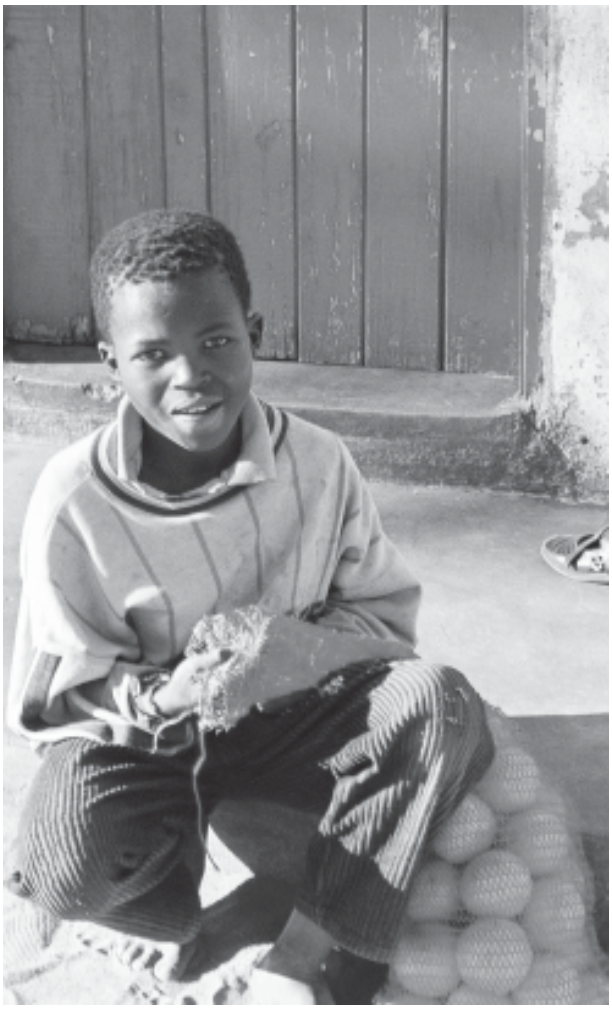
4. General Findings Emerging from the Case Studies

Interventions form part of a wider programme which includes livelihood activities such as agriculture and income generation, and also counselling; home-based care and support for people living with HIV and AIDS and the promotion of "positive living"



Rather than presenting and analysing each of the seven documented case studies separately, general discussions have been presented around themes drawn from the collection, with supplementary examples being provided from the wider literature.

4.1 A 'Multi-layered' Response to HIV and AIDS

An overarching issue arising from all the case studies was the need to tackle existing poverty and resource constraints, whilst simultaneously understanding the interplay between HIV and AIDS and prevailing problems. In their entirety, the case studies reveal both how existing development work can be reviewed and adapted in the context of greater information about the impacts of HIV and AIDS on families and communities, and also how specific activities can be devised to meet the needs of particular groups within communities. Providing a package of different types of interventions to be conducted simultaneously will ensure that different people affected by HIV and AIDS can be reached.

The vulnerability of individuals, households, communities and institutions varies with the stages of HIV and AIDS: from the risk of infection, progression from infection to onset of AIDS, and impacts upon those affected including survivors. The risks and vulnerabilities vary over time:

- From the perspective of an individual or family, at each phase different people are affected in different ways and may require different types of support
- At a given point in time, a community or even a single household may have people in different phases.

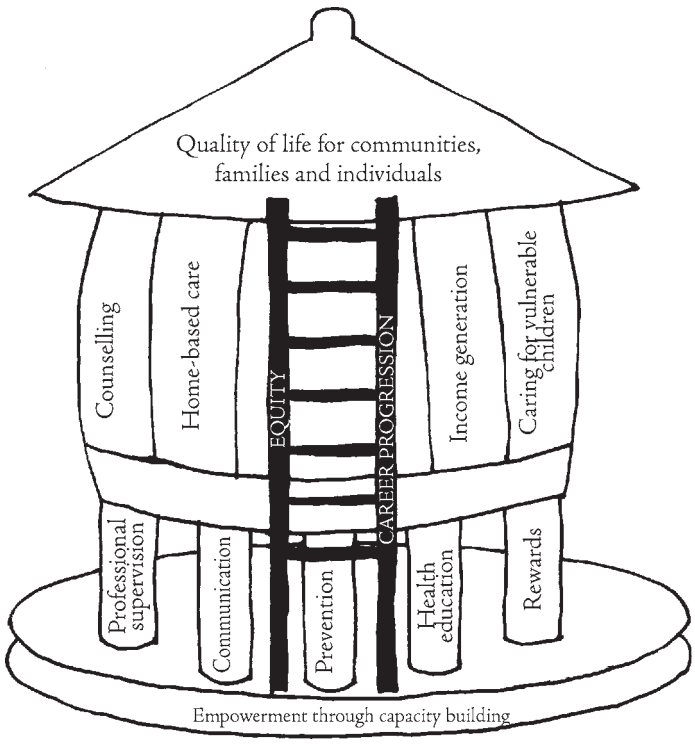
A basic understanding of this reality is important. It can help one take a challenge that seems overwhelming, and make it manageable by breaking it down into smaller segments. A mix of interventions also ensures that people's immediate needs are met, while awaiting the benefits of longer-term strategies.

Interventions often form part of a wider programme which not only includes livelihood activities such as agriculture and income generation, but can also include counselling; home-based care and support for people living with HIV and AIDS and their families; the promotion of "positive living" for people living with HIV and AIDS (education on healthy diets, support in declaring sero-status and planning for the families' future); HIV and AIDS awareness-raising; activities to counter stigmatisation of people living with HIV and AIDS; and HIV prevention work. This highlights the importance of a "multi-layered" response to the impacts of HIV and AIDS. Unlike some HIV prevention activities, which work in isolation, the activities documented in the case studies aim to make a positive contribution as part of a wider programme aimed at tackling HIV and AIDS, poverty and vulnerability.

The Integrated Community Home-Based Care Programme in Thyolo, Malawi, Médecins sans Frontières

The Integrated Community Home-Based Care programme developed by Médecins sans Frontières / Luxembourg (MSF) in Thyolo, Malawi is an example of a programme designed to provide a basket of services aimed at individual, family and community capacity-building and focused explicitly on poverty alleviation. The ultimate goal was the provision of equitable, quality service, which would lead to an improved quality of life for all citizens. The programme was part of the Malawi Integrated Community Home Based Care Model pilot conducted by the Government of Malawi in Thyolo District in 2004.

Although MSF is primarily a health service provider, it developed a broader programme adopting an holistic, multi-sectoral approach to HIV and AIDS care and prevention. Four essential services were provided – income generation; home based care (HBC); orphan and vulnerable child-care; and counselling. The different components and levels of the model are illustrated below in the form of a grain store, which is often seen in villages in Malawi.



The Malawi Model for Integrated Community Care

The most immediate benefit of the intervention was communities jointly addressing problems caused or compounded by the pandemic. Volunteers and community members often provided food and money for the affected households from their own limited resources, in addition to assisting with the cooking, cleaning and maintenance of patients' houses. Community gardens were established in some areas and orphan care activities such as pre-schools, vocational training and income-generating activities were also initiated by communities. Awareness of the nutritional needs of AIDS patients improved through information and advice provided by HBC volunteers to the caregivers.

There was a strong sense of commitment from the volunteers, who were not paid allowances and were only provided with material support. They were, however, prepared to dedicate more than 30 hours a week to providing care for the sick in addition to their existing commitments to pursuing livelihoods. When asked what motivated them to continue, typical responses included "Blessed are the ones who give", and "If I give to others today, hopefully others will give to me, when I am in need one day".