Concern Worldwide's
HIV/AIDS Policy
Concern Policies

Concern is a voluntary non-governmental organisation devoted to the relief, assistance and advancement of peoples in need in less developed areas of the world.

Concern believes in a world where no-one lives in poverty, fear or oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, healthy and creative life; a world where everyone is treated with dignity and respect.

Our mission is to help people living in absolute poverty achieve major improvements in their lives, which last and spread without ongoing support from Concern.

We will work with the poor themselves and with local and international partners who share our vision of democratic and just societies.

To achieve this mission Concern engages in long-term development work, responds to emergency situations and undertakes development education and advocacy on those aspects of world poverty which require national or international action.

Concern’s core values derive from a single central value:

**Extreme poverty must be targeted**

Our other values are subsidiary to this central value:

- Respect for people comes first.
- Gender equality is a prerequisite for development.
- Development is a process, not a gift.
- Greater participation leads to greater commitment.
- Emergencies call for rapid response.

- Democracy accelerates development.
- The environment must be respected.
- Good stewardship ensures trust.
- Experience is the best teacher.
- All governments have responsibility for poverty elimination.

Concern's work is guided by a series of policy documents which are translated into practice through the implementation of Organisational and Country Strategic Plans and Organisational Programme Plans. Country Plans are put in to operation through projects designed using Concern’s Project Cycle Management Process.

**Concern has a range of policies:**

- General Policies.
- Programme Approach Policies.
- Programme Sector Policies.
- Resource Policies.
- Programme/Project Management Policies.

Details of policies approved by Council are listed inside the back cover.

The policies have been written to complement each other. For example, in our Health Policy we state that we will help to build the capacity of local government health services and that the approach to be used will be found in the Capacity Building Policy. Our general approach and resource policies cover all sectors. All policies are dynamic and are reviewed from time to time.
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HIV/AIDS Policy Summary

HIV/AIDS has become the single most serious disease in the world and has far reaching social and economic effects. It currently infects more than 40 million people and kills almost 3 million yearly. It is most problematic in sub-Saharan Africa, fast developing in Asia and occurs in almost all countries. In spite of its rapid spread, devastating impacts and the appalling suffering it causes, it must be remembered that even in countries with a high HIV/AIDS prevalence the majority of people are still HIV negative. The situation is not beyond hope. Halting and reversing the spread of HIV/AIDS is not only extremely important but is also possible as the disease is technically 100% preventable.

Our overall organisational policy requires us to consider the possible impact of all our work on this pandemic and to look for opportunities to carry out appropriate education and to limit risks of the spread of infection. Our Strategic Plan acknowledges the scale of the global HIV/AIDS crisis and states that it must realistically be factored into everything we do. All staff must have appropriate knowledge of HIV/AIDS and how it may affect them and their work. Concern’s Critical Illness Workplace Policy (including HIV/AIDS) deals with issues of employee rights, benefits, education and support services, and is an important supplement to this document. Concern has continuous HIV/AIDS programme experience since we started working in this area in Uganda more than twelve years ago.

The aim of Concern’s HIV/AIDS policy aim is to empower our target group to minimise their vulnerability to, and risk of, HIV infection and to minimise the impact of AIDS on those infected and affected by it. We will pursue this aim in all our programme work, including emergency preparedness and response.

To achieve this aim, we will:

- Enhance national and local capacity to minimise the risk of HIV transmission and the impact of AIDS.
- Enable infected people living in absolute poverty to access care and treatment, and to protect their rights so that they may live fulfilling and productive lives.

Concern’s response to HIV/AIDS is one of Concern’s five organisation wide programmes. In the long term Concern’s HIV/AIDS Policy aim will contribute to the International Development Target adopted in 1999, which is to achieve a 25% reduction in HIV infection rates among 15 – 24 year olds in worst affected countries by 2005, and globally by 2015.

Consistent with our core value of targeting extreme poverty we will carry out contextual analysis to ensure that HIV/AIDS interventions are within the underlying context of poverty and that, as far as possible, the benefits of our work will accrue to those living in absolute poverty. Given the scale of the problem Concern does not have sufficient resources to provide substantial ongoing food and welfare support to very large numbers of affected individuals. We will therefore support advocacy for government resources to meet their welfare rights for basic needs. Through our livelihoods work we will aim to assist communities to maximise their own resources.

In specific HIV/AIDS interventions we will concentrate on building the capacity of local people and groups to be effective in education and prevention, as well as care, treatment and support. Our education, health and livelihoods work will endeavour to enable infected and affected individuals, families and groups to reduce the impact of the disease on their social and economic status. We will undertake research and advocacy in support of this concentration of effort.

Nine core principles guide the translation of our policy into programme approaches and projects:

- People in absolute poverty are targeted, as for all of Concern’s overseas work.
- Support of the right to health and HIV/AIDS protection and treatment for all people.
- Active participation of infected, affected and people with high-risk behaviours in HIV/AIDS programme design, implementation, monitoring and evaluation.
• Gender equality will be actively promoted throughout our HIV/AIDS programme work.

• Capacity building of partners for long-term action aimed towards sustainability.

• HIV/AIDS will be incorporated into emergency response work as far as practical.

• Recognising the responsibility of governments to lead the response to the disease we will where possible support and work in concert with government policy.

• Adherence to international standards throughout our HIV/AIDS work.

• Concern staff will raise awareness and knowledge and be supported to help bring about an end to the silence, stigma, denial and discrimination surrounding HIV/AIDS.

Our programme approach will be through elements of collaboration with and capacity building of partners, equality, human rights and, respect for local culture. We will invest to enhance our own capacity to mount meaningful responses.

The HIV/AIDS pandemic is evolving rapidly and it is therefore important that we regularly review this policy and incorporate appropriate changes.
Acronyms and Glossary

AIDS: Acquired Immune Deficiency Syndrome
ARV: Anti-retroviral
BCC: Behaviour Change Communication
HIV: Human Immunodeficiency Virus
IAAC: Irish Aid Advisory Committee
IASCWG: Inter-Agency Standing Committee Working Group
IDT: International Development Target
IFPRI: International Food Policy Research Institute
NGO: Non-Governmental Organisation
OHCHR: Office of the United Nations High Commissioner for Human Rights
PCM: Project Cycle Management
PLWHA: People Living with HIV/AIDS
PMTCT: Prevention of Mother to Child Transmission
STI: Sexually Transmitted Infection
TB: Tuberculosis
UN: United Nations
UNDP: United Nations Development Programme
UNGASS: United Nations General Assembly Special Session
UNAIDS: Joint United Nations Programme on HIV/AIDS
VCT: Voluntary Counselling and Testing
WHO: World Health Organisation

Development Cooperation Ireland (DCI)

DCI is the Irish Government’s Official Development Cooperation programme. It provides long-term and emergency support to developing countries. The programme works in partnership with governments and communities in the developing world in their attempts to alleviate poverty through helping them meet basic needs and through strengthening their capacity to help themselves. It also has a special focus on the fostering of human rights and democracy.

Dochas

Concern Worldwide is a member Dochas of the Irish Association of NGOs working for global justice through supporting development in the South and through development education in Ireland. Dochas has thirty-one members currently and is supported by DCI. Concern is a participant of the Dochas HIV/AIDS Working Group.

Alliance 2015

The organisation was formed in year 2000 by Deutsche Weltungerhilfe (GAA), Hivos, Ibis, and Concern Worldwide, in order to collaborate on achieving the International Development Targets towards the eradication of poverty. CESVI an Italian NGO joined in 2002, and People in Need Foundation, an organisation from the Czech Republic, joined in 2003. The objectives of the Alliance are to develop and implement joint projects and programmes, including large-scale projects that are beyond the capacity of any one partner, and to implement joint advocacy campaigns.
1. Introduction

Concern’s mission is to help people living in absolute poverty achieve major improvements in their lives, which last and spread without ongoing support from Concern.

Our overall organisational policy, recognising the serious problems worldwide caused by HIV/AIDS, requires us to consider the possible impact of all our work on this pandemic and to look for opportunities to carry out appropriate education and to limit risks of the spread of infection1.

Our Strategic Plan2 acknowledges the scale of the global HIV/AIDS crisis and states that it must realistically be factored into everything we do.

In practice3 this means that:

- In all decision making relating to policy, strategy, programmes and programme support (human resources, finance, logistics and bought in services), consideration will have to be given to the constraints imposed by the epidemic and also the effect each decision may have on HIV/AIDS prevalence.

- All staff must have appropriate knowledge of HIV/AIDS and how it may affect them and their work. Concern’s Critical Illness Workplace Policy (including HIV/AIDS) deals with issues of employee rights, benefits, education and support services, and is an important supplement to this document.

This HIV/AIDS Policy will guide Concern to be part of the movement translating current knowledge into increased action to reduce HIV/AIDS globally. It has been developed in consideration of the United Nations General Assembly Special Session (UNGASS) Declaration, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy, host country government policies, donor policies and the Declaration of Commitment adopted by the world’s governments in June 2001.

2. The Right to Health, HIV/AIDS Protection and Treatment

The Universal Declaration of Human Rights (1948) affirmed the right of all people to adequate food, health and medical care, including diagnostic and treatment services.


- Increased vulnerability - Certain groups are more vulnerable to contracting the HIV virus because they are unable to realise their civil and political, and economic, social and cultural rights.

- Discrimination and stigma – People living with HIV/AIDS and their families are often denied some of their basic human rights because of the fear and stigma the condition can generate.

- Effectiveness of response - Individuals denied the right to freedom of association might be prevented from joining local self-help groups and from accessing HIV/AIDS services. This may mean that treatment cover is reduced and prevalence can increase.

In 2001, United Nations (UN) Member States unanimously adopted the Declaration of Commitment on HIV/AIDS, in which they reiterated their recognition that access to medication in the context of epidemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realisation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

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1 Concern Policy Document, August 2001
2 Concern Worldwide Strategic Plan, March 2002
3 When these two points have been achieved Concern can claim to have mainstreamed HIV/AIDS into our work.
3. The Infective Virus and the Development of AIDS

HIV/AIDS was first recognised in the early 1980s as a condition with potentially serious social and economic consequences. Acquired Immune Deficiency Syndrome (AIDS) is the fatal clinical condition resulting from infection with the Human Immunodeficiency Virus (HIV), which progressively reduces the body’s ability to protect itself from disease. The period from infection to the development of AIDS may be several years.

Transmission of the virus occurs primarily through intimate sexual contact with an infected person, but may also be caused by transfusion of contaminated blood or by sharing of injecting equipment or sharp instruments with people who are HIV positive. It may pass from a mother living with HIV to her child during pregnancy, delivery and breast-feeding.

There is currently no cure for AIDS. Drugs are available to treat opportunistic infections and for pain relief. Without treatment, few patients live more than five years following the development of AIDS and on average die within 18-24 months in poor countries. Rapid advances are being made in the development of anti-retroviral drugs (ARVs) which slow the progression of the disease. People who receive comprehensive treatment and care can now live for many more years with almost undetectable levels of the virus.

Avoidance of HIV infection is possible by abstinence from sexual intercourse, faithfulness to an uninfected partner, correct and consistent condom use, safe blood transfusion and good hygiene in the use of injecting equipment and other sharp instruments. Mother-to-child transmission (MTCT) during pregnancy, delivery and lactation can be reduced by the use of ARVs and/or exclusive breastfeeding. Where breastfeeding is not possible and all alternatives have been explored, the safe and proper use of formula foods will achieve the same result.4


4. HIV/AIDS: A Global Overview

HIV/AIDS now affects all countries and in many has reached crisis proportions. Two of the greatest challenges facing the world today are to enable people who are not infected with HIV to protect themselves against the virus and to meet the needs of the infected and affected in terms of care, treatment, support and rights protection.

4.1 Scale of the Epidemic

At the end of 2002, more than 42 million people were infected, of these, 95% lived in developing countries with more than 29 million resident in Africa (UNAIDS 2002). There are 600 new HIV infections worldwide every hour and 8,400 HIV/AIDS related deaths every day. Almost 14 million children have been orphaned as a result of AIDS. Among the most seriously affected areas are:

- **Africa** - The World Health Organisation (WHO) states that HIV/AIDS is the leading cause of death on the continent. There are twelve countries in Africa in which more than 10% of the adult population, aged 15-49, is infected with HIV. All of these countries are in sub-Saharan Africa, which is the most severely affected region (UNAIDS, 2002).

- **The Caribbean** - This is the region hardest hit by HIV/AIDS outside sub-Saharan Africa. Haiti is the worst affected nation (with a 15 – 49 year olds/adult prevalence rate of 6.1%).

- **Asia** - Even low HIV incidence and prevalence rates translate into huge numbers of infections. China and India between them account for 36% of the world’s population. At present, HIV prevalence is highest in Cambodia, Myanmar and Thailand.

5 The most common measure of the HIV/AIDS epidemic is the prevalence of HIV infections among a country’s adult population, 15 – 49 years. Prevalence is the number of HIV cases in a defined population at a specific point in time. Incidence is the number of new HIV cases arising in a given period in a specified population. Incidence data is important for projecting trends in the epidemic.
• **Eastern Europe** - Amidst social and economic crises, and increasing injecting drug use, newly independent states are experiencing a steep increase in the number of people living with HIV/AIDS.

In other areas like Western Europe and the United States, the problem may be less serious, but given increasing risk behaviour and global migration, there is no cause for complacency anywhere.

• **Survival setbacks** - Average life expectancy in sub-Saharan Africa is now 47 years, when it would have been 62 years without AIDS; in Haiti, it has been lowered by nearly six years; and in Asia, Cambodia has experienced a reduction of four years due to increased AIDS mortality in the last decade (UNAIDS, 2002).

### 4.2 HIV/AIDS and Poverty

Poverty is one of the main drivers of the HIV/AIDS epidemic and the United Nations Development Programme (UNDP) points out a bi-causal relationship:

- **The impact of poverty on HIV/AIDS** - The socio-economic distribution of HIV infection in developing country populations and poverty related factors that affect household and community coping capacities.

- **The impact of HIV/AIDS on poverty** - The processes through which the experience of HIV and AIDS by households and communities leads to the intensification of poverty, reduction of labour productivity and the hampering of pro-poor growth.

The epidemic is increasing poverty, reversing human development, worsening gender inequalities and eroding the capacity of governments to provide essential services. Allowed to spread unchecked, HIV/AIDS weakens the capacity of households, communities, institutions and nations to combat poverty. Productive capacities are eroded as workers and managers fall victim to the disease. The disease has been a major factor in the collapse of education, health and social support services in the worst affected countries.

It is the poor who most experience diminished opportunities and who are edged closer towards destitution, as revealed by worsening social indicators in countries with serious AIDS epidemics (UNAIDS 2002). Families lose breadwinners, carers’ income is reduced, agricultural output declines, nutrition worsens, spending on health care increases but individual health status deteriorates, funeral costs soar and savings turn into debt (International Food Policy Research Institute (IFPRI), 2002).

The effect on food production is especially serious. There is evidence that progression of the disease can be slowed by high quality nutrition. Unfortunately many people living with HIV/AIDS (PLWHA) depend on their own labour or family labour for their food production. As the disease reduces labour supply and family income, it is extremely difficult for most poor people with HIV/AIDS to sustain, let alone improve, their nutritional standards. In addition to the loss of labour, the premature death of many farmers threatens to erode the passing on of essential traditional farming knowledge to the next generation.

The impact of HIV/AIDS on children is complex and multi-faceted, with the social costs both high and long-term. Many children are forced to drop out of school and take on adult responsibilities.

### 4.3 Groups Especially Vulnerable to HIV/AIDS and its Effects

Vulnerability to HIV is a measure of an individual’s or a community’s inability to control their risk of infection. Poor people are at greater risk of contracting HIV infection, and are often denied access to life-extending drugs, much as they are to many essential life-saving medicines for treatable diseases.

Women are physiologically, economically, socially and culturally more vulnerable to HIV infection. Unborn and newborn children risk transmission from their mothers. More than half of those newly infected with HIV/AIDS are 15-24 year olds (UNAIDS, 2002).

Rural communities may be vulnerable because of lower levels of literacy and less access to information and services. Refugees and displaced people may have
increased vulnerability because of war, conflict or natural disaster.

Groups at high risk include sex workers and their clients, street children, females who are sexually exploited, house servants, military and police forces, truck drivers, migrant and mine workers, injecting drug-users, prisoners, the transgendered and men who have sex with men.

Others are affected as a result of their association with HIV infected persons. Orphans, children without adequate parental care and elderly carers risk stigma and discrimination. In addition, they are often forced to take on additional care of siblings and grandchildren respectively.

4.4 HIV/AIDS in Emergencies

Many refugees and internally displaced persons are exposed to conflict, social instability, poverty and powerlessness. Such circumstances favour the spread of sexually transmitted infections (STI)/HIV/AIDS (Inter Agency Standing Committee Working Group (IASC WG) 2000). Sexual encounters (invited or coerced) may increase, and the presence of military, police and aid workers may “import” HIV.

Disasters such as floods, earthquakes and droughts lead to insecure and unsafe conditions that can exacerbate the spread of HIV/AIDS. When people are temporarily displaced they may relocate to or from areas of higher HIV prevalence and to and from areas of differing awareness about HIV. Natural disasters often provoke an increase in economic migration, and men returning home later may spread the virus to their household partners.

Primary health services and HIV/AIDS prevention and care are often disrupted during political upheaval and conflict. They may be equally restricted during long periods of high food insecurity and other slow onset emergencies.

4.5 HIV/AIDS as a Security Issue

Globally, HIV/AIDS has emerged as a threat to security at all levels, from individual to national. The epidemic threatens social cohesion in many countries and is increasingly recognised as a threat to political stability.

The impact on the rule of law is especially important. Attrition rates among the police, judges, lawyers and staff serving in justice institutions appear to be on a par with those in other sectors in high prevalence countries.

In a number of African countries, a threat to internal security has arisen from the increased crime levels attributable to the huge increases in the number of orphans/street children whose parents have died from HIV/AIDS (Kelly, 2002).

4.6 The Outlook

The situation described above is appalling and results in the most desperate personal suffering and deprivation for hundreds of millions of people. In the face of such a problem, it is easy to lose hope.

However, it must be remembered that even in countries with a high national HIV/AIDS prevalence, the majority of people are still HIV negative. Accordingly, the situation is not beyond hope. Halting and reversing the spread of HIV/AIDS is not only extremely important, but is also possible. The disease is technically 100% preventable (Development Cooperation Ireland, 2002).

Progress towards combating HIV/AIDS is being made in several countries, including Uganda, Thailand, Senegal and Brazil, where committed leadership at the highest political levels, national education and prevention and treatment programmes are lowering prevalence. Uganda has reportedly succeeded in bringing its estimated adult prevalence rate down to 8% from a peak of 14 - 15% in the early 1990s (UNAIDS, 2000). Senegal attributes progress in the fight against HIV/AIDS to partnerships between local government, donors, non governmental organisations, (NGOs), religious groups and the private sector.

Brazil has been able to halve the annual death rate in four years by the free distribution of medicines. A
recent survey from India demonstrates that where interventions have occurred and been sustained, behavioural change has been possible (UNAIDS/WHO, 2002). Learning from the experience of Uganda and others, some newly affected countries are putting a lot of resources into preventative action at an early stage. For example, Bangladesh has mounted a national response to avert an epidemic through effective prevention.

5. Concern's Experience of HIV/AIDS

Concern has over twelve years of experience in HIV/AIDS programming in Uganda, and was supporting STI/HIV/AIDS prevention with Khmer refugees in the Thai border camps from the mid 1980s. HIV/AIDS activities are being implemented in more than fifteen countries, either as explicit projects or as components of larger programmes, and we have carried out advocacy work and development education on HIV/AIDS.

A detailed analysis of our work in Uganda was carried out in 2001 to distil lessons learned over the twelve years and to inform the development of this policy document.

That learning and the experience from our other programmes corroborate many of the impacts of the disease described earlier. The impact of HIV/AIDS is being felt at three levels:

**Impact on programmes**

- Increasing numbers of HIV positive people among Concern’s target group.
- More orphans and vulnerable households, and more people developing malnutrition as a consequence of HIV/AIDS in some countries.
- Lower participation of poorest people affected by HIV/AIDS in development initiatives.
- Reduced sustainability of development programmes.
- Negative effects of lowered security.

**Impact on individual staff members**

- Lowered staff morale in high prevalence countries with many people living with PLWHA, some of whom are staff relatives, neighbours and professional colleagues.
- Some Concern staff are infected and a number have already died from HIV/AIDS.

**Impact on Concern’s capacity**

- Reduced staff effectiveness through increased illness and absence from work to support sick relatives and friends.
- The cost of recruiting, developing and training staff is increasing due to AIDS attrition.
- Increasing demands for welfare assistance to support families moving closer to destitution.
- Increasing demands for voluntary counselling and testing (VCT) and prevention of mother to child transmission (PMTCT) services, and drug treatments for tuberculosis (TB) and other AIDS opportunistic infections.
- New psychological and counselling needs in which we have limited experience.

Concern field staff who have been working on HIV/AIDS programmes since the early days report that interventions to date have focused on the infected and not the affected; the effects, not the causes. In this context, it is increasingly difficult for Concern to meet our programme objectives or to achieve our mission of contributing to the International Development Targets (IDTs).

Our learning from experience has helped us to develop this policy and will guide us in developing a strategy towards addressing the negative impacts of HIV/AIDS.
6. Concern’s HIV/AIDS Policy

The high prevalence of HIV/AIDS, transmitted primarily by sexual intercourse, is closely related to poverty, inequality, vulnerability and under-development, as well as to poor access to quality health, education and social services. It is compounded by unsafe practices, denial, stigma, fear, conflict, weak government, poor leadership, low HIV/AIDS knowledge and health promotion, and non-sustained action for prevention. Certain political, traditional, cultural and religious environments can hinder effective control.

6.1 Policy Aim

Although a major effect of the disease is to reduce individual, community and national capacities, it must be realised that the remaining capacity is substantial and that in most cases there are large numbers of uninfected people who, together with many PLWHA, constitute the most valuable resource available to combat the disease.

Concern’s policy aim is therefore to empower our target group to minimise their vulnerability to, and risk of, HIV infection and to minimise the impact of AIDS on those infected and affected by it. We will pursue this aim in all our programme work, including emergency preparedness and response.

To achieve this aim we will:

- Enhance national and local capacity to minimise the risk of HIV transmission and the impact of AIDS.
- Enable infected people living in absolute poverty to access care and treatment, and to protect their rights so that they may live fulfilling and productive lives.

As part of its organisational strategy, Concern has decided to focus on HIV/AIDS as one of its five organisation-wide programmes.

In the long-term Concern’s HIV/AIDS Policy aim will contribute to the International Development Programme (IDP) adopted in 1999, which is to achieve a 25% reduction in HIV infection rates among 15 – 24 year olds in worst affected countries by 2005, and globally by 2015.

Given the scale of the problem, Concern does not have sufficient resources to provide substantial ongoing food and welfare support to very large numbers of affected individuals. We will therefore support advocacy for government resources to meet poor peoples’ welfare rights for basic needs. Through our livelihoods work, we will aim to assist communities to maximise their own resources.

Whereas small amounts of financial support for items such as carer’s equipment and home care kits may be given in difficult circumstances, it is deemed to be more effective to use our resources mainly for capacity building, education and prevention work (which may stimulate donor and government welfare action). Through this approach, lower infection rates and lower prevalence will result in less human pain and misery.

Concern recognises that it still has much to learn from an evidence and knowledge-based approach and seeks to develop best practice and share lessons in its HIV/AIDS work.

6.2 Core Principles

Nine core principles guide the translation of our policy into programme approaches and projects:

- People in absolute poverty are targeted, as for all of Concern’s overseas work.
- Support of the right to health and HIV/AIDS protection and treatment for all people.
- Active participation of infected, affected and people with high-risk behaviours in HIV/AIDS programme design, implementation, monitoring and evaluation.
- Gender equality will be actively promoted throughout our HIV/AIDS programme work.
- Capacity building of partners for long-term action aimed towards sustainability.
• HIV/AIDS will be incorporated into emergency response work as far as practical.

• Recognising the responsibility of governments to lead the response to the disease, we will, where possible, support and work in concert with government policy.

• Adherence to international standards throughout our HIV/AIDS work.

• Concern staff will raise awareness and knowledge, and be supported to help bring about an end to the silence, stigma, denial and discrimination surrounding HIV/AIDS.

6.3 Targeting

Poverty focus - We will maintain our country targeting policy as set out for long-term engagement and emergency response work6. In all our work, our purpose is to ensure that the benefits accrue primarily to people living in absolute poverty. In our HIV/AIDS programme, as in other areas of work, it will be necessary to work with people outside our target group to achieve this purpose. In respect of HIV/AIDS, it will not be possible, or indeed desirable, to achieve a skew of benefits only to those in absolute poverty. However, we must always make decisions based on what will bring most benefit to those for whom Concern exists – those in extreme poverty.

Contextual analysis - Political, social and economic analyses (determining local capacity, HIV/AIDS risk, vulnerability and impact) will be used to select geographical areas of work and specific target groups within countries. This will enable us to ensure that we are targeting HIV/AIDS interventions within the underlying context of poverty.

Target groups - The infected and affected who do not have the resources to manage adequately will always be our primary target group. Within the general groups referred to earlier, identification of the precise target group will depend on good location specific research. To a large extent this will depend on the current stage of development of the disease in the area, i.e. whether it is low-level, a concentrated epidemic among risk populations or a generalised epidemic (prevalence above 5% in adults of 15 - 49 years).

It is important to target high-risk transmitters in the early stages of an epidemic so as to protect their vulnerable sexual partners. Experience from Concern’s programmes has shown the vulnerability of women and children, and the importance of targeting pre-adolescence children for education on HIV/AIDS before they become sexually active. Most young people7 are fortunately not infected with HIV and adolescents are viewed as “a window of hope” with the best potential for changing the attitudes and behaviours that underlie this disease (WHO, 2002).

Targeting will be responsive to lessons learned. We know that single-parent, youth and child-headed households and all carers, especially grandparents caring for orphans, have been overlooked. This knowledge will inform our programme design.

6.4 Intervention Areas

The six strategic issues in a comprehensive HIV/AIDS response are:

• Organisational capacity building.

• Education and prevention.

• Care, treatment and support.

• Mitigation of impact.

• Research.

• Advocacy.

Our preferred approach in specific HIV/AIDS interventions is to concentrate on building the capacity of local people and groups to be effective in education and prevention, as well as in care, treatment and support. Our education, health and livelihoods work will endeavour to enable infected and affected individuals, families and groups to reduce the impact of the disease on their social and economic status. We will undertake research and advocacy in support of this concentration of effort.


Young people are defined as 10-24 years, and adolescents as 10-19 years (WHO, 2002).
Concern will develop a broad range of programmes based on gaps in the local response, and will focus on interventions where we can add value.

During the implementation of this policy Concern will identify areas where we can develop competence based on grassroots experience and ongoing organisational interest and commitment.

Organisational Capacity Building of Concern and our Partners

Concern - A Concern HIV/AIDS Programme Planning Group will advise on the development of thinking and actions needed to ensure that the implications of and for HIV/AIDS are considered in all decision-making.

A mainstreaming process will ensure that:-

- All future in-country strategic planning exercises and project planning will consider the current and potential impact of HIV/AIDS and plan accordingly.
- Concern’s Policy on HIV/AIDS will be introduced during staff recruitment and briefing. Managers and employees at all levels will receive education and training.
- Additional HIV/AIDS support staff will be recruited, trained and deployed as necessary.
- Concern will increase linkages with and learn from international and local institutions working on HIV/AIDS issues.
- Concern will conduct regional and in-country training, and learn internally, and from other organisations who are mainstreaming HIV/AIDS.
- HIV/AIDS policy, strategy and guidelines and workplace policies will be regularly updated within Concern.

Partners - Capacity building of partners will be to minimise impact on them and to develop their capacity for an effective response. Given our commitment to the participation of our target group in decision-making, we will especially strive to develop the capacity of groups comprised of people living with and affected by HIV/AIDS.

Where failing or inadequate health and education systems compromise the effectiveness of Concern’s work, we will be prepared to provide them with technical assistance and support.

While we will not impose our policies on partners we will have to reach conformity between their approach to HIV/AIDS and ours in respect of each joint undertaking.

Education and Prevention

The UN Declaration of Commitment on HIV/AIDS states that “Prevention must be the mainstay of our response” (UN June 2001).

In line with this, Concern will work with a range of people and groups, including community, youth and peer leaders, women’s representatives, religious leaders, local government authorities, health and education staff (especially primary school teachers) and traditional healers in an effort to reach vulnerable populations with behaviour change communication (BCC) initiatives. Behaviour change strategies will be developed following quantitative baseline studies and complementary qualitative and audience analysis research.

Where possible, Concern will advocate that HIV/AIDS education is incorporated into school curricula, especially at primary level. We will encourage the formation of HIV/AIDS self-help groups and anti-AIDS clubs.

Concern will promote faithfulness, correct and consistent condom use in risk situations, VCT, early STI and opportunistic infection treatment. We will promote gender equality and support contextually relevant life-skills training for young people. We will support prevention of MTCT. Safe health practices and universal precautions will be an integral part of any health intervention we undertake.

Our education work will extend beyond prevention. It will include training on how to deal with the realities of living with the condition for those who are infected and affected. It will include topics on identifying STIs, referral options and available treatments, and will also deal with stigma, discrimination and legal education.

For detailed guidelines see www.who.int/hiv/topics/precautions/universal/en/
Care, Treatment and Support

Care and treatment activities include early and effective treatment of STIs and opportunistic infections, including TB, and safe traditional/herbal and modern remedies for the relief of AIDS symptoms and to mitigate discomfort and pain. ARV treatment is important where it can be delivered, while ensuring equity, quality and sustainability.

Care, including medical, nursing and psycho-social support, can be facility or home based, and should be provided by various volunteer (religious, traditional) or paid health care and social workers.

The importance of good nutrition for PLWHA has been well documented, and Concern will explore how we can improve interventions in this area. This is pertinent in view of recurring nutritional emergencies in African countries with concurrent high HIV/AIDS prevalence rates.

Concern will support HIV/AIDS service providers who carry out diagnostic and treatment interventions, and traditional healers’ health positive practices and safe herbal treatments. Concern will not routinely provide essential drugs (including ARVs as included on the WHO Essential Drugs List) except where they may be required in the sudden mass movement of people with increased vulnerability to infection (where provision is short-term) and where this responsibility can be taken on and sustained by the local health service or medical aid agencies.

It is not Concern’s policy to directly provide health and/or HIV/AIDS services or treatments, but we will advocate that these needs are responded to appropriately.

We will support community groups to provide an important local response to the epidemic and will help to build their capacity for quality home care delivery. Assistance will be given to partner organisations focused on, and with expertise in working with vulnerable children and orphans.

Mitigation of Impact

This will be factored into the design of our livelihood security, health and education sector programmes. Consideration will be given to:-

- Less labour demanding activities so that HIV/AIDS affected target groups have the time and ability to participate.
- Tailoring credit programmes and income-generating activities as appropriate in areas with a high prevalence of HIV/AIDS.
- Supporting health, nutrition and education strategies that meet basic needs and positively discriminate to increase access of HIV/AIDS target groups to primary services.
- Improving our HIV/AIDS consciousness and responsiveness in our emergency and transition programme work.

Where no reasonable opportunities for locally sustainable impact mitigation exist, Concern may provide material support for the absolute poor who cannot meet their basic needs.9 This can be done directly or through local partners.

Research

We aim to ensure that all our work is based on as full an understanding of the situation as possible. To this end, we commit to acquiring as much relevant existing broad and local knowledge as we can before embarking on interventions. Where necessary, we will supplement this with further research based on recognised principles for the collection and analysis of information.

We know from experience that people may not be prepared to discuss HIV/AIDS in any forum. The problem can thus remain hidden. This can create difficulties in policy and programme design and implementation, and calls for skilled and sensitive research.

In additional to situational analysis to inform project design, we recognise the need for access to good quality information to inform policy choices.

9 A policy paper and approach to welfare assistance will be developed in mid 2003.
possible, we intend to gain this from keeping in touch with relevant research, but in some cases, especially in relation to HIV/AIDS and absolute poverty, it may be necessary to commission additional research. We do not anticipate direct involvement in medical research.

Concern recognises that the HIV/AIDS situation is constantly evolving and that it is important to identify changes and develop strategies that are relevant to changing circumstances.

Advocacy
Through focussed advocacy, Concern will support the rights of those infected and affected by HIV/AIDS. Advocacy actions will be primarily based on client recommended issues and grounded in field reality.

Recognising that HIV/AIDS is a broad development issue, Concern will continue to challenge ignorance, poverty and injustice, which are major predisposing conditions for the spread and impact of HIV/AIDS.

In seeking to influence for positive change, it may be appropriate to act at the local and/or national and/or international level. At each level, we will seek to work with partners who have knowledge, altruism and influence. In particular, we will collaborate with DCI and our partners in Dochas and Alliance 2015.

6.5 Programme Approach
Concern’s HIV/AIDS programme approach is built on the following elements:

- Capacity building of partners.
- Equality.
- A rights based approach.
- Respect for local culture.
- Collaboration with others.

Capacity Building of Partners
Concern’s preferred approach is to work with and through local partners except where the capacity to absorb programme resources does not exist or is otherwise not likely to be effective. We will seek to identify and support the capacity building of partners to effectively engage the poorest in HIV/AIDS prevention and mitigation activities for long-term change. Partners with a HIV/AIDS focus will be strengthened as outlined in our normal capacity building processes.

Equality
Equality can be seriously challenged and diminished through the stigma and discrimination engendered by even the suspicion of infection by HIV or AIDS. Gender discrimination and gender-based violence is closely linked to HIV/AIDS.

Concern will therefore endeavour to integrate equality (and especially gender equality) and development concepts into all HIV/AIDS programme interventions.

Rights Based
Programme design will analyse how people’s rights are being infringed upon in any given situation. Strategies will be developed to address causes. While our work emphasises social and economic issues, we will take steps to ensure the attainment of cultural, civil and political rights where their denial fuels the spread of HIV/AIDS or hinders an effective response.

Respect for Local Culture
Concern will support appropriate culturally sensitive HIV/AIDS interventions and programmes. People and practices that may contribute to the transmission of HIV/AIDS, and/or impede an effective response, will be sensitively challenged with the assistance of relevant religious, community and political leaders.

Collaboration with Others
Concern will join with the target populations, local government departments, AIDS service organisations, associations of PLWHA, care and treatment centres, international and local NGOs, faith based organisations, HIV/AIDS networks and alliances, international organisations, donors, academic institutions and sympathetic media who are striving to achieve similar HIV/AIDS objectives.

10 It is accepted that advocacy positions may not be suggested by beneficiaries in the absence of basic education about issues. Great skill is therefore needed in education and research work to avoid the danger of foisting agendas on them.

6.6 Interfacing with Core Organisational Programmes

Although it is much more than a health problem, the spread of HIV/AIDS cannot be tackled without health initiatives and a range of other multi-sectoral approaches.

The development of significant interactions between the Concern HIV/AIDS programme and our health, education, livelihoods and emergency programmes will be a key responsibility of each of the Organisational Programme Planning Groups and all programme/project line managers and support staff.

Concern’s Project Cycle Management system details standards and processes for project design, appraisal, implementation, monitoring and evaluation. It includes a checklist to ensure that all projects take cognisance of HIV/AIDS vulnerability and risk-reduction measures and the potential impact on our target groups.

Lessons learned will be documented and shared within Concern and with others to promote replication and scaling-up.

7. Challenges to Policy Implementation

Challenges include the reluctance of some governments and client populations to give priority to the issue, sustaining motivation and support for long-term action, and the deteriorating food security situation and increasing poverty in the worst affected countries.

Implementing this policy and the ensuing strategies in HIV/AIDS programmes in different cultural and religious environments will present new challenges for Concern. A climate of openness and understanding does not prevail everywhere. The complex nature of behaviour change, deeply entrenched negative traditional practices, ongoing rights violations and the powerlessness of Concern’s target group will not change in the short-term.

The challenge of building Concern’s institutional capacity cannot be underestimated. The impact of HIV/AIDS on personnel within Concern may reduce our pool of expertise and seriously reduce organisational capacity. Concern will minimise this impact through our Workplace and Human Resource strategies.

The HIV virus is rapidly evolving and is also mutating within individuals. This can present treatment difficulties and drug-resistant strains are emerging. The genetic variability of HIV is one reason why vaccine development has been such a challenge. A lack of progress on successful treatment and prevention efforts can create a sense of hopelessness.

8. Policy Monitoring and Review Process

The implementation of this policy will be monitored through a range of instruments, including reviews in annual reports, country strategic planning exercises and programme, country and sector evaluations.

Concern recognises that both internal and external environments change and that the HIV/AIDS problem is evolving very rapidly. New approaches to controlling HIV transmission and new AIDS treatments are emerging. Consequently, the scope and content of this policy may need to be frequently adapted to reflect these changes. The responsibility for initiating the policy review process rests with Concern’s Senior Management and Council.
References

- **Ireland Aid/Irish Aid Advisory Committee (IAAC)** (2002) Experiences and Lessons of best Practice in Addressing HIV/AIDS.
- **UN** (1948) Universal Declaration of Human Rights.
- **UNAIDS** (June 2001) The Global Strategy Framework on HIV/AIDS.
- **UNGASS** (June 2001) Declaration of Commitment on HIV/AIDS.
**General Policies**

- Structure and Policy of Concern  
  Approved: August 2001
- How Concern Targets Countries for Poverty Elimination  
  Approved: August 2000
- Concern’s Approach to Emergencies  
  Approved: March 2002
- Security  
  Approved: April 2003

**Programme Approach Policies**

- Capacity Building  
  Approved: April 2001
- Human Rights  
  Approved: March 2002
- HIV/AIDS  
  Approved: April 2003
- Advocacy  
  Approved: April 2003
- Equality (including gender equality)  
  Under preparation

**Programme Sector Policies**

- Microfinance  
  Approved: March 2004
- Health  
  Approved: March 2002
- Basic Education  
  Approved: June 2003
- Livelihood Security  
  Approved: June 2003

**Resource Policies**

- Finance  
  Approved: Various. Refer to Finance Director
- Human Resources  
  Approved: March 2003
- Logistics  
  Under preparation
- Marketing  
  Under preparation

**Programme/Project Management Policies**

- Project Cycle Management  
  Approved: December 2002
- Programme Monitoring and Evaluation  
  Under preparation