ACF INTERNATIONAL NETWORK
POLICY PAPER

MAINSTREAMING HIV IN ACF-IN PROGRAMMES

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ACRONYMS

ACF-IN	Action Contre La Faim International Network
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
PMTCT	Prevention of Mother to Child Transmission
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHA	World Health Assembly

BACKGROUND

Action Contre la Faim-International Network

Action Contre la Faim International Network (hereafter referred to as ACF-IN), as part of the wider humanitarian community, is increasingly active in addressing the impact that the HIV/AIDS pandemic is having on the populations which it assists. Initially, the impact of HIV/AIDS was largely seen as a health issue and therefore on the 'edge' of the ACF-IN mandate. Over the last four years however, ACF-IN has looked at specific ways in which considerations for HIV/AIDS affected populations can be further integrated into our mandate and now strives to mainstream HIV into all programme sectors.

This is being done in close collaboration with other agencies and academic institutions that are also trying to improve programme interventions for affected populations and by conducting research into various issues around HIV and AIDS. Although a large amount of literature exists on the impact of the epidemic, and ways in which humanitarian practitioners should take this in account, the challenge is to translate this into practice whilst keeping up with rapidly changing international policy as new research and best practice continually unfolds.

Context

Most recent figures from UNAIDS report on the global AIDS epidemic in 2007 show that the total number of people living with HIV in 2005 was estimated at 33.2 million, 2.5 million of which are children. There were an estimated 2.5 million new infections in 2007, equating to approximately 7000 new infections per day, and an estimated 2.1 million deaths from AIDS. The number of new infections has not declined since the previous year despite a significant increase in prevention and awareness intervention. This may be related however to improved access to HIV counselling and testing and more people being aware of their HIV status.

The countries affected by the HIV/AIDS pandemic overlap significantly with some of the most vulnerable populations assisted by ACF-IN, already suffering high rates of under-nutrition and food insecurity before the added shock amongst HIV/AIDS. Although the pandemic is having a significant impact across the globe, its most destructive effect is being felt in sub-Saharan Africa, and most of all in countries of southern Africa, where infection rates of the sexually active population can be as high as 40%.

HIV/AIDS has a profound impact in many spheres – it is not only a health issue- and impacts on the political, social, human, environmental, economic and infrastructural spheres. At all levels of humanitarian response, the impact of HIV/AIDS has implications for best practice that challenge 'traditional' programme approaches in all sectors. Amongst these challenges is the particular question of how best to target those in need without adding to stigma and discrimination.

Gender issues

Traditional power relationships between men and women mean women and girls are often less able to negotiate their concerns about sexual relationships and are therefore less able to protect themselves from HIV infection. Women and girls are often at higher risk of coercive sex and sexual violence and they are also biologically more at risk of contracting the virus. Women also often face stigma and discrimination as a consequence of their gender even before HIV is added into the equation.

Women are often the main subsistence farmers, water bearers and child carers. In households affected by HIV/AIDS, food production, income and family childcare can be dramatically reduced when a woman's time is diverted to caring for a sick relative or because the woman herself is too sick to continue her usual responsibilities. This household impact is also increasingly affecting elderly women, often the ones who assume the care of orphans left behind by the deaths of their sons and daughters.

Men also have a vital role to play in lessening the impact of HIV/AIDS. In the early stages of the pandemic much emphasis was placed on targeting male social behaviour and sexual practices. The emphasis is now very much on targeting women and children but the voice of men with regards to the role they can play

must be heard. The male role within the family with relation to psychosocial and income support needs to be encouraged and families should be treated as a whole unit and not always as separate gender entities.

Child protection issues

Children bear an increasingly large burden of the HIV/AIDS impact whether infected or affected. Households affected by HIV/AIDS frequently suffer the double blow of less income plus greater healthcare costs and therefore less money for food or education. The number of orphans is dramatically increasing in Africa as a result of the AIDS pandemic, currently estimated by UNAIDS at 15 million. Children who lose their parents often lose their rights to property and land, leaving them with no shelter and faced with either surviving on the streets or being placed in struggling households, often unable to cope with the expanding number of children in their care. In addition to their loss of a formal education, they may also lose their informal education from their parents generation, which could have long-term effects on their chances of economic survival. Children without parents are also at risk of being physically and sexually exploited, separated from their families, and having to work in hazardous conditions.

To protect unborn children from the risk of HIV infection there are national Prevention of Mother to Child Transmission (PMTCT) policies in place in many HIV affected countries. Whilst these policies are well intended and good in theory, the reality is that they reach the minority of women in need. In addition, with constantly increasing knowledge on the subject, public health messages have changed confusing both women and poorly informed health workers. This is with particular regard to breastfeeding, a key domain for ACF-IN in the fight against childhood malnutrition.

PURPOSE OF THE DOCUMENT

THE OVERALL PURPOSE OF THIS PAPER IS TO SET OUT ORGANISATIONAL POLICY IN RELATION TO HIV/AIDS, AND TO FORM A BASIS FOR THE DEFINITION OF A PROGRAMMATIC STRATEGY, AND TO MAKE RECOMMENDATIONS FOR POLICY AND STRATEGY IMPLEMENTATION.

The document outlines

- The organisation's overall goal to 'mainstream' HIV/AIDS
- Specific objectives ACF-IN wishes to achieve through the adaptation of its specific programme technical approaches
- The principles by which ACF-IN should be guided in the implementation of this policy and more detailed technical strategy (i.e. issues which should always be taken into consideration)
- Approaches (i.e. issues which should be taken into consideration when appropriate and feasible – differ from principles, which should always be applied)

This policy paper, and a more detailed technical strategy form the basis for programmatic debate and development. They also serve as a tool to ensure best practice and for monitoring progress in identifying and tackling the complex issues HIV/AIDS raises in our field programmes. It should be regularly reviewed at technical meetings at International Network, HQ and field levels. These reviews must take account of developments and lessons learned in the field. It should draw on experience and learning from the programmes and experiences of other local and international actors as well as ACF-IN's experience.

NOTE

A technical strategy paper (separate document) is available and its purpose is as follows:

- Define the issues ACF-IN is currently facing in its technical programming, in relation to HIV/AIDS
- Define what ACF-IN's role is / should be in tackling such issues
- Define the challenges to be addressed in each technical domain
- Define strategy including the goals, objectives and action points
- Define ways to monitor and evaluate ACF-IN's progress in line with the strategy

HIV/AIDS PROGRAMME POLICY ACF-IN

Statement

HIV/AIDS has an impact on all sectors in which ACF-IN specialises, and has a direct relevance to the ACF-IN mandate in the fight against hunger and malnutrition.

To date ACF-IN has made some gains in the field of nutrition and HIV through clinical research and programme analysis of targeted interventions and more active analysis of all sectors has begun. ACF-IN must respond by fully mainstreaming HIV and AIDS analysis to inform our responses wherever relevant, feasible and appropriate. This needs to take place at field, headquarters and international network levels. Analysis must lead to informed programmatic adaptations to address the impact that HIV/AIDS is having on food security, nutrition, health and water/sanitation.

Goal / Overall objective

To improve the quality and impact of ACF-IN's work through the mainstreaming of HIV/AIDS in our approach and intervention

Four main areas have been identified, where HIV/AIDS should be integrated into ACF-IN technical programme work: Prevention, care/ treatment, mitigation and research. The following four specific objectives relate to these, and the technical strategy is structured in relation to each specific objective.

Target population

HIV/AIDS infected, affected and at risk populations in ACF-IN context of intervention.

Specific objectives

S.O.1. TO ASSIST IN THE PREVENTION OF FURTHER HIV TRANSMISSION IN AFFECTED COMMUNITIES

ACF-IN will work on the development and improvement of interventions, which focus on the prevention of HIV transmission. For example through health education, community and staff awareness and sensitisation of HIV counselling and testing, prevention of mother to child issues, condom promotion and awareness, encouraging knowledge of HIV status, and interventions which decrease the likelihood of adoption of risky coping strategies.

S.O.2. TO INTEGRATE GOOD QUALITY CARE FOR PEOPLE LIVING WITH HIV/AIDS

ACF-IN will work on the development and improvement of interventions addressing the specific care and needs of people living with HIV and AIDS. This includes nutritional, medical, psychological and environmental care, as well as the local infrastructures required to facilitate this. Due to the long term nature of HIV/AIDS, ACF-IN will aim for capacity building and local partnership approaches where possible.

S.O.3. TO MITIGATE THE IMPACT OF HIV/AIDS IN AFFECTED COMMUNITIES

ACF-IN will develop and improve interventions to assist people affected by HIV related illness and death. People may be affected in many ways such as: loss of labour; loss of able-bodied adults for agriculture and home activities; loss of income; reduced family care time diversion of income, increased burden of care; loss of parents; loss of land etc. By integrating the needs of those with HIV/AIDS into all technical domains the potential increases for households to be self sustainable in achieving 'positive living' with HIV/AIDS.

S.O.4. TO CONTRIBUTE TO OPERATIONAL RESEARCH AND TO THE DEVELOPMENT OF TECHNICAL EXPERTISE RELATED TO HIV IN ACF-IN AREAS OF COMPETENCE.

ACF-IN will develop research:

- Where sufficient knowledge or evidence does not currently exist
- Where the impact, appropriateness and quality of our programme approaches are directly implicated
- Where evidence exists and further research needs to be done to change policy and ensure that our programmes are adapted to integrate the needs of those made vulnerable through HIV and AIDS.

Principles1

ACF-IN CHARTER

As with all of ACF-IN's interventions, the organisational charter will form one of the main the guiding principles in the implementation of this policy. These principles are: independence, neutrality, non-discrimination, free and direct access to the affected population, professionalism and transparency. and transparency.

NATIONAL POLICY / STRATEGY CONSIDERATION

Many countries (particularly those with high prevalence of HIV/AIDS) have national bodies that deal specifically with HIV/AIDS policy and strategy for their country. ACF-IN should always strive to work with such bodies in terms of strengthening their capacity and contributing towards their objectives, within the bounds of ACF-IN mandate and technical competencies.

PARTNERSHIP, COLLABORATION, COORDINATION

Wherever possible, ACF-IN should aim to collaborate with local and international partners working with people affected by HIV and AIDS, in recognition of the long-term nature of the issue, and the need for sustainable, locally appropriate and sensitive approaches. Programmes should seek to form links with local projects and services for people affected by HIV/AIDS and to encourage community awareness of all the available services and ways in which to increase access.

INTEGRAL AND MULTI-SECTORIAL APPROACH AND NON EXCLUSIVITY

Consistent with our programme approach, the mainstreaming of HIV/AIDS should take place in each technical domain where possible and relevant. Ways to do this are outlined in the technical strategy but need to consider the whole package of care and not focus on individual sectors. Mainstreaming is not only relevant in programme sectors but also in the body of ACF-IN staffing. An HIV staff policy has been developed to ensure that all ACF-IN employees are aware of their part to play in the prevention of HIV/AIDS whilst also ensuring that their rights as potential HIV positive employees are protected.
The mainstreaming of HIV and AIDS must form an integral part of our programming. However HIV AIDS issues should not necessarily be prioritised above other aspects of vulnerability and humanitarian crisis but integrated where necessary. HIV and AIDS must be considered alongside other causes of vulnerability; hunger, morbidity and mortality (see Annex 3).

EVIDENCE BASED APPROACH (NEEDS ASSESSMENTS, RESEARCH)

Adaptations to current programmes and design of new programmes, which aim to mainstream HIV/AIDS, should be based on evidence which is derived from proper understanding and assessment of needs and research.

1 / i.e. issues which should always be taken into consideration

AWARENESS /SENSITISATION/ PROMOTION OF NON-HARMFUL BEHAVIOURS

In addition to the development and improvement of HIV/AIDS mainstreaming in our programmes, ACF-IN should be aware of the ways in which it may inadvertently do harm. Targeting needs to be carefully addressed with regards to stigma and practices. With reference to infant feeding in the HIV context, information regarding risk and balance of breast feeding must be clearly outlined to avoid increase risk to child mortality. In situations where mothers make an informed decision to opt for a breast milk alternative, ACF-IN will ensure strict adherence to the International Code of Marketing of Breastmilk Substitutes (see Annex 4). When ACF-IN are involved in promotion of income-generating activities and planning location of new project sites, health and safety and the rights of the child will be considered.

CONTEXT RELEVANCE (PUBLIC HEALTH, RELIGIOUS CONTEXT, CULTURAL...)

As with all programming it is very important to ensure that all our interventions are relevant to the context, and therefore a proper situation analysis is essential, which includes that of issues related to HIV/AIDS. Areas that can be considered in assessment include access to public health facilities; testing and treatment available for HIV positive people, religious attitudes towards sex and HIV/AIDS, local beliefs about the virus and its transmission, cultural and social attitudes towards people with HIV etc.

GENDER ANALYSIS

The different roles and relationships between the sexes are often very complex and vary from context to context. A contextually specific gender analysis is central to shaping responses for the prevention, care and treatment, and mitigation of impact of the disease. It is also important however to remember the need to link the gender specific needs to a holistic family approach in the context of HIV/AIDS.

PRESERVATION OF QUALITY OF LIFE AND DIGNITY

As with all our approaches ACF-IN must aim to maximise the quality of life and to promote and maintain the dignity of those affected. Although HIV/AIDS is currently an incurable illness, our programme approaches need to support people infected with the virus, or sick with the disease, to lead fulfilled and positive lives to the maximum extent possible. This includes all basic human rights to adequate food, water and health care.

CONFIDENTIALITY

As in all ACF-IN programmes, the privacy of individuals must be respected. We must maintain confidentiality at all times. People affected by HIV/AIDS often suffer from stigmatisation. However, it can also be recognised that encouraging people to be open about their own HIV status may be the best way towards reducing stigma in the long term.

Approaches

COMMUNITY-BASED APPROACHÉ

Many people affected by HIV/AIDS depend on the community around them for support. Conversely, stigmatisation of those affected often starts within the community. Where possible programmes should be based within, and be managed by, the community. This can help to ensure, that people with HIV are not isolated and encourage a sense of communal responsibility.


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All stakeholders in the community should be involved in projects from the planning stage to encourage community ownership. This includes all the vulnerable groups affected by HIV/AIDS such as the sick, the elderly, women and children. All voices need to be heard despite cultural traditions which may favour prominent persons in the community.

TRAINING / CAPACITY BUILDING

As outlined above, HIV/AIDS is a long-term problem that must be addressed through a sustainable approach. The impacts of HIV/AIDS will reach far beyond the lifespan of an ACF-IN intervention. Training and capacity building of staff of local institutions and partners is fundamental to achieve maximum impact in the long term.

ADVOCACY / LOBBYING

Advocacy is a potentially powerful tool for improving the quality of life of people affected by HIV/AIDS, and is a key factor to awareness-raising, reducing stigmatisation and accessing services. Several advocacy issues related to prevention, care, mitigation and treatment have been identified in the different sections of the technical strategy.

ANNEX 01

THE ACF-IN CHARTER

ACF-IN is a non-governmental organisation. Private, non-political, non-denominational and non-profit making, it was set up in France in 1979 to intervene in countries throughout the world.
ACF-IN vocation is to save lives by combating hunger, disease, and those crises threatening the lives of helpless men, women and children.

ACF-IN intervenes in the following situations:

- In natural or man-made crises which threaten food security or result in famine,
- In situations of social/economic breakdown linked to internal or external circumstances which place particular groups of people in an extremely vulnerable position,
- In situations where survival depends on humanitarian aid

ACF-IN intervenes either during the crisis itself, through emergency actions, or afterwards, through rehabilitation and sustainable development programmes.
ACF-IN also intervenes in the prevention of certain high-risk situations.
The ultimate aim of all of ACF-IN's programmes is to enable the beneficiaries to regain their autonomy and self-sufficiency as soon as possible.

ACF-IN respects the following principles:

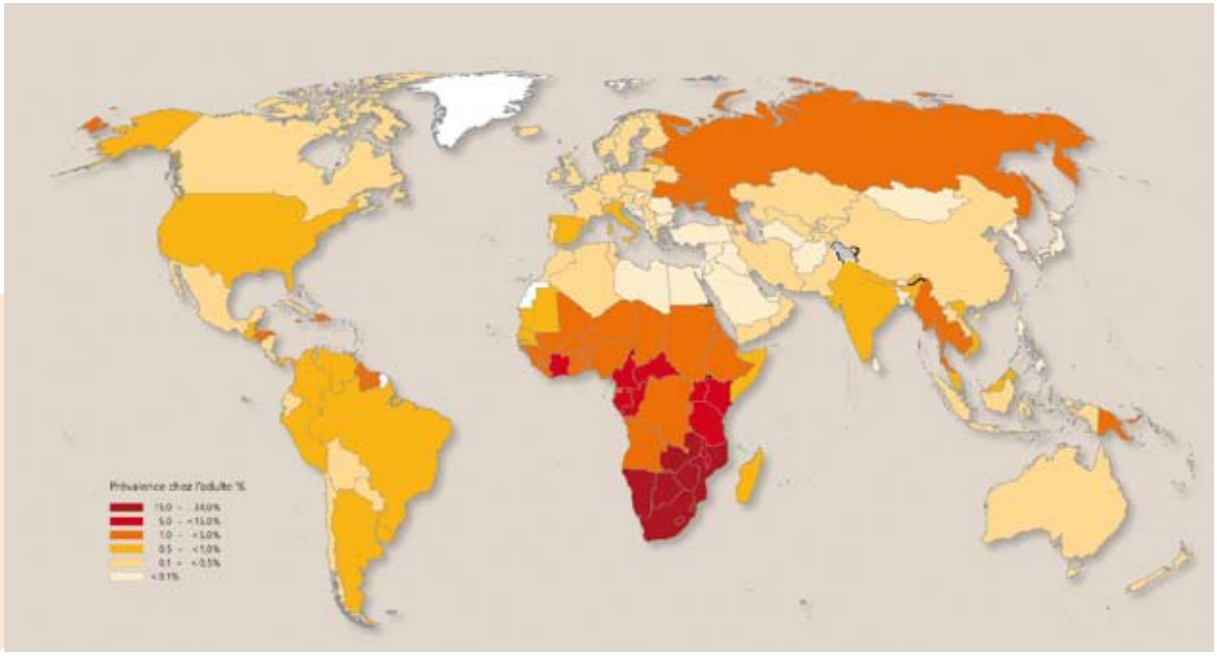
- Independence
- Neutrality
- Non Discrimination
- Free and Direct Access to Victims
- Professionalism
- Transparency

All members of ACF-IN adhere to the principles of this Charter and are committed to respect it.

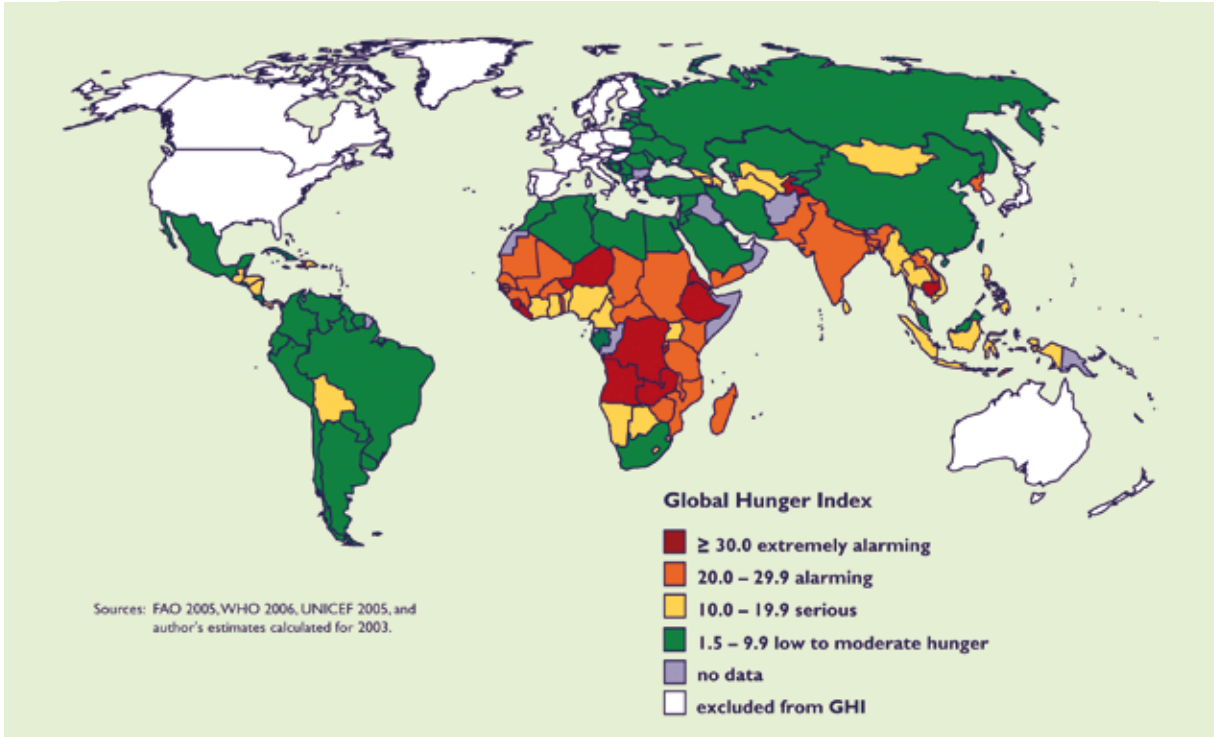
ANNEX 02

MAPS SHOWING THE OVERLAP OF HUNGER AND HIV/AIDS WITH RELEVANCE TO AREAS OF ACF-IN INTERVENTION

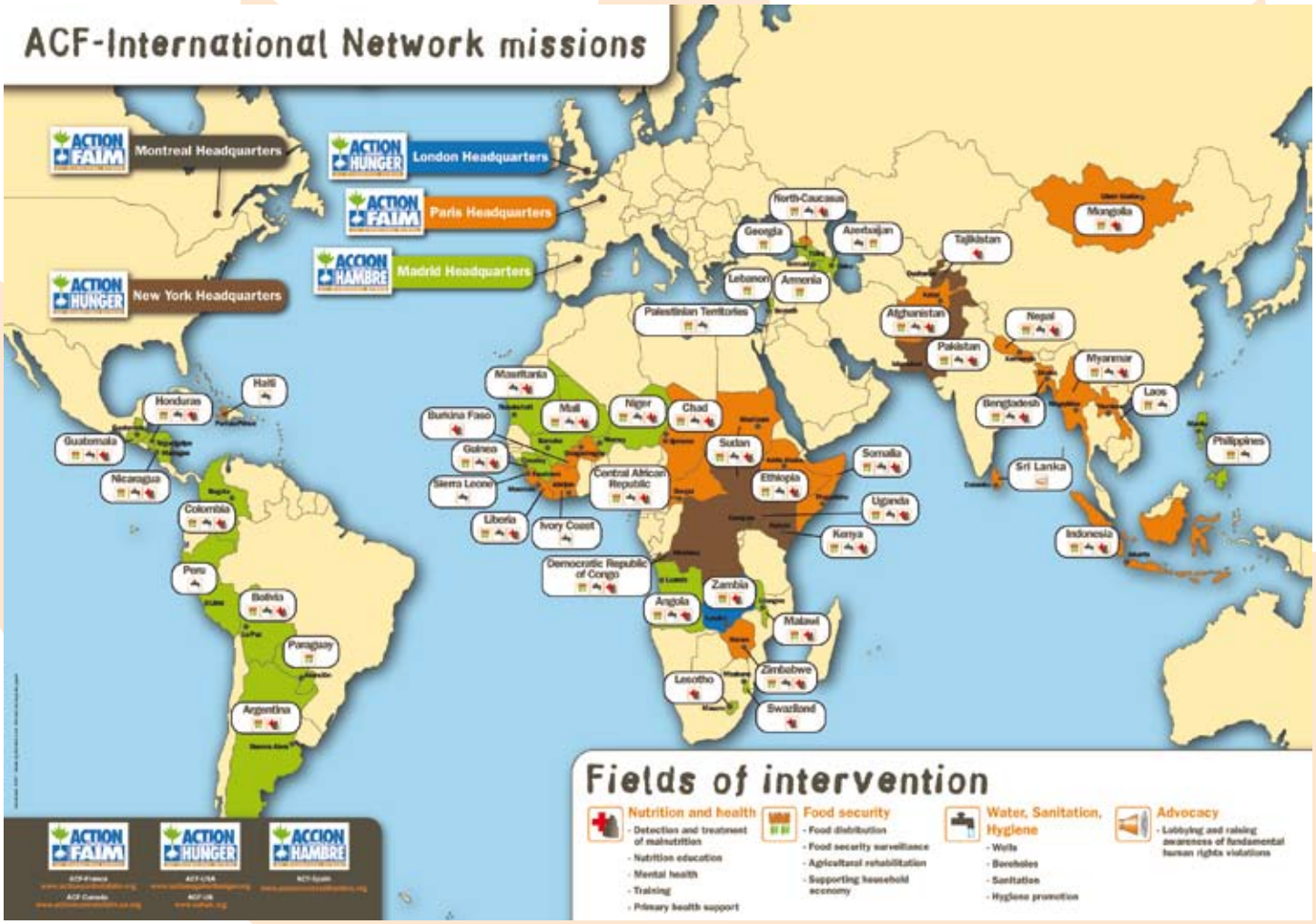
A global view of HIV infection UNAIDS/WHO 2006



2006 Global Hunger Index



2008 ACF-IN interventions



ANNEX 03

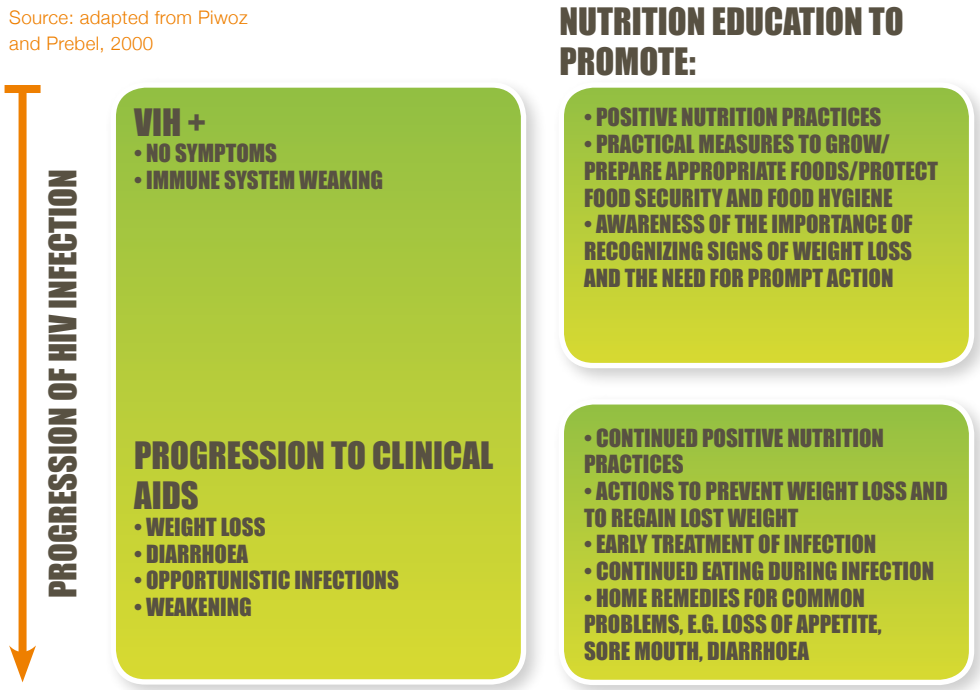
THE RELATIONSHIP BETWEEN NUTRITION AND HIV TAKEN FROM THE FAO LIVING WELL WITH HIV/AIDS MANUAL

FIGURE 1: Relationship between good nutrition and HIV/AIDS

Source: adapted from Piwoz and Prebel, 2000

FIGURE 2: The role of nutrition education as HIV infection develops

Source: adapted from Piwoz and Prebel, 2000



Référence: http://www.fao.org/DOCREP/005/Y4168E/y4168e04.htm#P105_15855

ANNEX 04

EXTRACT ADAPTED FROM THE INTERNATIONAL CODE OF MARKETING BREAST-MILK SUBSTITUTES - FREQUENTLY ASKED QUESTIONS. WHO 2006

WHAT IS THE INTERNATIONAL CODE OF MARKETING BREAST MILK SUBSTITUTES?

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and teats. The Code was formulated in response to the realization that poor infant feeding practices were negatively affecting the growth, health and development of children, and were a major cause of mortality in infants and young children. Poor infant feeding practices therefore were a serious obstacle to social and economic development. The 34th session of the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes in 1981 as a minimum requirement to protect and promote appropriate infant and young child feeding.

The Code aims to contribute «to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution» (Article 1). The Code advocates that babies be breastfed. If babies are not breastfed, for whatever reason, the Code also advocates that they be fed safely on the best available nutritional alternative. Breast-milk substitutes should be available when needed, but not be promoted. The Code was adopted through a WHA resolution and represents an expression of the collective will of governments to ensure the protection and promotion of optimal feeding for infants and young children.

HOW DOES THE CODE APPLY IN THE CONTEXT OF HIV?

Global recommendations on infant feeding for HIV-infected mothers are:

- Exclusive breastfeeding is recommended for the first six months unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS).
- To minimize the risk of HIV transmission, breastfeeding should be discontinued as soon as an AFASS alternative is available, taking into account local circumstances, the individual woman's situation and the risks of replacement feeding (including malnutrition and infections other than HIV).
- When HIV-positive mothers choose not to breastfeed from birth or from 6 months onwards, they should be provided with specific guidance and support for at least the first two years of the child's life to ensure adequate and safe replacement feeding.

The fact that HIV can be transmitted through breast milk should not undermine efforts to support breastfeeding for most infants, as their health and survival are greatly improved by breastfeeding. At the same time, the Code seeks to ensure the proper and informed use of breast-milk substitutes when these are necessary and are considered appropriate.

The Code and the WHA resolutions therefore:

- Recommend that governments regulate the distribution of free or subsidized supplies of breast-milk substitutes to prevent overspill to babies who would benefit from breastfeeding and whose mothers are HIV- negative or unaware of their status;
- Protect children fed with breast-milk substitutes by ensuring that product labels carry necessary warnings and instructions for safe preparation and use;
- Ensure that the product is chosen on the basis of independent medical advice

With the rising prevalence of HIV, governments may consider accepting free or low cost supplies for distribution to HIV-positive mothers if AFASS criteria can be met. WHA resolution 47.5, 2.(2). However, WHA urges Member States to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the Code in any part of the health care system. Instead of accepting donations, national authorities should consider negotiating prices with manufacturers and offer breast milk substitutes at a subsidized price or free of charge to be used for infants of mothers living with HIV with AFASS criteria. It is recommended that this be done in a manner that: is sustainable; does not create dependency on donated or low-cost supplies; does not undermine breastfeeding for the majority of infants; does not in effect promote breast-milk substitutes to the general public or the health care system; assures sufficient quantities for as long as individual infants need them.

REFERENCES

Bibliography

• Directorate-general for humanitarian aid- DG ECHO, a review of water and sanitation issues relating to the funding of humanitarian operations under the EC humanitarian regulation, 2005
• Concept paper and Model guidelines, European Commission, 2005
• Living Well with HIV/AIDS; A Manual on nutrition Support and Care for People Living with HIV/AIDS. FAO. Rome 2002
• Sphere Project (2004). Humanitarian charter and minimum standards in disaster relief. Geneva 2004
• WHO, International Code of Marketing of Breast milk Substitutes, Geneva, 1991
• Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breast milk Substitutes, (7th edition) Penang, 1993
• HIV/AIDS checklist for water and sanitation projects, UN-Habitat, UNHSP, 08-2006
• HIV/AIDS and WASH, Thematic overview paper, IRC, 2005

Reference Websites

http://www.unsystem.org/SCN/Publications/AnnualMeeting/hiv_reference/nut_and_hiv_aids.htm
The UN Standing Committee on Nutrition has a working group on Nutrition and HIV/AIDS. The website gives all relevant links to HIV and nutrition.

http://www.fao.org/DOCREP/005/Y4168E/y4168e04.htm#P105_15855
FAO manual for approach to healthy living with good nutrition.

http://www.worldwatercouncil.org/
The international water policy think tank

http://europa.eu.int/comm/echo/index_en.htm
Humanitarian Aid Department of the European Commission

http://www.un.org/millenniumgoals/
Millennium Development Goals related information