

6 ~ An agenda for enhancing household capacity to respond to HIV and AIDS

As presented in Chapter 3, despite the projected decline in the HIV prevalence, the incidences of new HIV cases and annual AIDS-related deaths in Zambia will remain relatively high for some time to come. This is mainly due to many HIV-infected persons survive for a number of years before eventually developing full-blown AIDS and passing away. Households, being the primary units for coping with the disease and its consequences, will continue to bear most of the burden. They absorb the immediate impact of the HIV and AIDS epidemic. For this reason, efforts to respond to HIV and AIDS in Zambia should focus on enhancing the capacity of the household.

HIV and AIDS initiatives being implemented in Zambia (Chapter 4) have been tremendous and encouraging. However, most of these programmes are short-term, not holistic by design, have not taken into account all the needs and issues affecting households and are without inbuilt sustainability. For example, many households looking after orphans are overwhelmed with the multiple needs confronting them. Most of these households are impoverished and therefore require support that target poverty reduction and improve their capacity to obtain beneficial livelihood outcomes, which include improved incomes and food security. Poverty as a result of HIV and AIDS at the household level is a very serious problem as it has even impacted negatively on household food security.

The bi-directional nature of the relationship between HIV and AIDS and household poverty or food insecurity requires understanding. There is need for measures that: (i) prevent HIV and AIDS affected households from sliding into destitution and risk of starvation; and, (ii) pre-

vent poverty stricken households from engaging in behaviour that puts them at risk of getting HIV infected and transmitting it to others.

In coming up with suggestions on how to comprehensively deal with HIV and AIDS, this chapter relies on the sustainable livelihoods approach (SLA) which has the advantage of amplifying the crucial elements that need to be tackled in successful HIV and AIDS initiatives focused at the household. The impacts of HIV and AIDS on the separate elements of the SLA have been discussed in Chapter 1 with evidence provided in Chapter 3. The sections that follow suggest responses to address HIV and AIDS impacts at household level for each of the elements in the SLA.

Although this is not a proposal for a programme, it nevertheless provides an outline of the framework that will coordinate the actions of various players as they deal with HIV and AIDS with a view to help households adjust successfully to the HIV and AIDS situation.

Goal and immediate objectives

The overall goal of the framework suggested by this Report is to create an inclusive society in which both the strong and the weak can thrive and prosper. This recognises that HIV and AIDS is a key obstacle for creating such a society. Projections are bright that Zambia will experience economic growth in the next few years. However, there is a high possibility that this prosperity will bypass the majority because they have little means to share in it. High levels and widespread poverty have disempowered the majority of Zambia's population to participate meaningfully in the country's devel-

"Playing School"

These kids were playing school outside their home. One of the girls goes to my class. She is the one we see with the back to us. She is playing the teacher. I liked the way they were playing. It makes me happy.

Photographer: Margaret Chitono

opmental process. AIDS is complicating this situation as it deepens poverty and erodes assets at people's disposal. HIV-affected households risk being excluded from the anticipated economic prosperity. Conversely, they also pose a risk to putting a break on the anticipated economic growth, unless they are made part of the process.

The immediate objective of actions suggested below is to assist HIV and AIDS affected households to adjust successfully to the HIV and AIDS situation within the household and obtain beneficial livelihood outcomes. There is an unlimited range of what each household considers beneficial livelihood outcomes. Universally accepted outcomes include improved household incomes, adequate access to food throughout the year, resilience to shocks and a more sustainable use of natural resources. The sum of these is improvements in a households' human development as outlined in Chapter 1.

For AIDS-affected households to attain this, they must be assisted to adopt viable livelihood strategies. This can be done by strengthening the assets at their disposal and by revitalising the support structures within communities that exist to help the weak. This means addressing the downward spiral of human development into which HIV and AIDS has negatively locked AIDS-affected households.

Strengthening household capacity in the response to HIV and AIDS requires that households are provided with the means to deal with the threats of HIV and AIDS on assets and viable livelihood strategies. No single institution is able to do this. Rather, each institution can contribute something to this process. Fortunately, there is a lot that different institutions can do without duplicating efforts. What is important is to know the unique strengths of different organisations and arrange their effort in such a way that the different dimensions shaping the vulnerability context created by HIV and

AIDS are addressed. This requires a well thought through framework.

Expected outcomes and required actions

1 Response to HIV and AIDS at household level

For a household to be deemed as having the capacity to respond to HIV and AIDS, it must be able to tackle the epidemic from three angles: Awareness and prevention, treatment and care and the ability to adopt viable livelihood strategies, despite the impacts of the epidemic.

Awareness and prevention

Household members should be able to access information about HIV and AIDS and take measures to prevent themselves and others against HIV infection. They must have the ability to receive the information, process it and take necessary actions against being infected or infecting others. Instead of stigmatising household members living with HIV, knowledgeable households would commit themselves to providing the sick with care and support.

This outcome faces many challenges. To start with, information must be made available through appropriate channels. Then the quality of human capital in the household is crucially important as educated members are more likely to access this information and act on it. Society's gender discrimination that makes women economically dependent on men makes it difficult for many women to negotiate for safe sex even where their spouse's infidelity is obvious. In most cases, even where women are economically strong, socialisation places women at a disadvantage in avoiding being infected, making it imperative to address society's structures and processes in the response against HIV and AIDS.

Poverty is another big obstacle. Viable livelihoods are an important component in

helping households to take preventive measures. Safer sex is not without cost. Spending money regularly on a condom is actually not an easy option for many poor households. Further, some household members may be forced to sell sex as a means to survive their excruciating poverty. Therefore, even at the level of prevention, the asset base is a critical aspect.

Treatment and care

An AIDS-affected household should be able to access treatment for its members with HIV-related illnesses and provide care to them without harming the prospects of its livelihood outcomes.

Accessing treatment is dependent on the functioning of the country's health system that must be strengthened to cope with the epidemic. From the household's point of view, this is dependent not only on whether treatment is available at a designated health centre but also whether household members can get there. This is a big challenge in a country where many people have to walk for more than five kilometers to the nearest health centre.

The extreme poor, 53 percent of Zambia's population in 2004, have little access to even intermediate means of transportation and such distances are a major constraint in their accessing treatment. If such poor people are put on antiretroviral therapy, adherence on account of transportation difficulties alone will be a big challenge.

The efficacy of antiretroviral treatment is also dependent on the nutritional status of patients, another big challenge in a country with widespread malnutrition. Therefore, strategies that move people out of biting poverty and improve their food security will help them to both access treatment and make better use of it.

When it comes to care, this should not foreclose the household's pursuit of livelihood outcomes of its own choice. However, this is often the case. By adjusting

to less labour-intensive but reasonably profitable activities, households may be able to prevent this. The problem is that people already in extreme poverty have few options remaining for obtaining beneficial livelihood outcomes.

Ability to adopt viable livelihood outcomes.

An HIV and AIDS affected household should be able to make successful adjustments to the HIV and AIDS situation, without irretrievably damaging its livelihood outcomes. The three scenarios for HIV and AIDS affected households stated above must be borne in mind. Even at the best of times adjusting successfully to these situations will come at a very high cost. This is even more remote for poor households. Household-focused initiatives must therefore aim at promoting livelihoods security for households being made even more vulnerable by HIV and AIDS. HIV and AIDS affected households should be helped to secure the assets at their disposal. Support systems within each community should render a helping hand and must therefore be revitalised.

Having defined what constitutes household capacity for responding to HIV and AIDS, the SLA framework can be used to propose broad areas that need tackling with a view to build and strengthen this capacity. Three broad action areas are proposed: (i) amending the country's development process so that it becomes more supportive to HIV and AIDS affected households; (ii) revitalising support structures at community level; and, (iii) enhancing household assets.

2 Make development supportive to HIV and AIDS affected households

Measures are required to reform the general economic and policy environment so that it is more supportive to households as they make adjustments to HIV and AIDS. Measures that promote broad-based economic growth, if they are successful in

eradicating the unacceptably high levels of poverty, help to build capacities in households to respond to HIV and AIDS.

Poverty is a chief enemy in the response to the HIV and AIDS pandemic and tackling it must be given due priority in all development initiatives.

The AIDS epidemic is highlighting the fault lines of development initiatives that have existed all along, particularly their limited inclusiveness. This is because they tend to leave out the weak and vulnerable in society. In one sense therefore, the crisis offers us an opportunity to reform our development processes to make them more inclusive. In fact, what is good in responding to HIV and AIDS tends to also be good for poverty eradication and gender empowerment.

Promoting a conducive environment for empowering households to respond to HIV and AIDS besides reforming the overall development process requires a number of specific things to be put in place including:

Strengthening macro and meso level agencies so that HIV and AIDS does not unravel their capacity to deliver on their mandates. Each organisation must become a learning organisation that responds to the risks posed by HIV and AIDS to its mandate and altering internal and external environments of the organisation as a result of the epidemic. Organisations must strengthen their internal capacity to carry on their work in an even more challenging environment. The current multisectoral approach has correctly emphasised all these. However, more needs to be done by helping organisations to refine their instruments to ensure that they are more supportive to households faced with HIV and AIDS.

Adoption of policies and laws that improve the environment for responding to HIV and AIDS and empower households. A reform in the policy and legal framework is required to protect the PLWHA to enjoy the same freedoms and

liberties and to be able to access the same level of economic provisioning that is due to everyone else. This should be seen in conjunction with the above point on strengthening macro and meso organisations. Not only should the policies and laws be correct, but there should also be a capacity to enforce them. For example, the passing of the Inheritance Act has moved things in the right direction. However, in a country where the legal system is both costly and inefficient, widows have little recourse to the law when their rights are infringed upon.

Promoting an environment that allows adaptive structures to flourish.

District and sub-district level structures - such as local authorities, traditional rulers, faith-based organisations and community-based organisations - are closer to households than are macro and meso level organisations. They must therefore be in the frontline in enhancing household capacities to respond to HIV and AIDS. The centralised nature of Zambia's governance system makes it difficult for these institutions to thrive and be as helpful as they should be to households in difficult circumstances. The capacity to execute effective action seems to exist only at the centre. The first necessary step is reforming this system through democratic decentralisation. A decentralisation policy was adopted in 2002 but steps towards this have only been tentative so far. There is urgent need to quicken the pace both for the HIV and AIDS situation and inclusive development. Secondly, there must be a deliberate focus to strengthen district and sub-district level institutions to attain the needed capacity to promote the well being of citizens they serve at their level.

3 Revitalise support structures at community level

The social, institutional and organisational environment at community level should be

addressed so that it remains supportive to HIV and AIDS affected households as they struggle to make adjustments. Initiatives related to this will have two aspects: identifying positive elements that are supportive to successful adjustment and taking measures to strengthen them. Each community has ways and means to support AIDS-affected households in awareness and prevention, treatment and care and mitigation of the adverse impacts.

HIV and AIDS pandemic weakens the functioning of community support systems. It erodes societal norms of social solidarity with the vulnerable, as local structures are stretched to the limit by the consequences of the crisis.

In seeking to address this, some institutions have sought to support community caregivers, an approach which actually buys into Zambia's cultural norms of this solidarity. This may mean supporting and strengthening structures that are closest to households. Traditional leaders and their structures can be very effective in mobilising societies to help households to adjust to the HIV and AIDS situation and thus their role should be enhanced. The effectiveness of utilising community based organisations in addressing HIV and AIDS affected households is now well recognised and should be further supported.

The second aspect is identifying negative elements within existing structures and processes that are inhibitors to a successful adjustment of HIV and AIDS affected households. This is beginning to be recognised although there is still a long way to go. For example, practices such as sexual cleansing or spouse inheritance are now being widely discouraged. There are also steps to discourage property grabbing though this still remains firmly entrenched in most societies in Zambia.

There is wide discrimination against women in Zambian cultures with respect to access to productive assets. It is difficult for women to obtain land or accumulate live-

stock as ownership is mostly through the male members of the household. Gender discrimination often means that the quality of female human capital is low because they are less educated and are kept away from processes that impart essential knowledge and skills for higher productivity. Women, therefore, face a sudden downward spiral after the death of their husbands because they lack the basis for pursuing beneficial livelihood outcomes.

4 Enhance household assets

Measures need to be taken to strengthen each of the five elements of the asset pentagon in the sustainable livelihoods approach (see Figure 1.4 on p. 17). Suggestions are provided below.

The main idea is to turn the vicious cycle between livelihoods and HIV and AIDS into a virtuous cycle. An example is provided from the cycle between livelihoods, HIV and AIDS and water resource management and utilisation in Figure 1.3 on p. 16 in Chapter 1.

Human capital

Human capital is often the immediate casualty the household is confronted with when it faces the effects of losing a household member, looking after a chronically ill patient or hosting an orphan. The most pervasive impacts are the depletion of labour that could otherwise be put at the disposal of pursuing beneficial livelihoods outcomes, the degrading of the quality of this labour both in the short and long term and the psychosocial effects that tend to paralyse the potential of household members to pursue viable livelihood strategies. Therefore, the first tool in the initiatives for acting against HIV and AIDS is enhanced human capital. The success of all other initiatives depends on whether households can overcome the erosions to human capital and employ what remains to obtain beneficial livelihoods outcomes. Some of the

measures in this include the following:
Promotion of labour-saving production practices. In rural areas this would include the promotion of the adoption of conservation farming practices, small livestock such as goats and chickens and household based agro-processing implements that reduce on household labour demands.

Education support schemes for children from AIDS-affected households.

Thus far, such schemes have focused on households hosting orphans. This should be widened to cover all types of AIDS-affected households. Although it may be difficult to identify the households due to stigma, proxy indicators could be utilised instead, such as targeting households hosting any chronically ill patient. Apart from helping to meet education costs, cash transfer schemes to vulnerable households reduce the need for children in these households to be withdrawn from school to help the household cope with reduced labour. School feeding programmes have proved effective in keeping children from vulnerable households in school while helping to create a happier environment for learning.

The school place must be made more supportive to children affected by HIV and AIDS. This may require provision of psychosocial support to such children and tackling stigma in schools.

The school curricula should be revised to offer practical skills. The aim is to help orphans enter the labour market from a stronger base. In addition, orphans and other vulnerable children forced to start work early must be offered opportunities to upgrade their educational attainment while working, so that they are not locked in a cycle of low education and poverty.

Financial capital

The varied financial implications of being an HIV-affected household require specific initiatives. The aim is to help these households meet the extra financial burden they face when looking after a chronically ill

household member and meeting funeral expenses. It is also meant to help cushion the financial impact of loss of income as a result of death and when a household enlarges as orphans are taken in. In general, initiatives that help poor people expand or protect their financial base are also good for helping HIV-affected households:

Promotion of small livestock such as goats and chickens that can be easily converted into cash at any time of the year.

Currently the Agriculture Support Programme is experimenting with a model which encourages poor households to acquire a few chickens and multiply them. The chickens can be sold to raise cash at critical times of the farming season to acquire inputs, pay for labour during cultivation, weeding and harvesting. Some of the cash is used to buy more chickens and the cycle is allowed to continue. For an HIV-affected household, the model is a good way to obtain the extra cash required to cushion the losses it suffers.

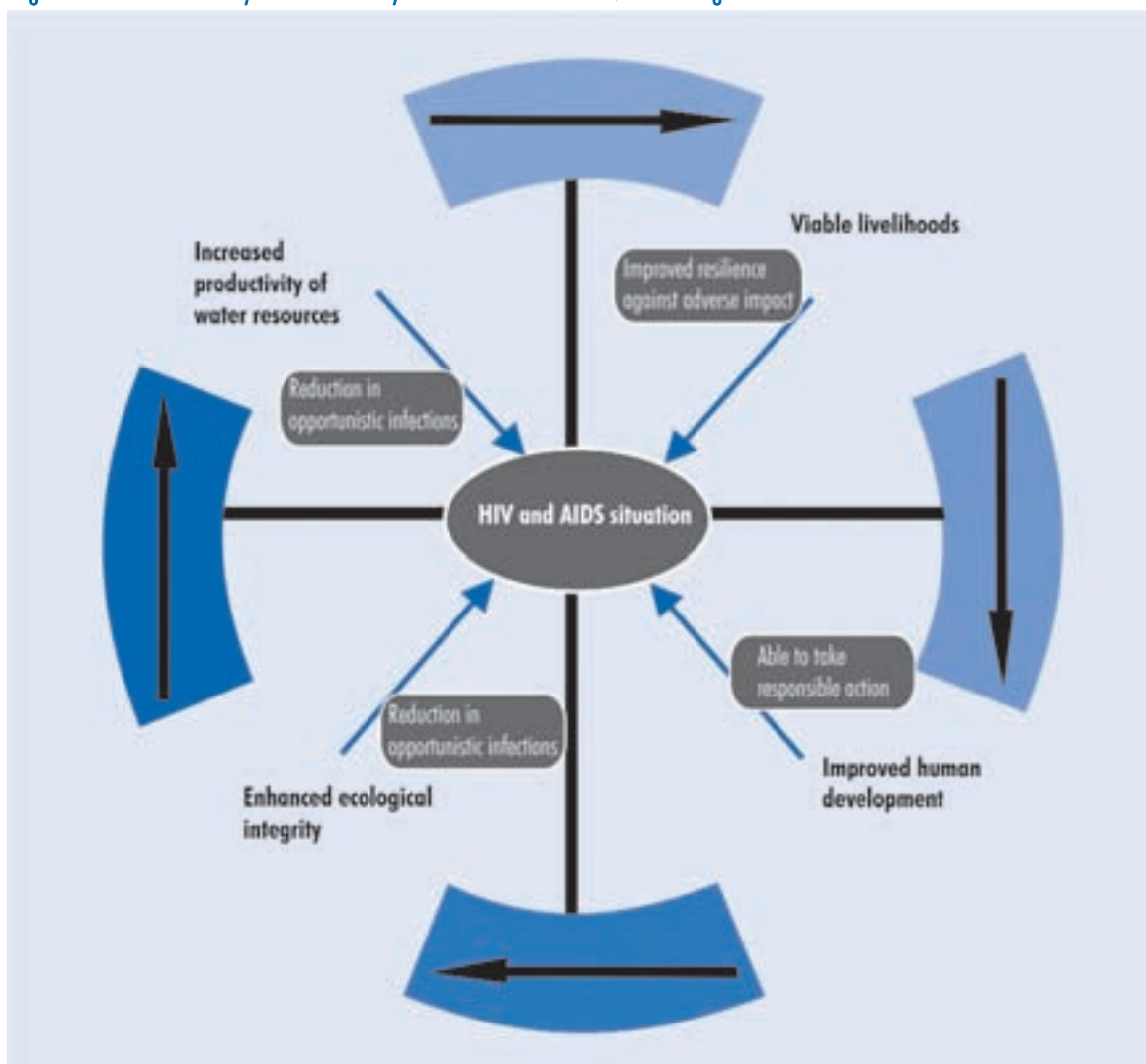
Promotion of pro-poor savings and credit schemes. Accumulated savings and credit associations, such as are being advocated for under the Rural Financial Programme, have the potential of allowing the poorest access cash in critical situations.

Widening the direct cash transfer and other safety nets. The Kalomo Cash Transfer supported by GTZ as a pilot project yielded very good results and must be scaled up. Some HIV-affected households should be helped to meet costs for health, education, food and farm inputs.

Physical capital

Physical assets are depleted due to distress selling, as the household is faced with extra financial obligations. If a household's human and financial capital can be protected, there is good chance that the physical capital will be protected as well. However, additional actions to protect and expand physical assets in HIV and AIDS affected households are required as well:

Figure 6.1: From vicious cycle to virtuous cycle: HIV and AIDS and water management



Livestock multiplication and re-stocking initiatives. This should in particular target households whose livestock has been depleted due to distress selling or property grabbing. This should be backed by strong support services such as livestock extension and provision of veterinary services.

Strong enforcement of the Inheritance Act. This should be aimed at ensuring that property is not grabbed by relatives in the event of one's death.

Ensuring greater access to productive assets by women. Even if property is not grabbed following the death of the husband, women face problems in protecting and expanding these assets because of the ongoing gender discrimination. If a woman

has to relocate, for example, from the urban to the rural area, she would face serious difficulties to obtain agricultural land. Women also face problems in accessing credit for acquiring productive assets.

Social capital

The aim is to strengthen the social networks that households in distress first call upon for support. This recognises that whereas AIDS magnifies the need for these networks, it also erodes the capacity for their effective response due to its overburdening nature. It is thus necessary that social capital be rebuilt. However, not much is known with respect to how this social capital works, as this varies from one socie-

ty to another. More in-depth analysis is required before devising specific initiatives. However, some broad principles can be suggested:

Tap into and strengthen the social solidarity to identify with the weak that exist in Zambia's societies. This should start with sensitisation and allowing communities to suggest ways in which they can help households falling in distress.

Encourage the formation of interest groups that are sensitive to AIDS-affected households. These households find it difficult to belong to groups in the first place. Innovative ways are thus required to encourage their participation so that they are part of the ongoing life in the community and make it much easier to be helped.

Support faith and community based organisations that are supporting the vulnerable in the community by strengthening their organisations and capacity to meet the mandates they set out to do.

Natural capital

Natural assets are being depleted due to the negative impacts of poverty in general and AIDS in particular. However, it is also becoming more difficult for households to make good use of these resources because of loss of household capacity. Initiatives in this area should thus aim both at promoting sustainable natural resource exploitation and management and enhancing the capacity for HIV and AIDS affected households to exploit the available natural resources to get beneficial livelihood outcomes. The following measures are important:

Mainstream HIV and AIDS in community-based natural resource management schemes. Zambia has many such schemes such as in forestry, wildlife, fish and water resources. The schemes need to be made more sensitive to AIDS-affected households both from management and utilisation view point.

Promote the adoption of gender-friendly land tenure in communities and

at national level. Women should be able to acquire land in their own right so that they are not thrown into destitution when their spouse dies.

Natural resource management groups to pay attention to passing on of skills and knowledge to the younger generation including to some of those who may have lost one or both parents and have little opportunity to acquire such skills from home.

Institutional arrangements

The sustainable livelihoods framework, as discussed earlier in the Chapter, has potential for a comprehensive and holistic response to the problem of HIV and AIDS. As pointed out in Chapter 4, a lot is already being done that answers various aspects of the different elements of the framework. However, these tend to be patchy, uncoordinated and with little inbuilt sustainability. The value of the framework is to enumerate clearly the different dimensions in which HIV and AIDS affect households and therefore point to ways in which a holistic response can be mounted. It is possible to come up with a minimum package of support to HIV and AIDS affected households that is comprehensive enough to help them deal with the often downward spiral in well being and allow them the opportunity to attain beneficial livelihood outcomes.

For the framework to work, it needs to be championed and coordinated. It requires effective structures. However, rather than build new structures, it is proposed that this framework be imbedded in the existing structure under the National HIV/AIDS/STD/TB Council (NAC), which is coordinating the response to HIV and AIDS using a multisectoral approach. The new strategic framework is much more amenable to creating a household focus. For example, under the third theme, one of the strategic objectives is: Promote programmes of food security and income/livelihood generation

for PLWHA and their caregivers or families. NAC can utilise the SLA framework in pursuing this strategic objective.

However, although the new strategic framework has taken steps in the right direction, the household focus is not as explicit as it should be given the importance for targeted actions at that level. There is need to mainstream the household in all the themes and strategic objectives in the National HIV and AIDS Strategic Framework 2006-2010. Examples of some of the issues that need to be added under each theme are provided below.

Intensifying prevention. To make prevention specifically relevant to households, there is need to find ways and means of how prevention can focus on the household. Issues of access to information, affordability of prevention methods being promoted and social and cultural aspects that make prevention difficult at household level, including gender discrimination, should be specifically addressed. Issues of prevention should be linked to promotion of beneficial livelihood outcomes because it has been shown that awareness alone will not translate into prevention if households live in abject poverty.

Expanding treatment, care and support. There are two main issues in treatment, care and support for a household focus. The first is how AIDS-affected households could access treatment more readily and on a sustainable basis. Issues of livelihoods are again key to access and adherence to treatment. The second is the ability of households to care for their members with HIV-related illnesses without compromising their pursuit of beneficial livelihood outcomes. These issues have not been made explicit under this theme.

Mitigation of socioeconomic impact. Mitigation of socioeconomic impacts has been addressed in the preceding chapters. The

only call is to utilise the SLA Framework to help enumerate the various ways in which the epidemic is affecting households and then come up with a comprehensive response.

Strengthening the decentralised response and mainstreaming HIV and AIDS. Although one of the strategic objectives is to mainstream HIV and AIDS into district level development policies, strategies, plans and budgets, it is not clearly stated that lower level structures are going to be strengthened so that they are more supportive to AIDS-affected households. There is need for a clear focus on revitalising community structures that would support AIDS-affected households.

Improving the monitoring of the response. NAC needs to put in place participatory monitoring systems that allow community members to contribute to the provision of information and tracking indicators.

Integrating advocacy and coordination of the multisectoral response. There is a need to advocate for a development process that is more supportive of HIV and AIDS affected and other vulnerable households. The issues that should be addressed with this inclusion have been elaborated above.

Table 6.1: Required actions to enhance the capacity of households to respond to HIV and AIDS

| REQUIRED ACTIONS AND MAIN PLAYER | TIME FRAME* |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| GOVERNMENT | |
| Make the nation's development process more supportive to HIV and AIDS affected households | MT/LT |
| Intensify external and internal financial resource mobilisation and put in place mechanisms to ensure that funds reach intended beneficiaries (households) | ST/MT |
| Mainstream a household focus in the current strategic framework of the NAC | ST |
| Review Zambia's social security system and make it more amenable to AIDS-affected households | ST/MT |
| Improve the health services especially in rural areas and make treatment more accessible to those with AIDS-related illnesses | MT/LT |
| Take stock of successful initiatives targeted at households and communities and take steps to scale up these initiatives | ST/MT |
| Promote gender equality by: | MT/LT |
| (i) Reviewing, strengthening and enforcing ownership and inheritance laws | |
| (ii) Promoting awareness, at the community level, of the impact of gender inequality on HIV-affected households | |
| (iii) Supporting women's organisations already campaigning for improved access to land, property ownership and inheritance rights | |
| (iv) Supporting self-help and support groups | |
| (v) Supporting strategies designed to increase women's financial independence, such as micro-credit schemes | |
| Put in place a cadre of extension officers in the health sector to link health institutions with the household | MT/LT |
| Provide direct cash or support to vulnerable households | ST/MT |
| Develop policies that create an enabling environment for partnership with other service providers | MT/LT |
| Develop indicators and mechanisms to monitor and evaluate the effectiveness of activities and initiatives to respond to HIV/AIDS at the household level | MT/LT |
| Scale up VCT, PMTCT, condom promotion and treatment of opportunistic infections and provision of ARVs | ST/MT |
| Develop a policy to provide psychosocial support to children affected by HIV and AIDS especially in schools | ST/MT |
| Re-introduce school health in all schools with a focus on basic hygiene and nutrition | MT |
| Revise school curricula to offer practical skills | MT/LT |
| Put in place structures up to village level that will monitor support to households | ST/LT |
| Provide strong support services such as livestock extension and provision of veterinary services | MT/LT |
| Provide nutritional care and support to people living with HIV to prevent or forestall nutritional depletion | ST/MT |
| Mainstream traditional authorities in the governance system and budgetary process | MT |
| NON-GOVERNMENTAL ORGANIZATIONS | |
| Participatory tools for monitoring actions to support HIV-affected households | MT |
| Promote labour-saving production practices | MT/LT |
| Broker partnership with Government and be the vehicle for providing direct support to households in need | MT/LT |
| Develop and implement programmes that build capacities for members of the households so that they are able to cope with the impact of HIV and AIDS | ST/MT |
| Provide psychosocial support to children affected by HIV and AIDS | ST/MT |
| Provide care and support to members of households living with HIV | ST/MT |
| Develop and implement sustainable programmes for household food security | MT/LT |

* Short term (ST), Medium term (MT) and Long term (LT)

...Table 6.1: Required Actions to Enhance the Capacity of Households to Respond to HIV and AIDS

| REQUIRED ACTIONS AND MAIN PLAYER | TIME FRAME |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| ...NON-GOVERNMENTAL ORGANIZATIONS | |
| Train households in self-esteem, assertiveness, income generation skills, entrepreneurship and marketing skills | ST/MT |
| Carry out a mapping exercise of vulnerable households | ST/MT |
| Promote pro-poor savings and credit schemes | MT |
| Introduce/scale up direct cash transfer and other safety nets for vulnerable households | ST/MT |
| Encourage livestock multiplication and re-stocking initiatives | ST/MT/LT |
| Encourage the formation of interest groups that are sensitive to HIV and AIDS-affected households | ST/MT |
| Mainstream HIV and AIDS in community-based natural resource management schemes | MT/LT |
| Promote the adoption of gender-friendly land tenure in communities and at national level | MT/LT |
| Sensitise communities about cultural/traditional practices (e.g. sexual cleansing, spouse inheritance, property grabbing and discrimination against women) that facilitate the spread of HIV | ST/MT |
| Identify positive elements in community support structures that help households adjust to the HIV and AIDS situation and sensitise people about them | MT/LT |
| Provide accurate information to correct misleading information and misconceptions surrounding HIV and AIDS in order to eliminate or reduce stigma and discrimination | MT/LT |
| TRADITIONAL AUTHORITIES | |
| Map all households in their jurisdiction | ST |
| Account for all births and deaths in each household in the community | ST |
| Mobilise local resources available to support vulnerable households | MT/LT |
| Find innovative ways of preparing and preserving local foods to ensure that households without food have enough to eat | MT/LT |
| Ensure that each household has a granary and discourage households from selling and exchanging all the food grown | MT/LT |
| Encourage/strengthen positive elements in community support structures in order to help households adjust to the HIV and AIDS situation | MT/LT |
| Discourage traditional/cultural practices (e.g. sexual cleansing, spouse inheritance, property grabbing, and discrimination against women) that facilitate the spread of HIV | MT/LT |
| Promote small livestock production that can easily be converted into cash at any time of the year | ST/MT/LT |
| HOUSEHOLDS | |
| Engage in income generating activities that improve beneficial livelihood outcomes | ST/MT/L |
| Stop early marriages of girls | MT/LT |
| Socialise children using approaches that take into account the AIDS epidemic | MT/LT |
| Rekindle the support systems that existed in various communities to respond to disasters such as HIV and AIDS | MT |