



care®



**CARE's Experience in HIV and AIDS:
[AN OVERVIEW]**



BACKGROUND

With over 60 years of experience helping communities identify and address the greatest threats to their well-being, CARE is well positioned to tackle the global HIV and AIDS epidemic. CARE's holistic, multi-sectoral program approach to fighting poverty encompasses HIV and AIDS, basic and girls' education, sexual and reproductive health, nutrition and food security, savings-led microfinance, access to safe water and policy advocacy. CARE continues to strengthen its programs and partnerships as a key strategy to improve the lives of people affected by HIV and AIDS.

From a single project started in 1987, CARE now addresses HIV and AIDS in more than 40 countries with support from a variety of public and private donors. Our multi-year portfolio of HIV and AIDS programs in 2007-08 totals \$183 million. CARE's strengths in responding to the AIDS crisis include broad geographic coverage, multi-sector poverty-alleviation expertise, technical HIV and AIDS expertise and decades of experience in strengthening the capacity of community-based organizations and linking communities to healthcare and other services.

CARE'S APPROACH

CARE's HIV and AIDS programs target at-risk and vulnerable groups including youth and adolescents; mobile populations; injecting drug users; sex workers; orphans and vulnerable children; and women as care givers. In response to the increasing feminization of the AIDS epidemic, CARE's programs focus on the role that prevailing gender identities, roles and hierarchies play in shaping the dynamics of infection, transmission and living with HIV. In addition to focusing on gender issues, critical elements of CARE's HIV and AIDS programs emphasize dignity, equality, and the involvement of people living with HIV (PLHIV).

CARE's goal: Empower individuals, households and communities to protect themselves from HIV transmission and enhance their capacity to reduce suffering of those affected by the epidemic.

Objectives:

- Reduce transmission of HIV, particularly among the most vulnerable
- Mitigate the impact of HIV and AIDS on economic development and on other sectors
- Promote access to high quality care and support

CARE implements HIV and AIDS programming at local, national and international levels with and through governments, non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs) and communities themselves.

Technical Strategies:

- Capacity building of communities, CBOs, NGOs, national governments
- Community mobilization: addressing underlying causes including stigma, gender and power inequity through individual and community empowerment
- Prevention: behavior change communication, condom promotion, access to sexually transmitted infection treatment, prevention of mother to child transmission (PMTCT), voluntary counseling and testing (VCT), stigma reduction and other services

Tools and Manuals

Mainstreaming Tool:

As a member of the NGO Code of Good Practice Steering Committee, CARE has developed a practical self-assessment checklist to assist NGOs in modifying activities so that HIV-related risks are reduced and interventions are meaningful and accessible to people living with/affected by AIDS.



- Care and support: home-based care, increased social support to infected and affected individuals, access to antiretroviral drugs (ARVs)
- Comprehensive intervention: wrap around, multi-sectoral interventions with components of savings and loans, education, water
- Policy advocacy
- Partnerships at community, national and international levels

EXAMPLES OF OUR WORK

Working with key populations on HIV prevention

It is fitting that SAKSHAM, the title of CARE's program in India to strengthen awareness, knowledge and skills for HIV and AIDS management among female sex workers, also means "empowerment" in Hindi. SAKSHAM works with female sex workers to equip them with the skills they need to confront unequal power relations and lead healthier lives, and thereby contribute to HIV prevention. SAKSHAM uses an innovative approach

that focuses on empowering the community by working in partnership with the sex workers and moving beyond the traditional approach to HIV prevention, which tends to treat sex workers merely as “vectors of disease.”

SAKSHAM focuses on increasing knowledge about HIV and other health risks among sex workers while also increasing a sense of collective security and unity within the sex worker community. Helping sex workers organize themselves into self-sustainable CBOs has been a key strategy of SAKSHAM. By building capacity for collective action and fostering solidarity among women who have traditionally been isolated, these efforts have resulted in a decrease in violence experienced by the women, an increase in their ability to negotiate condom use with clients.

SAKSHAM’s efforts have also improved access to and utilization of health services. As leadership and decision-making skills within the sex worker community have strengthened, the CBOs have organized new initiatives such as health outreach and night clinics. The 720 registered sex workers are motivated by peer social change agents to seek screening for STIs on a quarterly basis. More than 90 percent of the registered sex workers have been screened for syphilis. Referral systems for health services, including VCT services for HIV, have been established. The community reports that condom use has been consistently high, with 80-90 percent of sex workers reporting that they used condoms in their last encounter.

Together, these accomplishments help sex workers protect themselves from sexually transmitted infections and reduce their risk of contracting HIV, while also addressing the societal barriers they face in protecting their health and their rights.

Compared to many countries, Bangladesh is yet to face the threat of a generalized HIV and AIDS epidemic. HIV remains confined to the most vulnerable populations, including injecting drug users (IDUs), sex workers, and men who have sex with other men. There is a thriving sex industry within

Tools and Manuals

Workforce Policy:

CARE, along with Oxfam International, developed a User’s Guide for developing and implementing an HIV and AIDS workforce policy. In Ecuador, CARE has also initiated a community of practice on corporate social responsibility, which includes workforce policy.

Bangladesh comprising sex workers both female and male, and a large number of IDUs – more than 90 percent of whom share needles, syringes and other injecting equipment. Furthermore, about 20 percent of Dhaka-based IDUs are also professional blood donors. In a country like Bangladesh, where about 75 percent of yearly-transfused blood comes from professional blood donors and routine screening for HIV hardly exists, there is high potential for HIV and AIDS to spread – whether through blood transfers or bridge populations (male clients of sex workers and sexual partners of IDUs).

Building on its HIV programming which began in 1995, CARE supports the development of the national HIV and AIDS control program in the context of the government of Bangladesh's Health and Population Sector Program. The goal is to improve the quality and coverage of sustainable HIV and AIDS programs nationwide through four key program activities:

- Expand the existing interventions with brothel-based and street-based sex workers to IDUs and the transgender population.



- Improve the technical and management capacity of NGOs/CBOs to enable them to implement interventions with high-risk populations.
- Develop strong support networks for people most vulnerable to HIV infection. Individual, community and social empowerment is essential for effective interventions with populations most affected by HIV and AIDS. CARE continues to facilitate the formation of networks of sex workers, IDUs and PLHIV. For IDUs, particular attention is given to the provision of 12 step counseling and the establishment of links with recovery programs. This promotes inclusion of families in the recovery process and addresses the specific needs of women and girl addicts.
- Engage leaders and policymakers to influence AIDS policies and programs at the local and national level in Bangladesh. CARE will share its lessons learned with the government of Bangladesh, World Bank, development partners, NGOs and civil society at large via media. This will create national support for effective approaches to HIV and AIDS prevention and discourage local resistance to working with marginalized populations.

Mitigating the impact of HIV and AIDS on communities

CARE's Local Links project works in South Africa and Kenya to mitigate the impact of HIV and AIDS by strengthening service delivery to children – and by providing sustainable economic support to “first responders” – children's caregivers – who are typically women with meager means of their own. Local Links works with CBOs to strengthen their ability to provide children with access to medical care, education and psychosocial support. In addition to providing services directly to affected children, Local Links works with caregivers to enhance their economic security, which better enables them to meet the children's nutrition, education and health needs. Early Childhood Development centers are supported in Local Links project areas. CARE strengthens the economic coping mechanisms of households caring for OVC by helping to establish village savings and loans groups and providing income generation training and mentoring activities.

Policy and Advocacy at CARE

PEPFAR Reauthorization:

CARE is taking a leadership role among operating agencies in discussions around PEPFAR reauthorization. CARE President & CEO

Helene Gayle has testified twice before Congress. CARE also takes part in regular Office of the U.S. Global

AIDS Coordinator committee meetings and has developed briefs and papers on PEPFAR and HIV and AIDS programming.

An evaluation of the South Africa program found significant social and household impact, with households increasingly able to weather economic shocks, and women better able to participate in community activities and make household decisions. In South Africa, about 35,000 OVC and community members access the project's services, and another 150,000 others in the community will receive indirect benefits. In Kenya, the project will directly benefit 20,000 community members, including OVC, as well as 120,000 persons indirectly benefiting from available assistance. Local Links has met the immediate needs of OVC while simultaneously investing in the long-term ability of caregivers and communities to continue to nurture and meet the needs of children who have experienced loss and dislocation. This investment in caregivers ensures a sustainable, community-driven response to the complex needs of children affected by AIDS.

In Rwanda, CARE developed an innovative approach which engages community-based volunteers as mentors to child-headed households. The nkundabanda model is internationally recognized and has been replicated throughout Rwanda.

Promoting access to high quality care and support, and health services

In Rwanda, CARE was concerned by the lack of linkages and referrals between community-based and facility-based services for PLHIV. In particular, CARE realized that antiretroviral therapy adherence was threatened by insufficient follow-up by health facility personnel as well as the lack of access for PLHIV and AIDS to supporting services, including food and nutrition, psychosocial support and legal assistance. These concerns led CARE to develop a case management model which links clinical services to communities.

The case management model works by establishing partnerships with health districts, and recruiting qualified health care professionals or social workers, who are then trained and deployed as case managers in health centers or hospitals. Case managers work with VCT/PMTCT service providers, PLHIV associations and community volunteers to identify clients and facilitate access to available services. Case managers also assess the broader socio-economic needs of the client and his/her family. Based on this assessment, an individual plan to access the necessary services is developed and regularly evaluated and adjusted by and with the client.



Policy and Advocacy at CARE

Novartis Pharmaceutical Case:

CARE participated in a global campaign aimed at pressuring Novartis to drop its patent lawsuit against the government of India. The lawsuit threatened access to affordable medicines for millions of poor individuals across the world living with HIV, AIDS, diabetes, cancer and other diseases. CARE was instrumental in mobilizing over 44,000 signatures in a major petition and letter pressuring Novartis to drop its case. In the end, the Chennai High Court dismissed the lawsuit and Novartis decided not to appeal the decision.

External evaluations of the model found it successful in establishing links between the health care centers and the community-based service providers, and in connecting clients with a variety of HIV and AIDS support services. In addition, health providers noted an improvement in the overall health of clients, due to their increased access to broader support services. To date, CARE has trained 149 case managers in 18 districts with each case manager handling an average of 63 clients. The regular home visits by case managers and community volunteers also helped improve adherence to ARVs, with less frequent and shorter interruptions in ARV regimens. Finally, the case management program helped reduce stigma within communities and increase respect for the rights of PLHIV by providing information, promoting open discussion and encouraging PLHIV to seek support without fear of discrimination.

CARE supports the implementation of PMTCT in three rural districts of Zambia's Eastern Province. The aim of the project is to extend PMTCT services to remote areas where low population density and poor infrastructure have made it difficult for the government to effectively deliver services. CARE supports a total of 30 health facilities in the three districts.

All 30 CARE-supported health facilities are implementing PMTCT services using an opt-out strategy, whereby HIV testing is regarded as a routine test for all pregnant women who come to register their pregnancies for the first time. Women are counseled about the implications of the test and pregnant women have the choice to opt out if they are not ready for the test. Those women tested and found to be positive are enrolled in the PMTCT program with their consent. Depending on the outcome and their needs, the clients are referred for further counseling on different options, which include:

- Referral to treatment services;
- Education on institutional delivery;
- ARV prophylaxis; and
- Education on infant feeding options.

Since the start of the project in September 2006, 10,126 pregnant women have undergone voluntary counseling and testing. Of these, 348 HIV-positive pregnant mothers have received a complete course of ARV prophylaxis. CARE has worked in collaboration with the provincial health office of the Ministry of Health to integrate the PMTCT and TB-HIV program into already-existing TB and maternal and child health activities. CARE has also strengthened the capacity of health workers and health managers to implement and coordinate the PMTCT/TB-HIV program in all three districts.

CARE'S DONORS

HIV and AIDS program resources come from a number of individual and institutional donors including the United Nations, United States government including U.S. Agency for International Development and President's Emergency Plan for AIDS Relief, the British government's Department for International Development, the European Union, private and corporate foundations such as the Bill and Melinda Gates Foundation and The Ford Foundation. CARE is a recipient of the Global Fund for HIV/AIDS, Tuberculosis, and Malaria in 10 countries, of which CARE is a principal recipient in five countries.



Policy and Advocacy at CARE

Great Lakes Advocacy:

Despite the funding support and programming in HIV and AIDS to the Great Lakes region of Africa, many of the efforts are threatened by long-standing conflict.

The consequences of conflict are grave, and include mass displacement of populations, catastrophic levels of sexual and gender based violence and recruitment and abduction of children into militia groups. These are just a few of the problems highlighted in CARE's testimony before the Senate Foreign Relations Committee in 2007.



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