

A REVIEW OF SOCIO-ECONOMIC EMPOWERMENT INITIATIVES FOR WOMEN LIVING WITH HIV IN ASIA







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ACKNOWLEDGEMENTS

This report is authored by Scott Bamber, an independent consultant with technical assistance from Kazuyuki Uji of the HIV, Health and Development Team of the UNDP Asia-Pacific Regional Centre (APRC) in Bangkok. We would like to acknowledge and thank Scott's tireless effort in putting together a practical document based on limited information on this specific subject from the Asia-Pacific region.

This report would not have been possible without the leadership and commitment of Clifton Cortez, Practice Team Leader of the HIV, Health and Development Team, UNDP APRC.

Thanks are also due to Ian Mungall for editorial review, design and layout, as well as all the colleagues who reviewed the draft and provided valuable inputs, including Supaporn Daophises, Maya Nyagolova and David Galipeau from the Knowledge Review Committee of UNDP APRC.

Special appreciation is extended to the Government of Japan for its funding support.

This report was created as part of UNDP APRC's continuous effort towards the empowerment of people living with, affected by, and vulnerable to HIV in Asia and the Pacific.

ACRONYMS AND ABBREVIATIONS

ACC AIDS Care China

AIDS Acquired immunodeficiency syndrome

APN+ Asia Pacific Network of People Living with HIV/AIDS

APRC UNDP Asia-Pacific Regional Centre

ART Anti-retroviral therapy
ARV Anti-retroviral drugs

CBO Community-based organization

CCW Cambodian Community of Women Living With HIV/AIDS
CDC Centre for Disease Control and Prevention (China)
CPN+ Cambodian People Living with HIV/AIDS Network

CSR Corporate social responsibility

EC European Commission
EU European Union

GFATM The Global Fund on AIDS, TB and Malaria

HIV Human immunodeficiency virus

ICW International Community of Women Living with HIV/AIDS

ILO International Labour Organization

INGO International non-government organizationINP+ Indian Network for People Living with HIV/AIDSMCNV Medical Committee Netherlands Viet Nam

MSM Men who have sex with men NGO Non-government organization

PDA Population and Community Development Association

PPP Positive Partnerships Programme

PWID People who inject drugs
PWN+ Positive Women Network
RCC Rural Credit Cooperatives
SF Suzlon Foundation

STD Sexually transmitted disease
STI Sexually transmitted infection

TPWN+ Thirunelveli District Positive Women's Network
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDP United Nations Development Programme

UNGASS United Nations General Assembly Special Session on HIV/AIDS

USAID United States Agency for International Development

WWP Women and Wealth Project

EXECUTIVE SUMMARY

A brief review was undertaken of socio-economic empowerment initiatives for women living with HIV in the Asia region. The purpose of the review, which complements the assessment of the UNDP-supported Women and Wealth Project (WWP), is to compare the WWP with other similar initiatives in the region, with a view to identify lessons learned and generate recommendations for the socio-economic support for the estimated 1.7 million women in the region who are living with HIV. Loss of livelihood makes women highly vulnerable to poverty, poor health, and exploitation and lack of income increases the vulnerability of their families. A failure to include women's livelihoods in programming to mitigate the impact of HIV and AIDS risks negating important gains that have been made in increased access to ART and health care, jeopardizing the achievement of the Universal Access and Millennium Development Goals.

There is a clear need for action to support livelihood activities and address the socio-economic impact of HIV and AIDS on women and their families, and a strong call from people living with HIV for action to address the situation. Activities have been undertaken in the region since the early 1990s but few of these specifically targeted women living with HIV. The development by major donors, including the European Union (EU)/European Commission (EC), International Labour Organization (ILO), the World Bank, the Ford Foundation, the Clinton Foundation, United States Agency for International Development (USAID) and United Nations Development Programme (UNDP), of some important livelihood and impact mitigation programmes for people living with HIV since the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) meeting has resulted in many new initiatives supported by internatioal non-governmental organizations (INGOs), foundations and other bodies. Documentation of these activities and their results is sparse, but is sufficient to provide a picture of the diversity in settings, beneficiaries and approaches that have been undertaken in the Asian region, if not their effectiveness.

A total of 10 initiatives, including the WWP, are reviewed, covering those in Cambodia, China, India, Myanmar, Thailand, and Viet Nam. The range of approaches found include microfinance, vocational training, livelihoods and social enterprises. The settings of these activities include rural, urban, and border areas, and beneficiaries have included women and men living with HIV and their families, key affected populations, displaced persons, survivors of trafficking and other vulnerable populations, and members of the general population. While few activities have directly involved women living with HIV, positive women have been included in more general approaches to socio-economic support. However, few activities have addressed the needs of young people, or of women living with HIV in the community not involved in self-help groups or similar organizations.

All approaches reviewed resulted in increased financial well-being of beneficiaries; however, the greatest benefit for all people living with HIV involved, especially women, has been their personal empowerment. The increased self-confidence and self-esteem resulting from involvement in socio-economic support activities has led to significant improvements in the quality of other areas of their lives, in particular health, access to services, and social acceptance.

The most common approach in the region is one based on support for livelihoods and income generation through microfinance, supplemented by vocational or other training in specific skills. Social enterprises, as distinct from micro-enterprises supported under microfinance, have been few in number. Apart from the WWP, only two other examples were identified in the region, although it is likely that many other undocumented examples exist. Most socio-economic support activities have been implemented in rural areas, with a focus on agriculture, or related occupations, or small enterprises that cater for the needs of rural communities.

Within these activities the needs of women living with HIV are addressed in several different ways. These include a direct focus on women living with HIV, as in WWP's Chennai and Phnom Penh sites, inclusion of women under a broader focus on people living with HIV in general, as in the activities supported by Population and Community Development Association (PDA) in Thailand, Khmer HIV/AIDS NGO Alliance (KHANA) in Cambodia, and Pact in Myanmar and China, and support for women living with HIV under a broad focus on vulnerable populations, as in the Weaving Destination (WD) project under WWP in Assam India, and the Pattanarak Foundation project in Thailand. While women living with HIV are not specifically targeted in all of these activities, they constitute a high proportion of the beneficiaries.

Changes in the nature of the HIV epidemic in the region means that, in future, the needs of key affected populations (men who have sex with men; transgender persons; sex workers, people who inject drugs, and people living with HIV and their households) will have to feature much more prominently in the response. Findings of this review suggest that, with appropriate support, economic empowerment initiatives such as microfinance and social enterprises can be successfully employed with people living with HIV and members of key affected populations. With greater access to HIV treatment (anti-retroviral treatment), workplace interventions can also be expected to become increasingly important in addressing the socio-economic impact of HIV, as health challenges diminish and the issue of stigma and discrimination becomes the main reason why people living with HIV do not participate in the workforce. Promotion of workers' rights and conditions, that would increase understanding of HIV and AIDS and allow more flexibility in regard to working hours and medical leave for regular health check-ups and replenishment of HIV medicines, may prove to be a more effective use of resources. A comparison of the cost-effectiveness of the different approaches described would be important in assessing the merits of workplace interventions relative to direct support for socio-economic activities such as social enterprises that are based on groups.

There is considerable variation across the region in terms of the types of partnerships established to support socio-economic activities among people living with HIV and vulnerable groups. WWP is one of the few projects that has collaborated directly with people living with HIV networks. Available information suggests that, whatever the approach selected, the chances of success and sustainability are improved considerably through continuous support from a strong local partner with community development experience.

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