Creating opportunities for rural communities affected by HIV and AIDS

HIV and AIDS can have devastating effects on the productivity and sustainability of livelihoods in rural areas. Integrated policies empowering rural communities affected by HIV and AIDS through social, economic and health related initiatives can significantly propel rural markets and communities, and ensure that individuals affected by HIV lead productive lives.

Why action is needed

- HIV and AIDS affects the most active members of the labour force, reducing earnings and imposing huge costs on all economic sectors through declining productivity, absenteeism, increasing labour costs and loss of skills and experience.
- Many activities in rural areas are labour intensive and require significant inputs of time and energy, for instance clearing land, farming, harvesting, as well as fetching water and wood for cooking. HIV can make these daily duties extremely challenging.
- Access to information and health services is limited in rural areas. Rural women and men are less likely to know how to protect themselves against HIV; and if they fall ill, they are less likely to receive treatment, care and support.
- HIV and AIDS also results in a severe labour shortage for farm and non-farm economic activities, as well as domestic work, as individuals spend time and resources taking care of family members who become ill.
- HIV restricts labour availability, women’s in particular, as women’s productive time is often diverted to care and support family members who fall ill.

Facts and Figures

- 33.3 million people are living with HIV in the world today.¹
- The countries most affected by HIV rely heavily on small-scale agriculture, which accounts for approximately one third of the GDP, thus significantly influencing food security and nutrition.²
- Some 52 percent of all people living with HIV are women; and in sub-Saharan Africa, as many as 76 percent are women.³ At the same time, small-scale women farmers account for 50 percent of global food production.⁴
- The vast majority of the women and men living with HIV are between 15-45 years old, the most productive segment of populations.⁵
- Without access to appropriate treatment, care and support, 25 percent of the agricultural labour force in sub-Saharan Africa could be lost by 2020 because of AIDS.⁶
- Biological and social factors make women and girls more vulnerable to HIV than men. Women and girls also face the greatest burden of work in rural areas, given their traditional responsibilities of food production, household and care work.⁷
- Income level has a strong influence on exposure to risks in contracting HIV, and limits the strategies available to individuals and households to respond adequately to HIV.
- Migration between rural and urban areas for work, trade and transport impacts on the spread of HIV where access to HIV prevention is also lacking.⁸
HIV-related stigma and discrimination needs to be eliminated as it violates human rights and also hinders HIV prevention efforts.

The process of migration from rural areas enhances the risk of HIV infection. Migrant and mobile workers who are separated from their families may engage in behaviours which increase their risk of HIV. Partners who stay behind in rural communities may in turn be put to risk of HIV as migrant and mobile workers return to their families.

The impact of HIV affects agricultural capacity, essentially decreasing food production and threatening the livelihoods of rural families and communities.

HIV and AIDS can create a cycle of poverty because of the expenses incurred by affected households, which can include increased medical costs, transport to health centres, home care supplies, and funeral expenses.

People living with HIV face particular difficulty in receiving loans and micro-credit support as lending institutions wrongly believe that such an investment would fail to bring returns.

HIV significantly impacts children in rural areas. When primary caregivers fall ill, children are often taken out of school to look after parents and may also be forced into child labour to maintain the household income, thus perpetuating poverty.

Policy options

The ILO Recommendation on HIV and AIDS Recommendation, 2010 (No. 200) (See Box 1), provides guidance on addressing HIV in and through the world of work. The Recommendation covers a wide spectrum of workers, in both formal and informal economies. It builds on and reinforces the principles set out in the ILO Code of Practice on HIV and AIDS and the world of work (2001). Responses should be considered at all levels - macro, meso and micro.

Macro level: Mainstream HIV into development policies

Mainstreaming is key to creating an enabling policy and resource environment that will ensure HIV and AIDS priorities become an integral part of rural development policies. This calls for initiatives to:

- Integrate the world of work response into national AIDS strategies and plans.
- Integrate HIV into strategic national planning, social protection, poverty reduction and development schemes.
- Raise awareness and encourage accurate acknowledgement by government actors of HIV AIDS and its linkages to poverty, low productivity, and stifling of growth and development.
- Encourage the development of a national commitment and strategy to address HIV and AIDS in rural areas.
- Review existing policies and programmes to identify what elements need to be revised to include HIV-related aspects.
- Coordinate between different levels of government. Particularly involve local governments and municipalities in social dialogue to better gauge and thus address the epidemic.
- Identify the roles of different stakeholders (Governments, NGOs, IGOs, charities, workers’ and employers’ organizations, cooperatives, community organizations and hospitals) in addressing HIV and implementing impact mitigation measures.
- Support the coordination of services and the forging of strong partnerships among organizations with complementary skills spanning agriculture and other economic sectors, as well as health, education, and social protection. Coordinate initiatives and address the unique needs of HIV and AIDS-affected rural communities.

Meso level: Implement policies for sustainable livelihoods and social protection systems

- Identify and support existing organizations and actors in rural areas (farmers’ organizations, cooperatives, ministries and local agencies responsible for agriculture, extension workers, agriculture business associations, etc.) to create better HIV awareness and articulate their role in HIV prevention and impact mitigation according to their comparative advantage.
- Experience within the ILO indicates that employment creation and sustainable livelihoods play a significant role in access to treatment as well as an improvement in both physical and psychological health.

Box 1

ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)

This Recommendation establishes a number of principles regarding the global response to HIV and AIDS, directly applicable to rural women and men, including that:

- The HIV response should be recognized as contributing to the realization of human rights, fundamental freedoms and gender equality for all.
- There should be no discrimination or stigmatization of workers on grounds of real or perceived HIV status.
- Prevention of all means of HIV transmission should be a fundamental priority.
- Workplaces should facilitate access to HIV prevention, treatment, care and support.
- Workers should be able to participate in the design, implementation and evaluation of HIV programmes.
- Prevention efforts should address specific risks of occupational transmission of HIV, tuberculosis and related diseases.
- Privacy and confidentiality should be ensured with regard to HIV status.
- There should be no mandatory HIV testing or screening for employment purposes.
- The workplace response should be part of national policies and programmes, including those related to labour, education, social protection and health.
Support action-oriented research to identify HIV-related changes in agriculture, non-farm industry, and other economic activities regarding labour loss, health costs, etc.

Use the identified “issue areas” as target points to economically empower households affected by HIV.

Ensure that people, households and communities affected by HIV have access to safety nets.

Build the capacity to link smaller-scale HIV-related initiatives with broader poverty reduction and development policies.

### Box 2: HIV prevention and impact mitigation in the world of work in sub-Saharan Africa

This ILO programme began in 2006 with Swedish funding and focused on HIV prevention and impact mitigation through economic empowerment. One component of the programme was the empowerment of women living with HIV by giving them access to micro-credit loans that allow financial independence, productivity and entrepreneurship. The programme worked through cooperatives to provide direct financial support to women living with HIV, since micro-finance institutions were often reluctant to grant loans to people living with HIV because of the perceived risk of default.

The programme initially offered training in business skills and capacity building. It then provided seed money to a number of potential entrepreneurs who had developed viable business proposals. Following the assessment of 192 micro-projects submitted by women applicants, 68 received seed funding after the training and all of the beneficiaries are now running their own businesses. As a result over 100 women living with HIV are involved in a broad range of businesses including commerce, tailoring, designing, rearing pigs and poultry, secretarial support and communication services. A number of women said that they now keep financial records for the first time and are better able to track the growth of their business.

The programme also provided psychological and social counseling to cooperative members while working to raise awareness among rural communities.


### Box 3: Start and Improve Your Business

“I learnt that you need money or a business to generate enough income to be able to travel to town for regular check-ups and to collect antiretroviral drugs. We do not have these services at our village dispensary.” These are the words of 61 year old Faith, one of the estimated 730,000 women living with HIV in Tanzania where national HIV prevalence is around 5.6 percent.

The ILO “Start and Improve Your Business” training programme was implemented in Tanzania in 2009 with Swedish funding to help people living with HIV in rural areas become financially independent through entrepreneurship. The programme is two-pronged, using cooperatives to disseminate business skills for entrepreneurs while also working to raise awareness among local community members about how to prevent and mitigate the impact of HIV and AIDS. While the entrepreneurship component focuses on building business skills through training and micro-loans, awareness raising is carried out through workshops and peer training initiatives. In 2009, 1600 women and men participated in the programme. Their development as entrepreneurs and thus contributing and productive members of society has been an important catalyst in addressing stigmatization issues while simultaneously improving work opportunities, incomes and living conditions of people living with HIV.

Set up advisory groups of key stakeholders to mainstream and plan actions at local level.

Establish linkages with community-based savings and micro-finance and insurance institutions to plan support strategies that reach out to these households rather than discriminate against them.

Encourage existing micro-finance/insurance institutions, NGOs and other organizations to support people living with HIV and affected households through food supplies, land or technical expertise to improve nutrition and enable income generation for improved quality of life.

Support women in rural areas to improve business skills and productivity through tailored training programmes and enable access to micro-credit.

Respond to HIV stigma and discrimination in local communities.

Promote communication and exchange on HIV at the community level through theatre, local radio, and integrative activities.

Ensure women maintain access and ownership to productive resources, such as land, livestock, housing, etc. when a spouse dies.

ILO’s Role

The ILO assists Governments, Employers’ and Workers’ Organizations (ILO constituents) to develop policies and programmes on HIV and AIDS in the world of work based on Recommendation 200. It also supports constituents to implement the policies and programmes.

The ILO is a co-sponsor of UNAIDS. Within its division of labour, ILO takes the lead on HIV workplace policies and programmes and private sector mobilization, primarily through its programme on HIV/AIDS and the World of Work (ILO/AIDS).

HIV is an integral part of the ILO’s Decent Work Agenda, which contributes to the UN Millennium Development Goals by achieving universal access to HIV prevention, treatment, care and support.

In rural areas ILO works closely with cooperatives, as they can reach working women and men who often face limited access to HIV and AIDS prevention, treatment, care and support. In particular:

- In sub-Saharan Africa ILO works with cooperatives to facilitate both economic empowerment and access to HIV services.
- Specific ILO projects have focused on building capacities of national and regional cooperative organizations, while working closely with and assisting local cooperatives in rural areas to organize and position themselves as centres or focal points that will actively engage in both providing and facilitating HIV prevention and services.

2 Ibid.
3 Ibid.
6 Ibid.
7 Ibid.

Links

- UNAIDS: www.unaids.org

Tools

- ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)
- ILO: Card Game Mieux Connaître les IST-VIH-SIDA (Geneva: 2006)

Other Materials


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For more information on ILO rural work visit www.ilo.org/rural • Contact us at rural@ilo.org

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