



"Shaking hands is not a problem"*

People today have stopped greeting each other because they believe that they might get HIV through shaking hands. You can't get HIV/AIDS through shaking hands or greeting each other; you can get HIV/AIDS through having sex without using a condom.

Photographer: Kelvin Chembo

** All photographs in this report were taken with disposable cameras by children and youths participating in the Kuwala project under a Lusaka NGO called Back to School. Photos are accompanied with a caption where the photographer describes in his or her own words what the photo is about. More information about the photographs on p. 2.*

Overview: Enhancing household capacity to respond to HIV and AIDS

Zambia has made great strides to respond to HIV and AIDS since the first HIV-case was identified in the country during the mid-1980s. A number of initiatives started in Zambia are now practiced throughout the developing world, including home-based care, tackling psychosocial impact of HIV and AIDS and the public declaration of people living with HIV and AIDS to fight stigma. At an institutional level, Zambia has been one of the champions in coordinated, multisectoral national response.

There is, however, a growing concern that the efforts and resources are not matching the results. This suggests that programmes may not have been efficient enough in focusing the effort where it matters most. The rallying call of the 2007 Zambia Human Development Report (ZHDR) is therefore the need to place the household at the centre of Zambia's HIV and AIDS response. Several reasons exist for this appeal:

- Placing the household at the centre would make the response more effective. The immediate impacts of HIV and AIDS are at the household level. These impacts are remitted by various transmission mechanisms and then by aggregation adversely affect sectors and the macro level. Therefore, responses must be rooted in household realities if they are to be effective.
- As already recognized, households are the primary units for coping with HIV and AIDS and its consequences. They carry the greatest burden of the disease and need to be empowered to take action against it.
- Focusing on the smallest social unit in society, the household, gives us a better opportunity to understand the many facets of HIV and AIDS. This will help different players, from national level to the grassroots, identify their specific strengths in responding to the pandemic. It will also give insights to how diverse efforts can be coordinated for maximum impact.
- Analysing the way HIV and AIDS affects the household can also help overcome the challenges the pandemic poses for institutions, such as sector ministries and non-governmental organisations as they work to achieve their mandates.
- Focusing on the household helps us to isolate the impacts of various initiatives and measure them.

HIV and AIDS situation in Zambia

High prevalence rates

There are signs that the HIV prevalence rate in Zambia is stabilising. However, this stability is occurring at very high prevalence levels and the epidemic will continue to destroy Zambia's national fabric in more ways than one.

The high levels of infections are of great concern. In 2002, when a sample survey - Zambia Demographic and Health Survey (ZDHS) - involving HIV test was conducted on a large scale, nearly 16 per cent of the population aged 15 to 49 years was found to be HIV positive.

The epidemic is most prevalent among the most productive age group. This has negative implications for economic growth



The photographs in this report

All photographs in this report were taken with disposable cameras by children and youths participating in the *Kuwala* project under a Lusaka NGO called Back to School. *Kuwala* is Chewa, one of the about twenty distinct languages in Zambia, and means to shine or to stand out. The aim of the project is to provide children and youths with skills to conceptualize their life and problems through photography. In particular, the project helps them to deal with problems related to HIV and AIDS.

Kuwala team leader Petter Bolme says that the project tried to bring out children's own perspective to HIV and AIDS. "All that the kids had been told was that they were going to learn how to take photos. The idea was that, before talking to them about the pandemic, we wanted to learn how they would illustrate it themselves. Just before they left to go out and shoot we told them to take pictures also related to HIV and AIDS," Bolme says.

As a result, some photos in the first batch from the field illustrated HIV and AIDS. One showed a 3-year old orphan, another a 14-year old prostitute, and yet another told a story about alcohol and unprotected sex.

When the project staff discussed the photos with the kids during a session on sexual and reproductive rights, it came out clearly that the kids were at risk of contracting HIV. Before the *Kuwala* kids met Back to School, they had dropped out of school because their parents, if they have parents, could not afford to keep them there. Most of them were just hanging out at the local shopping centre, begging for money. At least three of the kids had already had a sexually transmitted infection. Only the youngest, under 14-year olds, had not had sex. The rest had had sex without protection.

For their next assignment, the kids were asked to illustrate HIV and AIDS from various perspectives: the effects the pandemic has on their community; how to prevent oneself from being infected; how it is to live with HIV and AIDS; how neighbourhoods are working to combat HIV and AIDS. The children worked in groups and each one had tackled the assignment in quite different ways.

Some of the best *Kuwala* photos were selected to illustrate this report. The pictures include images of HIV and AIDS, poverty and despair but also images of play and happiness. All photos are accompanied with a caption where the photographer describes in his or her own words what the photo is about. In return for the photos, UNDP Zambia is supporting Back to School in paying the children's school fees.

Kuwala is a non-profit project by Back to School (Zambia), Youth Vision (Zambia) and Global Reporting (Sweden). The children and youths are participating in the project with consent from their parents or guardians. Likewise, all people in the photographs have given their consent for the photos to be published.

and provision of essential services such as health and education. HIV is also undermining the future prosperity of the nation. About 39.5 percent of babies born to HIV positive mothers are infected with HIV and are likely to die within a few years.

Worsening gender divide

HIV prevalence is not gender neutral. During the survey quoted above (ZDHS), more women (18 percent) than men (13 percent) were found to be HIV positive. Overall, women accounted for more than half of the adults estimated to be HIV infected. Young women are the hardest hit by the epidemic, with those aged 15 to 19 years being five times more likely to be infected compared to their male peers. This is mainly due to early involvement in sexual activity among girls. In most cases, these sexual encounters are with older men who may already be infected.

The disproportionate prevalence rates reflect a deeper rooted problem. The unequal power relations between men and women due to socialisation, cultural beliefs and lack of economic empowerment of women are to a great extent fuelling the spread of HIV. This is a society which is tolerant to male infidelity and the woman has little power to negotiate safer sex, even when it is clear that she may be at risk of acquiring the HIV infection.

There are other ways in which AIDS is worsening gender inequalities. Already prevailing inequalities mean that the quality of female human capital is much lower than that of men - women are less educated and are locked away from prospects of skills development that would improve their livelihood.

Women also have less access to productive assets such as land and livestock. When the man in the home dies, the widow and her dependents are often rendered destitute. This is because her asset base is already weak. This is reinforced by property grab-

bing by the late husband's relatives. Some widows have turned to sex work to survive. Women, compared to men, bear a greater burden of the epidemic even when they are not infected because they are the prime caregivers of the chronically ill and orphans in the home.

Rural and urban

Prevalence rates differ across geographical location. The rates were found to be much higher in urban districts along the line of rail than rural districts. The urban district with the highest prevalence rate was Livingstone at 30.9 percent compared to 5.2 percent in some rural districts of Northern Province. Overall, HIV prevalence in urban areas (23 percent) is more than twice the prevalence in rural areas (11 percent). There are, however, signs that urban prevalence rates may be stabilising while they are projected to rise in rural areas.

Poverty reinforces the spread of HIV and vice versa. Although affecting the whole country, poverty is predominantly rural thereby increasing the prospects of higher HIV prevalence in rural areas. This should be viewed with great apprehension as fragile societies of rural Zambia, already staggering under the great weight of poverty, will face a bleak future unless something is done to reverse the trend.

Impacts of HIV and AIDS

Life expectancy and mortality

HIV and AIDS is reversing many of the developmental gains Zambia would have achieved. Zambia's life expectancy at birth in 2000 was four years less, due to HIV and AIDS. According to the 2000 Census Report (see Chapter 5) life expectancy stood at 50 years. This reduced Zambia's human development index (HDI) from 0.491 to 0.462 in 2004 or by 5.9 percent. Furthermore, by 2010, HIV is projected to reduce life expectancy by eight years.

The child and infant mortality rate that had started to take a declining trend (109 in 1996 and 95 in 2002) is now worsening. Diseases like tuberculosis which had been contained are now some of the major public health problems in the country. The impact of the loss of health workers and teachers is not only immediate but also threatens the foundation for future growth, as the health status of the country gets further eroded and children leave school not adequately prepared to play their future developmental roles.

Economic growth and decent standards of living

HIV and AIDS is undermining Zambia's strides to provide decent standards of living for the citizenry. Although the economic impact of HIV and AIDS has not been modelled for Zambia, other countries that have carried out this exercise have found that the impact of HIV and AIDS would reduce gross domestic product (GDP) by as much as 1 percent. If this was to hold for Zambia, it would be a huge reversal for a country where GDP growth in the last seven years, the longest uninterrupted growth the country has achieved, has averaged only 4.2 percent. Zambia's national economy needs to grow consistently at over 7 percent to make sufficient inroads into widespread poverty reduction and improve the welfare of the people.

Agriculture

The performance of agriculture, considered as the mainstay of economic development, is under serious threat. HIV and AIDS affected households are reducing their area under cultivation as they face serious labour constraints related to death, care of chronically ill patients and attending funerals. Yields are falling because the most productive farmers are dying. Many extension workers who are expected to train farmers are also dying or are too sick to work effectively. Farming households are too labour-

constrained to manage their farmsteads properly and they may not afford the cost of fertilizers or improved seeds because they have to spend money on medicines and burying their dead. Over time, farming households are reverting back to subsistence agriculture and in most cases, cannot secure full household food security.

Orphans

AIDS has led to an increase in the number of orphans. The number of children orphaned by AIDS was projected to reach 1,197,867 in 2005, two-thirds of the total number of orphans in that year. Without AIDS, the number would have been 598,934. This has been costly socially and economically.

For a country with no well-developed social security system, kinship relationships are the only safety nets that families in need fall back on. The burgeoning numbers of children orphaned by AIDS and needing support and care are overloading the caring capacity of Zambia's traditional extended family system. The system has performed heroically given the scale of the problem.

However, the emergence of child-headed households, where children as young as eight years old are taking on the role of household heads including providing care for other children, seems to suggest that the extended family system's capacity has been seriously eroded. The fact that the HIV epidemic coincided with sharp rises in poverty meant that the system was already at its weakest point to take on this extra burden.

Many of the children whose parents have died lack, not only parental care and guidance, but also cultural, social and familial ties and life skills that are usually passed on from generation to generation. They are deprived of their childhood and many of them lose the opportunity to go to school. These children tend to be attracted to big cities and towns thereby increasing the number of street children. Economic hardships lead them to look for means of sur-

vival that increase their vulnerability to HIV infection. These include substance abuse, child labour, prostitution and delinquent behaviour.

Millennium Development Goals

Perhaps what sums up these effects is that the recent progress made in meeting the Millennium Development Goals is unlikely to accelerate, unless the response to HIV and AIDS begins to produce good results soon. A goal by goal assessment in Chapter 1 indicates that HIV and AIDS is undermining each of the goals in multiple ways.

A twin problem of poverty and HIV and AIDS

Zambia has one of the highest incidences of poverty in the world with 68 percent of population living in poverty in 2004. HIV and AIDS is making it much more difficult for Zambia to fight these high levels of poverty. It is undermining the capacity of households to accumulate or make adequate use of assets at their disposal to pursue viable livelihood strategies.

Both the quality and quantity of human capital in households are diminishing due to deaths, illness or children dropping out of school because they are orphans or need to help out in providing for the household. This impacts negatively on the foundation of households' capacities to get beneficial livelihood outcomes and also reinforces the already widespread poverty.

HIV and AIDS have been known to deplete other assets as well. For example, households cannot afford farm inputs because of the escalating medical costs associated with increased morbidity and mortality. The accumulation of productive assets such as livestock and land is being negatively affected due to distress selling and property grabbing that often follows the death of a spouse.

Ecological balance is also under attack. Households are losing the capacity to

exploit natural resources in a sustainable manner. Indigenous natural resource management skills are being lost due to AIDS-related deaths while over exploitation of certain natural resources is becoming rampant because households have little else to turn to for provision of their needs. Ultimately, the natural resource base is becoming less supportive to HIV-affected households.

Perhaps the most telling sign of worse things to come concerns how HIV and AIDS has changed the vulnerability context. Shocks to which households were once resilient are causing unimaginable devastation. For example, droughts are not a recent phenomenon to this country. In fact long term rainfall patterns show that the amount of rainfall at the beginning of the 20th century was not any different from that at the end of the 20th and the beginning of the 21st centuries. Communities recovered after a short while without food aid.

This resilience has to a large extent disappeared because of the mutually reinforcing problems of AIDS and poverty. At the national level, this is leading to chronic dependency on food imports, which in turn negatively affect the agriculture sector as food relief depresses agriculture prices, further undermining the sustainability of livelihoods and reinforcing poverty in a country where 67 percent of the population depends on agriculture.

Defining households with capacity to respond to HIV and AIDS

Households can be powerful allies in HIV and AIDS response. However, they can only assume this role if they themselves have capacity to respond to the pandemic. A household will be considered to have capacity to respond to HIV and AIDS when it - without undermining its ability to obtain beneficial livelihood outcomes - can summon its resources and deploy them at the three globally accepted strands for tak-

ing action against HIV and AIDS. The three strands are: prevention, treatment and care, and impact mitigation.

- **Prevention.** Household members should be able to access information about HIV and AIDS and take measures to prevent themselves and others against HIV infection. This is not as easy as it appears. Eroded human capital, high levels of poverty and lack of empowerment of women prevent households from accessing and processing information properly and at times also force them to make decisions that put them at risk of HIV infection.
- **Treatment and care.** An HIV-affected household should be able to access treatment for its members with AIDS-related illnesses and provide care to them, without compromising the prospects of its livelihood outcomes. HIV-affected households, particularly if under the crushing weight of extreme poverty, face a multiplicity of factors that throw the livelihood in a total dilemma. These households have problems to access and adhere to treatment. Although they may heroically do their best to look after sick members, this comes at a high cost such as suspending activities essential for achieving beneficial livelihood outcomes.
- **Impact mitigation.** Households should be able to make successful adjustments to respond to the challenges caused by the pandemic. This is difficult even at the best of times but made worse by the widespread poverty, changing vulnerability context and the fact that HIV and AIDS erodes the core assets with which the household would manage a recovery.

Required steps

If households are going to be involved in taking action against HIV and AIDS, a sup-

portive environment should be created. In this regard, actions are required in five main areas listed below.

1. Reforming the development process to make it more supportive to HIV-affected households

The development process should be more inclusive so that the weak in society can participate in it. HIV and AIDS should focus our thinking on removing the fault lines in our tools of development which, more often than not, exclude the majority of the country's population. Policies and laws should promote and protect the livelihood security of HIV-affected households and create an environment in which a future is assured for such households.

2. Strengthening macro and meso level institutions so that HIV and AIDS does not unravel their capacity to deliver on their mandates

Organisations must respond to the external and internal risks posed by HIV and AIDS in fulfilling their mandates. 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.

3. Promoting an environment that allows adaptive structures to flourish

District and sub-district level structures which are closer to households and communities than macro and meso level organisations must be allowed to be in the front-line in enhancing household capacities to respond to HIV and AIDS. However, over-centralisation of the governance system has undermined their effectiveness, and democratic decentralisation should therefore be accorded high priority. At the core is the need to make government more accountable to the people, expand opportunities for people's participation and increase the chances of decisions taken to match as much as possible the aspirations of the

people themselves. Alongside this should be measures to strengthen local authorities which have undergone serious dilapidation over the years.

4. Revitalising structures and processes

The social, institutional, and organisational environment at community level should be addressed and made more supportive to HIV-affected households. This implies identifying, strengthening and promoting the positive elements within communities that could help HIV-affected households to make successful adjustments to the situation. Cultural norms and traditional structures based on social solidarity must be made to thrive once again.

Secondly, the negative elements within these structures and processes that are inhibitors to a successful adjustment of HIV-affected households should be addressed. Examples are many but would include such negative practices as sexual cleansing and property grabbing.

5. Help HIV-affected households rebuild their asset base

Livelihood assets - human capital, financial capital, physical capital, social capital, and natural capital - are key for households to respond to HIV and AIDS. Measures must be taken to protect and promote each of the five asset groups. Only with this will HIV-affected households be able to obtain beneficial livelihood outcomes.

Reforming the institutional framework

Zambia has been among the champions in coordinated, multisectoral response to HIV and AIDS. In terms of institutional framework, Zambia responded to the epidemic by, among other things, establishing the National HIV/AIDS/STI/TB Council (NAC), to champion and coordinate the national response to HIV and AIDS. At the core to the institutional framework is the multisectoral approach, which Zambia has

again helped to internationally champion. The approach is founded on the fact that HIV has many dimensions with respect to transmission, treatment, care and social impacts. The focus on the household is, however, currently inadequate because the institutional framework is not yet fully oriented to that effect. The institutional framework must be reformed to help put the household at the centre of responding to HIV and AIDS.