

The effect of livelihoods programs on care giving roles in households affected by HIV and AIDS

New York, 7th March 2013

ACORD held an interactive event on “Livelihoods programs targeting women in Africa; Burden or opportunity for care giving in HIV affected households” during the 57th Commission on the Status of Women (CSW). The dialogue centred on:

- ACORD’s experience in integrating gender in livelihoods programmes targeting AIDS affected marginalised populations and in particular women;
- The central role of policies for increasing access to HIV prevention and AIDS treatment and care services for at risk populations, as a way of reducing infections and delaying morbidity;
- The need for building NGO capacity to ensure that they strengthen the gender analysis in their livelihoods interventions for target populations;
- Documenting outcomes of innovative livelihood interventions for women designed to reduce their burden of care in households for instance kitchen/ homestead vegetable gardens for purposes of replication;
- Addressing the special needs of marginalised populations in access to HIV and AIDS prevention and AIDS treatment and care services, as a critical factor for reducing the burden of care for women in South Saharan Africa;
- The need to address the stigma and discrimination surrounding men who have taken up household responsibilities and encouraging dialogue between men and women to collectively tackle masculinity beliefs and practices around sharing of care responsibilities.



The session was moderated by ACORD’s Head of Policy and Advocacy Ms. Salina Sanou. There were two panellists; Dennis Nduhura, Country Director for ACORD in Uganda and Ellen Bajenja – ACORD Health Thematic Manager.

Tackling gender imbalances through HIV and AIDS mainstreaming: the case of Uganda

Dennis Nduhura, ACORD Uganda Country Director described the current HIV and AIDS situation in Uganda; particularly the **sudden rise in new infections among married couples and general prevalence rate in spite of the previous efforts**. Uganda’s general adult population prevalence rate is currently at 7.3% for men and 8% for women. He attributed the rise in prevalence to a focus on treatment and care, as opposed to prevention efforts, which created complacency among the population since many PLHIVs were alive and healthy.

“The fact that Uganda, like many other developing countries, largely depends on external resources explains the focus on treatment and care. This is where most of the funding for the epidemic

response went at the time.” High prevalence rate was also attributed to the effects of the conflict in northern Uganda.

Dennis Nduhura presented outcomes of an HIV and AIDS mainstreaming in livelihoods program for AIDS affected marginalised populations in Uganda. This is a collaborative initiative financed by Oxfam International, managed by ACORD and implemented by indigenous NGOs in Uganda. The programme is addressing the impacts of HIV and AIDS in hard to reach populations in 5 countries in East and Central Africa (Uganda, DRC, Tanzania, Burundi and Rwanda).

The program targets fishing and pastoralist populations, as well as commercial sex workers. It aims for **“a society that has no new HIV infections, in which all people have access to HIV and AIDS prevention.”** The strategic objectives for the program include:

- realization of the rights of access to HIV prevention and AIDS treatment and care services by the hard to reach (HTR) communities; and
- improvement of livelihoods opportunities in order to reduce HIV transmission risks and mitigate the impacts of AIDS for the HTR communities.

Programme activities include microfinance, agricultural development initiatives such as provision of seeds and tools as a start up, and advocacy for small scale agricultural producers. Other activities are advocacy on rights to health access for commercial sex workers and establishing linkages with AIDS service providers for provision of HIV prevention and AIDS treatment and care services for the HTR communities.

Dennis Nduhura explained the **need for conducting a gender analysis to identify the entry points for addressing women’s needs within the livelihoods programs** and shared some of the findings from the gender analysis where it had been conducted:

- Access to HIV and AIDS services was affected by women’s daily chores as well as the lack of financial resources.
- Women participation in micro finance meetings is low, which affects their role in decision making as well as effective access to the entitlements as members. This is attributed to their burden in the household.
- Women often get involved in risky sexual behavior in order to provide for themselves and their households. This is attributed to lack of viable employment and income opportunities
- Increased strain and over burdening tasks for women in general and more particularly for those living with HIV and AIDS.

He further briefly shared the outcomes and lessons generated from the program;

- Community organizations working with marginalized populations affected by HIV and AIDS have gained an understanding of the need to integrate gender in livelihoods initiatives as well as **efforts for increasing women's access to HIV prevention and AIDS treatment services.**
- There is increasing involvement in household agricultural initiatives since they are easily accessed by all members of the family (men, boys, girls and women share responsibilities in kitchen gardens).
- Advocacy for scaling up of health facilities to higher levels to ensure that treatment services are brought nearer to the communities. Access treatment reduced on morbidity of PLHIV and therefore less patient care roles in households.
- Integration of the caring agenda within livelihoods interventions provides a good opportunity for engaging the masculinity norms and beliefs around care responsibilities (men talking to men)
- Mixed community groups also provide a good opportunity for engaging men in dialogue around their roles as opposed to women's roles.

- Men in some households take up the hands-on caring roles, however they are rarely acknowledged given the stigma and discrimination.

Recommendations for balancing the care role between women and men

Ellen Bajenja, ACORD Health Thematic Manager presented on recommendations for balancing the care role between men and women in livelihoods interventions for households affected by HIV and AIDS.



She provided an overview of ACORD's work with marginalised hard to reach populations in Sub Saharan Africa. In addition to the pastoralists, fishing populations and commercial sex workers targeted in Uganda, other programme countries have targeted children heads of households, women victims of sexual and gender based violence as well as sexual and ethnic minority groups.

She noted that ACORD's focus on these marginalised populations is informed by the belief that **all persons have rights and entitlements to good health and wellness.**

She described the situation of women in the context of HIV and AIDS where their HIV positive status and the ensuing gender inequalities in division of household roles continue to cause violence and strain on their lives. She further explained that the **gender inequalities fuel power imbalances and decision making including access to treatment and care for themselves.**

"In spite of their vulnerability to AIDS, women are subjected to the negative impacts of gender inequalities in the division of labour; women in hard to reach communities still bear a very heavy burden of domestic, farming and overall care role."

She noted that **while the 57th CSW is currently evaluating the performance of national governments on commitments made in improving the sharing of care roles between men and women in the context of HIV and AIDS; these efforts have not effectively targeted the hard to reach communities.**

Some of the developments reported include the introduction of community based care programs which have limited scope and are also dependent on external finances and not sustainable; scale up HIV and AIDS services which hardly cover the entire population of PLHIV in need of treatment, introduction of cash transfer mechanisms which have excluded the hard to reach populations and interventions for strengthening women's economic status, most of which do not adapt a multi sector approach.

Describing the realities in hard to reach communities, she noted that access to prevention and treatment although considered key in improving women's care roles is still a burden, due to the absence of public health facilities. Communities tend to depend on private health providers. "In the absence of a clear regulatory mechanism for the private health providers, the communities are further strained through out of pocket payments."

She further noted that women in the marginalised communities consider their care roles as a definition of their identity and importance in households. "Women feel helpless when men have to take up their roles." She noted that there is need to change these attitudes in order to effectively address the division of labour in households."

Comments and recommendations:

- Increasing the focus on advocacy for governments to ensure that all communities access their rights and entitlements for HIV prevention and AIDS treatment and care services as a human right. The need for a thorough analysis of national policies on the extent to which they tackle right to health as a human entitlement for all irrespective of status.
- Enforcement of government regulations on private health providers to reduce on the burden of health access for hard to reach populations was emphasized.
- The need to strengthen the multi sectoral approach as the best way of addressing livelihoods for women; government ministries to operationalise their HIV and AIDS desks and provide budget allocations for training and capacity building for non health sector public workers on how to mainstream HIV and gender in their work.
- **It is important to tackle stigma and discrimination meted on men who are willing to change and engage in household roles and responsibilities. They need a supportive environment to sustain the change in their attitudes and behaviour.**
- Need for follow up and thorough documentation of innovative interventions on tackling the division of care roles in households, to enable replication. It was noted that changing deeply rooted attitudes and beliefs around care is a long term processes requiring sustainable interventions.

As per its strategic plan 2011-2015 ACORD is consolidating its work on internal and external *HIV and AIDS* mainstreaming including addressing stigma and discrimination, and is capitalising upon its expertise in working with, and building the capacity of, organisations of people living with HIV as well as the marginalised hard to reach populations. We focus on facilitating advocacy campaigns for removing barriers for universal access to treatment, care and support services for people living with HIV; building AIDS competence among marginalised communities and organisations, reviewing regional regulatory frameworks and policies, mobilisation, cross learning and social action; and capacity building for networks of people living with HIV to engage in evidence based advocacy and in policy change processes at national and Pan African level.

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