



## **I. HIV/AIDS in Africa Program Goal**

To strengthen the “family” unit as it copes with the debilitating impact of HIV/AIDS, with particular emphasis on reducing further transmission, combating stigma, and securing the rights, care, and economic livelihoods of families affected by HIV/AIDS.

## **II. Background**

Every day, around the world, more than 8,000 people will die due to AIDS. Since its identification in the early 1980s, HIV/AIDS has resulted in 22 million deaths. Another 42 million people worldwide are currently infected with the virus and 13,000 people are added to that number daily -- the majority being young and middle-aged adults, normally the backbone of their nation’s economies and the care-providers for the world’s children and elderly. The number of children orphaned by AIDS is expected to rise to 25 million worldwide by 2010. Not only has HIV/AIDS caused untold personal suffering and loss, but it has utterly exhausted family resources, overwhelmed community and national health systems, and robbed children of their opportunity for education. 95% of those living with HIV/AIDS do not have access to life-saving anti-retroviral treatment; most of these are living in the developing world. In high-prevalence countries, AIDS has reduced life expectancy by as much as 20 years and imperiled the gains of 30 years of development and poverty reduction efforts.

2003 reports indicate that over 60 million Africans have been touched by AIDS, as they are either living with HIV, have died of AIDS, or have lost their parents to AIDS. Africa has borne the brunt of the HIV/AIDS pandemic, with more than 6,000 people dying each day due to AIDS. Of the 42 million adults and children living with HIV/AIDS worldwide, an estimated 30 million, or 70%, live in sub-Saharan Africa, and 58% of those infected in the region are women. Africa’s poverty, traditional practices, lack of formal education and jobs, gender inequality, and fear and stigma of this disease have become the fuel that is spreading the HIV/AIDS fire. International and governmental policies exacerbate the situation as treatments for HIV+ individuals and medications to reduce mother-to-child transmission risks continue to be beyond reach for most Africans - - both unavailable and unaffordable.

Increasing many people’s vulnerability is also Africa’s lack of peace. The continent has been plagued by ongoing civil wars, political unrest, and natural disasters, creating over 15 million refugees and internally displaced persons. Although some countries have made strides toward democratic reform, millions of Africans continue to flee unrest at home only to face a precarious life in an insecure camp situation. Women and children are the most vulnerable, as they face exploitation, violence, coercion, sexual abuse, and a complete breakdown of traditional value systems. Sexually transmitted infections, including HIV/AIDS, thrive under crisis conditions. Limited access to the means of prevention, treatment and care as well as the disruption of community and family life all serve to make displaced people more vulnerable to HIV infection.

No other disease has affected the African family like HIV/AIDS, as heads of households lose their ability to work, to produce food, and to meet basic needs. HIV/AIDS strains the family unit, as time and resources are consumed in caring for those who are ill; and HIV/AIDS creates stress, as both infected and affected members are subjected to social stigma and marginalization. Too often, the end result is the dissolution of the family unit when the infected family members die.

With HIV/AIDS it is evident that the victims are not only those who suffer from infection of the disease, but also those left behind when the funeral is over. Recent statistics estimate that approximately 13.2 million children under the age of 15 worldwide have lost either one or both parents as a result of AIDS; 90 percent of these children live in sub-Saharan Africa. In short, that translates to almost 12 million African children orphaned, or one might say 12 million African children more likely to be malnourished; 12 million African children less likely to attend or complete school; 12 million African children more likely to be forced into child labor (including prostitution); and 12 million African children more at risk of contracting HIV/AIDS themselves.

### III. Context

International responses to the HIV/AIDS pandemic have focused on issues of prevention both to halt the transmission of the disease from person to person and from mother to child, and on issues of care to improve the quality of life of those already infected and affected. At the core of international responses, including that of Church World Service, lies the recognition that public health is a public good. A population's health, including critical threats to it from HIV/AIDS, cannot be left to the private sector alone as recommended by some developed countries and international financial institutions. As such, major efforts are being put forth to encourage, coordinate, and fund public sector response that will benefit all, especially the most vulnerable.

Among the UN Millennium Declaration's goals was a clear statement for development efforts to address the HIV/AIDS pandemic, with the target of halving the pandemic and beginning to reverse the spread of HIV/AIDS by 2015. The lead international advocate for global action on HIV/AIDS is the Joint UN Program on HIV/AIDS (UNAIDS), whose mission is to strengthen and support an expanded response to the HIV/AIDS pandemic on the part of UN programs, international development and financing institutions, national governments, corporations, networks, individuals infected and affected by HIV/AIDS, community-based groups, and religious organizations.

Church World Service (CWS) has launched a multi-year initiative to focus institutional resources and constituencies' attention toward the concerted efforts of its international partners, with particular emphasis on CWS ecumenical and faith-based partners and their grassroots networks. The organizational strategy of CWS highlights support for two key areas of intervention: *Destigmatization* - - the creation of enabling environments that include protection of the dignity, human rights, health and quality of life of persons living with HIV/AIDS (PLWHAs); and community-based care - - the mobilization of communities to respond to the special needs of families affected by HIV/AIDS.

### IV. CWS Programming Directions

#### a) Public Policy Advocacy Objectives

1) Combating Stigmatization:

Stigma continues to play a significant role in the spread of HIV/AIDS. It is an obstacle to compassion and care for those who suffer from the ravages of the disease, and it is an obstacle to prevention for those at highest risk of infection. CWS and its partner organizations recognize that stigma and silence about the ways in which HIV/AIDS is transmitted have deadly consequences for highly impacted communities and society at large. CWS programs transform attitudes and practices of stigma, so that people living with AIDS will access treatment and prolong their lives.

2) Access to Care and Treatment:

CWS recognizes public health as a public good. Access to life-extending and life-saving medicines and comprehensive treatment of opportunistic infections for people living with HIV/AIDS represents hope. Hope for healthy children, hope for stable socio-economic growth, and hope for a promising future are dependent on access.

3) Access to Generic Drugs:

CWS and its partner organizations advocate for access to generic drugs for people in developing nations heavily impacted by HIV/AIDS. CWS promotes just trade implementation in adherence with the World Trade Organization's Doha Declaration that provides nations with the means to produce lower cost generic drugs and encourages nations to invest in people by investing in infrastructure to improve systems of health care delivery.

#### b) Program Intervention Objectives

1) Giving Hope through Destigmatization:

To restore the rights and dignity of persons living with HIV/AIDS through the transformation of attitudes and practices of stigma and discrimination towards those infected or affected by the disease; including advocacy for access to treatment.

2) Giving Hope by Strengthening Families:

To prevent the dissolution of the family unit by assisting HIV/AIDS-affected families in meeting the special needs of infected family members, with particular attention to increasing access to health care and nutrition education, and access to opportunities to improve household food security and income generation.

3) Giving Hope to Orphans and HIV/AIDS-Affected Children:

To protect the rights of and to provide support to children orphaned and affected by HIV/AIDS, that they may be empowered to manage their own well-being and the stability of their families, as well as to participate in the social and economic development of their communities.

4) Giving Hope to War-Affected and Displaced Populations:

To reduce the risks of HIV/AIDS infection and sexually transmitted diseases for war-affected and displaced populations, and to provide access to prevention education, trauma counseling, treatment, and care.

5) *Giving Hope with Institutional / Partner Development:*

To strengthen the response of civil society to the HIV/AIDS crisis, giving special emphasis to the engagement of ecumenical and faith-based partners, in the awareness raising, education, and dissemination of information about HIV/AIDS throughout their grassroots networks.

## V. Target Groups

CWS's HIV/AIDS programming in Africa will give primary attention to equipping ecumenical, religious and interfaith leaders, in their roles as educators, community mobilizers, and comforters for HIV/AIDS-infected and affected community members. Secondly, religious leaders and other community-based partner organizations will be supported in their HIV/AIDS interventions that assist HIV/AIDS-affected families.

This assistance should include mindfulness about:

- The increasing number of women being infected with HIV/AIDS and the related impact on the African family as women— wives, mothers, caregivers, and/or heads-of-households become ill and die.
- The increasing number of orphans and vulnerable children affected by HIV/AIDS.
- The increased risks of infection and sexual abuse for war-affected and displaced populations.

HIV/AIDS programming is promoted in all countries where CWS is currently active, with a particular geographic focus on:

- South Africa
- Sudan and Kenya
- The Mano River Union
- The Great Lakes Region, including Rwanda, Uganda, and Tanzania.
- Angola and Mozambique (lusophone)

## VI. HIV / AIDS in Africa Programming Guidelines

CWS HIV/AIDS in Africa programming is based on 13 inter-related values. These provide both consistency and coherence to the variety of HIV/AIDS programs supported by CWS. Overseas offices promote these interrelated directions among partners engaged in HIV/AIDS programming and support partner capacity-building activities aimed at strengthening their expertise in addressing the pandemic.

1. Breaking the Silence: Religious leaders are instrumental in eradicating the stigma and ending discrimination against people living with HIV/AIDS. As such, particular emphasis should be placed on equipping religious leaders with the space for reflection and with education and resources to provide their communities with both spiritual and social care.
2. Prevention through Treatment: Raising awareness and understanding about treatment options (palliative and therapeutic) distills the ignorance and fear that surround HIV/AIDS, and paves the way for voluntary testing, counseling, prevention of mother-to-child transmissions, and most important of all, discussion.
3. Creative Education: Behavior change is key to reducing the number of new HIV infections, yet it is one of the hardest objectives to realize. The creative use of media (written, audio and visual) can capture a targeted group's attention and engage them.
4. Participation of HIV/AIDS Infected and Affected Persons in Program Design: Those most affected by the crisis must be engaged as leaders in devising solutions and responses. PLWAs and affected family members (including orphans) must be meaningfully engaged in the development and control of projects.
5. Upholding the Family: The family is the cornerstone of African society, so families should be at the heart of HIV/AIDS interventions. Programs should seek to strengthen the "family" unit and its ability to cope with the added strains that HIV/AIDS inflicts.
6. Focusing on Family-based Methods for Improving Care: Good nutrition, clean water, and proper hygiene and sanitation practices can bolster the immune system and improve energy levels, thus helping the body to fight back against the ravages of HIV/AIDS and prolong the productivity of HIV+ individuals. Families will be provided with hygiene and nutrition education in resource-constrained palliative care settings, and anti-retroviral accompaniment programming.
7. Focusing on Household Security: Stable sources of food, income, and care facilities, combined with respect for one's legal rights are essential in ensuring household security. With the onset of HIV/AIDS, these basic resources become strained. Programs should provide opportunities for families to remain productive without creating distinction or exacerbating possible stigma.

8. Empowering Child-Headed Households: Problems begin for children in AIDS-affected households long before a parent dies of the disease. Attention should be given to the rights and legal access accorded to children, as heads of households; and to the provision of training in family/life skills, and vocational and livelihood opportunities, to integrate children into natural community and social structures without creating distinction or exacerbating possible stigma.
9. Enabling Women: HIV/AIDS responses must enable women to protect themselves and their families, particularly in situations of domestic violence or national conflict. The key to enabling women is education, not only of women themselves, but also of men, thus creating a society where women may speak-out without shame.
10. Addressing the Special Needs of Uprooted Populations: The UN High Commissioner for Refugees (UNHCR) reports that uprooted populations face a breakdown of traditional value systems, resulting in the disintegration of community, family life, relationships, and social norms traditionally governing sexuality. Special attention will be given to these populations and the prevention of HIV/AIDS transmission.
11. Policy Involvement Addressing Root Causes: CWS field offices will support the participation of local partners (civil society) within policy discussions, both locally and nationally, in their efforts to influence the policies of their local and national governments.
12. Replication of Sound Practices: As a partnership-based organization, CWS recognizes that programmatic and technical expertise lies within our partner organizations. CWS will strengthen the technical capacity of HIV/AIDS-related partner organizations and encourage their participation in, and exchange of practices with, national networks responding to the HIV/AIDS crisis.
13. Mainstreaming HIV/AIDS: In recognition of the interconnectedness of HIV/AIDS and poverty, CWS will encourage partner organizations to incorporate HIV/AIDS awareness and education components into their on-going development, relief and mission programs.

## VII. Expected Outputs

The key to reviewing the progress and impact of CWS's HIV/AIDS in Africa program depends upon the accurate and comprehensive documentation of target environments both pre- and post-project. CWS field offices will ensure that HIV/AIDS assessments capture not only the current state of a community's HIV/AIDS vulnerability, but also other social indicators such as general health, levels of malnutrition, participation in formal education, and livelihood activities that can be used to measure program impact and change. Specifically, with pre-project assessments, CWS will be able to identify and measure the changes resulting from partners' HIV/AIDS programming in Africa as it relates to:

- A transformation of attitudes and practices of stigma and discrimination, particularly among church and civic leaders;
- Increased recognition, respect, and protection of PLWAs;
- Improved knowledge of and participation in national HIV/AIDS programs by religious leaders;
- Improved local knowledge of HIV modes of transmission and means of prevention, particularly among youth;
- Improved knowledge of the HIV/AIDS pandemic and evidence of behavioral changes within the family unit, including war-affected and uprooted families;
- Improved knowledge and practice of family-based care approaches for PLWAs;
- Improved household security and diversification of livelihood activities of families caring for PLWAs, and of orphan-(child-) headed households;
- Improved accessibility to and affordability of treatment and care (e.g. drugs, public services, sanitation conditions);
- Active networking and peer learning among organizations/partners engaged in HIV/AIDS programming;
- Increased flow of resources from international communities directed to faith-based and grass-root responses to HIV/AIDS.

## VIII. Partners and Cooperating Institutions

Currently, CWS supports HIV/AIDS interventions through the following African (or Africa-focused) partnerships:

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| ▪ All Africa Conference of Churches (AACC) based in Kenya                                | ▪ African Medical & Research Foundation (AMREF), Kenya |
| ▪ African/U.S. Women's Partnership to Stop HIV/AIDS Pandemic (AFRUS/AIDS), US and Africa | ▪ Bosongo Community Outreach Service (BCHOS), Kenya    |
| ▪ World Council of Churches – Ecumenical HIV/AIDS in Africa Initiative (WCC-EHAIA)       | ▪ Rwanda Women's Network (RWN), Rwanda                 |
| ▪ National Council of Churches in Kenya (NCCCK), Kenya                                   | ▪ Young Women's Christian Association (YWCA), Rwanda   |
|  | ▪ Sudan Council of Churches (SCC), Sudan               |

- Sinikithemba Christian Care Center (McCord Hospital), South Africa
- South African Council of Churches (SACC), South Africa
- Christian Council of Mozambique (CCM), Mozambique
- Angolan Council of Christian Churches (CICA), Angola
- FilmAid International, Tanzania
- Global Initiative for Aids Nutritional Therapy (GIANT), Ghana
- Council of Churches in Sierra Leone (CCSL), Sierra Leone
- Young Men's Christian Association (YMCA), Liberia
- Concerned Christian Community (CCC), Liberia
- Ecumenical Advocacy Alliance (EAA), Geneva, the US and Africa

Additionally, CWS maintains relationships with, and supports the development work of the following African organizations who are also engaged in HIV/AIDS programming:

- Ethiopian Orthodox Church – Development & Inter-Church Aid Commission (EOC-DICAC), Ethiopia
- Christian Relief and Development Association (CRDA), Ethiopia
- Christian Service Committee (CSC), Malawi
- Christian Care, Zimbabwe
- Pro-Femme/Development-Solidarity (PF/DS), Burkina Faso
- Church of Uganda – Planning, Development and Relief (COU-PDR), Uganda
- Christian Partners Development Association (CPDA), Kenya
- New Sudan Council of Churches (NSCC), So. Sudan
- Association of Christian Lay Centers in Africa (ACLCA) based in Southern Africa

Other cooperating institutions include:

- World Council of Churches/Regional Ecumenical HIV/AIDS Initiatives
- National Councils of Churches, Christian Health Associations
- Interchurch Medical Assistance (IMA)
- Global AIDS Alliance (GAA)
- Ecumenical Advocacy Alliance (EAA)
- Ecumenical Pharmaceutical Alliance (EPN)

Current CWS HIV/AIDS sponsoring partners (providing over \$10,000 in HIV/AIDS program support) include:

- Tim Janis