



Mainstreaming HIV in the Democracy and Good Governance Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the democracy and good governance sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

HIV-related morbidity and mortality can decrease government revenue and increase government expenditure: HIV strikes people in their most productive years (ILO, 2004). In countries with generalized epidemics, HIV can reduce productivity and cause deterioration in the investment climate. Macroeconomic studies indicate that, in countries with severe epidemics, the Gross Domestic Product (GDP) may be substantially lower than expected before the HIV epidemics escalated (Dixon et al, 2002; ILO, 2005). Through its adverse effects on macro-economic conditions, HIV has the potential to reduce the tax base and government revenue (Haacker, 2005). At the same time, effective HIV prevention and treatment depends on an increase in public expenditure (UN, 2008).



Human rights violations can lead to HIV infection and are one of the major barriers to HIV care, support and treatment (OHCHR and UNAIDS): From the beginning of the epidemic, HIV-related stigma and discrimination have worsened the impact of HIV on people living with HIV (PLHIV), their families and key populations at higher risk (UNAIDS, 2005). In many countries, women – including many widows who lose their husband to HIV – are by law denied the right to own property and have little access to legal recourse. Children orphaned or affected by HIV are denied the right to social protection, while many of those at higher risk (e.g., men who have sex with men, injecting drug users and sex workers), are treated as criminals and are denied many basic rights (OSI, 2007).

Uniformed services including the army and police are particularly vulnerable to HIV: Their age, mobility and work environments can expose members of the uniformed services to higher risk of acquiring HIV and other sexually transmitted infections (STIs) (UNAIDS website).

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic

Further possibilities to consider in countries with very high HIV prevalence²

HIV could undermine the stock of human capital needed for the delivery of essential state services

(ILO, 2004; Haacker 2005): HIV could undermine the ability of governments to respond to the HIV crisis by eroding government departments' capacity, institutional memory and efficiency through the loss of skilled staff and high levels of absenteeism. The quality and sustainability of services could be endangered by diminishing human resources and budgetary constraints that make it hard to recruit and train new human resources.

HIV could limit access to political participation and lead to political instability

(Chirambo, 2007): HIV-related economic under-performance of government and poor public service delivery could create political mistrust amongst voters. HIV-related morbidity and mortality could diminish the voting pool and reduce participation levels. People living with HIV and key populations more at risk could be discriminated against and excluded from influencing the political processes in their country.

In addition, HIV could be used as a tool for political manipulation of the public by political leaders who do not subscribe to democratic principles and offer overly simplistic solutions to the spread of HIV. Especially in countries with limited financial means, allocation of HIV relief to privileged classes and tribes and exclusion of others can exacerbate corruption and lead to clashes and political instability.

HIV could affect political parties' operations

(Chirambo, 2007): There are three levels at which HIV could affect the operations of political parties: the organisational level, through the loss of cadres and members; the financial level through the loss of subscriptions; and the leadership level through the loss of talent.

The burden of providing adequate care and support to orphans and vulnerable children (OVC) on a countries' social security system:

In countries with severe epidemics, the long-term impact of the steadily growing number of orphans could stretch social services and the state's social policies and social security system beyond their limits.

How could the activities of the sector inadvertently contribute to the spread of HIV?

Governments' lack of interest and commitment could block any effective response to the HIV epidemic:

National politics play a critical role in driving the response to HIV (Dickinson, 2006). Commitment to tailored and long-term HIV plans, where the term may be longer than the government's term of office, is essential to achieving sustainable results. Strong political commitment is evident in documented success stories, while HIV-ignorant governments can delay effective action, with catastrophic consequences.

Government officials could be negative roles models:

When the political elite practice stigma and discrimination through their lack of commitment to the HIV response and their statements and behaviour, they encourage other citizens to do the same.

In countries with very high HIV prevalence

Development strategies and processes may fail to address HIV adequately:

HIV can induce and deepen poverty, yet national development strategies and processes often fail to recognize and address HIV as a development challenge. Instead, HIV-related strategies and processes are often separate and unconnected and this weakens both sets of strategies and processes (UNICEF and World Bank, 2004).

Global financing mechanisms for HIV could overwhelm the government's capacity:

Many developing countries lack the capacity to ensure accountability for the expenditure of HIV funds, and also lack mechanisms for ensuring that all worthy stakeholders have access to those funds. One result is that countries sometimes fail to take advantage of available funds, so they go unused, and another is that countries often mismanage funds so they are not put to best possible use.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Promoting the human rights of people infected and affected by HIV and of key populations at higher risk:

Support governments in meeting their obligations to ensure that their responses to HIV respect the human rights of all vulnerable populations. National HIV strategies and processes should ensure a human-rights-based approach to HIV.

Only in countries with generalized HIV epidemics and especially in countries with very high HIV prevalence

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

Strengthening the capacity of government to develop, implement and monitor its HIV response:

The Commission on HIV/AIDS and Governance in Africa (CHGAR, 2008) concluded, “the long term goals of reversing the spread of HIV and providing care and support to millions of people infected and affected by the epidemic cannot be achieved without stronger public sector performance and a responsive governance regime”.

National AIDS authorities and other relevant state institutions often need technical support: to manage funds in a transparent and democratic manner (e.g. through peer review mechanisms), with the active participation of the private sector and civil society; to take a human-rights-and-gender-transformative approach; to take into consideration the needs of youth, orphans and other vulnerable groups (UNICEF, 2008).

Supporting the inclusion of HIV-related strategies and processes in development strategies and processes:

Poverty Reduction Strategy Papers (PRSPs) are key instruments for setting and achieving poverty reduction and other national development goals. Linking HIV policy with broader social and economic policy and using development strategies and processes to implement HIV policy helps to ensure that the HIV policy is taken into account and addressed in meaningful and realistic ways in national budgets and financial processes (UNDP, 2006).

Facilitating HIV mainstreaming in all government sectors:

There is often need for advocating for the integration of HIV responses into the policies and programmes of national government ministries and of provincial and local governments. In very high prevalence countries, most ministries and departments should consider the current and future impacts of HIV on their sectors and what ways they can contribute to HIV prevention and impact-mitigation.

Supporting the development, implementation, monitoring and evaluation of workplace programmes in the public sector:

The weakening of government institutions by HIV can be avoided through development and implementation of HIV workplace policies. They should cover prevention, treatment and impact mitigation and require a working environment free from stigma and discrimination against PLHIV and their families.

GDC Examples

Empowering district and local authorities

The Governments of Lesotho, Tanzania and Mpumalanga have all recognized the importance of “bringing the AIDS response home” to even the smallest, most remote villages (GTZ, 2007). This means giving people opportunities to assess their own needs for HIV-related programmes in all sectors and to

participate in the processes whereby higher levels of government and international donors allocate money and other resources.

The three governments have been encouraging district and local authorities and their councils to establish AIDS committees with broad representation from key stakeholders in their communities. Typically, these include elected and traditional leaders, people living with HIV, women and youth, community-based agencies and organizations (including faith-based ones) and private businesses. The German Technical Cooperation Agency (GTZ) has been providing technical support to get these committees up and running.

More specifically, in Lesotho, a country with 23% HIV prevalence, GDC has been providing technical and financial support to the Gateway approach. This is a planning approach that assists all 128 Community Councils in Lesotho to prioritize community-level HIV interventions that are in line with the National HIV Strategic Plan. Its implementation started in May 2008. The amount of R 31,500 was issued to each Council through the National AIDS Commission and Global Fund for the initial implementation of prioritized plans. Additional funds will follow in Year Two. Partner institutions include the Ministry of Local Government and Chieftainship, the National AIDS Commission and UNAIDS and the World Bank.

References

CHGA (2008). Securing our future: Report of the Commission on HIV/AIDS and Governance in Africa. United Nations Economic Commission for Africa 2008. Available at: <http://www.uneca.org/chga/Report/CHGARReport.pdf>

Chirambo (2007). HIV/AIDS and democratic governance in Africa: Illustrating the impact on electoral processes: Preliminary results from: Namibia, Malawi, Senegal, South Africa, Tanzania and Zambia. The Institute for Democracy in South Africa (IDASA) 2007. Available at: http://www.sarpn.org.za/documents/d0002733/AIDS_Africa_Chirambo_May2007.pdf

Dickinson (2006). HIV/AIDS – thinking through the politics of country responses. HLSP-Institute London 2006. Available at: http://www.hlspinstitute.org/files/project/88557/Politics_of_AIDS.pdf

Dixon et al (2002). The impact of HIV and AIDS on Africa's economic development. BMJ 2002; 324: 232-234. Available at: <http://www.bmj.com/cgi/content/extract/324/7331/232>

GTZ (2007). Bringing the AIDS response home - from the German HIV Practice Collection. The German HIV Peer Review Group Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. Available at: http://hiv.prg.googlepages.com/LocalResponse_36_engl.pdf

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

ILO (2005). HIV/AIDS and employment. Geneva International Labour Organization September 2005. Available at: <http://www.ilo.org/public/english/protection/trav/aids/publ/emplmt.pdf>

IMF (2005). The macro-economics of HIV/AIDS - chapter 7: The impact of HIV/AIDS on Government Finance and Public Services. Markus Haacker International Monetary Fund November 2004. Chapter available at: <http://imf.org/external/pubs/ft/AIDS/eng/chapter7.pdf>
Book available at: <http://www.imf.org/external/pubs/ft/AIDS/eng/index.htm>

OHCHR and UNAIDS (2007). Handbook on HIV and human rights for National Human Rights Institutions. Geneva Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS. Available at: http://www.nhri.net/docs/HandbookHIV_NHRIAug2007.pdf

OSI (2007). Human rights and HIV/AIDS: Now more than ever. Open Society Institute September 2007. Available at: http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/human_20071017/english_now-more-than-ever.pdf

UN 2008 High Level Meeting on AIDS. General Assembly United Nations, New York 10-1 June 2008. Available at: http://www.un.org/ga/aidsmeeting2008/background_papers.pdf

UNAIDS (2005). HIV-related stigma, discrimination and human rights violations: Case studies of successful programmes; Geneva Joint United Nations Programme on HIV/AIDS. From UNAIDS Best Practice Collection 2005. Available at: http://data.unaids.org/publications/irc-pub06/JC999-HumRightsViol_en.pdf

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UNDP (2006). Governance of HIV responses. New York United Nations Development Programme. Available at: <http://www.undp.org/hiv/docs/alldocs/1599-Governance-brochure.pdf>

UNICEF (2008). Children and AIDS: Third stocktaking report. New York United Nations Children's Fund December 2008. Available at: http://www.unicef.org/publications/files/CATSR_EN_11202008.pdf

UNICEF and World Bank (2004). Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS? Results of a Joint UNICEF and World Bank Review Africa Region Working Paper Series No.78, 2004. Available at: <http://www.worldbank.org/afr/wps/wp78.pdf>

Further Reading

A selection of articles on mainstreaming HIV in the democracy and good government sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/democracy-and-good-governance>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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Mainstreaming HIV in the Education Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the intersection of HIV and the education sector and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

In countries with very high HIV prevalence²

HIV can reduce the supply of teachers: Teacher morbidity and mortality rates are declining in some very high prevalence countries (Bennell, 2005), due to behaviour change resulting from successful prevention and to the increasing availability of antiretroviral therapy. However, the over-all impact of HIV on teacher supply in sub-Saharan Africa is still severe enough to hinder efforts to achieve Education For All (EFA) so there is urgent need to ensure all teachers have access to HIV prevention, treatment, care and support (Risley and Bundy, 2007).



HIV can reduce the demand for education: Children – especially girls (UNESCO, 2009) – coming from HIV-affected households may be more likely to drop-out of school. Financially devastated by HIV (e.g., by loss of income-earners and the costs of treatment), families may be unable to afford school fees. Girls may have to stay at home and take care of sick relatives. According to UNICEF, the disparity between orphan and non-orphan school attendance appears to be shrinking in several countries. Still, children who have lost both parents are generally less likely to be in school than children whose parents are both still alive (UNICEF global databases; UNICEF 2008). Also, non-enrolment in school may lead to suspicion that there is HIV in the family and contribute stigmatization of out-of-school children.

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Without basic education or vocational training, children and youth may have few job opportunities or sources of steady income and this could tempt them to engage in practices that put them at high risk of HIV infection (UNESCO, 2008). If entire generations are impacted by HIV, it could threaten a country's long-term economic development.

HIV can create a mismatch between demand and supply of skilled labour: Previously unemployed or less skilled people may replace workers lost to HIV-related illness and death and this can reduce both the quantity and quality of workers and of goods and services (Coulibaly, 2005). Young people are the most vulnerable to HIV at the very time they are also most likely to be engaged in vocational training, and training institutions may not have the capacity to take in new trainees to replace ones lost to HIV (UNAIDS, 2006a).

How could the activities of the sector inadvertently contribute to the spread of HIV?

Education institutions may be risky environments: In some countries, the entire education system puts people at risk of HIV. Girls, especially, are vulnerable to sexual harassment or coercion by teachers and school officials and this can put them at risk of HIV infection. The risk may be especially high in boarding schools and vocational training institutes, where girls are away from protective home environments for long periods of time. Intergenerational and transactional sex, often involving female students, is one of the drivers of HIV in countries with generalized epidemics (UNAIDS, 2008).

Teachers could become vulnerable to HIV infection and put others at risk: Posting teachers far away from their families may increase the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV. Male teachers posted away from their families could pose a risk to female students.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Taking advantage of the window of hope: Children between five and fifteen years old are the age cohort with the lowest HIV prevalence and, for that reason, are often referred to as the "window of hope." Education of those children can be a social vaccine against HIV infection and it has a crucial role to play in a country's response to HIV (Cooper, 2007).

It is important both to reduce student's exposure to risk (e.g., by having codes of conduct and mechanisms for enforcement for school staff and by minimizing the distance girls have to walk to school) and to reduce the likelihood that they will participate in risky behaviour. Appropriate measures will vary from country to country but, in all countries, it should be kept in mind that knowledge alone does not automatically lead to behaviour change. Young people need constant reminders, through fresh and engaging messages, and they need support from their peers. Older ones who become sexually active, despite any knowledge they may have of the risks, may need access to affordable condoms.

Providing sexual and life skills training: In UNICEF's third stocktaking report 2008, school is identified as an avenue to reach adolescents with the gender-sensitive information and skills that are necessary parts of preventing the spread of HIV. These should be tailored to fit the unique characteristics of a country's HIV epidemic, including the factors that contribute to the epidemic (e.g., high prevalence of sexual exploitation and abuse of children and youth, traditional practices such as female genital mutilation). They should also be age-appropriate, gender-appropriate and take common traditions and social attitudes into account. They require the development of appropriate Information, Education Communication (IEC) material, including inter-active Behaviour Change Communications (BCC). If not readily available, these may be adapted from material developed elsewhere or else developed with reference to such material.

Using edutainment to promote behaviour change: Using entertainment (e.g., radio sketches, television soaps, street theatre, classroom skits) to educate can be a highly effective way of engaging teachers, students, parents and whole communities in inter-active communications that help them examine their own knowledge, attitudes and practices and find practical ways of addressing their own ignorance, prejudices and bad habits. In **Uganda**, the GDC programme Promotion of Employment Oriented Vocational and Technical Training (PEVOT) produced the game "Make a New Start Today" in English and two local languages".

Targeting out-of-school children and youth: Out-of-school children and youth comprise a very diverse, widely dispersed and difficult-to-reach group. Reaching them requires a range of interventions that find them wherever they happen to be and that address their unique circumstances. They include, for example, young people in urban neighbourhoods and in rural villages and may include orphans, street children, refugees, victims of trafficking, and, whether or not trafficked, young people who engage in sex work and transactional sex.

Mainstreaming HIV into education policies and programmes:

Promoting and supporting HIV mainstreaming into a country's education sector can make responding to HIV part of that sector's core business (along with reading, writing, mathematics, history, general health and personal development, etc).

Creating the social and political environment that makes effective HIV education possible:

Providing HIV-related sexual and life skills education requires that teachers be trained, that education authorities approve and support such training, and that parents, political and religious leaders and other influential community members "buy in". This may require consultative processes reaching towards consensus on appropriate policies and programmes. The programmes themselves may require development of networks of people whom children and young people can turn to for help (e.g., teachers designated as guidance counsellors, health workers, social workers, peer counsellors in youth centres).

Supporting the development and implementation of HIV workplace policies for ministries of education and educational institutions:

HIV can be stopped from undermining education through the development and implementation of HIV workplace policies and programmes. These should cover prevention, treatment and impact mitigation measures and require a working environment free from stigma and discrimination. They should ensure that learners and staff are actively involved in the HIV response, through peer education training courses, edutainment and other activities.

Supporting the integration of HIV into vocational training curricula and national vocational qualification frameworks:

Such integration can ensure that all young people who have been through vocational training have also been through training in HIV prevention, treatment and impact mitigation (GTZ, 2007).

In countries with very high HIV prevalence, identifying and meeting needs for mitigation measures:

School has the potential to be and should be a place where children in need can find protection and support. The needs may vary from country to country and location to location within countries, but appropriate impact mitigation may involve, for example, abolishing school fees, ensuring nutritious meals for students from poor households or taking measures to ensure that girls can get to and from school safely and that orphans and vulnerable children are able to continue to go to school.

A GDC example from Guinea

The basic education programme in Guinea, supported by the German Technical Cooperation Agency (GTZ), takes a multisectoral approach, establishing close collaboration between the education and health sectors and involving communities surrounding schools in local responses to HIV. This approach offers knowledge about sexuality and the prevention of HIV and Sexually Transmitted Infections (STIs). It helps students, parents and teachers develop skills at communication with their peers and across generations and skills at planning and implementing self-help initiatives within their communities. The aim is to develop social and citizenship skills and this is done through inter-active, learner-centred approaches that use techniques such as role-playing, intergenerational dialogue (GTZ, 2007b).

A GDC example from Uganda

The GDC programme Promotion of Employment Oriented Vocational and Technical Training (PEVOT) in Uganda supports the Business, Technical and Vocational Education and Training (BTVET) under the Ministry of Education and Sports (MoES) Directorate of Industrial Training (DIT). During the implementation of the pilot project Local Skills Development (LSD) from March 2004 until March 2007, PEVOT trained 33 students as HIV peer educators in Luweero, Mubende and Kabale districts. The peer educators have established drama groups and since then have been sensitizing their communities around HIV.

References

Bennell (2005). The impact of the AIDS epidemic on teachers in sub-Saharan Africa. *Journal of Development Studies*, 41(3) April 2005, p. 440 – 466. Available at: <http://ideas.repec.org/a/taf/jdevst/v41y2005i3p440-466.html>

Cooper et al (2007). HIV as part of the lives of children and youth as life expectancy increases: implications for education. *Journal of International Cooperation in Education* 10(1) p. 101-11, 2007. Available at: <http://home.hiroshima-u.ac.jp/cice/10-1EdwardCooper.pdf>

Coulibaly (2005). The impact of HIV/AIDS on the labour force in sub-Saharan Africa: a preliminary assessment. Geneva International Labour Organization. Available at: <http://www.ilo.org/public/english/protection/trav/aids/publ/rpa3.pdf>

GTZ (2007a) Mainstreaming HIV and AIDS in the vocational training sector in Botswana. The German HIV Peer Review Group Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. Available at: <http://www.hiv-prg.org/en/reviewed-publications>

GTZ (2007b) HIV prevention in basic education: The heart of a community-based AIDS Response in Francophone Africa. The German HIV Peer Review Group Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. Available at: <http://www.hiv-prg.org/en/reviewed-publications>

Risley and Bundy (2007). Estimating the impact of HIV & AIDS on the supply of basic education. The Partnership for Child Development, Department of Infectious Disease Epidemiology, Imperial College, London, UK and Human Development Network, The World Bank, Washington DC. Available at: <http://www1.imperial.ac.uk/resources/FEA64B04-494B-4DB8-85CC-DB0387EF8A98/RisleyBundyImpactHIVEducation2007.pdf>

UNAIDS (2008). Addressing the vulnerability of young women & girls to stop the HIV epidemic in southern Africa. Geneva The Joint United Nations Programme on HIV/AIDS 2008. Available at: http://www.unaidsrtesa.org/files/Young-women-and-girls_08.pdf

UNAIDS 2006 Report on the global epidemic. Chapter six (Comprehensive HIV Prevention). Geneva The Joint United Nations Programme on HIV/AIDS 2006a. Available at: http://data.unaids.org/pub/GlobalReport/2006/2006_GR_CH06_en.pdf

UNESCO (2008a). Girls' education and HIV prevention. Inter-Agency Task Team (IATT) on Education, Paris United Nations Educational, Scientific and Cultural Organization 2008. Available at: <http://unesdoc.unesco.org/images/0015/001586/158670E.pdf>

UNESCO (2009). HIV & AIDS and Education: A strategic approach. Inter-Agency Task Team (IATT) on Education, Paris United Nations Educational, Scientific and Cultural Organization May 2009. Available at: <http://unesdoc.unesco.org/images/0016/001627/162723e.pdf>

UNICEF (2008). Children and AIDS: Third stocktaking report. New York United Nations Children's Fund December 2008. Available at: http://www.unicef.org/publications/files/CATSR_EN_11202008.pdf

UNICEF global databases: <http://www.unicef.org/statistics/index.html>

Further Reading

A selection of articles on mainstreaming HIV in the education sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/education-and-vocational-training>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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Mainstreaming HIV in the Energy Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the energy sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

People living with HIV (PLHIV) have greater need for access to energy: Their suppressed immune systems make PLHIV highly vulnerable to any disease carried by water that has not been boiled or food that is not well cooked. By comparison to other households, households caring for HIV patients consume at least twice as much energy (ProBEC website). HIV-infected people need regular nourishment to go with their medication and should not have to skip meals because there is not enough firewood to cook. They also need to stay warm and need hot water for their personal hygiene. It should be noted, however, that PLHIV are especially vulnerable to eye infections, respiratory problems, headaches and other conditions that may be caused by indoor pollution from open fires (WHO website).



Women and girls carry the burden of taking care of HIV patients:

In sub-Saharan Africa, women and girls are mainly responsible for collecting firewood and they have been known to be coerced into providing sexual favours in exchange for the firewood. They also bear the brunt of caring for family members with HIV-related illnesses, often while HIV-infected themselves (GCWA, 2006). If they need to walk long distances to collect firewood, their burden becomes that much greater, and they, too, may suffer from indoor pollution from open fires, while heating water, cooking and trying to keep HIV patients warm (Women's Refugee Commission website).

Further possibilities to consider in countries with very high HIV prevalence²

HIV-related loss of trained human resources could undermine the countries' capacity to deliver quality and affordable energy services (ILO, 2004): In countries with generalized HIV epidemic, the human capacity and the institutional memory needed to provide energy services at central and community levels may be threatened. Also, a

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potential increase in the operating costs of energy service companies due to high staff turnover and medical health expenditures could lead to services becoming less affordable.

HIV can threaten the sustainability of energy providers:

The sustainability of energy service companies might be threatened, if clients cannot manage to pay their bills. Households affected by HIV can be financially devastated by the impact of HIV (e.g., by loss of income-earners and the costs of treatment). The pool of potential energy users may be thus reduced, as HIV morbidity and mortality make clients less willing or able to make use of the energy services and products.

Trekking long distances to fetch firewood could put female family members in danger of HIV infection as there is always the danger that they will become victims of sexual violence (UN, 2006).

How could the activities of the sector inadvertently contribute to the spread of HIV?

The energy sector's workers could become vulnerable to HIV infection and put others at risk while doing their jobs: Energy sector employees are often required to spend considerable time away from their families, for example during the construction of new power lines in rural areas. Time away from home increases the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV.

Limited access to reliable and affordable energy can compromise the health services of a country or an area: Electricity is essential for the provision of quality health services, including illumination, refrigeration, sterilization and the provision of antiretroviral treatment. Electricity allows health facilities and projects to have more flexible working hours, in order to meet the needs of specific target groups (e.g., youth or working adults) or in case of emergencies (e.g., post-exposure prophylaxis).

Limited access to reliable and affordable energy can slow down the communication of health- and HIV-related messages: Electricity is essential for the dissemination of health related messages through radio and television, including messages that sensitize communities to needs for HIV prevention and treatment and that combat stigma and discrimination.



In countries with very high HIV prevalence, in what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Sensitizing the community by integrating an HIV component into energy efficiency campaigns: Energy programmes/projects can use their energy efficiency campaigns as an entry point for HIV-prevention information, advice on positive living and messages against stigma and discrimination.

Ensuring access to energy as a means to mitigate the impact of HIV: Sufficient and affordable access to modern energy technologies, such as improved stoves, can reduce the impact of HIV. Women and girls can save time to collect firewood. The chances of PLHIV acquiring opportunistic infections through unboiled water, food that has not been cooked well or indoor air pollution can be also significantly reduced.

Creating an enabling environment to address HIV within the mandate of the energy sector: Advocating for the development and operationalization of sectoral policies that adequately address HIV can lead to appropriate HIV interventions within the sector's core business. Capacity building on energy provision and its link to HIV can play a crucial role in increasing understanding and reducing the impact of HIV on the sector.

Advising a partner institution on the development and implementation of its HIV workplace policy: The loss of the staff of organizations in the energy sector due to HIV-infection can be avoided through the development and implementation of HIV workplace policies. Such policies

can cover prevention, treatment and impact mitigation measures and can require a working environment free from stigma and discrimination.

A GDC Example from Uganda

GDC is implementing the Promotion of Renewable Energy and Energy Efficiency Programme (PREEEP) in cooperation with the Ministry of Energy and Mineral Development (MEMD) in Uganda. PREEEP provides policy advice to the MEMD and promotes energy efficiency, rural electrification through renewable energies and improved biomass energy technologies. PREEEP has been consistently addressing HIV through its core mandate. The programme supported the development and implementation of a comprehensive HIV workplace programme for the MEMD, including training of peer educators; health sessions for the staff of the MEMD; condom distribution; development and dissemination of information, education and communications (IEC) material on the link between energy and HIV; professional counselling and mobile Voluntary Counselling and Testing (VCT); referrals; and home based care for HIV-infected employees.

The programme has integrated HIV interventions into all its regular activities, e.g. training of stove builders and team building workshops. Additionally, PREEEP has been implementing HIV impact mitigation for the community. In 2008, one hundred HIV-positive women in the Lango region received a solar lantern each. The programme is providing subsidies for energy saving stoves to HIV affected families and to organizations and schools taking care of HIV patients and children affected by HIV. It also provides subsidies for the installation of solar photovoltaic systems in rural health centres and has already installed these systems in 39 health centres and begun installation in another 15 centres.

References

GCWA (2006). Keeping the promise: An agenda for action on women and girls. The Global Coalition on Women and AIDS. Available at: http://www.unfpa.org/upload/lib_pub_file/597_filename_keeping-the-promise.pdf

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

ProBEC website: <http://www.hedon.info/EnergyAndHIV-AIDS#StatusOfHIVAIDS-StudyByProBEC>



UN (2006). Report of the independent expert for the United Nations study on violence against children. United Nations General Assembly, Sixty-first session, Item 62 (a) of the professional agenda: Promotion and Protection of the Rights of Children August 2006. Available at: <http://www.violencestudy.org/IMG/pdf/English-2-2.pdf>

WHO website: <http://www.who.int/indoorair/en/>

Women's Refugee Commission website: <http://www.womensrefugeecommission.org/reproductive-health/beyond-firewood>

Further Reading

A selection of interesting articles on mainstreaming HIV in the energy sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/energy>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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Mainstreaming HIV in the Fisheries Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the fisheries sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Fishing communities are very vulnerable to HIV infection and its effects: Fisherfolk are more likely to have HIV than the general population (Figure 1). Many people involved in fishing and associated activities are mobile and less constrained by family and community at home. Around fishing communities, sexual networks increase their vulnerability to HIV. Fishermen and fish traders are often engaged in multiple sexual relations with commercial sex workers and women of the community (Seeley and Allison, 2005). During "bad fishing" seasons, when fish are scarce, boat-owners who sell fish may favour certain female customers over others in exchange for sex. During "good fishing" seasons,



fishermen have access to daily cash income and can afford to buy sex. Alcohol consumption is high among fishermen and this makes them more likely to engage in high risk sexual behaviours.

Fishing communities often have limited access to health services: Despite the fact that fisherfolk are especially vulnerable to HIV, they tend to have limited access to health services, including voluntary counselling and testing (VCT), condoms, antiretroviral treatment and treatment for sexually transmitted infections (STIs). This may be due to a country's generally weak health services infrastructure but may also be due to lack of knowledge and high mobility that can make fishermen difficult to reach with health services. Poor roads, poor telecommunications and lack of electricity, as well as lack of access to clean water and low levels of education can cause difficulties in prevention, diagnosis and treatment (Gordon, 2005).

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

HIV can threaten the productivity fishermen and their families:

HIV can erode household livelihoods by reducing the ability of people living with HIV (PLHIV) to work. Their family members (especially women and girls) may have to invest time in caring for sick family members, time they would otherwise invest in activities to ensure food security in their household (UNAIDS, 2008). Additionally, HIV-affected families may sell boats, nets and other fishing equipment to meet more immediate needs, thus reducing prospects for income. Fishermen who can no longer fish due to ill health may switch to female-dominated activities, such as fish processing, and displace women whose options for employment are limited, possibly pushing those women into commercial sex work.

HIV can undermine sustainable fisheries management:

Fish is an affordable food for poor people in low-income countries. However, limited income and food insecurity due to HIV may lead to unsustainable use of fish. For example, sick fishermen may prefer fishing in shallow waters, while unskilled youth with little knowledge about sustainable fishing may turn to fishing to secure food for their families and both practices may deplete fish populations.

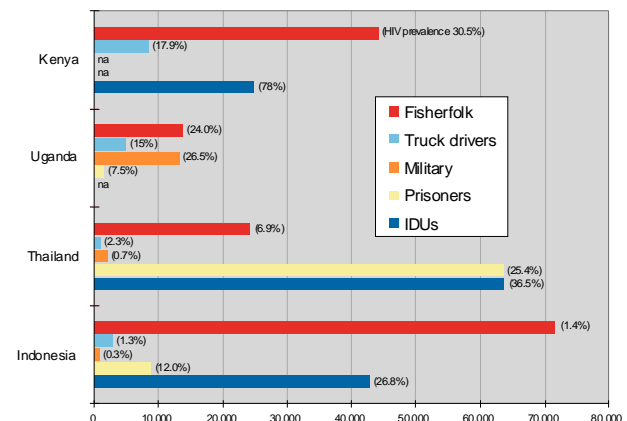
Africa's commercial fisheries and fish processing operations can be affected by HIV:

Commercial fisheries and fish processing can be important generators of foreign currency. However, their productivity and profitability may be curtailed by loss of skilled labour, high levels of absenteeism and increased health costs due to HIV. Loss of revenue in the fishing industry may have significant implications for national economies.

HIV in the fisheries sector can have wider impacts:

Mobile and part-time fishing populations, moving in and out of the sector, together with interactions through trade, permit HIV and its impacts to be spread from fishing populations into surrounding communities.

Figure 1: HIV Prevalence among fisherfolk and other vulnerable groups



Source: Kissling et al 2005. A cross country comparison

In what ways could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts in countries with generalized epidemics?

Mainstreaming HIV into programmes and projects targeting fishing communities: Taking into consideration the threat that HIV poses on fishing communities, programmes and projects that deal with them should address this threat and integrate appropriate HIV interventions into their core businesses. Sectoral strategies and policies that address HIV in fishing communities can provide the framework for planning and implementation.

For example, Uganda's Ministry of Agriculture, Animal Industry and Fisheries has a strategy that aims to reduce the impact of HIV on fishing communities (2005). This strategy covers prevention, impact mitigation and a multi-sectoral response that includes microfinance and support for savings, health, education, water and sanitation, and road networks.

Advocating for the development and implementation of HIV workplace policies in the fishing industry:

Loss of human capacity in the fishing industry can be avoided through implementation of HIV workplace policies and these can provide for extension of HIV-related interventions into surrounding communities, targeting, for example, commercial sex workers. The policies can cover prevention, treatment and impact mitigation and the creation of working environments free from stigma and discrimination.

Increasing access to health services and preventive information, education and communications (IEC):

Fishing communities require access to VCT, treatment for STIs and condoms together with preventive IEC. HIV-related interventions should be planned and implemented in liaison with community-based organizations and PLHIV (Tanzarn and Bishop-Sambrook, 2003).

Facilitating sustainable fisheries management and supporting investments in alternative livelihoods:

Communities should be involved in finding ways of managing fisheries so they are sustainable, including ways of transferring relevant knowledge and skills from older generations to younger ones. In addition, they should be involved in developing habits of saving and finding ways to invest in alternative livelihoods so people are less dependent on fisheries (Tanzarn and Bishop-Sambrook, 2003).

GDC Examples

Policy Advice for Sustainable Fisheries

A GDC project in Uganda has been supporting implementation of the Code of Conduct for Responsible Fisheries (CCRF) and of related international conventions that provide the framework of Germany's commitment to promote and support sustainable fisheries management and the protection of biodiversity and food security. The target groups were artisanal fisherfolk, fishmongers and other users of aquatic resources. As part of its activities, the project conducted studies within the sector which – among other things – explored the links between fisheries and cross-cutting issues such as poverty reduction, good governance and HIV. In 2003, GDC supported a study to analyse the susceptibility and vulnerability to HIV of fishing communities and to make recommendations for improving the situation and possibly influencing policy (<http://www.gtz.de/de/dokumente/en-lesson7-fisheries-and-AIDS.pdf>).

References

FAO and DFID (2004). Sustainable fisheries livelihood programme (SFLP) in West Africa. SFLP Liaison Bulletin No. 17 & 18 September-December 2004. Available at: <http://www.aidsportal.org/repos/HIVFishesWestAfrica.pdf>

Gordon (2005). HIV/AIDS in the fisheries sector in Africa. WorldFish Centre: Regional Office for Africa and West Asia. Available at: <http://www.aidsportal.org/repos/WorldFish%20Policy%20Brief%20-%20HIV%20AIDS%20in%20the%20Fisheries%20Sector%20in%20Africa.pdf>

Kissling et al. (2005). Fisherfolk are among those most at risk to HIV: a cross-country comparison of estimated prevalence and numbers infected among groups at risk. AIDS 19: 1939-1946. Available at <http://www.aidsportal.org/repos/Seeley-Allison%20Fisherfolk%20most%20at%20risk.pdf>

Seeley and Allison (2005). HIV/AIDS in fishing communities: Challenges to delivering antiretroviral therapy to vulnerable groups. AIDS Care, 17(6) August 2005, p. 688-697. Abstract available at: <http://www.informaworld.com/smpp/content?content=10.1080/09540120412331336698>

Tanzarn and Bishop-Sambrook (2003). The dynamics of HIV/AIDS in small-scale fishing communities in Uganda. Supported by Policy Advice for Sustainable Fisheries, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Rome: FAO HIV/AIDS Programme. Available at: http://www.onefish.org/cds_upload/1089193997917_Dynamics_of_HIV_AIDS_in_small_scale_fish1187823622.pdf

The Republic of Uganda (2005). Uganda strategy for reducing the impact of HIV and AIDS on fishing communities. Ministry of Agriculture, Animal Industry and Fisheries Available at: http://www.mrag.co.uk/Documents/ug0672/ug0672_9.pdf

UNAIDS (2008). Policy Brief: HIV, food security and nutrition. Geneva Joint United Nations Programme on HIV/AIDS. Available at: http://data.unaids.org/pub/Manual/2008/JC1515_policy_brief_nutrition_en.pdf

Further Reading

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Linkages between food security and HIV responses

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the food security sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

Linkages between food security and HIV responses

HIV threatens food security for people living with HIV (PLHIV) and their families: HIV can erode household livelihoods by drastically reducing the capacity of PLHIV to work and by adding to household costs. Women and girls may have to invest time in caring for sick family members, time which they might otherwise invest in ensuring the food security of their families (UNAIDS, 2008). Additionally, affected families may have to sell their assets in order to buy nutritious food for the ill and to pay for their medical expenses and cover funeral expenses.

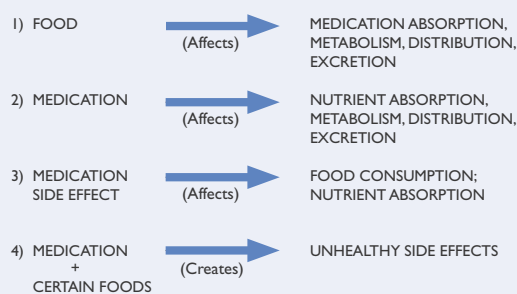
"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life". (World Food Summit, 1996)

"Food insecurity and malnutrition may accelerate the spread of HIV, both by increasing people's exposure to the virus and by increasing the risk of infection". (Gillespie and Kadiyala, 2005)



Antiretroviral medicines and food interact in ways that can have positive or negative impacts, as shown in Figure 1. There must be adherence to drug regimes and to nutritious diets that include certain foods and exclude others.

Figure 1: Interactions between Medications and Food/Nutrition



Source: Castleman et al (2004). Food and nutrition implications of antiretroviral therapy in resource limited settings

¹ In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

Food insecurity and poor nutritional status can accelerate progression of HIV to AIDS: HIV impairs the nutritional status of PLHIV by undermining their immune system and their nutrient intake, absorption and use (Colecraft, 2008). According to the World Health Organization (WHO, 2003), adults with HIV have 10–30% higher energy requirements than healthy adults without HIV, and children with HIV have 50–100% higher than normal requirements. Poor nutritional status can also increase the risk of vertical HIV transmission (Dreyfuss and Fawzi, 2002).

Food insecurity can increase the risk of HIV infection: People who face food insecurity may be forced to adopt risky coping strategies in order to survive (Rollins, 2007). These include travelling to search for food and sources of income and migrating to other regions or countries. Mobile people and their partners are often at higher risk of HIV infection because they engage in high-risk sexual activities (Lagarde et al. 2003; Lurie et al. 2003). Women and girls who face food insecurity are particularly vulnerable to HIV infection, since they often get involved in sex for food or money (Weiser, 2007). In sub-Saharan Africa, where food insecurity is chronic for large portions of populations, HIV can have especially devastating impacts (Panagides, 2007).

In what way could food security contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?²

Creating an enabling environment for addressing HIV within the food security sector: Mainstreaming HIV into the food security sector can make significant contributions to an HIV response. Sectoral policies and strategies should address possible impacts of HIV on the sector, the sectors' possible contributions to HIV vulnerabilities and risks and its possible contributions to reducing vulnerabilities and risks. They should pay particular attention to the challenges faced by women and orphans.

Integrating HIV components into food security programmes and projects in order to raise communities' awareness about HIV-related issues:

This could include incorporating HIV components into programmes and projects providing nutritional support to families, counselling for pregnant and lactating mothers, prevention of mother-to-child transmission, and² counselling of PLHIV and their families on adherence to drug regimes and nutritious diets that may exclude foods that do not go well with the drugs.

Working with civil society and PLHIV to reach the most vulnerable, ensuring that food and nutrition assistance is appropriate and does not fuel stigma and discrimination against PLHIV.

Advocating for and supporting engagement of the private sector in developing food fortification initiatives that generate income for PLHIV and communities and in linking these initiatives with treatment interventions.

A GDC Example from Namibia

The David Patient approach to Positive Living includes medical and non-medical methods for helping PLHIV maintain their health, enhance their immune function and avoid common illnesses associated with HIV in resource poor settings. The approach's primary objective is to empower PLHIV to play active roles in delaying the onset of advanced HIV infection. An integral part of the approach is to involve them in ensuring the food security that is so critical to their health. Based on the David Patient approach, the German-Namibian multi-sectoral HIV-programme supports HIV-affected rural communities in Northern Namibia as they set up "kitchen gardens" that require less water and less labour but still provide adequate supplies of nutrient-rich food. Kitchen gardening methods include mulching and crop rotation or inter-cropping.

References

- Castleman et al (2004). Food and nutrition implications of antiretroviral therapy in resource limited settings. Washington DC: Food and Nutrition Technical Assistance Project, Academy for Educational Development. Available at: http://www.fantaproject.org/downloads/pdfs/tn7_ARVs.pdf
- Colecraft (2008). HIV/AIDS: nutritional implications and impact on human development. Proceedings of the Nutrition Society (2008), 67, 109–113. Available at <http://dx.doi.org/doi:10.1017/S0029665108006095>
- Dreyfuss and Fawzi (2002). Micronutrients and vertical transmission of HIV-1. Am J Clin Nutr 2002; 75:959-70. Available at: <http://www.ajcn.org/cgi/reprint/75/6/959.pdf>
- Gillespie and Kadiyala (2005). HIV/AIDS and food and nutrition security: from evidence to action. Food Policy Review 7; Washington, DC: International Food Policy Research Institute. Available at: <http://www.ifpri.org/pubs/fpreview/pv07/pv07.pdf>

² Adapted by the UNAIDS Policy Brief: HIV, food security and nutrition – see references.

Lagarde et al (2003). Mobility and the spread of human immunodeficiency virus into rural areas of West Africa. *International Journal of Epidemiology* 2003; 32:744–752. Available at: <http://ije.oxfordjournals.org/cgi/reprint/32/5/744>

Lurie et al (2003). Who infects whom? HIV-1 concordance and discordance among migrant and non-migrant couples in South Africa. *AIDS* (London, England) 2003; 17(15):2245–52. Available at <http://journals.lww.com/aidsonline/pages/articleviewer.aspx?year=2003&issue=10170&article=00013&type=fulltext>

Panagides et al (2007). A review of nutrition and food security approaches in HIV and AIDS programmes in Eastern and Southern Africa. EQUINET discussion paper number 48 May 2007. Available at: http://www.hki.org/research/pdf_zip_docs/Food_security_AIDS_May2007.pdf

Rollins (2007). Food insecurity – A risk factor for HIV infection. *PLoS Medicine* October 2007. 4(10):e301. Available at: http://medicine.plosjournals.org/archive/1549-1676/4/10/pdf/10.1371_journal.pmed.0040301-L.pdf

UNAIDS (2008). Policy Brief: HIV, food security and nutrition. Geneva, Joint United Nations Programme on HIV/AIDS. Available at: http://data.unaids.org/pub/Manual/2008/JC1515_policy_brief_nutrition_en.pdf

Weiser et al (2007). Food insufficiency is associated with high-risk sexual behavior among women in Botswana and Swaziland. *PLoS Med* 4(10): e260. doi: 10.1371/journal.pmed.0040260. Available at <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0040260>

WHO (2003). Nutrient requirements for people living with HIV/AIDS: report of a technical consultation, World Health Organization, Geneva, 13–15 May 2003. Available at: http://www.who.int/nutrition/publications/Content_nutrient_requirements.pdf

Further Reading

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Mainstreaming HIV in Microfinance

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and microfinance* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

HIV increases the vulnerability of clients of Microfinance Institutions (MFIs): Poor people, the main beneficiaries of MFIs, are more vulnerable to the impact of HIV. In most of cases, it is the bread-earners of families who fall ill and die due to HIV. Also, poor families do not have sufficient savings or assets. This leads to a dramatic reduction of families' incomes when they actually need more money to cover treatment and other health-related expenses, funeral expenses or to care for orphans. Poor households may be forced to borrow money, usually at high interest rates, that they may not be able to pay back. They also may have to cut down on spending for school fees, food and clothing. This can get them – especially women (BMZ, 2008) and children (UNICEF and World Bank 2004) – caught in a vicious circle of increasing poverty and increasingly vulnerability to HIV and its impacts.



Further possibilities to consider in countries with very high HIV prevalence²

HIV may threaten the financial sustainability of MFIs:

MFIs depend not only on the sources of their financing but on the quality of their loans, so they are affected when their clients are affected by HIV. They can be devastated when many of their clients are unable to pay back their loans due to HIV. In addition, their pool of potential clients can be reduced when HIV morbidity and mortality make clients less willing or able to use financial products.

HIV may undermine MFIs' capacity to deliver financial services and products that are both affordable and of high quality: HIV may erode the efficiency of MFIs through the loss of skilled staff, high levels of absenteeism and increased health-related expenses (ILO, 2004). The quality and sustainability of services may be endangered by diminishing human resources and budgetary constraints that make it hard to recruit and train new human resources.

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

How could the activities of the sector inadvertently contribute to the spread of HIV?

HIV-affected households could find it difficult to access MFI services: It may be difficult for clients with special needs, e.g. HIV-affected households headed by mothers, grandmothers or children, to access the standard services and products an MFI offers. "One size fits all" solutions may not be right for these households.

HIV-affected clients and HIV-affected MFI staff could be stigmatised and discriminated against: MFIs that do not address HIV in their policies and through their services may inadvertently contribute to stigmatization and social exclusion of HIV-affected staff and clients. In addition, they may miss opportunities to enhance the community's awareness of HIV issues.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

MFIs should offer services and products suitable for HIV-affected people: Providing microfinance services to clients with special needs requires innovative approaches. These might include specialized financial advice, incentives to accumulate savings, and insurance. Where MFI understand the threat HIV poses to their clients, they will offer such products to them.

MFIs could be avenues for raising HIV awareness within the community: MFIs reach out to the poor in the normal course of doing their business. They educate people about opportunities to improve their lives and they could add to their educational components HIV-prevention information, advice on positive living and messages against HIV-related stigma and discrimination. Depending on the context and the organizational landscape in a given area, MFIs could liaise with HIV organizations to support them in this regard.

Only in countries with generalized HIV epidemics and especially in countries with very high HIV prevalence

Supporting the development, implementation, monitoring and evaluation of workplace programmes in MFIs: Weakening of MFIs due to HIV-infection can be avoided through development and implementation of HIV workplace policies. These should cover prevention, treatment and impact mitigation and require a working environment free from stigma and discrimination.

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A GDC example from Namibia

GDC supports the Microfinance Project of Northern Namibia (MPNN), which targets rural people with no access to the formal banking system. Though it operates on a limited scale, the program has succeeded in building a sustainable regional microfinance institution. By the end of 2007, it had helped 5,400 people become members of Loans and Savings Associations.

Membership in MPNN's solidarity fund is mandatory for all members. Members are required to contribute 2% of the total amount they borrow and, if they die before paying back loans, MPNN forgives the full amount of their loans, irrespective of the unpaid balance, so their surviving families are relieved of any obligation to pay back the loans. In addition, the fund provides the families with money to help cover funeral expenses MPNN, with financial support from German Technical Cooperation Agency (GTZ), has been contracting a local NGO to sensitise MPNN's staff and clients around HIV issues.

References

BMZ (2008). Germany's contribution to a gender-sensitive and –transformative global response to HIV: A policy brief by the BMZ's theme group on HIV/AIDS. Available at: <http://www2.gtz.de/dokumente/bib/gtz2009-0076en-gender-policy-brief.pdf>

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

KfW Bankengruppe (2007b). Microfinance in Africa. Financing Development: New Prospects for Africa; Frankfurt 2007.

Simanowitz (2008). Findings from the IMAGE programme (Intervention with Microfinance for AIDS and Gender Equity. University of Sussex Brighton Institute of Development Studies.

UNICEF and World Bank (2004). Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS? Results of a Joint UNICEF and World Bank Review Africa Region Working Paper Series No.78, 2004. Available at: <http://www.worldbank.org/afr/wps/wp78.pdf>

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Photo 1: Reproductive Health Uganda (RHU)





Mainstreaming HIV in the Natural Resources and Environment Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the natural resources and environment sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

Rural households across Africa rely heavily on the natural environment for their livelihoods: Apart from using the land to raise and maintain their livestock, to grow food and cultivate cash crops, rural communities also harvest natural resources such as firewood, edible wild herbs, wild fruit, edible insects, and bush-meat for their own consumption and for income (Twine and Hunter, 2008).



HIV can lead to loss of land by women and children:

In many countries, women and children – including widows and orphans who lose their husbands and fathers to HIV – are by law or custom denied the right to own property. When male heads of households die, their wives and children are often evicted by relatives who claim the land and other property for themselves. This often means loss of livelihood and destitution (Izumi, 2007).

Further possibilities to consider in countries with very high HIV prevalence²

HIV can reduce productivity and impoverish

HIV-affected families in rural areas: HIV can induce poverty and food insecurity in rural families. Death, sickness and absenteeism can reduce family members' productivity (ILO, 2004). Caring for the sick can divert the labour of women and girls away from agriculture and tending livestock. Families may be forced to sell livestock to cover medical and funeral

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

expenses. As families' main bread winners die, the young and the elderly may be left behind and may have to try to make do with few or no resources at all (Hammar skjöld, 2003).

HIV can undermine the entire economy of a country:

Loss of labour to death and sickness and the shift from labour-intensive commercial crops to less labour-intensive subsistence crops can reduce the incomes of families and the cumulative impact can be to reduce the income of the whole country by, for example, reducing the availability of agricultural products and livestock for export.

The transfer of traditional knowledge may be interrupted as adults die of HIV:

When the transfer of knowledge from grandparents to parents to children breaks down, new generations may find it increasingly difficult to manage farms and livestock and make use of natural resources in an efficient and manner. This can be a major problem in areas where there are rapidly growing numbers of AIDS orphans (Hunter, 2007).

HIV can reduce the availability of natural resources:

If families have to sell the draft animals they use for ploughing, they may be able to plough smaller areas while previously cultivated areas turn into bush. Consequent loss of agricultural production and the loss of livestock may reduce the amount of nutritious food available to families (Hammar skjöld, 2003). Families may try to compensate by doing more hunting and fishing and charcoal making but that may reduce stocks of fish and wildlife and trees (WWF, 2007). They may use more firewood and medicinal plants to care for the sick (Barany, 2005) and more trees to make coffins for the dead. The overuse of natural resources may result in environmental degradation.

HIV can result in the loss of human capital for land and resource management:

The human capacity and institutional memory needed for effective land and resource management at national and local levels may be threatened by HIV (ILO, 2004). This can happen, for example, in the case of agricultural and forestry services, which may lose the capacity to provide advisory services through extension workers and, thus, the capacity to help families address the problems they face as they lose the labour and knowledge to manage their farms and wooded areas (Hunter, 2007).

How could the activities of the sector inadvertently contribute to the spread of HIV?

Extension and other workers become infected by HIV and put others at risk: Having to spend considerable time far away from their families may increase the chance that

extension and other workers will engage in risky behaviour and acquire HIV or transmit it to others (Donohoe, 2003).

Environmental degradation may affect people's general health and increase their vulnerability to illness, including HIV-related illness. Deforestation and unsustainable agricultural, hunting, gathering and fishing practices could lead to poverty, famine and deterioration in people's health. Women and girls may be forced to provide sexual favours in order to gain access to resources in areas they do not normally go, so they can gather wild plants, fish, game and wood for their families' consumption or for income.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Addressing gender inequalities and the special needs of widows and orphans in the area of property ownership: Support governments in meeting their obligations to promote and protect the rights of all vulnerable people, including widows and orphans. Support widows and orphans in the retention of access to land, livestock and other property after their husbands and fathers die. Help develop national strategies and mechanisms ensuring a human rights based approach to HIV.

Promoting HIV prevention and awareness in the community: Agriculture, environment, conservation and forestry organizations can use their environment and natural resource awareness programmes as entry points for HIV-prevention information, advice on positive living and messages against stigma and discrimination and property grabbing.

Only in countries with generalized HIV epidemics and especially in countries with very high HIV prevalence

Advising partner institutions on the development and implementation of their HIV workplace policies:

The loss of staff working in the environment and natural resources sector due to HIV-infection can be avoided through implementation of HIV workplace policies. Such policies can cover prevention, treatment and impact mitigation and can require a working environment free from stigma and discrimination.

Creating an enabling environment for addressing HIV within the natural resources and environment sector:

Advocating for the development and operationalization of sectoral policies (Drimie, 2003) – e.g., land policies, environmental policies etc. – that address HIV can lead to appropriate HIV interventions within the sector's core business.

Working with the communities to find alternatives to unsustainable use of natural resources and to establish natural-resource-based micro-enterprises:

Possibilities include improving the sustainable management of medicinal plants and supporting the development of micro-enterprises that use those plants. Work in this area usually presents good opportunities to engage women in economic activities and to gain the support of their communities for doing so.

A GDC Example from the Ivory Coast

The GDC-supported programme established a committee to address HIV issues within the Ivorian Office for Parks and Reserves (OIPR), the programme's implementing partner. It also supports HIV training for park managers in the water and forestry sectors. Finally, a mobile cinema is used to raise HIV awareness in villages and communities that surround the parks.

References

Barany et al (2005). Firewood, food, and medicine: Interactions between forests, vulnerability and rural responses to HIV/AIDS. Proceedings from the IFPRI Conference: HIV/AIDS and Food and Nutrition Security, April 14-16. Durban, South Africa. Available at: <http://www.fao.org/forestry/media/9718/1/0/>

Donohoe (2003). Causes and health consequences of environmental degradation and social injustice. *Social Science and Medicine*, 56(3) 2003, p. 573-587. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12570975>

Drimie (2003). HIV/AIDS and land: case studies from Kenya, Lesotho and South Africa. *Development Southern Africa*, 20(5), December 2003, p. 647-658. Available at: <http://www.informaworld.com/smpp/content-content=a713618534-db=all-order=page>

Hammar skjöld (2003). The environment, natural resources and HIV/AIDS. Environment Policy Division, SIDA 2003. Available at: http://www.met.gov.na/publications/policy/SIDA_HI_VAIDS_envirnm.pdf

Hunter (2007). Natural resources, environment and HIV/AIDS. Population Reference Bureau 2007. Available at the GDC

Mainstreaming HIV internet platform.

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

Izumi (2007). Gender- based violence and property grabbing in Africa: a denial of women's liberty and security. *Gender and Development*, 15(1), March 2007, p. 11-23. Available at: <http://www.informaworld.com/smpp/content-content=a771210292-db=all-order=page>

Oglethorpe and Gelman (2007). HIV/AIDS and the Environment: Impact of AIDS and ways to reduce them: Fact sheet for the conservation community. World Wildlife Fund (WWF) Washington DC 2007. Available at: http://www.ehproject.org/PDF/phe/hiv_environment-factsheet2007.pdf

Twine and Hunter (2008). AIDS mortality and the role of natural resources in household food security and in a rural district of South Africa. HIV, Livelihoods, Food and Nutrition Security: Findings from Renewal Research (2007-2008) Brief 11. International Food Policy Research Institute (IFPRI) Washington DC 2008. Available at: <http://www.ifpri.org/renewal/pdf/RFBrief11.pdf>

Further Reading

A selection of articles on mainstreaming HIV in the natural resources and environment sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/natural-resources>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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Mainstreaming HIV in the Rural Development and Agricultural Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principle. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

This guidance note discusses the *intersection of HIV and the rural development and agricultural sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector? Some facts...

The role of women in agriculture and the burden of HIV:

Women contribute substantially to agricultural production and related household income. At the same time, they bear the brunt of the HIV epidemic. They have to take care of HIV infected members of their families while often being infected themselves. Diversion of the labour to care-taking and their own ill health present major obstacles to their capacity to provide income and food for their families and to prepare the food. When they become household heads, they face additional challenges in accessing control over land and natural resources, credit facilities and support and training on the use of new agricultural technologies (Mehra and Rojas, 2008).



HIV can lead to loss of property for women and children:

In many countries, women and their children are by law and/or custom denied the right to own land and other property. Moreover, they have little access to legal recourse when these things are taken from them. After the male heads of their households die, they are often evicted by relatives and this often means loss of livelihood and destitution (Izumi, 2007).

Further possibilities to consider in countries with very high HIV prevalence²

HIV can reduce productivity and impoverish HIV-affected families in rural areas:

HIV can induce poverty and food insecurity in rural families. Death, sickness and absenteeism can reduce family members' productivity (ILO, 2004). Caring for the sick can divert the labour of women and girls away from agriculture and tending livestock. Families may be forced to sell livestock to cover medical and funeral expenses.

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²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

As families' main bread winners die, the young and the elderly may be left behind and may have to try to make do with few or no resources at all (Hammarskjöld, 2003).

HIV can undermine the entire economy of a country:

Loss of labour to death and sickness and the shift from labour-intensive commercial crops to less labour-intensive subsistence crops can reduce the incomes of families and the cumulative impact can be to reduce the income of the whole country by, for example, reducing the availability of agricultural products and livestock for export.

The transfer of traditional knowledge may be interrupted as adults die of HIV: When the transfer of knowledge from grandparents to parents to children breaks down, new generations may find it increasingly difficult to manage farms and livestock and make use of natural resources in an efficient manner. This can be a major problem in areas where there are rapidly growing numbers of AIDS orphans (Hunter, 2007).

HIV can result in the loss of human capital by ministries of agriculture and other institutions in the sector: The human capacity and institutional memory needed to provide agricultural advisory services may be threatened by HIV (ILO, 2004). This can mean that advisory services are less able to help families address the problems they face as they lose the labour and knowledge manage to their farms, livestock and natural resources in sustainable ways (Hunter, 2007).

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts in countries with very high prevalence?

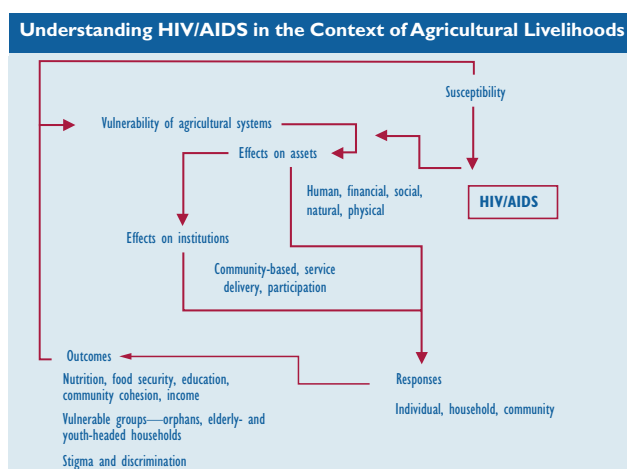
Addressing gender inequalities and the special needs of widows and orphans in the area of property ownership: Programmes in this sector can support governments in meeting their obligations to promote and protect the rights of all vulnerable people, including widows and orphans. They can support widows and orphans in the retention of access to land, livestock and other property after their husbands and fathers die. They can also support the development of national strategies and mechanisms that ensure a human rights based approach to HIV.

Promoting HIV prevention and awareness in rural communities: Agricultural information and advisory services can serve as entry points for HIV-prevention information, advice on gender issues and positive living, and messages against stigma and discrimination and property grabbing. In order to do this, they may require support for staff training and supervision.

Advising partner institutions on the development and implementation of their HIV workplace policies: The loss of staff working in the agricultural sector can be avoided through implementation of HIV workplace policies. Such policies can cover prevention, treatment and impact mitigation and can require a working environment free from stigma and discrimination.

Creating an enabling environment for addressing HIV within the agricultural sector: Advocating for the development and operationalization of sectoral policies – e.g., land policies, environmental policies – that address HIV can lead to appropriate HIV interventions within the sector's core business.

Taking advantage of the potential of agricultural activities to prevent the spread of HIV and mitigate its impacts: Agricultural programmes and projects can help ensure that the most vulnerable have access to appropriate technologies. The best approach is to build on existing community-based programmes and projects and to involve community members in identifying effective and sustainable solutions (Memfih, 2005). There should also be focus on the needs of women farmers, since they bear the greatest burden when there is HIV in their families and since they are



Source: Gillespie (2006). Understanding the links between agriculture and health

responsible for the provision of most of their families' food and stand to benefit the most from agricultural innovation (Verheijen and Minde, 2007).

Supporting research into agricultural diversification, agro-biodiversity and labour saving technologies:

Agricultural diversification plays a critical role in providing and enhancing nutrition for poor rural families. Agro-biodiversity and associated indigenous knowledge have enormous potential for enhancing food and livelihood security. Research into labour-saving technologies can lead to important mitigation strategies for households that must spend more time caring for the sick or that may be headed by widows, children or grandparents (Jayne, 2005).

GDC Examples

Land reform in Namibia

GDC's support for land reform in Namibia has included support for the development of training materials and for training courses that provide members of Land Boards with competence in mediation and conflict resolution. The training materials and courses placed special emphasis on the rights of widows and how they are linked to the impacts HIV can have on women and children.

Promotion of Private Sector Agricultural Development in Kenya

GDC's support for private sector agricultural development in Kenya includes support for training peer educators and counsellors who sensitize communities to the issues surrounding HIV. It also includes support for an HIV component in the Training of Trainers in agricultural sustainability and the production and distribution of a "Vitality and Wellness" magazine, which covers issues surrounding HIV including prevention and treatment.

References

Gillespie (2006). Understanding the links between agriculture and health. 2020 Vision for food agriculture and the environment, Focus 13 Brief 7 of 16 May 2006. Available at: http://www.ifpri.org/2020/focus/focus13/focus13_07.pdf

Hammar skjöld (2003). The environment, natural resources and HIV/AIDS. SIDA Environment Policy Division 2003. Available at: http://www.met.gov.na/publications/policy/SIDA_HIV_AIDS_envirnm.pdf

Hunter (2007). Natural resources, environment and HIV/AIDS. Population Reference Bureau. Available at the GDC Mainstreaming HIV internet platform.

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

Izumi (2007). Gender-based violence and property grabbing in Africa: a denial of women's liberty and security. Gender and Development; 15(1):11-23. Available at: <http://www.informaworld.com/smpp/content-content=a771210292-db=all-order=page>

Jayne et al (2005). HIV/AIDS and the agricultural sector in Eastern and Southern Africa: anticipate the consequences. Available at: http://www.sarpn.org.za/documents/d0001142/P1261-eJade_Jayne_Villarrea_Pingali_Hemrich_2005.pdf

Mehra and Rojas (2008). A significant shift; women, food security and agriculture in a global marketplace. International Center for Research on Women (ICRW). Available at: <http://www.icrw.org/docs/2008/a-significant-shift-women-food%20security-and-agriculture%20FINAL.pdf>

Memfhi, (2005). HIV/AIDS and African agriculture at crossroads: challenges and the search for agriculture development alternatives in Africa. Department of Economics and Management, Faculty of Social and Management Sciences, University of Buea, Cameroon. Available at: http://www.codesria.org/Links/conferences/general_assembly11/papers/memfhi.pdf

Verheijen and Minde, (2007). Agricultural innovations: a potential tool to HIV mitigation. Journal of SAT Agricultural Research 5(1). Available at <http://www.icrisat.org/journal/volume5/mpii/imp3.pdf>

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Mainstreaming HIV in the Transport Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.

The transport sector includes but is not limited to the road freight industry, road construction and maintenance, railways, ports and shipping, passenger transport, and aviation. Cross-border trade, although vital for economic growth, also opens avenues for broader spread of the HIV infection.

This guidance note discusses the *intersection of HIV and the transport sector and suggests ways* in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Transport workers are at high risk for HIV infection and sexually transmitted infections (STIs): Their vulnerability, especially in the case of long-distance truck drivers, has been well documented and stems from a number of interacting factors (Lichtenstein et al, 2008; Bal et al, 2007; Malta et al, 2006; Kulis et al, 2004; Ramjee and Gouws, 2002). Most are still in their sexually active years and have little formal education or HIV awareness. They spend considerable



time away from home and their wives or regular girlfriends and they often engage in multiple sexual relations with commercial sex workers and other women, while using condoms inconsistently. They are also often heavy users of alcohol and drugs (IOM and UNAIDS, 2005).

The longer the journey, the greater the danger of HIV infection:

Truckers have to stop at border crossings and checkpoints to go through customs procedures and these are often so bureaucratic that they require stopovers lasting for several days. Long stopovers provide many temptations to use alcohol and drugs and to engage in sexual relations and this puts them and their sexual partners at risk of HIV infection.

Limited access to health services: Though they are more exposed to the risk of HIV infection, transport workers are less likely to have access to health services because their work is characterized by mobility and heavy work schedules. They are a particularly difficult population to reach with HIV prevention, testing and treatment (Dodson and Crush, 2006).

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Loss of trained staff due to HIV-related morbidity and mortality:

Many enterprises and organizations in the transport sector feel the impact of the disease through loss of workers, absenteeism, and increased medical and recruitment costs. Stigma and discrimination against people living with HIV (PLHIV) can also have an impact on morale and productivity of the sector's workers (ITF, no date).

Sexual networks of multiple concurrent partnerships are a major driver of the epidemic within the transport sector:

Traditionally available in ports and along transport routes, commercial sex workers are a significant part of many transport workers' sexual networks. Also part of these networks are local women who engage in transactional sex, expecting their partners to spend money on them. Back home, transport workers have wives and regular girlfriends and they, too, are often part of sexual networks, turning to other men when their husbands and regular boyfriends are absent. The combined result is sometimes a "super-highway" of HIV infection.

How could your work in the transport sector inadvertently contribute to the spread of HIV?

People living and working in ports or along truck routes are at high risk of contracting HIV:

Ports, truck stops, cross-border towns, and market towns where truckers congregate on market days often have bars and lodging frequented not only by sailors and truckers but also by migrant workers, long-distance travellers and visitors from nearby communities. They attract commercial sex workers and tempt locals to participate in transactional sex. When heavy alcohol and drug use are added to the mix these places can become epicentres of HIV transmission.

Transport workers can act as bridges between high and low prevalence populations:

Mobility is a key driver of the HIV epidemic (Lagarde, 2003) and it is the essence of transportation, linking urban and rural areas and communities within countries and across countries. As well as transporting people and goods between these places, transport workers can transport HIV infection.

Road construction can improve connections between low and high prevalence countries:

Road construction can open access to regions difficult to reach, facilitating the transportation of people and goods and, also, of HIV infection. Thus, while creating new opportunities,

road construction also creates new risks.

In what ways could your work in the sector contribute to curbing the spread of HIV or to mitigating its impacts?

Advocating for and supporting the development and implementation of HIV workplace policies:

The loss of staff due to HIV-infection can be avoided through implementation of HIV workplace policies for the transport sector. Such policies can cover prevention, treatment and impact mitigation and can require a working environment free from stigma and discrimination against PLHIV.

The active participation of government departments (e.g. ministries of labour, highways or transportation) can back up such interventions with organizational support and resources. The same is true of transport owners' associations and workers' unions. Unions can fight stigma and discrimination and lobby for better care and support, including HIV testing and treatment for their members.

Targeting vulnerable populations with

tailor-made prevention:

Transport workers, commercial sex workers, young people who participate in transactional sex, and the spouses and other regular partners of transport workers may all require prevention measures particular to their situations. The most effective prevention programmes or projects will often be tailor-made and developed in consultation with vulnerable groups. They will also often be cross-border, sub-regional or regional, addressing situations found all along transportation routes.

Advocating for better access to health services for transport workers:

Health centres stationed at stops along highways can provide truckers with opportunities to acquire prevention information and condoms and to get tested and treated for STIs. Challenges may include countering the stigma associated with STIs and finding creative ways of ensuring follow-up for people who are constantly on the move.

Wellness centres at major truck stops and in ports and railway stations are also possibilities. In such centres, transport workers might find clean accommodation, nutritious food, harmless entertainment, and opportunities to acquire condoms plus HIV and STI information, education and communications (IEC) material. They might also find opportunities for voluntary and confidential testing (VCT) for HIV and STIs, as well as treatment for STIs, opportunistic infections and minor injuries. Wellness centres at these strategic places can be life-savers (WFP, 2006) and, with the participation of transport unions, business,

government and others they can make substantial contributions to the general well-being or transport workers (ITF, no date).

Supporting transport workers as agents of change:

Transportation networks can, for example, become condom distribution networks and peer education networks through which preventive education and supplies can be spread and reach not only transport workers but also commercial sex workers, young people and others.

Including clauses for HIV prevention activities in construction contracts:

The inclusion of HIV prevention clauses is now standard procedure in road construction contracts in sub-Saharan Africa and comprises an integral part of the national standard services catalogue. These clauses may require that a contractor supply its employees with condoms on a construction site, make HIV information available to its employees and provide HIV awareness raising events put on by a competent NGO. In **Ghana**, during the construction of the Tema-Akatsi road, the clauses required measures such as those and also HIV education of communities living along this road.

A GDC Example from Niger

Eight years after Niger's first attempt at condom social marketing failed because it offended religious conservatives, GDC through German Development Bank (KfW) made it possible to launch a new Social Marketing Project in 2003. The project borrowed from tradition to find a brand name and recruited a national sports hero to launch and promote the new brand.

In the 1990s, with support from CARE, truckers' syndicates began establishing Anti-AIDS Kiosks at major truck stops in Niger and now, with additional support from the US Agency for International Development (USAID) and the Global Fund, there are 17 of these kiosks and eight more planned. These kiosks are key partners of the Social Marketing Project, wholesaling its condoms to vendors in surrounding communities and playing essential roles in its behaviour change communications (BCC). The Project provides each kiosk with two trained animators and they organize and animate interactive communications both within the kiosk and in the surrounding community (GDC, 2009).

References

- Bal et al (2007). HIV infection among transport workers operating through Siliguri-Guwahati national highway, India. *Journal of the International Association of Physicians in AIDS Care (JIAPAC)*, (6)1:56-60, 2007. Available at: <http://jia.sagepub.com/cgi/content/abstract/6/1/56>
- Dodson and Crush (2006). Deadly links between mobility and HIV/AIDS. *Crossings* 7(1), March 2006. Available at: <http://www.unaids.org/mainstreaming/elibrary/docs/1634-SAMP-2006.pdf>
- GDC (2009). Social marketing for health and family planning: Building on tradition and popular culture in Niger.
- IOM and UNAIDS (2005). HIV and mobile workers: A review of risks and programmes among truckers in West Africa. Geneva International Organization for Migration and Joint United Nations Programme on HIV/AIDS. Available at: http://www.aidsandemergencies.org/cms/documents/HIV_and_Mobile_workers.pdf
- ITF (no date). HIV/AIDS: Transport workers take action. International Transport Workers' Federation. Available at: http://www.itfglobal.org/files/seealsodocs/ENG/995/HIVMA_NUAL.pdf
- Kulis et al (2004). Truck drivers and casual sex: an inquiry into the potential spread of HIV/AIDS in the Baltic region. Washington DC World Bank June 2004 Working Paper No. 37. Available at: http://www-wds.worldbank.org/servlet/WDSCContentServer/WDSP/IB/2004/09/13/000012009_20040913143135/Rendered/PDF/298910PAPER0081ivers0and0Casual0Sex.pdf
- Lagarde et al (2003). Mobility and the spread of human immunodeficiency virus into rural areas of West Africa. *International Journal of Epidemiology* 2003; 32:744-752. Available at: <http://ije.oxfordjournals.org/cgi/reprint/32/5/744.pdf>

Lichtenstein et al (2008). HIV risk among long-haul truckers in the USA. Culture, health & sexuality; 10(1):43-56, 2008. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18038280>

Malta et al (2006). A qualitative assessment of long distance truck drivers' vulnerability to HIV/AIDS in Itajaí, southern Brazil. AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 1360-0451, 18(5): 489 – 496, 2006. Available at: <http://www.informaworld.com/smpp/content-db=all~content=a758474868>

Ramjee and Gouws (2002): Prevalence of HIV among truck drivers visiting sex workers in KwaZulu-Natal, South Africa. Sexually Transmitted Diseases. 29(1):44-49, January 2002. Available at: <http://www.stdjournal.com/pt/re/std/pdf/handler.00007435-200201000-00008.pdf;jsessionid=KspYcFpjn4DpJddtJCM6GTN6nGn6nDDKTyvLT6tLZXGWnFXthlpw!-1260103914!181195628!8091!-1>

WFP (2006). Getting started: WFP support to HIV/AIDS training for transport and contract workers. Rome World Food Programme. Available at: http://wfp.org/food_aid/doc/HIV_Training_Transporters.pdf

Further Reading

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Mainstreaming HIV in the Water and Sanitation Sector

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This guidance note discusses the *intersection of HIV and the water and sanitation sector* and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

Some facts...

People living with HIV (PLHIV) have greater need for clean water and basic sanitation:

Their suppressed immune systems make PLHIV highly vulnerable to any disease that may be carried by unclean water and sewage. In addition, they need more than average amounts of clean water for purposes of hydration, taking their medicines, maintaining their personal hygiene and washing their personal articles to ensure that those are hygienic too. HIV-positive mothers need clean water for the preparation of formula milk for their babies (USAID, 2008). Evidence shows that HIV-affected



households require more than the "basic access" to 20 litres of water per capita daily, including 1.5 litres of safe drinking water (Ngwenya and Kgathi, 2006). They also need nearby, private and hygienic toilet facilities.

Yet PLHIV often have reduced access to clean water and basic sanitation: Despite their greater need, PLHIV are often subject to stigma and discrimination that limits their access to the most readily available clean water and sanitation facilities (Magrath, 2006).

Women and girls carry the burden of taking care of HIV patients:

In sub-Saharan Africa, women and girls carry out almost all water-related activities (UN Secretariat, 2007). Additionally, they bear the brunt of caring for family members with HIV-related illnesses – often while HIV-infected themselves (GCWA, 2006). Inadequate water and sanitation make home-based HIV care extremely burdensome and time consuming. This means carers have less time to fetch water at the same time as they need more water to take care of their patients (Wegelin-Schuringa and Kamminga, 2006).

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

Further possibilities to consider in countries with very high HIV prevalence²

HIV-related loss of trained human resources could undermine the effectiveness of countries' water and sanitation systems: The human capacity and the institutional memory needed to provide water and sanitation services at central and community levels may be threatened (ILO, 2004). For example, a decline in the number of trained operators at water and sewage treatment works due to HIV-related morbidity and mortality may cause periodic deterioration in the quality of water supplied to urban and rural centres.

An unforeseen increase in the costs of maintaining the system due to high staff turnover and medical health expenditures could lead to services becoming less affordable. The sustainability of the water and sanitation projects could be threatened, if clients cannot manage to pay their bills (IRC, 2003).

Water and sanitation systems could fail to respond to the demand of clients with special needs:

Access to clean and affordable water and basic sanitation services could be jeopardized for everyone, regardless of their HIV status. In countries with severe HIV epidemics, there is danger that systems may not be able to cope up with unexpectedly increased demand for services due to the high number of consumers with special needs (UN-Habitat, 2006).

Trekking long distances to access water sources or sanitation facilities could put women and girls in danger of HIV infection: Where water distribution and sanitation facilities are located far away from community centres, women and girls fetching water could become victims of sexual violence (UN General Assembly, 2006), which puts them at serious risk of HIV infection.

How could the activities of the sector inadvertently contribute to the spread of HIV?

Water and sanitation workers could become vulnerable to HIV infection and put others at risk while doing their jobs: Workers in the water and sanitation sector are often required to spend considerable time on construction sites away from their families while they perform such tasks as drilling boreholes. Time away from home increases the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Sensitizing the community by integrating an HIV component into the hygiene education activities of the programme/project: Water and sanitation programmes/projects can use their hygiene education component as an entry point for HIV-prevention information, advice on positive living and messages against HIV-related stigma and discrimination. In **Guinea**, in addition to supporting water and sanitation education for the community, German Development Bank (KfW) supported community sensitization through HIV-related drama and media campaigns, as well as HIV-education of focal persons and contractors. For these campaigns, the programme cooperated with the Social Marketing programme supported by Financial Cooperation (FC) and it has continued to cooperate directly with the former FC partner, Population Services International (PSI). In **Zambia**, German Technical Cooperation Agency (GTZ), KfW and German Development Service (DED) supported HIV activities at Water Kiosks and drilling sites, including distribution of HIV information and condoms. One kiosk serves from 1000 to 1500 people, so HIV-related activities in ten kiosks can reach up to 15 000 people.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

Only in countries with generalized HIV epidemics and especially in countries with very high HIV prevalence

Ensuring nearby access to quality water and sanitation services as a means to mitigate the impact of HIV:

Nearby access to clean water and adequate sanitation can reduce the impact of HIV. Women and girls can save time to fetch water. PLHIV can be given support that enables them to live and work in hygienic environments and have access to safe water and sanitation and thus have less chance of suffering from water- and sewage-born disease (WSSCC, 2009).

For example in **Zambia**, the German Water Programme has been supporting the Devolution Trust Fund to reach places where there are high densities of vulnerable households when it extends water points.

Creating an enabling environment to address HIV within the mandate of the water and sanitation sector:

Advocating for the development and operationalization of sectoral policies that adequately address HIV can lead to appropriate HIV interventions within the sector's core business. Capacity building on water and sanitation issues and their link to HIV infection can play a crucial role in increasing understanding and reducing the impact of HIV on the sector.

Advising partner institutions on the development and implementation of its HIV workplace policy:

The loss of staff of water and sanitation institutions due to HIV-infection can be avoided through implementation of HIV workplace policies. Such policies can cover prevention, treatment and impact mitigation and can require a working environment free from stigma and discrimination against PLHIV and their families. In **Zambia**, in the context of the Rural Water Supply Programme, construction workers and project employees were sensitized around HIV. Also GDC introduced an HIV Workplace Policy for the National Water Supply and Sanitation Council (NWASCO) and for the Devolution Trust Fund (a pro-poor Water and Sanitation Basket Fund).

A GDC Example from Cameroon

In Cameroon's Central Province, the Pro-village water-well Programme establishes artesian wells to provide reliable supplies of clean and safe water to a

number of villages. KfW provides financing, DED provides management and GTZ's HIV Focal Point has assisted with the establishment of an HIV workplace programme for the crew of 84 men and women. When a GTZ mission met with the crew in September 2006, the men joked about the many "water-well babies" they used to make with women in the villages where they were building wells, before they had been sensitized to issues surrounding HIV. When asked if they had any inhibitions talking about sex, they laughed and said, "No, we like talking about sex but we used to be very afraid of AIDS and of HIV-positive people, so we did not like talking about those things" (GDC, 2008).

References

GCWA (2006). Keeping the promise: An agenda for action on women and girls. The Global Coalition on Women and AIDS. Available at: http://www.unfpa.org/upload/lib_pub_file/597_filename_keeping-the-promise.pdf

GDC (2008). The German approach to mainstreaming HIV: one strategy for achieving effective and sustainable response to HIV. Available at: <http://www.hiv-prg.org/en/reviewed-publications>

ILO (2004). HIV/AIDS and Work: Global estimates, impact and response. Geneva International Labour Organization 2004. Available at: http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/global_estimates_report.pdf

IRC (2003) International Water and Sanitation Centre website: <http://www2.irc.nl/page.php/115>

Magrath (2006). Equal access for all? Meeting the needs for water and sanitation of people living with HIV/AIDS. Water Aid Ethiopia Briefing Note 6 January 2006. Available at: http://www.wateraid.org/documents/plugin_documents/hivaids_equal_access_for_all_no.6_april_2006.pdf

Ngwenya and Kgathi (2006). HIV/AIDS and access to water: A case study of home-based care in Ngamiland, Botswana. Physics and Chemistry of the Earth, Parts A/B/C, Vol. 31 Issues 15-16 2006 p. 669-680. Available at: <http://dx.doi.org> doi:10.1016/j.pce.2006.08.041

UN (2006). Report of the independent expert for the United Nations study on violence against children. United Nations General Assembly, Sixty-first session, Item 62 (a) of the professional agenda: Promotion and Protec-

tion of the Rights of Children August 2006. Available at: <http://www.violencestudy.org/IMG/pdf/English-2-2.pdf>

UN Secretariat (2007). Women and Water. Women 2000 and beyond. New York Division for the Advancement of Women, Department of Economic and Social Affairs February 2005. Available at: <http://www.un.org/womenwatch/daw/public/Feb05.pdf>

UN-Habitat (2006). HIV/AIDS Checklist for water and sanitation Project. Nairobi United Nations Human Settlements Programme 2006. Available at: http://www.bvsde.paho.org/bvsacd/cd66/2068_alt.pdf

USAID/Hygiene Improvement Project (2008). Programming guidance for integrating water, sanitation and hygiene improvement into HIV/AIDS programs. Washington DC US Agency for International Development.

Wegelin-Schuringa and Madeleen (2006). Water and sanitation in the context of HIV/AIDS: the right of access in resource-poor countries. Health and Human Rights 9:1. Boston: Harvard School of Public Health, François-Xavier Bagnoud Centre for Health and Human Rights. Available at: http://www.kit.eu/net/KIT_Publicaties_output/ShowFile2.aspx?e=1156

WSSCC (2009). Reference Note: HIV/AIDS and WASH. Geneva Water Supply and Sanitation Collaborative Council 2009. Available at: http://www.wsscc.org/fileadmin/files/pdf/publication/Ref_Note_HIV_AIDS_WASH_Febuary_09.pdf

Further Reading

A selection of articles on mainstreaming HIV in the water and sanitation sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sectors-priority-areas/water-sanitation>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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