knowledge, and many of the needs and recommended services overlap between the two documents.[5] This technical not is based on the experiences and lessons learned from the participants in the SEEP Network BASICS PLP. The contents largely come from practitioner research: first-hand experience of the authors' organizations, as well as information from partners and program clients. The technical note here focuses specifically on how clients' service needs can be met through partnerships.

For more information on partnerships for microenterprise development in HIV and AIDS- impacted communities, please visit http://hamed.seepnetwork.org and see the other learning products in this series:

- "Partnering to Achieve Economic Impact in HIV and AIDS-Impacted Communities: A Partnership Toolkit for Microenterprise Development"
- "Partnership Models for Successful HIV and AIDS and Microenterprise Service Delivery"
- "Partner Capacity Building for Economic Strengthening in HIV and AIDS-Impacted Communities"

Intended Audience

This technical note is intended for public and private organizations that conduct initiatives in microfinance or enterprise development and that partner with organizations offering services at the community level. The BASICS PLP specifically concentrates on partnerships that improve services to HIV and AIDS-affected communities.

4. The SEEP Network, 2008, online document. "What Kind of Microenterprise Development Strategies Work for HIV and AIDS-Impacted Communities?" section 2.3, and "How Can We Facilitate a Cross-Sector Partnership?" section 2.5, in *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities,* Book 2. http://communities.seepnetwork.org/hamed/node/38 and http://communities.seepnetwork.org/hamed/node/40, respectively. Section 2.5 contains guiding principles for integrated programming.

5. The SEEP Network, 2008, online document. "Common Types of HIV & AIDS Programming," section 2.2.5, in *Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities,* Book 2. http://communities.seepnetwork.org/hamed/node/759.

Key Challenges Facing HIV and AIDS-Affected Communities

This section details common social, health, and economic challenges for clients and communities affected by HIV and AIDS. The wide-ranging, interrelated nature of these issues is a compelling reason for MED programs to attempt to address these issues: the social and health needs of individuals and households strongly affect their ability to make the best use of economic interventions.[6]

Social Issues and Challenges

Social issues offer unique challenges to those impacted by HIV and AIDS. In addition to health and economic constraints, social barriers can present almost insurmountable obstacles to those who are struggling to earn an income or repay a microfinance loan. The following section outlines four social challenges related to social networks and demographics: stigma, ostracism, gender, and psycho-social needs.

> In Ethiopia, Mercy Corps and WISE observed that children who lose parents to AIDS are deeply affected both emotionally and financially. Children are often left with no option but to choose work over attending school. This is exacerbated by the fact that children cannot always maintain their right to parents' production assets and land rights. Furthermore, child-headed households are unable to contribute to community support funds, such as traditional funeral groups. This weakens these institutions, affecting the entire community.

Change in Social Networks and Demographics

HIV and AIDS contribute to the breakdown of social structures and networks at the household, extended family, and community levels. Due to illness, death, and poverty, social capital has also been eroded in most communities. For example, an extended family that would have traditionally taken in orphans may no longer be able to cope with the number of parentless children. Many of the PLP organizations observed that community groups shrink due to deaths and become overburdened with taking care of ill or vulnerable members.

MED programs are affected because many economic interventions make use of community structures, such as group-lending methodologies. Teenagers or aging grandparents may be heads of households, but lack the capacity to earn enough money to support their families. This is worsened by a lack of access to resources and the loss of skills transferring from one generation to the next. Consequently, family and community supports are no longer adequate, and families need additional social services.

> Microfinance clients of Sinapi Aba Trust in Ghana often do not want to disclose their HIV status to the institution or to other groups in case there is HIV-related stigma or discrimination. As a result, all tested clients remain anonymous (even to MFI staff) and are provided with HIV services (e.g. counseling, support, and care) through alliance partners or other health institutions. SAT recognized the importance of building trust with the clients, so that they feel comfortable enough to get tested in a confidential, non-discriminatory environment.

Stigma and Ostracism

Partners of the BASICS PLP have observed that HIV-related stigma translates as unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV and AIDS, as well as toward their loved ones, social groups, and communities. Patterns of prejudice include devaluing, discrediting, and discriminating against these groups of people. These play into and reinforce existing social inequalities, especially those of gender, sexuality, and race. In some cases, people infected with HIV are blamed for their condition; many believe HIV could be avoided if individuals made better moral decisions. In extreme cases, it may be much worse. For example, in Nigeria, Fantsuam Foundation observed that children of HIV-positive parents were frequently labeled as causing the family's misfortune by means of witchcraft and then forced to leave the community.

6. For more information from SEEP on the effects of HIV and AIDS, particularly on poor clients, see http://communities.seepnetwork.org/hamed/node/696.

Gender Impact

Women are disproportionately affected by HIV and AIDS. First, women tend to have higher incidence rates in sub-Saharan Africa, due to a combination of social and physical factors.[7] They are often not empowered to demand safe sexual practices, and suffer the consequences of infection. Moreover, women and girls often bear the brunt of caring for the sick and for orphans, and the burden of care can be overwhelming.[8]

Experience has shown that as a result of the debilitating effects of infection, as well as an increased workload at home, women become less productive in their work, resulting in lower income. Because of sickness or a larger care burden, they may also have to change the type of work that they do. Unfortunately, women frequently do not have the resources, knowledge, or skills to adopt new and viable economic strategies. For instance, women's groups in Rwanda received help from Caritas, the development arm of the Catholic Church, and learned new methods of income generation that were compatible with their constraints.

Psycho-Social Needs

People who know or believe themselves to be infected by HIV may experience depression, anxiety, and denial. This is further complicated by societal attitudes including stigma and discrimination. People living with HIV and AIDS (PLWHA) may practice self-stigma as well. With inadequate counseling and treatment they may become mentally and physically weaker and less able to contribute to the household as jobs, business, and incomes are lost.

Household members caring for family with HIV and AIDS will also be under a lot of stress. As a result, some may face economic hardships and constant demands for their time, which may also result in isolation.[9]

A male HIV-positive client of Fantsuam Foundation in Nigeria became blind and deaf over the course of his illness. Without counseling or other appropriate support, he became very depressed and lost the will to live. As a result, his extended family withdrew from him further, leaving him feeling even more isolated.

Health Challenges

The HIV and AIDS pandemic has resulted in a range of healthcare needs, from knowledge and prevention to dealing with the later stages of the illness. Poor health management can result in economic impacts, such as reduced productivity at work, higher risk as microfinance clients, and lower capacity to seek alternative economic strategies.

Inadequate Knowledge about HIV and AIDS

Although there is a growing general knowledge of HIV and AIDS, significant ignorance or misinformation regarding causes, prevention, treatment, and disease management is widespread. Even in communities with well-advertised awareness campaigns on HIV/AIDS, there are still challenges to disseminating the correct knowledge due to fatigue of HIV/AIDS awareness in the communities. As a result, many still engage in high-risk behaviors, contributing to the spread of the virus; fail to take advantage of anti-retroviral therapy (ART); and poorly handle the disease in terms of treatment, nutrition, and personal care.

African Evangelistic Enterprise (AEE)-Rwanda and EMG-Uganda have found that adolescents lack sufficient knowledge about HIV and AIDS. Youth need education about prevention and care before they become sexually active and risk contracting the virus.

7. AVERT, 2009, website, "Worldwide HIV & AIDS Statistics Commentary: Sub-Saharan Africa," http://www.avert.org/worlstatinfo.htm

8. UNAIDS, UNFPA, and UNIFEM, n.d., online document, "Caregiving," in "Women and HIV/AIDS: Confronting the Crisis," Joint Report, http://www.unfpa.org/hiv/women/report/chapter4.html

9. For more information about caring for people with HIV and AIDS, see UNAIDS, 2000, "Caring for Carers: Managing Stress in Those Who Care for People with HIV/AIDS," UNAIDS Best Practice Collection (Geneva: UNAIDS), http://data.unaids.org/Publications/IRC-pub02/JC717-CaringCarers_en.pdf.

Need for Health Coping Strategies and Support

HIV-positive individuals require ongoing support to deal with the potential health impacts of the disease. Strategies and interventions are needed as HIV-positive individuals cope with treatment regimens, opportunistic infections, and the growing debilitation that may occur over time. These needs are above and beyond the social needs described above, generally requiring the support of trained health professionals or para-professionals. Such services may not be readily available or known to MED clients, and so connections and referrals are critical.

Health problems can lead to productivity loss, reduced time in the workplace, and reduced ability to seek alternative economic opportunities. For example, Fantsuam Foundation in Nigeria has found that HIV-affected clients who do not receive health services integrated with microfinance find it more difficult to participate in a group, handle a loan, and productively use their funds.

Access to Anti-Retroviral Therapy

Once an individual has been diagnosed with HIV or AIDS, there is generally a need to access anti-retroviral therapy. When medications are not subsidized, this is generally cost-prohibitive for poor clients. Many countries have made free medications available to all. However, lack of awareness, limited distribution times and places, costly transportation, or fears about maintaining anonymity may keep clients from accessing these medications. Clients need support to access ART treatment and to remain as healthy as possible.

Poor Nutrition and Food Security

People living with HIV require good nutrition and must eat more calories to stave off the effects of the disease. Unfortunately, many clients are food insecure and may be unable to purchase enough nutritious food to meet their own food and nutrition needs, in addition to those of their households. Food supplements (when available) are often sold for much-needed income or shared with family members who are not ill. As a result, the individual may remain at risk of malnutrition.

> Sinapi Aba Trust was concerned about the HIV-related stigma in the community and their loan clients' lack of knowledge about testing services. SAT felt it was important that their clients know their status, which not only could help prevent new infections but allow those with a positive-status to seek treatment and remain healthier longer. This two-pronged strategy of awareness building and information sessions about the disease and where to seek HIV-testing services contributed to reducing the HIV-related risk for the borrowers and the financial risk for the lenders.

Economic Challenges

Individuals and households dealing with HIV and AIDS face specific economic constraints that require a tailored response from microfinance and enterprise development organizations. The effects of HIV both increase expenses and decrease households' ability to earn an income, leading to severe economic difficulties.

Reduced Financial Resources

Affected individuals and households usually suffer from reduced income, due to the inability to continue in customary work, loss of adult earners, or time required to care for others in the household. At work, affected individuals may be less productive, resulting in lower business revenues or job loss. While adapting to lower incomes, people living with HIV and AIDS and their families may face increased expenses as well, such as healthcare-related expenditures, nutritional needs, and funerals. The net result is households sinking deeper into poverty and sickness. Income diversification becomes more difficult, since new activities often require assets. After using available savings, households may be forced to sell their productive assets, thereby complicating long-term livelihood prospects.

Limited Income-Generation Skills

Adults who are no longer able to carry out their customary work are in need of income-diversification strategies, but may lack the skills and assets (or physical strength) to adapt to something new. Young people orphaned by AIDS often did not have the opportunity to learn a skill from a parent and must turn to extremely low-paying work or even begging. EMG observes that most of their client communities in Uganda depend on traditional income-generation activities, such as animal husbandry and banana cultivation, but have no specific knowledge of national, regional, or international markets.

> Parentless teenage boys in Fantsuam's support group report taking on low-skilled and low-paid day labor, such as pushing wheelbarrows, to earn money to care for younger siblings.

In the Ntungamo district of southwest Uganda, a market analysis conducted by EMG in partnership with Africare revealed that caregivers had to waste a lot of bananas during the bumper season, which brought in less income with no value addition and linkage to any progressive market. As a result, since 2006, the caregivers have adopted solar fruit drying as the major income-generating activity, which allows the families to access markets in Europe. The dried fruits include apple bananas, bogoya bananas, papaya, and pineapples. The caregivers have constantly been guided by Fruits of the Nile on quality improvement, and some clusters have been organically certified. Organic certification means a better price, which will increase the sustainability of the fruit drying enterprise.

Economic Discrimination

The HIV-related stigma directed toward infected individuals and their families can lead to economic discrimination. This often means that people cannot earn a living and that engagement in the normal economic sphere becomes more difficult. Infected individuals may lose their jobs; be rejected by customers (particularly in "sensitive" jobs, such as food preparation); have difficulty in accessing loans, inputs, or insurance; or lose their living or working quarters.

> In Addis Ababa, Ethiopia, an HIV-positive member of a savings group organized by WISE (a local NGO) was affected by economic discrimination. This member used to make a living selling charcoal. However, when customers found that she was HIV positive, nobody was willing to buy charcoal from her anymore. After the various awareness raising activities organized by WISE, the community has changed their perceptions and the woman has also diversified her business activities to selling local foods.

In Ghana, SAT has created a "client welfare scheme," a fund to guarantee repayment of loans of any client (group/individual) who suffers from prolonged illness, accident, or disaster. The fund absorbs the outstanding loan amount, which they hope will prove to be one effective way to deal with challenges of stigma and discrimination.

Enhanced Service Provision through Alliances

Microfinance and enterprise development initiatives alone do not have the capacity to tackle all the challenges described in section 2. Nevertheless, almost all of these challenges negatively affect the economic status of the household or community and become causes for concern for MED programs. In order to focus on their core business areas, MED programs partner with other organizations that can deliver a broader range of health and social services. The range of needed services is described below, with identification or examples of the types of partners who can effectively offer the required support.

Social Services

Social services are typically not provided by microenterprise development organizations, although they might provide training, linkages, or funding for these interventions. MED programs might incorporate training modules on social or health issues, offer referrals for clients to other service providers, or provide financial or capacity-building support to partner organizations to facilitate service delivery. Specific examples are provided below.

Community-Support Groups

According to BASICS PLP partners, community-support groups have proven to be an effective way to assist impacted individuals, households, and communities in dealing with the impact of HIV and AIDS. They generally take the form of self-help groups of HIV-affected people. These groups provide a safe place to discuss issues, relieve tension, and seek solutions. Many individuals impacted by HIV and AIDS gain solace from merely knowing they belong somewhere and are not alone. Once a group is formed, agencies may provide social support through the group and enable access to a host of other services, such as medication or free or low-cost school uniforms for vulnerable children.

> CHF Rwanda sponsored a widely-transmitted youth radio program on HIV and AIDS. The program had a listener-friendly drama followed by a talk show with a question and answer period. In addition, CHF's partner AEE runs school camps which brings together secondary school students during holidays, provides training on HIV prevention and reproductive health, and informs them about voluntary counseling and testing services. Those who test positive receive additional support from AEE.

Community organizations might engage in grassroots organizing to form these groups. Africare, through which EMG implements its COPE project, has promoted replication of "post-test clubs" at health centers in Ntungamo, Uganda, in partnership with hospitals. These post-test clubs (for individuals who test positive for HIV) encourage members to take medications. Members also meet to provide support through songs, drama, and testimonies. The example of CHF Rwanda in the box illustrates how they support the creation of HIV support groups.

HIV and AIDS Education and Awareness Building

Awareness building can include:

- sensitization around the causes and effects of HIV and AIDS;
- awareness-raising to reduce stigma in society;
- strategies to empower those living with HIV;
- supporting information, so that affected individuals can live with a positive attitude; and
- protection of individuals' rights to privacy and confidentiality.

The PLP partners have been able to offer these services through a range of partnership strategies and community structures. As a result, more people can openly discuss the pandemic, disclose their own positive status and offer testimonials, and accept those who are infected without judgment. Rhoda Katung, a Fantsuam client, described her own experience, "Following my recovery, I found myself walking from house to house to speak with fellow HIV and AIDS sufferers about sharing their status in public. By showing that I can openly discuss the disease in public, it has also made other HIV-positive people join the support group." Thus, by encouraging more people to join the support group, it proved to be an effective way to reduce the level of stigma in the community.

Gender Training

The extra load that women bear in the face of HIV and AIDS has been repeatedly seen by the partners in this PLP program. This includes greater incidence of infection, more responsibility for care-giving, and in some cases, more severe stigma. Gender training has therefore become an important focus for microenterprise clients. Training and awareness building are needed across the board to ensure constructive changes in attitudes and behavior, and to ensure appropriate attitudes and support from program staff.

Furthermore, because "gender" refers to both men and women, EMG targets both genders in its HIV and AIDS programming in Uganda to increase their incomes via caregiver clusters. Africare/EMG is providing incentives for couples to get "couples testing" together, so they can better deal with the situation if they find out that one or both are infected.

> Fantsuam Foundation's gender mainstreaming module for volunteer training is aimed at empowering women to negotiate for safe sex.

Psycho-social Interventions

Psycho-social interventions refer to "activities that promote people's ability to effectively and satisfactorily meet the demands in their lives through healthy and rewarding social relations and interactions, effectively deal with and overcome the adversities which they face in their lives."[10] One type of intervention is HIV counseling, which often addresses the ongoing psychological and social problems of HIV-infected individuals, their partners, families and caregivers, such as during the pre- and post-test situations.

Pre-test counseling targets prevention and behavior, and helps a person reach the decision to get tested. Post-test counseling, whether they test positive or negative, will support and encourage them to "live positively" and maintain a healthy attitude and outlook. Group counseling can provide general information that is relevant to all or can provide a venue for mutual support. Peer counseling has been a successful approach as well.

Voluntary counseling and testing (VCT) services are perhaps the most common services provided by partners of MED organizations. These services may be offered by government agencies, non-profit organizations, or by private sector/partially subsidized clinics. MED programs' partners either provide information and referrals or actually deliver the counseling and testing themselves.

> In Rwanda, CHF worked with its partner AEE to reach and provide support to self-help groups of people living with HIV and AIDS. These groups often self-form to take advantage of health services and to discuss economic issues. AEE provides community-level services, ranging from health referrals to cooperative development, through the self-help groups.

Services may be free, subsidized, or provided at cost. In Ethiopia, for example, hospitals offer free services, while some private clinics have subsidized testing, charging a nominal fee.

Health Services

Health services, like social services, are not usually a strong suit in most MED organizations. Therefore, direct interventions are limited to basic training and linkages to health-services institutions. MED programs might provide funding or logistical support (such as for meetings) for partner organizations to provide the following services.

Access to Anti-Retroviral Therapy

The provision of ART varies from one country and one location to the next. Even when a country is committed to making ART available to all those who are tested positive, there might not be a distribution network that can reach everyone conveniently. Some countries, such as Uganda, have developed a decentralized system to try and ensure that HIV-positive individuals can receive ART in more convenient locations. For example, in the Ntungamo district of southwest Uganda, drugs are available at the referral hospital and health centers.

Health Promotion Campaigns

Health promotion campaigns might focus on a number of issues, from awareness building to ART access. They take a variety of forms, often utilizing social marketing, mass media, or training. With so many important health messages to share, such as promoting testing, practicing safer sex, and taking ART, organizations often struggle to find innovative ways to spread information and encourage healthy behavior. Many programs target young people, using school clubs, camps, radio programs, drama, and dance. Other campaigns target adults, caregivers, or high-risk populations.

> Sinapi Aba Trust and Planned Parenthood Association of Ghana (PPAG) are in partnership to offer VCT to clients. Sinapi Aba is focused on microfinance and does not have capacity in reproductive health. PPAG offers complementary services to Sinapi Aba clients, including not only VCT but nutritional support, peer group support, and access to ART.

Home-Based Care and Training

Clients of MED programs may be responsible for caring for others or need care themselves. Clients may go for lengths of time when they are healthy and productive, but suffer from periodic sickness. When caring for oth-

10. World Health Organization (WHO), 2009, website, "Psychosocial Support," http://www.who.int/hiv/topics/psychosocial/support/en/

ers, clients who are caregivers need to be trained on safe and effective practices for home health care and have access to appropriate supplies, such as gloves. In some cases, a client may be sick with no capable family member to provide care and support. As a result, a partner organization may organize home care through volunteers, staff members, or self-help groups. For example, home-based care (HBC) services are provided by the Fantsuam Foundation HIV/AIDS team, whose key enablers are national volunteers, especially the younger volunteers and retirees who act as peer educators, counselors, and care providers. The goal of the HBC project is to alleviate the suffering of people living with HIV and AIDS by improving quality of life at home level for patients.

Nutritional Support and Training

Organizations use a variety of approaches to address nutritional needs. Sinapi Aba and their partner PPAG provide nutritional supplements and nutrition information to HIV-positive individuals through their self-help groups. In Ethiopia, the World Food Programme (WFP) offers rations of wheat and oil for the entire family. In Rwanda, CHF's partner AEE focuses its nutrition efforts on the bedridden. No microenterprise programs in the PLP directly provided nutrition services.

Economic Services

MED programs specialize in providing economic assistance. However, certain aspects of economic programs can receive critical support from other organizations, for example, community-level organization and capacity building. Although not exhaustive, this section provides some examples of economic assistance from the experience of BASICS PLP partners.

EMG has extensive experience in market development programs and value chain analysis. In Uganda, when working with HIV and AIDS caregivers, it has realized the importance of conducting market analysis with a lens for the target population, taking such factors as stigma into consideration. Any training or products that are subsequently developed can use this context-specific information. This leads to more tailored programming and more sustainable results.

Microfinance Services

Microfinance services and community-led savings services play a vital role in the economic strengthening of HIV and AIDS-impacted clients. There is a wide range of traditional microfinance services that contribute to economic gains for impacted households: loans, savings, insurance, and financial planning. New developments and trends in microfinance, however, require innovation by microfinance providers in terms of more inclusive financial services. The specifics of financial products and management of operations and advice given to clients often need to be adjusted for those who are infected or are caring for others, and require further adaptation according to the cycle of illness and productivity.[11] This might include stressing different services (savings, planning, insurance) at different stages of the disease or adjusting policies and methodologies.[12]

In addition to microloans, SAT offers an innovative form of micro-insurance to its clients, known as the Client Welfare Scheme, which reduces clients' vulnerability to certain risks. For instance, the scheme absorbs outstanding loans if the client is robbed or affected by natural disasters, such as floods or fires. The scheme also covers clients if they die or become bedridden for a long time due to health reasons.

Business Development Services

Business development services (BDS), or conventional non-financial services, cut across financial and business management for enterprises and households. BDS can include training on bookkeeping and financial projections; alternative approaches for record keeping; financial planning for clients who lack numeracy skills; and market linkages and market information for clients' businesses.

11. For more information on changing financial needs of clients affected by HIV and AIDS and microenterprise development, see "Matching Needs to the Right MED Services and Tools," in *The SEEP Network Guidelines for Microenterprise Development in HIV and AIDS-Impacted Communities: Supporting Economic Security and Health,* http://communities.seepnetwork.org/hamed/node/730. See also J. Donahue, K. Kabbucho, and S. Osinde, 2001, "HIV/AIDS: Responding to a Silent Economic Crisis," *MicroSave* Briefing Note, no. 11 (Nairobi, Kenya: *MicroSave*), http://www.microfinancegateway.org/files/21779_03661.pdf.

12. For a guide on adjusting financial products to meet affected clients' needs, see F. Fraser, C. Green, and M. Miller, 2004, *"Microfinance and HIV/AIDS: Tools for Institutional Changes in Response to HIV/AIDS,"* Development Alternatives Inc. for USAID (Washington, DC: USAID), 26–31, http://pdf.dec.org/pdf_docs/PNADD681.pdf

These services are frequently offered by MFIs, but may also be provided by other microenterprise programs or alliance partners.

Enterprise Development and Income Diversification

As clients are pressured by resource demands and loss of income, income diversification strategies can be extremely valuable. Services vary from training for basic income-generating activities to higher-impact market analysis and value chain development programs.

Some of the BASICS PLP partners shared their business development services:

- Fantsuam Foundation, through its alliance with the international NGO Partners for Development, provides clients with a training module on farming as a business, since many impacted households are rural subsistence farmers.
- CHF and AEE in Rwanda have focused at the community level to encourage economic activities that meet local market needs. (See box above for more information.)
- EMG has developed tailored training manuals on selecting income-generating activities.
- SAT has developed different training modules for different loan clients based on their cycles to train them on how to increase their income through diversification and other business practices.
- WISE has conducted research to assess the viability of group businesses that would overcome some of the limitations of people living with HIV and AIDS.[13]

In Rwanda, CHF observed that there was no income diversification, groups were poorly organized, and market information was lacking. As a result, CHF, through its local partner AEE, developed an approach designed to identify market opportunities suitable to cooperatives. It also developed a package of interventions and services aimed at helping the clients participate effectively in these markets, thereby raising their incomes and enhancing better access to health.

Advocacy, Policy and Enforcement

Government policies on HIV and AIDS can have a large impact on the livelihoods of those impacted by the disease. Advocacy services can positively influence these policies, and can ensure appropriate levels of enforcement. The example from Rwanda here illustrates this process and its potential outcome.

Policy changes can occur in the workplace as well. Fantsuam Foundation was among the first organizations in Nigeria to have an HIV and AIDS-workplace policy, which aims to provide care and support, as well as protection to staff with guaranteed confidentiality.

CHF's partner, AEE, works with orphans and child-headed households. AEE has formed two associations for these children that operate a sewing workshop and a carpentry shop, where children and youth are trained and sell their goods. The Rwandan Revenue Authority asked the associations to pay business taxes (which they could not afford) or close down. AEE, along with representatives of the associations, successfully convinced the Ministry of Social Affairs to certify the associations as exempt from business taxes, given their unique nature.

Decision Questions for MED Programs

As described in the previous sections, MED clients affected by HIV and AIDS require a variety of services to address the causes, conditions, and results of their poverty. Without these complementary services, affected clients will not be able to make full use of economic interventions. MFIs and enterprise development programs, too, risk wasted resources and portfolio losses from not addressing health, social, and economic needs of their clients. It is therefore in MED programs' best interests to ensure that clients have access to a holistic spectrum of services.

13. F. Tekade, 2008, "Study Conducted on the Feasibility of Undertaking Group Businesses by Persons Living with HIV/AIDS in Addis Ababa," unpublished report by Organization for Women in Self-Employment (WISE) and Mercy Corps, Ethiopia, August 2008.

Following is a list of decision questions and analysis points to help microfinance and enterprise development programs determine which additional services are needed by HIV and AIDS impacted clients, and the best way to provide or facilitate access to those services. The questions draw out information specific to individual programs (answers may differ among geographic branches of the same organization), and can be answered with desk research, client surveys (that are anonymous or confidential so clients feel secure), and market research.

Decision Question 1

What impacts do HIV and AIDS have on our clients?

- Approximately what percentage of our clients (using local data or other general estimates) is HIV-positive? What percentage is otherwise affected by HIV and AIDS (have an ill family member[s], care for additional children, etc)?
- Can we survey our affected clients to determine their specific needs? Have our field agents/loan officers made reports about individual clients telling us about needs related to HIV and AIDS? Prioritize this list by most-pressing needs, if possible.
- Do the challenges described in section 2 of this technical note accurately reflect the reality of our clients? If not, what are our specific circumstances? (For example, you may be in a location where stigma is not a serious problem or where there is a strong distribution network for free ART.) Add or remove needs as appropriate.

Findings: List the major needs (prioritized if possible) of your clients affected by HIV and AIDS.

Decision Question 2

What are the unmet service needs for our clients?

- Using the list of needs developed in question 1, which of the services in section 3 of this note are most needed?
- What government programs (at the national, state, or local levels) provide these services?
- What self-organized community programs provide these services? (This might include support groups or self-help groups, funeral/burial societies, or informal social safety nets.)
- What donor-funded or subsidized (NGO or private) programs provide these services?
- Are our clients aware of the services already available?
- If they are aware, are they accessing these services?
- If not, why not (distance, transportation, cost, time, poor service or quality)?
- Which of the services identified in section 3 are not being provided, are too far away, are too expensive, or are ineffective?

Findings: List the most-needed services that are not currently being provided or services that clients do not or cannot access. List additional of services that are provided, but clients are not aware of (implying the need for awareness building or marketing).

Decision Question 3

What services (if any) should we provide directly? What should we provide through partnerships?

- What services—such as raising awareness about existing health and social services or offering basic HIV training in our group loan meetings—would it be easy and inexpensive to offer ourselves?
- Does our organization have any capability to provide social and health services (for example, a separate arm of a multi-sectoral organization)?
- How much staff time and resources are we able and willing to dedicate to helping our clients access the most-needed services? Are we willing to pay for the services ourselves?
- Do we want to enter into a partnership or just encourage our clients to seek out services at other organizations?
- If we do wish to enter into a partnership, what partners does our program have already? Are any them able to provide the needed services identified in decision question 2? Could we build their capacity to do so?*
- What existing community-level organizations, NGOs, or private firms can provide these services and might want to partner with us?**
- Are we willing and able to pay for any part of these services? If not, how will they be funded?

Findings: List the basic services your organization might wish to provide directly. Decide whether or not to partner to offer additional services, and make list of potential partners.

* For more on partner capacity building, see "Partner Capacity Building for Economic Strengthening in HIV and AIDS-Impacted Communities" in this series.

** A much deeper-level analysis of selecting partners and forming partnerships can be found in "Partnering to Achieve Economic Impact in HIV and AIDS-Impacted Communities: A Partnership Toolkit for Microenterprise Development," also in this series.

If your analysis leads you to decide to form or expand a partnership, you may wish to view the other learning products in this series:

- "Partnering to Achieve Economic Impact in HIV and AIDS Impacted Communities: A Partnership Toolkit for Microenterprise Development"
- "Partnership Models for Successful HIV and AIDS and Microenterprise Service Delivery"
- "Partner Capacity Building for Economic Strengthening in HIV and AIDS Impacted Communities"

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