



Current policies on HIV/AIDS that target specific sectors often have limited positive impacts. The reasons for this are many – including insufficient efforts to translate these policies into effective community-based programmes. It is also essential to target other important units such as the individual, the family and community level institutions. This session recognises the strategic linkages of these community level units of intervention to national efforts in combating HIV/AIDS. Until individuals, families and community-based institutions especially organisations of PLWHAs are involved and fully participate in decision making and strategies to deal with HIV/AIDS prevention, treatment and care, it is likely that current efforts will continue to yield limited results.

The aim of this session is to explore the impacts of HIV/AIDS at the level of the individual, the family and the community, and to better understand the different impacts of HIV/AIDS on women and men. The session also seeks to assess the resource implications of HIV/AIDS prevention, treatment and care. This session provides parallel activities to recognise varying inputs that are needed for different levels of planning. It is important that national policy should be informed by the needs and priorities on the ground, and incorporate lessons and good practices of local/community based organisations. At the same time there needs to be clear and focussed planning of activities and allocation of resources to ensure that national policies are translated into action. The impact of these interventions should be visible at a community level.

**Session Objectives** The session objectives include:

- ⌘ Assessing the impact of HIV/AIDS at the individual, family and community levels
- ⌘ Assessing the resource implications of HIV/AIDS prevention, treatment and care
- ⌘ Facilitating the development of strategies that will promote HIV/AIDS prevention, treatment, and care.



## Session 2 Contents

## Activity 1 Individual, family, and community level initiatives

**Activity 1** Individual, family and community level initiatives and strategies

- Case study 1
- Case study 2
- Case study 3
- Testimony

### Activity 2

- Exercise 1: project/ programme appraisal
- Exercise 2: stakeholder analysis

#### ☐ Process for all activities

- Divide the participants into 4 groups
- Assign one case study to three groups and the testimony to the fourth group and explain the group work process
- Summarise each case study and testimony in plenary discussions including the guiding questions before the group work
- Allow 45 minutes for discussion in groups and 35 minutes for plenary report back
- Facilitate a report back session, allowing other groups to ask questions and make comments to reinforce the key emerging issues
- Record the key emerging issues on the flip chart and post it on the wall, for constant reference and linking to subsequent activities.

#### 🔍 Activity 1 objectives

- To create awareness of how different expectations based on roles, status and economic power of women and men impact on the HIV/AIDS pandemic, and how the pandemic impacts on these.
- To explore how individuals, families and community level institutions respond to the impact of HIV/AIDS.

#### ☐ Materials

Case studies  
Flip chart  
Markers  
Adhesive putty

#### 🕒 Time

80 minutes

#### 🗣️ Method

Use of case studies, group discussions, and group presentations

#### ☐ Process

Refer to the case studies that have been provided for this activity.



### Patty's experience

Patty is married and has nine children. The seven older children used to live with her mother. In 1999 Patty was diagnosed HIV positive. Her husband threw her out with their two youngest children. When Patty was thrown out of the marital home, which was characterised by extreme violence, she went to live with her mother. Her father had died of HIV/AIDS in 1995. In 2000

her mother also died of HIV/AIDS. Patty now has to care for the nine children all by herself. None of the children are at school and some are malnourished. They live in one room, a corner of which is partitioned off and used to generate income by selling small household commodities. This meagre income and what the older girls can earn from selling sex keeps the family alive. No help has been

forthcoming from Patty's husband or from her in-laws and other extended family relatives. Patty is becoming weaker and weaker, and is in and out of hospital. She is extremely depressed and stays indoors, avoiding contact with the community.

#### ? Questions – Community Institutions

- Identify the problems experienced by Patty and give the possible causes for these.
- Who is most affected by these problems? And why?
- What assumptions and arguments emerge in Patty's story?
- In Patty's story who is at risk of contracting HIV/AIDS and why?
- If Patty lived in your community, what forms of support could she expect for her children and herself?
  - from her family?
  - from the community?

#### ? Questions – Policy Makers

- Identify the problems experienced by Patty and give the possible causes for these.
- Who is most affected by these problems? Why?
- What assumptions and arguments emerge in Patty's story?
- What policy inputs should be taken into consideration to manage the risk factors for HIV infection?
- What forms of national, regional and local support services should be made available to Patty and her children?



### Ayanda's Story

Ayanda is 26 years old. When her partner died of HIV/AIDS he left her with two children aged three and five. Immediately following the death of her partner, Ayanda was also diagnosed HIV positive. She lives in a shack near a dumping site in Maritime City. Ignorant of her HIV/AIDS status, her aunt invited Ayanda to stay with her. Soon the information that she was HIV positive spread like wild fire. The neighbours started talking. Some of her aunt's close friends advised her to evict Ayanda from the house. People in the community would stare at Ayanda as she walked the streets. They would avoid communicating with her, including those who used to be her friends. Finally, Ayanda's aunt advised her that the mourning period was over and that she should go back to her "home". She also promised to provide Ayanda with basic necessities.

In desperation Ayanda sought help and support from a charitable organisation for vulnerable children, as she got weaker and weaker. A year has passed and the organisation has not made a decision on how they intend supporting her in spite of Ayanda's frequent visits. They keep postponing

their decision and turning her away. She then approached the local social worker, who has been promising to visit Ayanda to assess her case.

Ayanda is back in the shack and the City Council is threatening to evict her. She is unemployed and destitute and the children have nothing to eat. Her aunt has not provided her with the basic necessities as promised. Ayanda is becoming increasingly depressed.



### ? Questions – Community

- What are the problems inherent in this case? List them.
- Who do these problems affect and why?
- Which community structures and institutions should be responding to Ayanda's problems (Government/business and civil society, NGOs)? How?
- If you were in Ayanda's aunt's position, what would you have done?
- Is there a referral system within your community to facilitate service provision for Ayanda?
- How can this system be improved to enhance service provision?
- How can community level institutions and organisations be assisted to develop strategic partnerships in service delivery?



### ? Questions – National

- What are the problems inherent in this case? List them.
- Who do these problems affect and why?
- What legislative measures can be taken to respond to Ayanda's situation and that of her children?
- How can policy and programme development be improved to ensure direct translation that both women and men benefit from programme delivery?
- What monitoring mechanisms should be developed to promote result-oriented programmes?





### Something to share from Zwinila

When the HIV/AIDS epidemic hit Zwinila country in 1985, numerous activities emerged, undertaken by different sectors in the economy. Information dissemination messages such as "AIDS kills", "abstain", "be faithful", "condomise", "live positively to live long" emerged. Different messages from different sectors flooded the market. The church, NGOs, health, education and the private sectors had their share in the development of messages. Years later, assessment through various studies indicated that there was no significant progress in reducing the impact of the disease. The Government of Zwinila became very concerned and decided to declare HIV/AIDS a national crisis. The National Policy on HIV/AIDS was formulated in 1998. Programmes and projects were put in place to address the crisis. A number of structures were established to implement HIV/AIDS specific programmes and projects.

According to existing literature resulting from a number of studies:

- condom use has not been as successful as expected, especially among the youth and women
- violence against women and sexual exploitation of children under 16 years continues to be a major problem
- teenage pregnancy is rife in the country
- HIV/AIDS prevention messages are said not to work
- introduction of the female condom has not been successful – because of problems of accessibility, cost and negative experiences during sex
- children complain particularly about parent's non-communication on issues of sex, sexuality and HIV/AIDS. Parents also complain about the deviant behaviour among children that result in social problems
- the health sector continues to mount workshops to expose women to the mother to child vertical transmission interventions. Women are targeted at health centres, clinics and health posts to enhance their appreciation for this intervention aimed at saving the future generation. Antiretroviral therapy drugs are now free for those who have tested HIV positive.



Provision and advice on infant feeding is fused with interventions on the mother to child vertical transmission programme. Male participation in efforts to combat HIV/AIDS is increasing, for example, through civil society initiatives such as Men Against AIDS or Men, Sex and AIDS. The media constantly educates the public on these programmes. In spite of this massive campaign only a few women have come forward for the mother to child vertical transmission programme

caregivers of the PLWAs and other chronically ill patients. The burden on women is becoming increasingly heavy.

Some girls are seriously interrupted in their educational development, as they have to be withdrawn from school to care for sick family members and dependants (eg orphans and the elderly). The number of orphans in the country is escalating. Children are increasingly becoming heads of households.

- more women than men have sought voluntary testing. Women and girls across the country are the main
- Poverty among female-headed households has increased.

### ? Questions – Community

- Why are the messages not working?
- What are the root problems in this case study, despite efforts to combat HIV/AIDS?
- What impact does this have on national efforts to combat HIV/AIDS?
- Why are women not being proactive in taking up the programmes targeting them specifically?
- Why are men not participating as expected, for example, voluntary testing or the use of the condom?
- How can national policies and programmes be strengthened to respond more effectively to the epidemic?
- What are the underlying HIV/AIDS challenges between parents and children?
- To strengthen the national policies on HIV/AIDS as well as programmes and projects, what are the major issues
  - for women?
  - for men?
  - for youth?





## Testimony

"My husband passed away due to HIV/AIDS when he was 35; he was ill for six months. He used to work as a general labourer on a big farm and only came home at weekends. We have eight children, but the last two both died of HIV/AIDS. This leaves me with six children to feed. It is very difficult. The two eldest have had to leave school to try and earn money, but I am trying to keep the youngest four in school.

In the early stages of my husband's illness we could cope. It became difficult when he lost his job. We had to spend a lot of his savings on special food for him, and he lost his medical aid cover. I grow maize and try to make money selling crochet work, but it is not sufficient. I cannot get a well-paid job. These days it is

even more difficult as a woman.

My husband's employers helped with the funeral expenses and will pay me a small pension for four years. As he had not worked there for long, the amount is insufficient. However, my husband's brother is supposed to take care of us. Although he knows our problems he did not help at all during my husband's illness or after his death. Now he wants to marry me, but I suspect his aim is to inherit my husband's estate, as is commonly practised in this community. I am lucky because my husband left a letter instructing that his property was to remain with the children and me and that I should not marry his brother in the traditional way. My husband had realised that marrying his brother would automatically transfer ownership of the family

estate to him. My children would lose out on their inheritance. Fortunately, the head man and the other village elders support this decision, because they know that this brother did not help us when my husband was alive. Otherwise it would have been very hard for me to refuse. I have to think of my children. But by refusing to marry him I lose any hope of help from him.

If I die the older children will have to take care of the young ones. I cannot trust my husband's brother, and I do not think his first wife would treat them well. My own two sisters cannot take the children because their husbands will not allow it. It is not traditional and they have their own families. The women take care of the children, but it is the husbands who must make the decision about this."

### ? Questions

- What are the positive aspects highlighted in this testimony?  
Discuss and record the key ones.
- What negative aspects can you draw from this testimony?
- What issues do these raise for households and the communities?
- What resources are available to the wife?
- What other implied resources could be drawn upon by the wife from the community?
- What community resources be used to benefit the wife, her family and the community?
- Are there issues from the case study that are applicable in your own local context?  
Identify and discuss two or three major issues of concern.
- How can the legal systems be strengthened to protect women's rights  
e.g. to property and decision-making?





**Exercise 1** is project/  
programme appraisal  
**Exercise 2** is stakeholder  
analysis

### 🔑 **Activity 2 objectives**

- The purpose of this exercise is to stimulate reflection on existing HIV/AIDS programmes and projects at different levels. Participants conduct a quick analysis of participation rates by women and men. They then propose actions that need to be taken specifically by women and men to promote more equal participation.

### 📄 **Materials**

Based on your experience in your country, highlight one or two programmes and projects that support HIV/AIDS prevention, treatment and care. Examples can be highlighted from household, community, sub-regional or national project/programmes.

Project descriptions should provide brief background, overview of activities, resources, implementors and other stakeholders.

Flip charts  
Markers  
Adhesive putty

### 🕒 **Time**

120 minutes

### 🗣️ **Method**

Divide into 4 groups – 2 groups discuss project/programme appraisal and 2 groups discuss stakeholder analysis.

### 📋 **Process**

- Agree within the group which project will be used.
- Allow 60 minutes for group work and 60 minutes for plenary report back.
- Assign one person to describe the project's objectives, activities and budget (if possible).
- Discuss the questions.
- During plenary report back have a full discussion on all of the key issues raised by these exercises. Record summary points on a flip chart.



## Exercise 1 Project/programme appraisal

### ? Discussion questions

- What programmes and projects exist to support HIV/AIDS prevention, treatment and care at family, community and national levels?
- State the target group for each programme or project?
- What is the response rate of women and men for each of these programmes and projects?
- What factors influence the participation of the different target groups such as women, men and youth in these programmes and projects?
- How can equity in participation of various target groups be enhanced?
- What specific actions need to be taken by men to facilitate improved participation of both women and men in these programmes and projects?
- How could men be more involved?
- What specific programme interventions could be undertaken to address the needs and vulnerabilities of women to HIV/AIDS?
- What specific actions need to be taken amongst young people to facilitate their increased participation in HIV/AIDS programmes and projects?
- What should be the policy response to improve participation of key stakeholders?





The following key issues emerge from the exercise in this session – these should be highlighted as a summary:

### **Socio-economic**

- Sex work and transactional sex – restricted opportunities for girls due to poverty
- Economic deprivation, poverty and women's dependency on men
- Imbalances in the sharing of responsibilities between women and men
- Violence: physical, emotional and psychological suffered by women and children
- Inadequate shelter, food and clothing.

### **Stigma and discrimination**

- Stigma, negative attitudes and behaviours that discriminate against PLWHAs.
- Male and female vulnerability due to harmful traditional practices.
- Disincentives to access services and voluntary counsellors and testing (VCT) because of stigma and inappropriate venues for these services

### **Community-based support**

- Care burdens and additional dependants
- Depleted resources and social capital at household and community level
- HIV/AIDS responsive community leaders
- Inadequate support services such as counselling, testing and general public education that should facilitate informed decision-making in HIV/AIDS
- Lack of co-ordination of efforts in service delivery.

### **Legislation**

- Women's rights to property ownership
- Need to protect the lives and privileges of people living with HIV/AIDS as well as those affected by the epidemic.

### **National level interventions**

- Policies and programmes do not filter down to local communities

### **Gender analysis in HIV/AIDS**

Research has demonstrated that HIV/AIDS impacts differently on the lives of females and males. It is therefore imperative that any response to the epidemic should begin by recognising

that females and males are likely to have different strategic needs and therefore different interventions. This recognition calls for a gender analysis, to identify the different impacts of HIV/AIDS on females and males. The gender analysis will serve as an organisational tool, encompassing principles that will bring out the nature of social relationships between females and males in a conceptual manner. The analysis will reveal social realities, life expectations and economic circumstances. It will further provide the information on the following aspects:

- a framework to analyse and develop policies, programmes, projects and legislation
- research and collecting data that recognises that women and men are not the same in terms of race, ethnicity, and sexual orientation, for instance. This should highlight the fact that women and men, are affected differently by the HIV/AIDS epidemic.

The analysis identifies how the conditions and experiences of women and men make them susceptible to infections. The collection and use of sex and age disaggregated data revealing the roles of females



## Summary points for the facilitator

and males is critical. The data needs to be more qualitative rather than quantitative, analysed in a gender sensitive way. The data can then be fed into policies, programmes, projects and activities which highlight the gender issues.

### **The strategies**

Both women and men need to be empowered to protect themselves against HIV/AIDS.

Women need information and education, skills, access to services and technologies, access to economic resources, social capital and the opportunity to have a voice in decision-making at all levels.

Men need to become partners in prevention and education, and to be encouraged to adopt healthier sexual behaviour. This means that in addition to health information, education, counselling and services, they should be provided with information about the gender dimensions of HIV/AIDS and the implications of their behaviour for women, families and communities.

Young persons need programmes and projects specifically targeting young women and men based on the following principles:

- Participation in programme planning, implementation, monitoring and evaluation
- Provision of youth friendly services and centres
- Parental involvement, guidance and supportive communication
- Sensitisation and education of boys and men about their sexuality and behaviour
- Establishment of networks for young people including those living with HIV/AIDS, for the protection of human rights and promotion of acceptance by society
- More commitment and more decision-making by young people themselves about their sexual behaviour and influence on peers.

### **National response**

Policy makers should recognise the importance of the involvement and enrolment of stakeholders, particularly at community level, from planning through to implementation, monitoring and evaluation of programmes.