

# FACING THE CHALLENGE

## CAFOD's Response to HIV and AIDS



**An Overview of Policies and Strategies**

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## Introduction

CAFOD first supported partner programme responses to HIV in 1985 in Uganda with the provision of vehicles and medical supplies for AIDS home care programmes. That HIV was more than a health concern became apparent very quickly and CAFOD asserted that the pandemic was a development issue requiring a committed and sustained response. From that time, HIV and AIDS have been a priority concern for CAFOD within its wider development and humanitarian response work.

CAFOD was appointed the HIV Liaison Agency for Caritas Internationalis<sup>1</sup> in 1987 and in this capacity worked to increase among Caritas agencies and wider Church organisations an awareness of the challenges posed by HIV and a commitment to effective programme responses. CAFOD also facilitated education and discussions with Bishops' Conferences, Conferences of Religious and national and international gatherings of Catholic theologians to consider the pastoral and theological issues raised by HIV. CAFOD continued in this role with successive mandates from CI until 2003. CAFOD is also a founding member of the AIDS Funding Network Group (ANFG)<sup>2</sup>, latterly renamed to the Catholic HIV and AIDS Network (CHAN).

Since its response in 1985 CAFOD has supported a wide and increasingly diverse range of programme responses that seek to prevent infection with the virus and/or to mitigate its impact on those infected and affected. With this, CAFOD's own understanding of the implications for all its development and humanitarian response work and for employment and related organisational considerations has evolved and deepened.

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<sup>1</sup> Caritas Internationalis is a confederation of 162 Catholic relief, development and social service organisations working to build a better world, especially for the poor and oppressed, in over 200 countries and territories.

<sup>2</sup> Begun as a network of Catholic development and relief agencies funding HIV projects in The South, this is a forum for sharing experiences, developing guidelines, understandings and good working principles

As a consequence, strategies, policies, guidelines and position papers on a variety of considerations raised by HIV have been developed. All of these are informed by the experience of CAFOD's partner programmes, by CAFOD's own extensive experience and reflection, by the contributions of wider networks of people living with HIV and of networks of peer NGOs and Faith-Based Organisations (FBOs). As a development agency of the Catholic Church mandated by the Bishops' Conference of England and Wales, CAFOD also draws on the rich heritage of Catholic Social Teaching and Catholic Moral Theology to inform its response to HIV.

The present document provides

1. An overview of CAFOD's commitment,
2. The principles underpinning its response to HIV and
3. The various HIV-related policies and strategies developed by CAFOD.

The document is intended as an introduction to CAFOD's various policies and the core principles underpinning these. It presents a summary of the key points covered in each policy and refers the reader to more detailed documents pertaining to each of the topics mentioned here. Those seeking more specific information or needing to implement one or other aspect of the policies described herein should read this overview in conjunction with the more detailed documents as relevant.

## CAFOD's Commitment to HIV and AIDS

- ❖ The reality of HIV and AIDS as a backdrop to all of CAFOD's development and humanitarian response work makes the pandemic an ongoing priority concern for CAFOD. HIV is one of four thematic priorities in CAFOD's 2010 strategic framework.
- ❖ Initiatives which comprise CAFOD's Programme Framework need to respond effectively to the challenges posed by HIV and AIDS. CAFOD's Programme Framework embraces:
  - ▲ Support for development and humanitarian response programmes of partner organisations in countries of the South
  - ▲ CAFOD's education, advocacy and campaigning work in the UK and elsewhere
  - ▲ CAFOD's media and communications work

Responses are made both through direct HIV-focused initiatives and through mainstreaming HIV into wider programme responses. Both approaches (referred to as twin-tracking) are equally important for CAFOD.

- ❖ CAFOD welcomes the unique contributions and insights that people living with HIV can bring to its work, both as staff and as partner programmes and collaborators. CAFOD is opposed to any form of discrimination on the basis of HIV status and seeks to ensure this is implemented in its employment policies and in the work of partner programmes
- ❖ CAFOD seeks to ensure that staff and partner programmes acquire the competence and resources to respond to the challenges posed by HIV in their professional work and personal lives, as appropriate to specific circumstances and context
- ❖ CAFOD recognises the need to allocate sufficient resources to ensure an effective twin-tracked approach, both in its programme work and in internal organisational matters, and will reflect this in its short-term and longer term financial planning
- ❖ CAFOD's corporate commitment to HIV as a priority concern applies to all staff as appropriate to their area of work, and is actively promoted, endorsed and monitored by the Corporate Leadership Team (CLT), by all other levels of management and by CAFOD's HIV Advisory Group.
- ❖ CAFOD recognises the wealth of experience emerging from its own and partner programmes' responses and seeks to ensure that the learning gained is shared across the organisation, between its various programme partners and in wider networks and fora as appropriate

## Core Principles Informing CAFOD's Responses to HIV&AIDS

- ❖ **HIV must be understood as a priority development issue** and not solely as a health concern. To this end, CAFOD seeks to promote a more holistic response incorporating health, social, economic, legislative, psychological and spiritual dimensions and rejects as inadequate initiatives that confine HIV within clinical-medical parameters.
- ❖ CAFOD's response to HIV is inspired by its **Vision, Mission and Values** (VMV) and the tenets of **Catholic Social Teaching**, particularly *Populorum Progressio*<sup>a</sup>, and those of **Catholic Moral Theology**. In this regard CAFOD welcomes opportunities to engage with and foster theological reflection and dialogue, both in its competence as a Catholic development agency and as a member of Caritas Internationalis
- ❖ CAFOD's response is informed by proven, **evidence-based criteria** emerging from ongoing scientific research, epidemiological data and identified good programme practice. A **rights-based approach** also forms an aspect of and features within a broader CAFOD response to the pandemic.
- ❖ **The meaningful involvement of people with HIV or AIDS is essential** to designing, implementing and reviewing any effective programme or organisational response. Within this, efforts should be made to ensure equitable involvement of women and men affected by the virus and to appropriately engage children infected or affected
- ❖ Women and men are affected differently by HIV, physically, socially and economically. **Gender-specific considerations** need to inform all programme and organisational responses to HIV
- ❖ Faithful to its partnership ethos, CAFOD supports programmes that enable **locally appropriate responses** developed and implemented by local community-based organisations. Such organisations may be faith-based and/or representative of other civil society groupings.
- ❖ **Ownership by local communities** is essential for the long-term effectiveness and sustainability of programme or organisational responses. Communities served by these responses must be engaged in identifying, designing, planning, implementing and reviewing the initiatives.
- ❖ No single organisation can hope to address the challenges of HIV on its own. The magnitude and complexity of this pandemic require organisations to **work collaboratively as part of a multi-sectoral response**. CAFOD seeks to ensure that partner programmes engage with national and regional networks, national AIDS commissions or similar, and wider NGO/civil society networks. CAFOD is a member of the UK Consortium for AIDS in Development (UKCAID), the International Catholic AIDS Network (CAN) and the Ecumenical Advocacy Alliance (EAA).
- ❖ **CAFOD opposes all stigma and discrimination** related to HIV status, gender, lifestyle or sexual identity and rejects initiatives that foster discriminatory attitudes or practices

<sup>a</sup> An encyclical issued by Pope Paul VI in 1967 promoting the development of peoples with particular reference to those affected by hunger, disease and poverty. The encyclical was inspirational for the then newly forming CAFOD

[http://www.vatican.va/holy\\_father/paul\\_vi/encyclicals/documents/hf\\_p-vi\\_enc\\_26031967\\_populorum\\_en.html](http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_26031967_populorum_en.html)

## CAFOD's HIV-related Policies and Strategies

These policies fall into two categories; those informing programme responses and those that apply to organisational and workplace issues.

### **A. POLICIES WITH REGARD TO PROGRAMME RESPONSES**

CAFOD's twin-tracking approach is committed to supporting:

**HIV-focused programme responses** i.e. initiatives that are completely directed towards an HIV-specific concern or that integrate their HIV-specific response within a wider programme initiative, and

**HIV mainstreaming**. For CAFOD, mainstreaming HIV is the process of identifying and making the changes that must be made to all development or humanitarian response programmes, in order to ensure that these do no harm to, and remain relevant and effective within communities also affected by HIV and AIDS<sup>3</sup>.

CAFOD's HIV Programme and Strategy Framework<sup>4</sup> specifies that a comprehensive response to the pandemic should combine three interlinked strands:

- ❖ Care, Support and Mitigation
- ❖ Prevention
- ❖ Advocacy

Each of the three strands of the HIV Strategy Framework is itself composed of a number of components. It may not always be possible or desirable for a single partner programme to address, single-handedly, all three strands of the framework, or even indeed all components of any single strand. This calls for partner programmes to work in a collaborative, complementary fashion with others as part of a multi-sectoral response. For CAFOD the task is to identify whether, through all initiatives it supports at national or regional level, the three strands are addressed, thus offering a comprehensive programmatic approach at these levels.

Some components of this framework will be addressed by HIV-focused initiatives while others are taken up through HIV mainstreaming, the twin tracks that, when combined, enable this comprehensive response. .

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<sup>3</sup> CAFOD toolkit: Development and Disasters in a Time of HIV and AIDS: An HIV Mainstreaming Toolkit for development and humanitarian response workers

<http://www.cafod.org.uk/var/storage/original/application/7ab71768f885645946df1622fcf340d2.pdf>

<sup>4</sup> HIV Programming and Strategy Framework, Understanding, Definitions & Guidelines, Sept 2006

The majority of CAFOD-supported programmes are community-based and rely for their implementation on large numbers of volunteers to supplement the work of paid staff. CAFOD recognises the need to have appropriate recruitment, training, support and supervision mechanisms in place for volunteers. CAFOD further recognises that volunteers in partner programmes are often as poor as the people they serve, frequently are also living with or affected by HIV within their own families and that recompense and recognition must be given to these, as appropriate to local circumstances. CAFOD affirms the advantage to programmes and individuals of some of the volunteers being people with HIV or AIDS, because of the personal insights they bring into living with the virus, as a means of assuring that they are valued by the wider community and as a means of ensuring that they are more in control of their own lives<sup>5</sup>. CAFOD's criteria for funding HIV programme responses are based on the AFNG guidelines<sup>6</sup>.

## Care, Support and Mitigation

Initiatives that come under this strand are concerned with addressing the impact of HIV on individuals and communities<sup>7</sup>.

Provision of health care to individuals living with HIV is one aspect of care, support and mitigation. Health care services provided by partner programmes span a wide spectrum that includes home visits by volunteers, basic nursing and hygiene care, psychological support and counselling for the individual and other family members, pastoral and spiritual support, provision of voluntary counselling and HIV testing, attention to food security and fuller nutritional support possibilities, syndromic treatment of sexually transmitted infections, use of herbal remedies for some opportunistic infections (OIs), provision of basic medicines for OIs or pain relief, provision of or referral to more skilled medical services and provision of antiretroviral therapy (ART). Initiatives might also be concerned with strengthening the capacity and skills of health care workers, many of whom will be women and among these will be HIV positive women. It is important that no single health care response is undertaken in isolation but that they are offered within a continuum of care, and perhaps by a variety of providers working synergistically<sup>8</sup>.

Health care is one component of broader care, support and mitigation responses. This strand will also include initiatives tackling other impacts of HIV and AIDS, such as skills training and replacement programmes,

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<sup>5</sup> Valuing volunteers: considerations on involving volunteers in Development and Humanitarian Response Programmes supported by CAFOD, September 2006

<sup>6</sup> AFNG & CI Guidelines and Minimal Criteria for HIV Project Proposals Dec 2003

<sup>7</sup> cf reference no. 3, section on Care, Support and Mitigation

<sup>8</sup> CAFOD's Position on providing ART in Programme providing health care to people with HIV & AIDS. Jan 2007

<http://www.cafod.org.uk/policy-papers/hiv>

income generating activities, support for children infected, orphaned and otherwise affected by HIV and AIDS and more. Responses to children affected by HIV will again need to cover a wide range of needs. In all of these, CAFOD favours responses that are community-based and that appropriately engage children in decision-making processes. CAFOD does not generally support institutional models of care. CAFOD recognises that small-scale care establishments may, exceptionally, have a role as a last resort interim measure while community alternatives are being sought, or as a respite option<sup>9</sup>.

## Prevention

CAFOD recognises that the causes of HIV infection are many and complex and that therefore a comprehensive response to prevention is called for<sup>10</sup>.

This comprehensive response must take a three-pronged approach.

1. It must help individuals to reduce or completely remove their risk of infection. Programme need to provide full and accurate information on the effectiveness and limitations of all risk reduction measures, so that individuals can make the choices appropriate to their circumstances.
2. It must decrease people's vulnerability by tackling the root causes such as poverty, gender inequality, sexual violence, forced migration etc making them susceptible to infection.
3. It must mitigate the impact of the virus on those already infected and on communities affected, thus asserting that treatment and wider mitigation initiatives are indispensably linked to prevention, that, for example, keeping mothers alive prevents children being orphaned and consequently more vulnerable to poverty, loss of education and sexual exploitation, keeping adult workers and role models alive prevents the decline of families and communities into the poverty that fuels HIV infection.

Frequently, what are termed HIV prevention responses are in fact risk reduction initiatives, and so fulfil just one of the three requirements of a comprehensive prevention strategy. CAFOD believes that all three layers must be addressed if HIV prevention is to be effective. This range of responses will probably come most often from various initiatives working as a concerted network, rather than from a sole programme partner embracing all aspects single-handedly.

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<sup>9</sup> SINETHEMBA: We Have Hope: A reflection by CAFOD Partners in South Africa on responding to children affected by HIV and AIDS, 2006 <http://www.cafod.org.uk/policy-papers/hiv>

<sup>10</sup>cf reference 3; section on HIV prevention

Furthermore practitioners too often advocate just a single option when addressing the risk of sexual transmission, which results in misleading, polarised, incomplete and overly simplistic risk reduction messages being promoted by opposing factions. CAFOD asks partner programmes to provide full and accurate information on the effectiveness and limitations of all risk reduction options, so that individuals can make the choice appropriate to their circumstances. CAFOD does not fund the promotion, supply or distribution of condoms

## Advocacy

CAFOD identifies two areas of action for HIV-related advocacy<sup>11</sup>.

Some advocacy work is directly and overtly HIV focused. It includes advocacy by partner programmes to protect human rights of and remove discrimination against people with HIV or AIDS. It is also concerned with lobbying for equity in accessing treatment and tackling the barriers that exclude women or children in many settings. It includes related issues around intellectual property rights and HIV drugs, and protection of inheritance rights, property ownership entitlements of women or children affected by AIDS, child custody rights, claiming access to social welfare benefits, denouncing and removing stigmatisation of people affected by the virus, ensuring that health care settings promote more supportive environments for HIV positive women using the services as clients or staff, and more.

The second area of advocacy work is concerned with addressing the broader social, cultural, legal, economic and religious factors that might be root causes heightening people's vulnerability to HIV infection.

The first type of advocacy is more likely to be taken forward by HIV-focused partner programmes, the second type by other partner programmes who have mainstreamed HIV into their broader work for broader protection of human rights, poverty reduction, gender equity, debt cancellation of the poorest countries also heavily impacted by AIDS, and similar. CAFOD supports partner programmes to engage with advocacy activities at local community level, and at national and regional levels. CAFOD draws its learning on and mandate for advocacy from the work of these programmes and seeks to represent these concerns in its Northern-based advocacy work. CAFOD also promotes a concerted approach to advocacy among members of the AFNG and among the Caritas confederation via the HIV Adviser to CI, based in Geneva, through its

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<sup>11</sup> Cf reference 3; section on advocacy

membership of the UK consortium on AIDS in Development (UKCAID) and the Ecumenical Advocacy Alliance (EAA).

## ***B. POLICIES WITH REGARD TO ORGANISATIONAL CONSIDERATIONS POSED BY HIV. PUTTING OUR OWN HOUSE IN ORDER***

A twin-tracking approach to organisational matters identifies some considerations that are specifically to do with HIV and others that raise broader issues related to support and accountability, when the HIV lens is applied to employment policies and practices.

### **HIV-Specific Considerations**

- ❖ Through its “HIV in the workplace” policy CAFOD is committed to a policy of non-discrimination on the basis of HIV status in its recruitment, ongoing employment and insurance and pension arrangements. CAFOD does not require potential or actual staff to disclose their status and requires that full confidentiality is maintained for staff who choose to disclose this. The policy ensures that all staff have information on prevention, and access to post-exposure prophylaxis. It specifies the safety measures to be observed regarding first aid, road safety and use of vehicles, and the wider prevention advice that can be accessed through health services or travel advice services used by CAFOD. The policy authorises staff to carry, at CAFOD’s expense, supplies of sterile needles and syringes, plasma substitutes, other first aid supplies when travelling on CAFOD business. It provides for staff to access voluntary counselling and testing and treatment for opportunistic infections and ART, should a staff member and/or one family dependent require. The policy also addresses possibilities of ongoing support, flexible working conditions and issues of absence and sick leave for staff living with HIV or AIDS<sup>12</sup>.
- ❖ CAFOD seeks to ensure that all staff are skilled, confident and competent in responding to HIV, in accordance with levels and areas of competency required for their job of work. This is reflected in procedures for recruitment, induction and ongoing capacity development. CAFOD appoints a small number of key HIV Specialist posts whose expertise informs and supports the HIV considerations presenting in advocacy, campaigning and policy development and in the development and humanitarian response work of all CAFOD staff and partner programmes, as appropriate to the specific job descriptions of each post. Such posts are intended to strengthen the competence of all staff and of

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<sup>12</sup> HIV&AIDS Workplace Policy and Guidelines, CAFOD, 2004  
<http://www.cafod.org.uk/policy-papers/hiv/panels/resources-to-download/cafod-hiv-workplace-policy-guidelines>

programme and organisational responses. They are not an attempt to contain HIV-related concerns within a narrow group of experts.

- ❖ CAFOD promotes and provides mechanisms to ensure the learning from partner and CAFOD's own programme experiences in one part of the organisation is shared across the organisation and with the wider public through networks, electronic media, printed publications etc<sup>13</sup>. CAFOD seeks to ensure that this learning informs CAFOD's HIV policies and strategies and its advocacy and public policy work.

### **Workplace Considerations that apply to Broader Staff Policies and Practices when the HIV lens is applied<sup>14</sup>**

- ❖ The circumstances of many development and acute emergency situations can often be emotionally demanding and physically exhausting for individuals engaging first hand with programme responses. Lack of support for staff in these situations can heighten their risks of resorting to other "coping" mechanisms, some of which might increase their vulnerability to HIV. When preparing for travel overseas staff should consider with their security manager the risks and benefits of the trip and their competence to address the situation presenting and other personal factors including their fitness to travel. Managers should also ensure that adequate support and coping mechanisms are in place for the duration of the trip and on the staff member's return, as required by specific circumstances. Detailed guidance is contained in the Travel guidelines and in the new Security manual. CAFOD asks its partner programmes to take such considerations into account when managing the work of their staff and volunteers.
- ❖ CAFOD staff can hold considerable power or influence over core decisions affecting partner programmes, other NGOs or similar professional contacts. This can give rise to possible abuses of power either by staff or against staff. During the course of their work all staff and volunteers at CAFOD are expected to work at building relationships, behaviours and practices that reflect our values at all times.
- ❖ HIV and AIDS may affect the levels of absenteeism and turnover of skills within the organisation, particularly in countries where the impact of AIDS is greater. CAFOD recognises that it may need to consider contingency working practices and policies on absenteeism in order to ensure a greater spread of skills, joint ownership of strategic pieces of work and a sustained pool of skills and experience and thus assure CAFOD's continued effectiveness within a context increasingly affected by HIV and AIDS.

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<sup>13</sup> HIV Communications Strategy, CAFOD, 2007

<sup>14</sup> CAFOD toolkit: Development and Disasters in a Time of HIV and AIDS: An HIV Mainstreaming Toolkit for development and humanitarian response workers  
<http://www.cafod.org.uk/var/storage/original/application/7ab71768f885645946df1622fcf340d2.pdf>