



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



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CONTENTS

v	Acknowledgements
vi	Acronyms and Abbreviations
1	Executive Summary
5	1. Introduction
7	2. Background
9	3. Approaches to socio-economic empowerment of people living with HIV in the Asian region
19	4. Recap: The Women and Wealth Project in the context of other similar initiatives in the region
23	5. Discussion
28	6. General Conclusions
31	7. General Recommendations
35	8. References

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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 organization
INP+	Indian Network for People Living with HIV/AIDS
MCNV	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 international 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. This can be seen in several of the initiatives reviewed, including the Sunflower Support Groups in Viet Nam, the Economic Livelihoods Programme in Cambodia supported by KHANA, the Positive Partnership Project (PPP) in Thailand supported by PDA, the Pattanarak Foundation's activities in Sangkhlaburi, Thailand, and the NEDAN Foundation's support for Weaving Destination in Assam, India under the WWP. However, for successful development of socio-economic activities, the enterprise must eventually become independent of the supporting organization. This is particularly important with social enterprises.

Lessons learned from this comparison of approaches to socio-economic support for women and other populations living with and affected by HIV in the Asian region include:

- Given opportunities to participate, people living with HIV, in particular women, can derive important benefits from socio-economic support activities, including generation of increased income, personal empowerment and improved quality of life, and increased social acceptance;

- Without systematic documentation of activities and results, comparison of different approaches and assessment of effectiveness is challenging;
- Social enterprise approaches may not be suitable for addressing the needs of women living with HIV in all situations, and selection of an exclusively female, or even an exclusively HIV positive approach, depends on the setting;
- Socio-economic support activities can successfully address the needs of key affected populations and, with changes in the nature of the epidemic in the Asian region, will become increasingly important;
- Identification of a strong local partner with strong experience in social enterprise and community development that can provide on-going support to beneficiaries is crucial in the success of social enterprise and other socio-economic support activities for women living with HIV and vulnerable populations.

It is clear that there remains an important need for action to address the socio-economic impact of HIV on women and their families in the Asian region and support for microfinance, livelihoods and social enterprises can make an important difference to the quality of women's lives, empower and increase acceptance by society. A failure to address this issue puts at risk the important gains that have been made through increased access to ART and health services for women living with HIV. For this reason, the main recommendation of this report is that support for activities to address the socio-economic impact of HIV continue, combined with efforts to identify the approaches that are most effective with due considerations to the contexts, appropriate capacity assessment and strong local support.

General recommendations for future support of activities to address the socio-economic situation of women living with HIV (and people living with HIV in general) in the Asian region are as follows:

- In future programming, governments and donors should consider support for activities under a three-pronged strategy that includes:
 - i. targeting of activities at members of key populations (e.g. sex workers, men who have sex with men, transgendered persons, people who inject drugs, and people living with HIV) and their partners;
 - ii. ensuring that broad-based socio-economic support activities targeted at populations made vulnerable by poverty, displacement or other causes are designed to be HIV-sensitive (i.e. HIV-sensitive social protection); and
 - iii. supporting HIV workplace policy with strong anti-discrimination clauses and legal redress mechanisms for HIV-related discriminations, to ensure that women and people living with HIV can enter the workforce and retain their jobs as equals with other workers. This would include the abolishment of HIV tests as a prerequisite for obtaining or renewing a work contract or visa.
- Programme design for socio-economic support activities should be based on a long-term commitment that includes:
 - i. planning for a learning process among beneficiaries, with provision for documentation and sharing of the results of activities and lessons learned from implementation; and
 - ii. a clear definition of objectives and indicators to measure progress against these.
- Social enterprises should be considered as one of a range of available options for socio-economic support, depending on the specific context.
- Implementation of social enterprises should be undertaken only where a strong local NGO or equivalent local partner organization with experience in social enterprise and community development is available for close, on-going support, not only periodic technical assistance.

Specific recommendations for people living with HIV networks and CBOs considering the social enterprise approach include the following:

- In identification of potential business models, where possible social enterprises that involve highly competitive markets should be avoided, unless there is a low cost of overheads, such as raw materials and rent, and existence of a strong funding reserve that can ameliorate delays in cash flow, ensure regular maintenance and replacement of equipment and ensure recruitment and retention of staff with essential specialized skills.
- In assessing the feasibility of proposed business models, consideration should be given to who the main beneficiaries of the activity will be, their number, the ways in which the social enterprise will benefit them, and the mechanism by which this will be achieved. There should be full involvement of beneficiaries with support from those with skills and experience in this process in order to ensure understanding, commitment and robust business plans.
- If possible, the proposed business model should build on an existing skills base among beneficiaries, rather than relying on training to meet gaps in expertise in areas essential to success of the venture. While on-going skills training is essential, resources are most effectively used on improving existing skills and learning additional specific skills that will add value to the products and services, rather than on provision of basic training.
- In appraisal of the potential business model, the main implementing organization should conduct a rigorous self-appraisal to assess whether it has sufficient capacity to manage, on a long-term basis, the challenge of the additional activities of implementation of the social enterprise, without minimum negative impact on the core activities of the organization. It is also important to identify the local resource availability where beneficiaries' adoptability and acceptability is at stake, before considering an appropriate business model.
- In order to help ensure smooth implementation and operation of the social enterprise, a clear management plan should be put in place from inception, including establishment of a management board or steering committee with the strong local patronage and the engagement of relevant experts, a staff organogram indicating reporting responsibilities and accountability, detailed job descriptions for all positions, and a monitoring and evaluation framework. It should also clearly indicate how internal conflicts should be handled in a professional and fair manner, with minimum disturbances to business operations. The management plan should be reviewed regularly and revised accordingly.
- Initial planning should include a provision for eventual separation of the NGO/CBO and the business component of the enterprise. It is essential that this be reflected in the management structure and that, among both partners and beneficiaries, there is a recognition of, and commitment to, adoption of a business-like approach in operation of the enterprise.
- It is critical to secure support from those with strong business experiences from the onset, as well as long-term support to develop and grow a social enterprise as it takes time, particularly when capacity concerns exist.

INTRODUCTION

This review of socio-economic empowerment initiatives for women living with HIV in Asia complements the assessment of the Women and Wealth Project, supported by the United Nations Development Programme Asia-Pacific Regional Centre and implemented by the Population and Community Development Association of Thailand. The purpose of this review is to compare the approach used in the WWP with those employed in other similar initiatives in the region and make general recommendations based upon the findings of the WWP assessment and the review.

For purposes of comparison with the assessment of the Women and Wealth Project, this review focuses on several key areas, including the type of approach employed, beneficiaries, setting, partnerships and, where information permits, results in three main areas corresponding to the objectives of the WWP:

1. The financial benefits of the respective approaches to the beneficiaries;
2. Individual empowerment of women living with HIV in terms of increased self-confidence, self-respect and general well-being;
3. Impact of activities on the socio-cultural environment in relation to increasing the understanding and acceptance of society of people living with HIV.

The review is largely based on information obtained from a desk review of available documentation on activities in this area in the Asian region, supplemented by information obtained from interviews.¹ As noted later in the narrative, the documentation is sketchy at best and, in many cases only broad descriptions of activities are available, with very little information on results of implementation. The scope of the assignment did not permit the additional allocation of time and resources that would be needed to undertake a more systematic and comprehensive review. For this reason, the detailed information necessary to fully address the three specific results areas mentioned above was not available. Despite these constraints, it is felt that the findings presented here do provide sufficient information to address the review's main objective of comparing the approach used in the WWP and other similar approaches in the region, and also serve as a basis for further study to identify lessons learned and draw recommendations for addressing the socio-economic impact of HIV on women and their families in Asia.

Before looking at some examples of projects that have been implemented in Asia to address the socio-economic situation of people living with HIV, it is useful to review briefly some of the terms and concepts commonly used to describe the various approaches, in particular, "microfinance", "savings groups", "sustainable livelihoods", "social enterprise" and "corporate social responsibility".

Microfinance (often synonymous with "micro-credit") generally refers to the provision of credit, usually in the form of funds that can be borrowed at low interest rates, with a view to

¹ See people met or contacted during the assessment, Annex, The Women and Wealth Project: Results Assessment.

enabling beneficiaries to break the cycle of indebtedness to moneylenders, and establish activities that will enable them to generate sustainable incomes. Microfinance can be based on funds derived from donors or from the beneficiaries themselves, through savings fund schemes. In either case, in most schemes the money borrowed is repaid together with interest, and made available to other beneficiaries in the form of “revolving funds”.

Savings groups are usually designed to help beneficiaries manage their income through regular contribution of a fixed minimal amount of money to a fund that is run by a group or collective. From the accumulated capital the group makes loans to members, based on agreed guidelines, at low interest rates. From the profits generated through repayment of funds plus interest, a dividend is often paid to members. Savings groups are usually operated in conjunction with vocational training and technical support to enable members to establish and sustain income generation activities and better manage their financial returns.

Sustainable livelihood approaches employ a broader strategy to help beneficiaries find safe, productive employment by building their capacity and providing resources and opportunities to develop workplace skills, confidence and health. Sustainable livelihood programmes seek to create long-term lasting solutions to poverty by empowering their target population and addressing their overall well-being.² Globally there is a wide range of livelihood initiatives, and while each needs to be adapted to the specific context where it is implemented, there seems to be general agreement that the most successful are those that are family-centered and self-supporting.³

The term “social enterprise” usually refers to business ventures that engage in trade for social purposes, with the profits generated being reinvested in the business to sustain it, or used for social purposes, rather than maximizing profits to shareholders.^{4 5} While they may incorporate microfinance and livelihood components, social enterprises are usually focused on the benefits that result from the success of the business as a whole, rather than those that come directly to the individuals operating it through their involvement.

Corporate social responsibility (CSR) generally refers to the incorporation of responsibility for a company’s actions and encouragement of a positive impact into its business model. CSR-focused businesses engage in support for community growth and development, and voluntarily avoid practices that harm the public interest.⁶ Thus, while they share some features in common, CSR differs from social enterprise fundamentally in terms of purpose: whereas social enterprises are established primarily for social ends, businesses that adopt a CSR approach are still primarily focused on profit-making, but want to conduct business in a more socially responsible way.

As will be seen in the following review, all these different approaches are reflected in the activities that have been undertaken in the Asian region to address the socio-economic impact of HIV on women and other people affected by or vulnerable to HIV.

2 *Fact Sheet on Youth Reproductive Health Policy: Sustainable Livelihood Programs and HIV/AIDS*, USAID Health Policy Initiative, 2009.

3 “Income generation and sustainable livelihoods for people living with and affected by HIV and AIDS”, *Global Jobs Pact Policy Brief No. 16*, ILO, n.d.

4 <http://www.socialenterprise.org.uk>

5 http://www.enterprisingnonprofits.ca/about_social_enterprise/definitions

6 http://en.wikipedia.org/wiki/Corporate_social_responsibility

BACKGROUND

Of the estimated 4.9 million people living with HIV in Asia, over 35 percent (around 1.7 million) are women.⁷ However, although they bear a disproportionate share of the impact of the HIV epidemic, the impact of HIV on women in Asia has for the most part been overlooked and under-estimated. In addition to the challenges of access to health care and stigma and discrimination faced by most people living with HIV in the region, women living with HIV bear much of the burden of care and support for other family members affected by HIV. As well, they are confronted by the challenges of gender inequality and poverty that make them more vulnerable to its impact.

The need for financial support and a livelihood is important for all women; however, a positive HIV diagnosis compounds the problems women face in finding and keeping work.⁸ Women living with HIV are often unable, or unwilling, to continue working or to seek work. This can be for a range of reasons, including health concerns, stigma and discrimination, self-stigmatization, compulsory blood testing, insurance conditions, and lack of flexibility in working hours that prevents taking leave for medical appointments and the amount of work required at home such as caring for a sick husband. Loss of livelihood can make women highly vulnerable to rapid impoverishment, affect their health, and lead them into transactional sex, unsafe migration and human trafficking for survival. The lack of income-earning opportunities for women living with HIV also increases the vulnerability of their families, increasing the pressure on children to leave the education system to work.

In broader perspective, a failure to include attention to women's livelihoods in programming to mitigate the impact of HIV runs the risk of negating the important gains that have been made recently in increased access to HIV treatment or ART and health care, and also jeopardizes the achievement of the Universal Access goals as well as the Millennium Development Goals 1 (poverty and hunger), 2 (universal education), 3 (women's empowerment), 5 (maternal mortality), and 6 (HIV/AIDS). The importance of socio-economic support for women living with HIV is also reflected in the recommendations of the 2008 Report of the Commission on AIDS in Asia (see Box 1).

The issue of insufficient economic security, coupled with stigma and discrimination associated with HIV has been a major concern among people living with HIV in the region. In 2004 the International Community of Women Living with HIV/AIDS (ICW) recognized the importance of addressing the economic situation of women living with HIV, as well as its close links to the issues of empowerment and gender equality, calling for increased support for activities that empower women living with HIV and provide them with livelihood opportunities. These activities include: support for self-help groups, participation in which can help women discover livelihood opportunities; research to identify effective income generating activities and the specific factors that make them successful; support for strategies that increase women's financial independence, such as micro-credit schemes; and support for training of women in areas such as management and marketing, as well

⁷ *Global Report: UNAIDS report on the global AIDS epidemic 2010*, UNAIDS, 2010.

⁸ *ICW Vision Paper 3: HIV Positive Women, Poverty and Gender Inequality*, The International Community of Women Living with HIV/AIDS (ICW), 2004.

as the basic skills necessary for the occupational areas identified. The need for supporting women's economic independence as part of HIV response is also strongly reflected in the 2011 UN *Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS*.⁹

A study of women's access to HIV services in Asia, which surveyed 1,306 positive women from six countries in Asia and was published in 2009 by the women's working group of the Asia Pacific Network of People Living with HIV (APN+)¹⁰, found that most women living with HIV (78.7 percent) do not have adequate financial resources to access HIV services, including transport, with 60 percent of women lacking sufficient income to maintain their health needs. Women living in rural areas are significantly more disadvantaged than those in urban areas. Over 54 percent of women included in the study said they needed income generation support, a need that was significantly greater for women 30 years and older. The report expressed a strong and urgent need for livelihood opportunities for women living with HIV in Asia.

Box 1

Impact mitigation programmes should be an essential component of national HIV responses, keeping particular focus on poor households, affected women and children. Impact mitigation programmes must reach and serve the needs of affected households, through income-generation and livelihood security for affected women, and cash transfers and education subsidies for foster families to children orphaned by AIDS.

At a minimum, impact mitigation programmes should have at least four components: women-friendly income support programmes for affected households; support for families caring for children orphaned by AIDS; care for AIDS-affected people incorporated into social security schemes; and laws to guarantee inheritance rights for both women and men.

Source: *Redefining AIDS in Asia: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, 2008.

⁹ See full texts at <http://www.un.org/en/ga/aidsmeeting2011/>

¹⁰ *A long walk – Challenges to women's access to HIV services in Asia*, Women's Working Group of APN+, APN+, 2009.

APPROACHES TO SOCIO-ECONOMIC EMPOWERMENT OF WOMEN LIVING WITH HIV IN THE ASIAN REGION

Translation into effective programming of the clear and urgent need for socio-economic impact of HIV and AIDS on women, and their families, presents an important challenge. While there is a substantial body of experience in the Asian region on the empowerment of women through microfinance, livelihood, skills training and other approaches¹¹, it is not simply a matter of adapting these activities for use with women living with HIV. As in implementation of activities with women in general in the region, there are important challenges related to the extreme heterogeneity of the beneficiary group, which includes women from a range of backgrounds and social contexts, so that activities appropriate to a rural context differ considerably from those in urban settings, and those that address the needs of educated women will differ considerably from those with limited education. However, in addition to these factors, issues such as confidentiality, stigma and discrimination, health status, laws, religion and gender issues determine the type and scope of activities implemented to promote the socio-economic empowerment of women living with HIV.

Activities to address the socio-economic situation of people living with HIV have been undertaken in the region since the full impact of the epidemic became apparent in the early 1990s. While few of these specifically targeted women living with HIV, in many cases most of the beneficiaries were women and the activities were designed to address their needs.¹² In Thailand at the height of the HIV epidemic many community-level programmes included a component that attempted to address this issue. Using funding available from government income promotion schemes, activities such as artificial flower and basket making were supported in conjunction with community or hospital-based self-help groups for people living with HIV. These activities were generally undertaken on an ad hoc basis, with no consideration for marketing, design or quality control, and as a result office storerooms quickly filled with unsold goods. The best that can be said of these initiatives is that they served as a type of occupational therapy, in a context where ARVs were unavailable and there were high levels of community stigma and discrimination against people living with HIV.¹³ Even where more effective activities were attempted, these were still done on an ad hoc basis and mostly failed through lack of provision for additional technical support. For example, raising of chickens provided free of charge by agricultural extension offices by families affected by HIV in rural villages in Northern Thailand failed when the chickens died due to lack of vaccinations and advice on feeding.

In the late 1990s, a number of attempts were made to synthesize the lessons that had been learned from the various approaches that had been taken in response to the socio-economic impact of HIV and AIDS in Thailand and other countries in the region. Some of the results of these efforts were published by UNDP under its South East Asia HIV and Development

11 See, for example, Albee (1994); UNESCO (2003).

12 In some areas the gender balance was so skewed that the members of one self-help group in Northern Thailand chose to call themselves “the Doi Saket Widows Group” (see Seri, 1996).

13 Some activities, while more feasible, were felt to be inappropriate, for example the proposal by members of the New Life Friends group to establish a “*moranakit*” (“death industries”) business enterprise that would produce funeral goods.

Project. Among them were a number of innovative approaches that linked community development and governance. These aimed at strengthening communities' resilience and capacity to prevent HIV as well as provide care and treatment for their members affected by HIV, such as provision of health coverage through village savings groups.¹⁴

The major breakthroughs in effectiveness and cost reduction of ARVs at the end of the 1990's, followed by an increased international donor focus on access to care and treatment after the UNGASS meeting in June 2001, seems to have been the impetus for development of some important livelihood and impact mitigation programmes for people living with HIV in the region. These included programmes by the EU/EC, ILO, the World Bank, the Ford Foundation, the Clinton Foundation, USAID and UNDP APRC and country offices, as well as a host of initiatives supported by INGOs, foundations and other bodies. Unfortunately the documentation of these activities, especially their results, tends to be sparse, but the selection here of several sufficiently diverse examples will, it is hoped, serve the purpose of providing a basis for discussion of the strategies that have been most effective in addressing the needs of women living with HIV.

3.1 Sunflower Support Groups, Vietnam

The Sun Flower Groups in North Viet Nam are an example of socio-economic support activities that are based on self-help groups for women living with HIV. There are six groups, in four provinces, the first being established in Hanoi in 2004 under the auspices of the Vietnam Red Cross. There are now over 750 members. Key project partners include the Medical Committee Netherlands Vietnam (MCNV), and a network of organizations including the Viet Nam Women's Union (national, provincial and district levels), the Red Cross, hospitals, and other health service organizations.

The key project intervention of the Sunflower Support Groups is to assist members to organize themselves and to improve access to existing social, health and economic services including ARV treatment and microfinance loans. To qualify for a loan, each woman has to formulate a personal development plan describing and prioritizing her social, medical and economic needs. Women who prioritize increasing their income receive assistance to apply for a job or vocational training. Those planning to start a business can apply for an interest-free loan of up to US\$300 USD for nine months. Based on repayment, business performance and the proposed business plan, women can borrow repeatedly to a maximum of US\$5,000. All loan applicants must accept assessment visits to their households and proposed business location, to examine individual and family income, assets and business viability.¹⁵

While information is not available on the financial benefits the project has produced for individual women, loan repayment rates can serve as a proxy indicator for the success of activities undertaken. In fact repayment rates varied quite widely between the provinces involved, from approximately 40 percent in Ha Noi, to over 98 percent in Thai Nguyen province. In regard to empowerment of the women, a qualitative evaluation undertaken between 2004 and 2007 indicated that beneficiaries had gained self-confidence and self-esteem, learned to communicate with their peers and express their needs to service providers. In addition, women had increased their knowledge about treatment and their rights, accessed other state services, such as loans, counseling and legal advice, and gained access to school and treatment for their children. Group participation helped reduce the women's sense of isolation, and provided opportunities to share experiences and learn from others. Support groups also helped address conflicts between members and their families, and raise awareness about HIV and AIDS.¹⁶

¹⁴ Seri Phongphit: 2001 and 2002.

¹⁵ Final Report, Global Review of Good Practices on the Intersections Between HIV/AIDS and Economic Empowerment, Ford Foundation, March, 2009.

¹⁶ Ibid.

3.2 Positive Partnership Programme, Thailand

In 2001, with funding from UNAIDS and others donors, the Population and Community Development Association of Thailand set up a pilot micro-credit project aimed at helping people living with HIV. Initially loans were offered only to people living with HIV, who were guaranteed low-cost or free access to anti-retroviral drugs through programmes sponsored by other civil society organizations or the government. Eligibility criteria were later extended to include family members, orphans and other people affected by HIV and AIDS.¹⁷

From this initial project around 2003, PDA developed the Positive Partnership model, which pairs a person who is living with HIV with a non-positive person in the same community to work on a micro-enterprise activity supported by a small loan. The model was based on PDA's experience of support for micro-credit schemes for people living with HIV in rural communities in northern and northeastern Thailand. This second project, which became known as the Positive Partnership Programme, was supported with funds from UNAIDS and the British Embassy. USAID provided funding for implementation in urban areas of Bangkok, Chiang Mai and Chonburi provinces, with technical support provided by Family Health International (FHI) and, later, Pact, using USAID funds.

Based on results of the two pilots described above, the model was further developed and funds were obtained through USAID and the Pfizer Thailand Foundation to expand the scope of the project. Funds from the Pfizer Thailand Foundation were used from 2004 to implement the model in eight provinces of the North and Northeast regions of Thailand.

There is considerable variation in the operation of the model among implementation sites in Thailand, but in the basic model, PDA works closely with communities to identify people living with HIV who are interested in joining the project. HIV support groups are involved in this process and fully participate, particularly in urban areas. In cooperation with HIV support groups and PDA, the person living with HIV works with a non-positive partner in their community to identify a business opportunity, for which a loan is requested from PDA. The person living with HIV and partner jointly receive the loan so that they can work together on the selected enterprise. The incentive of access to micro-credit has helped foster the partnerships. Loans have been used to establish small-scale enterprises, often related to farming but also including trading and other small businesses, which has provided an opportunity for people living with HIV to increase their income.

The selection criteria for people living with HIV within the PPP is that they must be in need of financial assistance, have a clear business plan and previous business experience, the business must be feasible and they must be able to work. Loan approval also includes a commitment by the applicants that they regularly attend meetings and briefings and agree to repay the loan on time. In assessment of business plans, selection committees focus on procurement plans for raw materials, investment costs, product pricing, profit analysis, business location and logistics, competitor analysis, and marketing or sales strategy, with a view to determining the plan's feasibility.¹⁸

A key feature of the model is that the micro-credit aspect of the scheme is used as an entry point to reduce both individual and community stigmatization. The model is designed to reduce stigma and discrimination through economic empowerment, with the potential to change the knowledge and behavior of members of many communities, even though the number of loan recipients is relatively small. In order to help measure the impact of activities, at both the personal and community level, PDA developed the "Bamboo Ladder" (BLA) self-assessment tool. Using the BLA, participants use a ten-point scale to fill out diagrams corresponding to five key areas relating to their well-being. These consist of: physical health; mental health; social condition; economic condition; and quality of life. When used regularly, the BLS provides a useful means of measuring changes that have occurred in people's lives and their future aspirations.

17 *The Positive Partnerships Program in Thailand: Empowering People Living with HIV*, UNAIDS Best practice Collection, UNAIDS, 2007.

18 *Ibid.*

“AFTER RECEIVING THE POSITIVE PARTNERSHIP MODEL LOAN TO SET UP A MOTORCYCLE REPAIR SHOP, HE’S GOT COURAGE AND GOOD SPIRITS AGAIN. HE GETS UP REALLY EARLY, WORKS VERY HARD AND IS DOING A FINE JOB.”

“Samai”, the aunt and PPP partner of “Puwadon”, Red Rose Club member, Buriram province, Thailand ²²

Since the commencement of the project, 1,055 pairs, that is 2,110 people, have received support under the PPP.¹⁹ Women have comprised the majority of participants. After five years operation of the project, more than 42 percent of all participants paired two women; 39 percent were composed of one man and one woman; and about 19 percent consisted of two men.²⁰ A measure of the success of the model in generation of increased income for beneficiaries is that, in the period from its inception until 2007, 91 percent of loans were repaid on time.²¹

During the period that the model has been in operation, it has evolved and adapted to fit the different environments that are faced in various parts of Thailand. Local innovations have been piloted and, where successful, are being scaled-up to include other regions. In some areas in the north the Positive Partnership model approach is integrated into the existing village bank infrastructure, which is community owned and managed. Urban and rural models funded by different donors have been implemented somewhat differently to take into account the varying nature of social relations and levels of stigma and discrimination and that exist in rural and urban areas.²³ Even within rural areas, however, the model has been flexible and has changed to adapt to local conditions or take advantage of local opportunities.

The PPP has contributed to improved economic conditions for the families of people living with HIV and raised the visibility and acceptance of people living with HIV in many communities in urban and rural Thailand. For beneficiaries living with HIV, PPP has proved effective in improving their self-confidence, health, and increased their social acceptance and re-integration into the community. People living with HIV report that they no longer feel that they must accept discrimination against them, or hide from society. Participation in group activities has led to significant improvements in the quality of the lives of the people living with HIV involved, with support, understanding and assistance from others, leadership roles in their communities, and greater access to health care and treatment. For the HIV negative partners, interaction with people living with HIV has improved their understanding of HIV, with surveys indicating improved attitudes towards people living with HIV.²⁴ When people living with HIV were seen to be able to support their families and contribute to the community, their acceptance by the community was increased, and they also gained confidence.²⁵

The main challenges faced by the PPP have included lack of business skills among participants, owing to previous occupations as hired labourers, declining health of participants, long-term sustainability, and the seasonal nature of some businesses, which has meant a need for flexibility in regard to loan repayments.

19 Ms. Urai Homthawee, Director, Community Health Bureau, PDA, personal communication, May 2011.

20 *The Positive Partnerships Program in Thailand: Empowering People Living with HIV*, UNAIDS Best practice Collection, UNAIDS, 2007.

21 Ibid.

22 “A Strategy for Scale-up of the Positive Partnership model”, Population and Community Development Association, PACT, Population Council, June 2007.

23 Ibid.

24 *The Positive Partnerships Program in Thailand: Empowering People Living with HIV*, UNAIDS Best practice Collection, UNAIDS, 2007.

25 “A Strategy for Scale-up of the Positive Partnership model”, Population and Community Development Association, PACT, Population Council, June 2007.

3.3 KHANA economic livelihoods programme, Cambodia²⁶

Since 2003 the Khmer HIV/AIDS NGO Alliance has been implementing activities to address the socio-economic impact of HIV and AIDS and improve the livelihoods of people living with HIV. Under the initial model, implemented from 2003 to 2010, support was directed at income generation activities, with small grants provided to individuals or households to start, or strengthen, small agricultural enterprises. Grants were supported with intermittent training, although with little follow up, and additional assistance was obtained from the World Food Programme for nutritional support to complement the small grants.

From 2010, in collaboration with DAI, the model was revised to a household asset maximization approach to develop a more systematic approach. Village Savings and Loans Schemes were established, supported by ongoing training and follow up, to maximize savings. Technical and skills support is provided in areas such as land management, water management, business skills, and animal husbandry to enable beneficiaries to use their savings to start or strengthen small businesses. High performing beneficiaries are also able to access small grants. The new model was developed to promote sustainability through incorporation of village savings and loan associations, which changes beneficiary expectations from ongoing NGO and donor financial support to independent saving and investment. The model promotes behaviour change in economic activities, which increases self-reliance and ability to respond to economic, health and social stresses.

The main funders from 2003-2010 were the Global Fund for AIDS, TB and Malaria, under the Rounds 5 and 7 grants, and USAID and the EC, through the International AIDS Alliance. Currently the livelihood programme is being funded by the EC/Alliance, USAID, and the GFATM. Support from the EC through the Alliance ended in December 2011, and GFATM Round 5 in September 2011. DAI is also one of KHANA's collaborating partners, providing technical support under the USAID grant agreement. The partnership ended in Sept 2011.²⁷

From 2003-2010 KHANA worked in 19 out of 24 provinces in Cambodia; however the new model is being pilot-tested in six provinces (three with European Commission and three with USAID support). The beneficiary group has also been broadened: from 2003-2010 the criteria for receiving small grants were to be a person living with HIV, have a poor socio-economic status and be a member of a KHANA self-help group. Under the revised approach the livelihoods programme targets people living with HIV, children affected by HIV, and members of key affected populations who belong to KHANA-supported self-help groups. Among beneficiaries there is a strong demand for livelihood support and enrolment in the programme. Potential participants are identified and recommended by an implementing partner and a self-help group, with selection based on interest and assessed potential. The trial aims to support 500 people living with HIV and children affected by HIV and 100 members of key affected populations. Support can be given to either an individual person living with HIV or to a group of people living with HIV, usually a self-help group. From 2003 to 2010 the grants provided to individuals were limited to a maximum of US\$30 per time. This was assessed as insufficient to have an impact on household economies and from 2010 the ceiling amount was increased to US\$120.

From 2010 under the innovative livelihood programme, implementing partners and beneficiaries have organized village savings and loan training workshops, and 14 savings groups, including 311 members, have been established and activated with support of the KHANA Economic Livelihood Team and implementing partner staff. One hundred and twenty-one beneficiaries have received skills training in micro-business, food processing and home garden and crop production.

The main challenges encountered in implementation of the programme have included selection of suitable beneficiaries, and the pressure from poor economic circumstances

²⁶ Sopheap, Dr. Oum, KHANA Livelihoods Program, presentation at High-level Technical Consultation on HIV-sensitive Social Protection for Impact Mitigation in Asia and the Pacific, Siem Reap, Cambodia, 27-29 April 2011.

²⁷ "HIV/AIDS and Economic Strengthening: Generating livelihoods for people and communities affected by the virus", DAI, n.d.

placed on people living with HIV, which forces them to use available savings or grants intended for business investment to cover health and immediate needs. Considerable time is needed to build a strong understanding of the benefits of long term saving and investment. Currently the coverage rate is still relatively low as the new approach is still in the design phase.

KHANA is currently developing guidelines for key sustainable livelihoods. Once these guidelines have been finalized, KHANA will scale up the model across its 38 implementing partners working in 19 out of 24 provinces in Cambodia. KHANA is also establishing a livelihoods centre, which will demonstrate livelihoods approaches, and provide training and practice opportunities.

3.4 Community-Based Care, Support and Poverty Reduction through Microfinance in Shanxi Province, China²⁸

The Community-Based Care, Support and Poverty Reduction through Microfinance project, which commenced in 2003 with support from UNDP China, addresses the link between poverty and HIV through empowerment of people living with HIV, based on microfinance and vocational training. Beneficiaries of the project include people living with HIV, and families affected by HIV in Shanxi Province. The project builds on what was initiated by UNDP's previous experience with microfinance operations in 48 rural counties in China, and the collaboration with the Rural Credit Cooperatives (RCC), as the main microfinance institution, utilizes RCC's extensive networks down to township and village levels across rural China. UNDP China also mobilized resources from the provincial Poverty Reduction Office to provide the Guarantee Fund in order to ensure access to micro-credit by people living with HIV under a participatory and transparent management system, with a Board of stakeholders that included people living with HIV.

The project provided training to staff of the local Center for Disease Control and Prevention (CDC), who assist in the mobilization of people living with HIV and their families to apply for microfinance services to the Rural Credit Cooperative. UNDP also conducted a needs assessment and provided technical assistance to national consultants to conduct training programmes for different components of the project and to develop an appropriate financial management system. In order to maintain confidentiality regarding the HIV status of beneficiaries, special training programmes were conducted for loan managers and other staff members of the Rural Credit Cooperatives. The loan agreements state explicitly that the cooperatives should not disclose the HIV status of the beneficiary.

Partners in the project include the China International Center for Economics and Technology Exchange, the National Center for AIDS/STD Prevention and Control, the Provincial Poverty Reduction Office of Shanxi, Rural Credit Cooperative of Shanxi, and Municipal Government, including Wenxi and Xia County Governments.

To date, over 100 households affected by HIV have benefited from the microfinance scheme and another 100 are in the process of submitting applications. Beneficiaries have doubled or tripled their income through various economic activities, such as animal husbandry. This scheme has also enabled them to transport their produce to county markets, and has provided a stimulus to improve local transport services. Another noteworthy outcome is that none of the children from HIV-affected families have been compelled to drop out of school due to economic difficulties or peer pressure. Furthermore, the project's income generating activities, through the microfinance scheme, have created incentives for villagers to remain in Shanxi, rather than migrating to other provinces, thereby potentially reducing vulnerability to HIV.

Some factors that contributed to the success of the project include the right choice of implementing partners, addressing financial literacy as one of the first steps in mobilizing people living with HIV and their families to participate in the project, which continued to

²⁸ UNDP China, n.d.

be strengthened through the project, and respect and protection for the rights of people living with HIV. Replicability was also a consideration in implementation of the project, with results shared through dissemination workshops by UNDP and its national partners in order to demonstrate the project's feasibility, its importance to local development goals and its replicability in other areas of high HIV-prevalence and high levels of poverty, including border regions.

3.5 Micro-credit project for people living with HIV/AIDS, The Amity Foundation, China

The Amity Foundation commenced activities to respond to the HIV and AIDS issue in China in the early 1990s and started a three-year HIV prevention education programme in Yunnan in 1996. Since 2000, the Foundation's HIV prevention and public awareness education programme has been extended to Guangxi, Hunan and Henan, another province in central China seriously affected by HIV. The micro-credit project aims to improve the quality of life for the families of people living with HIV and to help them re-enter mainstream society by supporting them to take part in income-generating projects. The Amity Foundation provides a loan of CNY 2,000 (US\$240), which beneficiaries can use to pursue income-generation activities, fitting in with and making use of local resources. Recipients are required to pay back the loan within two years so that the money can go towards supporting other families in need.²⁹

3.6 Empowerment through self-help income generation for people living with HIV in Myanmar³⁰

To provide a financial safety net for people with HIV, Pact Myanmar built on existing experience providing livelihoods assistance to support groups living with HIV by adapting WORTH, an award-winning savings-led microfinance and micro-enterprise programme. The WORTH model combines two integrated approaches: 1) economic independence through community banking and small business development; and 2) care and support through self-care and support among members. As people living with HIV begin saving together in small groups, they learn how to make loans, start micro-businesses, and transform their savings groups into community banks. As bank owners and managers, people living with HIV collect the interest on the loans they make to each other and then distribute it back as dividends to themselves. This gives each member two income streams, from their own micro-business and the bank's dividends, increasing the members' wealth and financial security. Once their banks become established and their businesses begin to grow, they can take on other issues related to self-care and stigma reduction.

Loans taken out by group members have been used to establish small businesses that help earn a daily income, such as driving a motorbike/trishaw taxi, and selling snacks. Four groups operate group businesses such as selling brooms or running a pay phone service. These types of businesses are recommended because they provide an opportunity for a higher turnover. Data collected with 15 groups beginning in 2008 shows that another benefit of the programme is a reduction in the number of high interest external loans held by members, which decreased by half from the beginning of the project until August 2010.³¹

By March 2011, there were 22 savings groups and the total savings had reached US\$20,273. In the 2010-2011 reporting period there were over 420 members of the savings groups, of who around 70 percent of members were female.³² Female members constitute the majority of WORTH participants and they also tend to have higher levels of savings, contribute higher rates of voluntary saving and take consistently larger and more frequent

29 Micro-credit Project for People Living with HIV/AIDS, The Amity Foundation <http://www.amityfoundation.org/page.php?page=1455>

30 "Empowerment through self-help income generation for people living with HIV in Myanmar", Pact/USAID, n.d.

31 Ibid.

32 "Semi-annual performance report October 2010-March 2011", Pact Burma, 2011.

loans. However, an MSM member of one of the groups contributed the highest voluntary savings. In general, MSM members, of whom there were 14 in 2009-2010, have saved more than other men in the programme.

In terms of empowerment and changes in the socio-cultural environment, the savings groups that have been established help address stigma issues, while giving participants the self-confidence to remain productive, contributing members of the community. Statements from individual beneficiaries attest to the increased self-confidence they have gained in their own capabilities and potential. For example, members of the “Angel’s Trumpet Group” indicated that the most useful tool they have gained from the programme is the belief and self-confidence to rely on themselves and fulfill their dreams.³³

**“I DIDN’T KNOW WHAT I NEEDED. I DIDN’T
KNOW HOW TO GET WHAT I WANT. I DARED
NOT TALK. NOW I KNOW HOW TO UTILIZE
MY ABILITIES AND THAT I’M CAPABLE. I CAN
LEAD A GROUP, MANAGE MY SHOP AND HELP
OTHERS TOO.”**

“Ma”, a widow with 3 children, WORTH group member, Yangon ³⁴

Several challenges have been encountered in implementation in Myanmar, in addition to those presented by the challenging political environment for international donors. Unlike the original, rurally targeted WORTH model in which group members live in the same village, Myanmar savings group members live in scattered areas in Yangon. This presents additional challenges regarding the cost and time spent in regular travel to attend group meetings, and loss of working time, which may exceed the benefits of attendance.

Successful establishment of savings groups has also brought an added benefit of increasing the appeal of these groups to other donors and implementing organizations. While this may have negative effects on the stability of the group if they are not sufficiently well established, for strong groups it can provide a good opportunity to access additional funding. Proposals submitted by three strong savings groups supported by Pact were approved by UNDP for funding.³⁵

3.7 Entrepreneur groups for people living with HIV model and rehabilitation of people who inject drugs through social enterprises model, China

In China, Pact partners with local civil society organizations to pilot several livelihood strengthening models for people living with HIV and other at-risk populations in the Yunnan and Guangxi provinces. Currently two models are supported. The first is the entrepreneur groups for people living with HIV model, which provides business development training, micro-loan methods, technical and social support to people living with HIV. The second is the rehabilitation of people who inject drugs through social enterprises model, which provides technical assistance to an enterprise owned and operated by recovering drug users. This model provides employment opportunities coupled with rehabilitation support. Work on other models and livelihood development interventions supporting men, women and children marginalized by the effects of HIV is underway. Pact aims to use lessons learned in these pilot sites to replicate similar projects throughout China.³⁶

The Xingcheng Limited (see Box 2) exemplifies the success of employment opportunities for people who formerly injected drugs, or those that are stopping. According to management, people are employed at the company “based upon their attitude, not on their current skill ... our task is to help them gain the skills to do their work.” Relapse prevention is central to maintaining successful work practices, with counseling, monitoring, and support

³³ “Empowerment through self-help income generation for people living with HIV in Myanmar”, Pact/USAID, n.d.

³⁴ “FY2010 Annual Report (October 1 2009 – September 30 2010) Community REACH Greater Mekong Regional Plan”, Pact GMR/Burma, October 2010.

³⁵ Ibid.

³⁶ http://www.pactworld.org/cs/income_generation_for_plhiv

Box 2: Xingcheng Limited

"Xingcheng is an inspiring illustration of the entrepreneurial capability among the HIV community, given the right opportunities. The main business of the company is to act as an agent for a telecommunication company, selling internet and related services. The founder and director is a former drug user. This visionary company is a result of his attempt to find self-worth through work. After working within China Telecom and its agents he managed to build up his own confidence and a team of other former drug addicts who had also come to rely on the opportunities for interaction and confidence building that this kind of work offered. With the support of the public security bureau he managed to get together the funds and support needed to form his own agent to handle China Telecom sales. Since then, the company has grown from its initial handful of five people to almost 30 full time staff. Xingcheng's culture is built around the conviction that employment can serve as means of empowerment and support the final stages of drug rehabilitation. The company has built systems to help employees prevent lapses and relapses into drugs and offers internships to potential employees and entrepreneurs. Pact has established long term cooperation with Xingcheng to support the enterprise in strengthening its systems and business operations, and in documenting lessons learned so that they can be used to support other businesses run by and employing former drug users."

Source: Greater Mekong Region Community REACH Program in China, Pact.
<http://www.chain.net.cn/document/20100804140021453830.pdf>

provided via close supervision.³⁷ In an assessment carried out in 2009, the US government recommended increasing activities focusing on job skills, employment opportunities and income generation for people who inject drugs since employability, skills, and job placement interventions can improve retention rates. The assessment identified Xingcheng Limited as a business model suitable for replication through methadone maintenance treatment clinics.³⁸

3.8 Saving Network for Community Development Project, Sangkhlaburi, Thailand

The Saving Network for Community Development Project, supported by the Pattanarak Foundation, is located at Sangkhlaburi, a Thai district situated on the Myanmar border that is an important crossing point for traders and traffickers. The project uses a socio-economic empowerment approach to reduce the vulnerability of displaced persons along this section of the Thai-Myanmar border, including over 20 families affected by HIV. Because they are displaced citizens from Myanmar, this group is unable to access the Thai Government's village fund schemes and other programmes, and have no voice in, or membership of, community committees. From 2007, with support from the Hussman Foundation, the Pattanarak Foundation established savings and micro-credit activities that encouraged these communities to form savings groups, with regular monthly meetings, and provision of training on accounting, group management and other relevant topics. Activities focus on income generation and expenditure reduction, and include broom making and self-sufficient environmental friendly agriculture. There are now 14 active savings groups in communities in Sangkhlaburi, with membership extending beyond the border into Mon State, Myanmar. Total membership in June 2011 was over 1,464 people, and savings about THB 1.2 million (around US\$39,700).

As a result of their participation, members of the savings groups have gained increased

³⁷ *Report on the Comprehensive Package of Services Model for Injecting Drug Users: Yunnan and Guangxi*, USAID | Health Policy Initiative in the Greater Mekong Region—China, June 2010.

³⁸ PEPFAR China COP Report FY 2010, March 2010, <http://www.pepfar.gov/documents/organization/145715.pdf>

skills and confidence in management of their income, as well as increased participation, understanding and ownership of community activities. Members have gained more confidence in group activities, and a realization that the poor can save their own money. Some communities have started micro-credit activities that allow members to borrow money from the savings group fund at the very low interest rate of two percent per month. Women have benefited from the project, being perceived as household leaders and contributing to the welfare of their families, thus increasing their confidence and empowering them.³⁹

3.9 The We-Farm, Radhapuram Project, Tamil Nadu, India⁴⁰

The We-Farm Radhapuram project is a corporate social responsibility project supported by the Suzlon Foundation (SF), a multi-national company, in Thirunelveli district of Tamil Nadu. Under this initiative, the company has given user rights to till 46 acres of land to a group of 20 women living with HIV.

The Suzlon Foundation, based in Maharashtra state, is supporting the project in collaboration with the national Positive Women's Network (PWN+). A national women's NGO based in Delhi, Sathi All for Partnerships (SAFP), facilitated the collaboration between PWN+ and SF as a first ever private and public agreement. In a three-year agreement made with PWN+ in 2009, SF made available 46 acres of land, along with existing assets, including 152 mature coconut trees, a farm house with a metered electricity connection, and a pump. Income is used to build a collective savings account at a bank.

PWN+ identified women in and around Radhapuram village to form a group that would undertake collective income generating activities and share produce, in order to earn an income as well as to increase their self-esteem and empower them. The group subsequently established the Thirunelveli District Positive Women's Network (TPWN+). Each of the women came to the project with seed capital of 2,000 rupees (US\$41). SF contributed around US\$2,058 to the first year's operation of the project. After the first year's operation of the project, SF and PWN+ planned to review the conditions of the agreement, and develop a plan for the following two years' operation.

One early challenge that has been encountered was that despite growing up in a rural area, few of the women involved had any real experience in farming. To help address this situation SF has also provided technical support through their CSR section, in particular regarding the use of organic farming methods.

"FOR THE FIRST TIME IN OUR LIVES, WE GOT AN OPPORTUNITY TO MINGLE WITH OTHER PEOPLE. BEFORE THIS, WE HAD A HUGE INFERIORITY COMPLEX. BUT NOW, WHEN WE SEE MEN'S SCEPTICISM ABOUT OUR ABILITY TO TILL THE LAND, IT GIVES US MORE INCENTIVE TO DO WELL."

"Prema", 39 years, TPWN+ member⁴¹

While some profits are already being generated, for example from sale of coconuts, at this stage it is too early to assess the financial success of the project. However, there have already been gains in terms of empowerment of the women involved, who have experienced increased self-worth and confidence. Given the opportunity, women felt inspired to commit themselves to the work in order to make it succeed. The desire to disprove the scepticism voiced by men about their ability to engage in farming was an added incentive.⁴²

39 "Savings Group report March 2011", Pattanarak Foundation, 2011; personal communication, Mr. Seri Thongmak, Director, Pattanarak Foundation.

40 Nitin Jugran Bahuguna, "HIV positive women get user rights to land", *OneWorld South Asia*, 30 June 2011.

41 Ibid.

42 Ibid.

RECAP: THE WOMEN AND WEALTH PROJECT IN THE CONTEXT OF OTHER SIMILAR INITIATIVES IN THE REGION

4.1 WWP assessment⁴³

The WWP was initiated by UNDP Asia-Pacific Regional Centre in 2006 to address the socio-economic impact of HIV on women in the Asian region. In addition to income generation, the project sought to empower women through building their skills and knowledge, and also to help create a supportive environment that would promote increased acceptance and lessen stigma and discrimination against women and other people living with HIV.

The initial strategy adopted by UNDP was to establish partnerships with networks of women living with HIV in the region, which would develop social enterprises that provided women with an income, form a context for training and mutual support, and serve as a positive example that would show society the capacity of women living with HIV and thus increase understanding and acceptance. PDA, a Bangkok-based NGO, which has considerable experience in implementation of microfinance projects with people living with HIV in Thailand, is the implementing agency for the WWP, which provided training and on-going support, including monitoring and evaluation. In addition, local consultants with business experience were engaged in each implementation site. Later, the strategy was varied, with the addition of a partnership between UNDP and a local NGO with community development expertise, rather than a people living with HIV network, which supported the development and implementation of a rural social enterprise in Assam, India.

WWP activities were initially implemented in three countries, Cambodia, India and China. In Cambodia, activities were implemented in Phnom Penh, with the network of women living with HIV, the Cambodian Community of Women Living with HIV (CCW), as the local partner. In India, the Chennai-based Positive Women's network was the implementing partner. In China, the local partner for activities initiated in Kunming and Guangzhou was the women's branch of AIDS Care China (ACC). In each site a local consultant was hired, who worked with women living with HIV, recruited through the network of women living with HIV to identify business opportunities and then developed a business plan, which was further refined in consultation with and support from PDA.

Some two years after commencement of the initial WWP activities, UNDP provided support for an additional site in Bodoland, Assam, India, in partnership with the NEDAN Foundation, a local NGO. In this case the business plan was developed by NEDAN in collaboration with the beneficiaries, who consisted of women from displaced communities who were vulnerable to HIV through trafficking, labour migration and poverty.

In all sites, a key achievement of the WWP has been the empowerment of the women living with HIV involved, with an increase in their confidence and self-esteem and recognition by their communities of the important contribution they have made to their families and society. While hard to measure, WWP also helped increase the acceptance of women living with HIV by their communities, in appreciation of their efforts to improve their own well-being, and contribution to society in general. In all sites WWP, has created a safe and

⁴³ See The assessment of WWP for more details

supportive work environment, where workers' rights are prioritized, and there is sufficient flexibility in working time to allow employees time off work for medical appointments and regular breaks. Creation of a regular income for women involved is also an achievement of WWP, even though coverage, in relation to the total number of women living with HIV in the implementation sites, has been relatively low.

Several important challenges have been encountered in the implementation of the WWP. The capacity of available human resources has proved to be a major challenge in all sites, especially in regard to recruitment and retention of women living with HIV who have the specialized skills in design, marketing, and management needed for successful implementation of the business models. The capacity of the main implementing partners in regard to management has been another important challenge; where implementing partners lacked experience, then their capacity to provide support to the social enterprises has been weak or inadequate. Lack of clarity in the relationship between networks of women living with HIV and larger people living with HIV networks, or instability within these groups, was also another factor that affected successful implementation of business models. Linked to the issues of staff recruitment and management has been the issue of unclear organizational structures, with, in some cases, a lack of well-defined staff job descriptions, organograms and accountability. Even when these structures were in place, they were not necessarily implemented, as was the case in Chennai and Cambodia. All sites also faced the challenge of making the shift from an NGO or CBO perspective to a more business-like approach, with adoption of a broader and more proactive approach to marketing in the business and government sectors, rather than reliance on the UN and INGO sector as the main point of access to markets.

Some of the other challenges faced in implementation can be attributed to the design of the WWP. At times, there was some uncertainty among partners regarding the timeframe of the project, which was designed as a short-term pilot, and gradually extended to the current five year length. The lack of a long timeframe meant that planning activities that would have increased the opportunity for learning and capacity building within the project, such as forums, networking and exchanges between women, consultants and support personnel in the different sites, were not part of WWP. Partners felt strongly that for this type of project to be successful, a long-term commitment, of at least four to five years, is necessary and this should be agreed among partners at the start to enable adequate planning. However, given that almost all development projects operate on an annual or, at most biannual, funding cycle, expecting such long-term commitment may not be realistic and needs to be considered as an inherent limiting factor. Also, clear indicators were not included in the design for some of the expected outcomes, in particular the objectives related to empowerment of the women, and improvement in the social environment. The lack of these indicators made it hard to assess progress in achieving the objectives in these areas.

4.2 Comparison of WWP with other similar initiatives

A review of similar activities in the Asian region shows that WWP is just one of a range of approaches that have been implemented to improve the socio-economic situation of women and others living with HIV. The various approaches differ in several key characteristics. These include:

- The type of approach chosen: for example microfinance, savings groups, livelihood support, skills training and occupational assistance, and social enterprises. Most activities in the region appear to incorporate at least two of these models, with microfinance being the most common;
- Whether women living with HIV are directly targeted by interventions, or are included in activities that are targeted more broadly at people living with HIV in general, or even whole communities felt to be vulnerable to HIV. Generally, while not directly targeted in most projects, women living with HIV have nevertheless constituted the majority of beneficiaries in the region;

- Which women living with HIV are targeted: for example, women living in rural areas, women in urban settings, women who are members of displaced populations, women considered to be vulnerable to HIV or the impact of HIV or those at an increased HIV risk among key affected populations. In fact, most activities have been implemented in rural or semi-rural areas; and
- The types of partnerships established for design, implementation and support of activities. These range from government agencies and state-run unions or cooperatives, as in Viet Nam and China, to INGOs, local NGOs and CBOs, including people living with HIV self-help groups and networks.

WWP differs from most other major initiatives in the region in that it:

- Specifically focuses on women living with HIV;
- Focuses primarily on women in urban settings;
- Has been implemented primarily by local networks of women living with HIV;
- Employs a social-enterprise model;
- Incorporates a comprehensive plan for training and technical support for beneficiaries and associates, as well as significant assistance with marketing;
- Has objectives that specifically include empowerment and improvement of the socio-cultural environment of women living with HIV, in addition to financial benefits, and results in these areas have been well-documented.

In terms of effectiveness, it is very difficult to determine whether WWP has advantages over the other approaches reviewed. Very few socio-economic support activities have gone to scale and, without detailed documentation, including data on cost-effectiveness, it is difficult to assess their effectiveness. In any case, even if activities were shown to be effective in one context, it is not certain that this would be so in other settings owing to the wide differences in contexts, including types of beneficiaries and their socio-cultural situation. Given the wide variation in context across the Asian region, there is room for many different approaches, so, in practice, it should not be a question simply of one approach being more effective than another. Clearly, different approaches are needed depending on the specific context.

It is more useful to focus on contrasting WWP with the various approaches, especially in relation to their apparent strengths and weaknesses, and the types of challenges that they have faced. In common with other initiatives, WWP has had positive results in the following areas:

- Economic benefits;
- Empowerment of women living with HIV; and
- Improved socio-cultural environment.

All approaches reviewed resulted in increases in the financial well-being of beneficiaries; however, the greatest benefit for all people living with HIV involved, especially women, has been seen in their personal empowerment. The increased self-confidence and self-esteem resulting from involvement in activities has led to improvements in the quality of their lives in a range of other areas, in particular health, access to services and social acceptance. This was an especially strong feature of WWP, owing to the project's specific objectives in these areas.

The social enterprise model used in the WWP has not been widely used as a means of addressing the socio-economic needs of women living with HIV, or indeed people living with HIV in general, in the Asian region. This is probably due to the higher capital investment and on-going technical support required, as well as increased financial risk involved, in comparison to microfinance approaches. Also, the social enterprise approach may be more suited to an urban context, rather than a rural context, which is the focus of most socio-

economic support activities. Social enterprises rely on close proximity to markets and business networks, and suit beneficiaries who do not own land, or whose property is too small to engage in other activities. Interestingly, however, the social enterprise under WWP that was most successful in terms of generating sustainable profits is located in a rural, rather than an urban area, although in this case the enterprise was linked to a traditional handcraft and supported by a local NGO with extensive links to local and international networks.

Regardless of the approach, the number of women living with HIV to have benefited appears to be small. Even in the Positive Partnership Project in Thailand, which is arguably the best documented, if not best established, activity in the Asian region, only about 50 percent of the 1,055 beneficiaries living with HIV were women. Further, as with WWP, the fact that most activities recruit women through self-help groups and networks of people living with HIV means that they favour women who feel sufficiently comfortable to join groups and reveal their HIV status. This means that support is not directed to other women living with HIV in the community who may be undiagnosed or hide their status and whose needs may be even greater. Given the context of improved health through greater access to ART services, resources may be more effectively used in support of a broader strategy that includes activities to improve workplace conditions, micro-credit schemes that target a broad range of vulnerable people in communities, as well as activities that reach women living with HIV through an entry point of focusing on key affected populations including men who have sex with men (MSM), transgender people, people who inject drugs, sex workers, people living with HIV and their households.

Given the changes that have occurred in the epidemic, such an approach may be more appropriate than those currently in use, and more consistent with the recommendations of the Report of the Commission on AIDS in Asia, which recognized the need for better targeting of programmes towards key affected populations. With the majority of new cases occurring among key affected populations, it may be timely to focus more closely on ways in which the needs of women living with HIV can be addressed in the context of activities that target these populations. To date most socio-economic support programmes are not targeted towards key affected populations. However, members of key affected populations are involved in several projects, including the WWP site in Assam, WORTH in Myanmar, and Xincheng Limited in China, with encouraging results. A focus on the improvement of workplace conditions, together with specific activities focusing on key affected populations, as well as a broader based focus of community interventions that include key affected and vulnerable populations, may be more effective in regard to use of available resources and reaching the women living with HIV who are truly in need of support.

WWP has faced a number of additional challenges common to other approaches. In brief, they include high staff turnover rates, low skills level of staff, lack of sustainability of activities, management issues. These factors can all contribute to the risk of business failure.

The risks mentioned above can be reduced significantly when implementation of socio-economic activities is supported by a strong local NGO partner with socio-economic and community development experience. The review clearly shows that in selection of partners, the strong support of a local organization, NGO or equivalent, is an important factor in relation to the success of the initiative. While INGOs and other agencies can provide technical and other crucial support, a “fly-in-fly-out” model is unable to supply the same level of on-going support and match the understanding of the local situation necessary for successful implementation of activities.

DISCUSSION

The results of the current review are summarized in Table 1, together with information on the Women and Wealth Project based on the separate report on this activity.⁴⁴ As can be seen from the table, the response to this issue includes a wide range of approaches, settings, beneficiaries and partnerships.

An important constraint in undertaking this review has been the lack of systematic documentation on the types of socio-economic empowerment activities for people living with HIV in the region, and the outcomes of these. A more comprehensive study would require a systematic approach, with a longer timeframe, site visits and interviews with a wide range of stakeholders. A review of livelihood initiatives for people living with HIV using such an approach, currently underway in India, has managed to document over sixty activities.⁴⁵ It is likely that a similar situation exists in other countries in the region, where the response to the epidemic has an even longer history, and a systematic study would reveal a large number of small initiatives hitherto undocumented.

From the available information, it is very difficult to assess the outcomes of activities that have been implemented in relation to the three main areas of interest outlined in the introduction to this review: financial benefits to women living with HIV; personal empowerment and improved quality of life; and increased acceptance and understanding of people living with HIV in society. In most cases, the documentation does not clearly articulate the objectives of activities implemented or, in the cases where it does so, describes objectives in a broad way so that it is difficult to make a direct comparison with the WWP. In any case, as with the WWP, few clear indicators are defined that would enable these outcomes to be measured. In the area of financial benefits, the indicator most commonly used for microfinance activities is the rate of loan repayment, which is a proxy indicator. Apart from WWP, little information is available on the financial benefits from social enterprises, other than that obtained from personal interviews with beneficiaries. For assessment of changes in regard to personal empowerment and improved quality of life, most projects reviewed rely on qualitative approaches, in particular interviews with beneficiaries. In addition to interviews with beneficiaries, the Positive Partnership Project also employs the Bamboo Ladder Survey, which has proved to be an effective tool to measure personal empowerment and improved quality of life. Changes in the socio-cultural environment are very difficult to assess, and here again qualitative techniques provide the best available information.

Based on this review, it is clear that with good support all the approaches described can result in increased and sustainable income generation for people living with HIV, in particular women, who have constituted the greater proportion of beneficiaries. The clearest benefit from all activities, however, can be seen in the empowerment of people living with HIV and improvements that have resulted in the quality of their lives. In every activity, whether undertaken on an individual basis, as in the microfinance schemes, or with a group, as in social enterprises, beneficiaries have experienced increased self-confidence

⁴⁴ Assessment of the Women and Wealth Project, UNDP, 2011.

⁴⁵ "Strategies for Promoting Livelihoods for PLHIV and those Affected: - Study findings leading to a national policy", Powerpoint presentation, Vrutti Livelihoods Resource Centre, June 2011.

Table 1: Comparison of cross-section of socio-economic empowerment Initiatives for people living with HIV and AIDS in the Asia-Pacific Region

	Project	Implementing Agency/Partners	Location	Beneficiaries	Type	Setting
1	Sunflower Support Groups	Netherlands Vietnam (MCNV), Viet Nam Red Cross, Medical Committee of the Viet Nam Women's Union	Viet Nam	Women living with HIV, families affected by HIV and AIDS, caregivers	Microfinance and vocational training	Rural and urban in 4 provinces in North Viet Nam
2	Positive Partnerships Programme	Population Development and Community Association (PDA)	Thailand	People living with HIV, families affected by HIV and AIDS, and community members	Microfinance, and vocational training. Integration with village banks in some sites.	Rural/urban
3	Economic Livelihoods programme	KHANA, EC/Alliance, USAID, DAI, GFATM	Cambodia	People living with HIV, children affected by HIV and AIDS and key affected populations	Savings groups, microfinance, vocational training, technical support for community development	Rural, 6 provinces (previously 19 provinces with focus only on people living with HIV)
4	Community-Based Care, Support and Poverty Reduction Through Microfinance in Shanxi Province	UNDP China, China International Center for Economics and Technology Exchange, National Center for AIDS/STD Prevention and Control, Provincial Poverty Reduction Office of Shanxi, Rural Credit Cooperative of Shanxi and Municipal Government	Shanxi, China	People living with HIV, families affected by HIV and AIDS	Microfinance and vocational training	Rural
5	Micro-credit Project for People Living with HIV/AIDS,	The Amity Foundation	China	People living with HIV and families affected by HIV and AIDS	Microfinance	Rural/urban in 4 provinces (Yunnan, Guanxi, Henan and Hunan)
6	Empowerment through self-help income generation for people living with HIV in Myanmar	Pact/USAID	Yangon, Myanmar	People living with HIV and AIDS, including key affected populations (MSM)	Savings group, microfinance and vocational training	Urban/semi-urban
7	Entrepreneur groups for people living with HIV model and rehabilitation of people who inject drugs through social enterprises model	Pact/USAID	Yunnan and Guangxi provinces, China	People living with HIV, people who inject drugs	Microfinance, training, technical and social support, social enterprise	Urban/rural
8	Saving Network for Community Development	Pattanak Foundation	Sangkhlaburi district, Kanchanaburi province, Thailand	Displaced people (mainly Mon from Myanmar) including people living with HIV	Savings group, microfinance and vocational training	Rural border area
9	Women and Wealth Project	UNDP, PDA and NEDAN Foundation, Positive Women's Network (PWN+) and Cambodian Community of Positive Women (CCW)	Chennai and Assam, India, and Phnom Penh, Cambodia	Women living with HIV, vulnerable women (including sex workers), families of vulnerable women	Social enterprise, vocational training, technical support for community development	Urban/rural
10	The We-Farm, Radhapuram Project, Tamil Nadu, India	The Suzlon Foundation and Positive Women's Network (PWN+)	Tamil Nadu, India	Women living with HIV	Social enterprise, vocational training	Rural

and self-esteem, increased access to health care, education and other services, and greater acceptance from other community members. These benefits can be attributed to a combination of factors, including personal feelings of self-worth obtained through learning new skills, being able to contribute to family income, rather than feeling that they are a burden, acceptance and support from other members of a group, and a recognition by other community members that people living with HIV have the capacity, and are prepared, to make a contribution to their own well-being and that of their community.

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. This support provides beneficiaries with the capital and the skills to pursue occupations or establish small business enterprises that will generate sustainable income. In a number of cases, these activities are linked to savings groups or similar mechanisms, which help achieve additional development outcomes, such as promotion of concepts and skills in financial management and increased sustainability of benefits through recycling of funds on repayment of loans and interest. There seems to be general agreement that such models, which take a much more comprehensive approach, in some cases including initiatives to secure women's property and inheritance rights, are much more effective.⁴⁶

The establishment of social enterprises, as distinct from micro-enterprises supported under microfinance, is another approach that has been attempted in the region as a response to socio-economic empowerment of people living with HIV. Apart from the WWP, two other examples were identified, Xingcheng Limited in Yunnan, China, and the We-Farm in Radhapuram, South India. The establishment of Xingcheng Limited was supported by USAID funding, and in this case the main beneficiaries were people who inject drugs. The main beneficiaries of the We-Farm are women living with HIV.

However, in this case the social enterprise is based on a model that links the private and social sectors, through a CSR collaboration between a business corporation, the Suzlon Foundation, and PWN+ (also a partner with PDA/UNDP in the WWP in the same state). The Suzlon Foundation's support for the We-Farm includes funding, access to resources in the form of productive agricultural land, and technical support.

The settings in which the above approaches have been implemented include rural and urban areas, semi-urban areas, and border regions. Most 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. Implementation of these activities face fewer challenges in terms of travel and capital investment, although the scale of the return is correspondingly lower than from activities undertaken in an urban context. Also, rural populations often have existing occupational skills that can be developed, as well as land. In contrast, activities implemented in urban areas generally require a greater capital investment, and usually require more travel on behalf of beneficiaries, with corresponding costs in terms of transport and time. Urban populations may need special training to match the occupational opportunities available, and many people, especially those who have migrated from rural areas, do not own their houses or land. However, the potential financial returns in urban areas are much greater than in a rural context. Activities implemented in border areas are similar to those in rural areas, but there may be additional challenges related to population mobility, legal issues in the case of displaced persons, and access to services owing to the remoteness of the locations.

There is also considerable variety in regard to the beneficiaries of activities. They include, in addition to women living with HIV, children affected by HIV (including orphans), men living with HIV, key affected populations, such as people who inject drugs, sex workers, and

CROSS-SECTORAL INTERVENTIONS TO ADDRESS ECONOMIC EMPOWERMENT AND HIV/AIDS ARE FEASIBLE, CAN CREATE NEW SYNERGIES, AND ADD VALUE TO CURRENT RESPONSES TO THE EPIDEMIC.⁴⁷

46 Final Report, Global Review of Good Practices on the Intersections Between HIV/AIDS and Economic Empowerment, Ford Foundation, March, 2009.

47 Ibid.

men who have sex with men, vulnerable populations such as displaced persons, survivors of human trafficking, migrant returnees, tribal communities and members of the general population. Women living with HIV are included in activities in several different ways. In one approach, exemplified by the WWP, the focus of activities is directly on women living with HIV. In several projects, such as those supported by PDA in Thailand, which pairs people living with HIV with those who do not have HIV, KHANA in Cambodia, and Pact in Myanmar and China, the focus is on people living with HIV in general. While women living with HIV are not specifically targeted in these activities, owing to the nature of the epidemic they constitute a high proportion of the beneficiaries. A third approach, as seen in the Weaving Destination project in Assam, under WWP, and the Pattanarak Foundation project in Thailand, focuses on displaced populations, among whom are women living with, or vulnerable to, HIV.

The issue of whether or not HIV impact mitigation activities should focus specifically on people living with HIV is of course a contentious one. Many people, including people living with HIV themselves, argue strongly that because of their special health needs, as well as stigma and discrimination, they require special treatment in the form of socio-economic support and working conditions. Others, also including some people living with HIV, hold the opinion that such positive discrimination in favour of people living with HIV, or what has been termed “HIV exceptionalism”, only serves to increase social stigma and discrimination as it highlights their differences from other members of the community. The best approach, they argue, is to target socio-economic support activities more broadly, to include people living with HIV among a wide group of vulnerable people. Similar arguments can also be made regarding the further specific focus on women living with HIV, rather than vulnerable women in general, or addressing the needs of women living with HIV under a broad focus on vulnerable communities.

A further dimension to this issue, which may well make finding a solution to such arguments irrelevant, has come with the recognition, reflected in the 2008 Report of the Commission on AIDS in Asia⁴⁸, of the considerable changes that have occurred in the HIV epidemic in the Asian region. In particular, the Report indicates that, in order to improve the effectiveness and efficiency of interventions, there is a need for greater focus on key affected populations, including sex workers, men who have sex with men and people who inject drugs. Under concentrated epidemics prevailing across Asia, it can be expected that in future key affected populations will constitute a greater proportion of the population of people living with HIV in the region. While there will also be a large number of new infections resulting from transmission from these people to their partners, the most effective way to access them with interventions to address their socio-economic needs may be through activities that are focused on the key affected populations themselves. For this reason, it is of interest to note that several of the projects reviewed here, such as the KHANA project in Cambodia, Pact activities in Myanmar (MSM) and China (people who inject drugs), and the Assam site in the WWP (female sex workers), involve members of key affected populations in their activities. While still relatively early in terms of programme experience, the results to date are positive. In contrast to some views⁴⁹, they 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.

While no examples are included in this review, workplace interventions can also be expected to become increasingly important in addressing the socio-economic impact of HIV. With greater access to ART, health considerations are becoming less of a challenge, and the issue of stigma and discrimination is now the main reason given by people living with HIV for leaving the workforce. This is one reason why advocates of a more general approach suggest that, in the context of decreased availability of funding for HIV and AIDS, resources

48 *Redefining AIDS in Asia: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, Oxford University Press, 2008.

49 Final Report, Global Review of Good Practices on the Intersections Between HIV/AIDS and Economic Empowerment, Ford Foundation, March, 2009.

could be more effectively used in a greater focus on promotion of workers' rights and conditions, that would increase understanding of HIV and allow more flexibility in regard to working hours and medical leave.^{50 51} Insufficient detail is available to enable a comparison of the cost-effectiveness of the different approaches described here. However, this would be an important consideration in assessing the merits of workplace interventions relative to direct support for group-based socio-economic activities, such as social enterprises.

There is also considerable variation across the region in terms of the types of partnerships that have been established to support socio-economic activities among people living with HIV and AIDS and vulnerable groups. The nature of these seems to be mainly related to the process by which they were developed and the country context. Thus, in Viet Nam and China, where until recently there have been few local NGOs or CBOs, the main partners have been state agencies and unions. For example, in Viet Nam, the Sunflower Support Groups were supported by a partnership between the Netherlands Vietnam, the Viet Nam Red Cross, and the Medical Committee of the Viet Nam Women's Union. In implementing the Community-Based Care, Support and Poverty Reduction through Microfinance in Shanxi Province, UNDP China partnered with the China International Center for Economics and Technology Exchange, National Center for AIDS/STD Prevention and Control, the Provincial Poverty Reduction Office of Shanxi, Rural Credit Cooperative of Shanxi and Municipal Government.

The WWP differs from most other initiatives in that it sought to partner with networks of women/people living with HIV. While, in the end, the initiative met with mixed success, at the time it commenced (in 2006) the collaboration was an important recognition of the high level of development of the networks, and of the fundamental principle of involvement of people living with HIV. In implementing the WWP in India and Cambodia, where people living with HIV networks are firmly established, UNDP APRC partnered with PWN+ and CCW, respectively, in implementation of the MDSF and SLC projects, which are on-going. PWN+ subsequently partnered with a business corporation, Suzlon Foundation, as part of a CSR collaboration to support an agriculture-based social enterprise in South India.

From the information available, it seems that, whatever the approach selected, the chances of success and sustainability are improved considerably through support from a strong local partner with socio-economic and community development experience. This seems to have been the case with the Sunflower Support Groups in Viet Nam, KHANA's support for the Economic Livelihoods Programme in Cambodia, PDA's implementation of the PPP in Thailand, the Pattanarak Foundation's activities in Sangkhlaburi, Thailand, and the NEDAN Foundation's support for Weaving Destination in Assam under the WWP. At the same time, however, in successful development of socio-economic activities, there comes a point where the enterprise needs to become independent of the supporting organization. This is particularly important with social enterprises, as was seen with the various activities supported under WWP where issues of autonomy have already been encountered.

IT IS IMPORTANT THAT PARTNERSHIPS TAKE ON A LIFE OF THEIR OWN, WITH THEIR OWN FUNDING, OBJECTIVES AND STAFF. MANY WILL DEVELOP A SEPARATE IDENTITY FROM THE PARENT COMPANIES AND NGOS.⁵²

50 <http://www.ilo.org/global/standards/information-resources-and-publications/free-trade-agreements-and-labour-rights/lang--en/index.htm>

51 "Income generation and sustainable livelihoods for people living with and affected by HIV and AIDS", *Global Jobs Pact Policy Brief No. 16*, ILO, n.d.

52 *HIV/AIDS and Business in Africa and Asia: a guide to partnerships*, Center for Business and Government, Harvard University, World Economic Forum and UNAIDS, n.d.

GENERAL CONCLUSIONS

The findings from this quick review reveal that many small socio-economic support projects for people living with HIV have been undertaken across the Asian region, in a variety of settings and communities. While documentation of activities is lacking, from the information available it can be seen that these projects have utilized a range of approaches, including microfinance, vocational training, livelihoods and social enterprises. Very few activities have gone to scale and, without detailed documentation, including data on cost-effectiveness, it is difficult to assess their effectiveness. In any case, because of the wide differences in contexts, including both location and beneficiaries, even if activities were shown to be effective in one context, it is not certain that they could be scaled up or replicated in other settings.

All approaches reviewed have resulted in increases in the financial well-being of beneficiaries; however, the greatest benefit for all people living with HIV involved, especially women, has been seen in their personal empowerment. The increased self-confidence and self-esteem resulting from involvement in activities has led to improvements in the quality of their lives.

It is difficult to assess the number of people living with HIV in Asia who have benefited from socio-economic support activities, but overall, in relation to the estimated total number of people living with HIV in the region, the number appears to be small, and of these the number of women is less. A further consideration is that the needs of the women actually involved in activities, who are likely to be those who feel sufficiently comfortable to join groups and reveal their HIV status, may be less than the women living with HIV in the community who are not reached.

Beneficiaries of socio-economic support activities have included women, men, key affected populations and vulnerable populations. Few activities appear to address the needs of young people. While there have been few activities directly involving women living with HIV, positive women have been included in other more general approaches to socio-economic support. In fact this approach may enable a much wider group of women living with HIV to access socio-economic support, since in the broad approaches there is no need for disclosure or identification as being HIV positive.

It is interesting to note that members of key affected populations have been involved in activities in several projects. To some extent this runs counter to popular wisdom, which has it that members of key affected populations, such as people who inject drugs or sex workers present formidable challenges, in terms of commitment and responsibility, to the success of microfinance and other socio-economic support programmes. A similar argument has been made for young people.⁵³ While no firm conclusions can be made on the basis of the information presently available, this is an area that deserves further investigation.

The wide range of approaches to socio-economic support is consistent with the many different settings that exist in the Asian region, which include rural, urban, border areas,

⁵³ Final Report, Global Review of Good Practices on the Intersections Between HIV/AIDS and Economic Empowerment, Ford Foundation, March, 2009.

and a wide variety of beneficiaries. For this reason, it is difficult to say that one approach is more effective than another. Among these, microfinance approaches seem to be the most common, mainly being implemented in a rural context. While some attempts have been made to use this approach in urban settings, it is difficult to find information to determine the effectiveness of microfinance in this context.

Preliminary findings of a comprehensive review of 61 livelihood initiatives for people living with HIV, currently underway in India, indicate that enterprises, whether micro or social, are difficult to set up and the success rates are low. Not everyone wants to, or is suited to being, an entrepreneur. In common with findings of the assessment of the WWP, the India review found that many enterprises face the challenges of high staff turnover, and low skills levels of staff, which training to build capacity alone is not enough to overcome. The study also questioned the sustainability of the activities. All businesses face the risk of failure, as well as success, and for people living with HIV groups, whose members already face significant challenges in their lives, the risk may be too great.⁵⁴ The authors argue, instead, for “risk-free livelihood support” as the most preferred option for provision of socio-economic support to people living with HIV. Under this approach, the main focus is on keeping people living with HIV in jobs, together with promotion of employment. However for this to be successful, sustained efforts must be made, working closely with both the private and public sectors⁵⁵, and sometimes in a challenging environment where stigma and discrimination against HIV positive people are strong. As discussed in the current review, with changes in the nature of the epidemic, a focus on the improvement of workplace conditions, together with a broader based focus of community interventions to include key affected and vulnerable populations, may be more effective in regard to use of available resources and reaching the women living with HIV who are truly in need of support.

A last point that emerges from this review is that, for all approaches, partnerships are important in order to provide funding support, technical assistance, and overall guidance for beneficiaries and the enterprises that they establish. The India review challenges the assumption held by many people, both those living with HIV and staff of development agencies, that it is necessary for people living with HIV to own an enterprise in order for it to be friendly to people living with HIV.⁵⁶ However, the current review clearly shows that in selection of partners, the strong support of a local organization, NGO or equivalent, is an important factor in relation to the success of the initiative. While INGOs and other agencies can provide technical and other critical support, a “fly-in-fly-out” model is unable to supply the same level of on-going support and match the understanding of the local situation necessary for successful implementation of activities.

6-1. Lessons Learned

Several lessons can be learned from this comparison of approaches to socio-economic support for women and other populations living with and affected by HIV in the Asian region, as follows:

- Given opportunities to participate in microfinance, livelihood and social enterprise activities, people living with HIV, in particular women, can derive important benefits in the area of generation of increased income, personal empowerment and improved quality of life, and increased social acceptance;
- Without systematic documentation of activities and results comparison of different approaches and assessment of effectiveness is challenging;
- Social enterprise approaches may not be suitable for addressing the needs of women living with HIV in all situations, and selection of a female-exclusive, or even

⁵⁴ “Strategies for Promoting Livelihoods for PLHIV and those Affected: - Study findings leading to a national policy”, Vrutti Livelihoods Resource Centre, June 2011.

⁵⁵ Ibid.

⁵⁶ Ibid.

an HIV-exclusive approach, depends on the setting;

- Socio-economic support activities can also successfully address the needs of key affected populations such as MSM, IDUs and SWs, and, with changes in the nature of the epidemic in the Asian region, inclusion of members of these groups will become increasingly important;
- In planning for social enterprise and other socio-economic support activities for women living with HIV and vulnerable populations, it is crucial to identify a strong local partner with experience in community development that can provide on-going support to beneficiaries.

GENERAL RECOMMENDATIONS

It is clear that, on the one hand, there remains an important need for action to address the socio-economic impact of HIV on women and their families in the Asian region and, on the other, support for microfinance, livelihoods and social enterprises can make an important difference to the quality of women's lives, in terms of empowerment and increased acceptance by society. A failure to address this issue puts at risk the important gains that have been made through increased access to ART and health services for women living with HIV. For this reason, the main recommendation of this report is that support for activities to address the socio-economic impact of HIV continue, combined with efforts to identify the approaches that are most effective with due consideration of the contexts, appropriate capacity assessment and strong local support.

Specific recommendations have already been made, in the accompanying report of the Assessment of the WWP, for each of the activities implemented in different sites in India and Cambodia. Here, based on a comparison between the conclusions from the in-depth assessment of the WWP and those from a comparison between the approach used in the WWP and other similar initiatives in the region, a number of broader recommendations can be made. These are presented in two sections, the first consisting of recommendations for governments, donors and other stakeholders concerned with the mitigation of the impact of HIV in the region and the response to protection of vulnerable populations. The second consists of recommendations for NGOs and CBOs, in particular networks of people living with HIV, interested in exploring the social enterprise approach for impact mitigation.

7.1 General recommendations for future support of activities to address the socio-economic situation of women living with HIV (and people living with HIV in general) in the Asian region

- In future programming, governments and donors should consider support for activities under a three-pronged strategy that includes:
 - i. targeting of activities at members of key populations (e.g. sex workers, men who have sex with men, transgendered persons, people who inject drugs, and people living with HIV) and their partners;
 - ii. ensuring that broad-based socio-economic support activities targeted at populations made vulnerable by poverty, displacement or other causes are designed to be HIV-sensitive (i.e. HIV-sensitive social protection); and
 - iii. supporting HIV workplace policy with strong anti-discrimination clauses and legal redress mechanisms for HIV-related discriminations, to ensure that women and people living with HIV can enter the workforce, and retain their jobs, as equals with other workers;
- Programme design for socio-economic support activities should be based on a long-term commitment that includes:

- i. planning for a learning process among beneficiaries, with provision for documentation and sharing of the results of activities and lessons learned from implementation; and
 - ii. a clear definition of objectives and indicators to measure progress against these;
- Social enterprises should be considered as one of a range of available options for socio-economic support, depending on the specific context;
- Implementation of social enterprises should be undertaken only where a strong local NGO or equivalent local partner organization with experience in social enterprise and community development is available for close, on-going support, not only periodic technical assistance.

7.2 Specific recommendations for people living with HIV networks and CBOs considering the social enterprise approach

- In identification of potential business models, where possible social enterprises that involve highly competitive markets should be avoided, unless there is a low cost of overheads, such as raw materials and rent, and existence of a strong funding reserve that can ameliorate delays in cash flow, ensure regular maintenance and replacement of equipment and ensure recruitment and retention of staff with essential specialized skills;
- In assessing the feasibility of proposed business models, consideration should be given to who the main beneficiaries of the activity will be, their number, the ways in which the social enterprise will benefit them, and the mechanism by which this will be achieved. There should be full involvement of beneficiaries with support from those with skills and experience in this process in order to ensure understanding, commitment and robust business plans;
- If possible, the proposed business model should build on an existing skills base among beneficiaries, rather than relying on training to meet gaps in expertise in areas essential to success of the venture. While on-going skills training is essential, resources are most effectively used on improving existing skills and learning additional specific skills that will add value to the products and services, rather than on provision of basic training;
- In appraisal of the potential business model, the main implementing organization should conduct a rigorous self-appraisal to assess whether it has sufficient capacity to manage, on a long-term basis, the challenge of the additional activities of implementation of the social enterprise, without minimum negative impact on the core activities of the organization. It is also important to identify the local resource availability where beneficiaries' adoptability and acceptability is at stake, before considering an appropriate business model;
- In order to help ensure smooth implementation and operation of the social enterprise, a clear management plan should be put in place from inception, including establishment of a management board or steering committee with the engagement of relevant experts, a staff organogram indicating reporting responsibilities and accountability, detailed job descriptions for all positions, and a monitoring and evaluation framework. It should also clearly indicate how internal conflicts should be handled in a professional and fair manner, with minimum disturbances to business operations. The management plan should be reviewed regularly and revised accordingly;
- Initial planning should include a provision for eventual separation of the NGO/CBO and the business component of the enterprise. It is essential that this be reflected in the management structure and that, among both partners and beneficiaries,

there is a recognition of, and commitment to, adoption of a business-like approach in operation of the enterprise.

- It is critical to secure support from those with strong business experiences from the onset, as well as long-term support to develop and grow a social enterprise as it takes time, particularly when capacity concerns exist.

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