

AIDS Funding Network Group & Caritas Internationalis

GUIDELINES AND MINIMAL CRITERIA FOR HIV PROJECT PROPOSALS

Introduction

Recognising that HIV/AIDS constitutes a major threat to human rights and global justice in the world, the AFNG and CI will support programmes which reduce the economic, social and cultural vulnerabilities of communities.

Context

Poverty goes hand in hand with HIV and AIDS. While poverty does not cause HIV, it facilitates transmission, makes adequate treatment unaffordable, accelerates death from HIV-related illness and multiplies the social impact of the epidemic. *Poverty creates situations that make people more vulnerable to HIV infection.* Poor people will have a lower nutritional status and poorer general state of health, which can result in a weakened immune system. This reduces their ability to overcome exposure to HIV and makes those already infected more susceptible to other HIV-related infections. Poor people will be less able to access general health services and are less likely to receive prompt treatment for other sexually transmitted infections. Lack of education opportunities reduces the earning capacity of poor people and also makes them less likely to benefit from sexual health and HIV education initiatives.

While poverty increases HIV vulnerability, the reverse is also true; HIV aggravates poverty. It does so by thrusting households back on ever-more limited resources as it removes ailing wage earners and their family carers from employment, reduces families' ability to engage in small-holding or agricultural work, deflects existing funds into medicines and health care and draws down on savings or capital. HIV also aggravates poverty e.g. through the reduction of

employment opportunities as industry adjusts to its impact, the decline in economic growth because of the loss of skilled human resources and the use of available resources for consumption rather than investment.

In June 2001 the United Nations General Assembly adopted the *Declaration of Commitment on HIV/AIDS* in which Governments around the world pledged to:

- Provide leadership and to encourage the active participation of civil society, the business community and the private sector;
- Make prevention the mainstay of the response;
- Make care, support and treatment fundamental elements of an effective response;
- Realise that human rights and fundamental freedoms for all are essential to reduce vulnerability to HIV;
- Give priority to the vulnerable;
- Give special assistance to orphaned and vulnerable children;
- Alleviate the social and economic impact of HIV and AIDS;
- Support further research in the search for a cure;
- Integrate HIV mitigation into conflicts and disasters preparation and management;
- Provide additional and sustained resources to meet the challenge of HIV and AIDS.

The AIDS Funding Network Group and Caritas Internationalis are committed to promoting the *Declaration of Commitment on HIV/AIDS*, to advocating for the changes it outlines and to contribute to the achievements of these goals.

What are these guidelines and minimal criteria?

They are a guide to enable decisions to be made about which HIV projects and programmes to fund, often within a context of limited resources. They outline **five key principles, four basic and minimal criteria and three major areas** which will be considered for funding.

Who developed these guidelines and minimal criteria?

The original guidelines were developed in 1995 by a network of Catholic development, humanitarian and pastoral agencies from Europe, North America, Australia and New Zealand, meeting as the **AIDS Funding Network Group (AFNG)** since 1992. They are endorsed by **Caritas Internationalis (CI)**. These guidelines and criteria are informed by the Catholic Church's moral and social teaching.

Who are they for?

Project or programme implementers and staff of supporting organisations who want to know the minimal criteria they need to consider when applying for, or allocating, funds. (Co-operation can, and often does, extend beyond the funding partnership.)

Why are they needed?

HIV and AIDS is a complex development issue affecting all aspects of human life; it is not simply a health question. HIV raises a whole range of psychological, social, gender, legal, economic, cultural and ethical dimensions. Local Church agencies have a crucial role to play in responding to the HIV pandemic, whether at the parish, diocesan, national or international levels. Within the AFNG and CI there is a particular commitment to respond to faith organisations and to Church agencies and through them to the needs of vulnerable populations.

What is our response?

The AFNG and CI seek to encourage holistic programmes which:
include prevention, care, and advocacy, and collaboration and networking;
work to address the psychological, spiritual, social, economic, pastoral and health needs of people affected and infected with HIV;
aim to prevent stigma and discrimination by breaking the silence around HIV and AIDS, defending human rights and seeking to achieve justice.

In recognition of this Caritas Internationalis and UNAIDS signed a second Memorandum of Understanding in June 2003.

Programmes need to be *working towards* the following

FIVE KEY PRINCIPLES:

- ▶ The **Involvement of people living with HIV** in programme planning, implementation and evaluation
 - ▶ **Gender-sensitive perspectives**
 - ▶ Being **Community-owned/led** at all stages
- ▶ **Mainstreaming** within other pastoral, development and humanitarian activities
- ▶ **Collaborative working** as part of a multi-sectoral response

It is important that projects avoid duplication of efforts, verticality of approach and non-sustainable or opportunistic enterprises.

Hence the following

FOUR BASIC AND MINIMAL CRITERIA

will be applied in the assessment of all HIV project proposals:

- Criterion 1** HIV projects must respect human rights provide objective, scientifically accurate, non-judgmental and non-discriminatory information and services.
- Criterion 2:** HIV project proposals must as far as possible help to create and to strengthen indigenous coping mechanisms which will be characterised by self-help and community involvement, including involvement of people living with and affected by HIV.
- Criterion 3:** HIV projects should have clear objectives, activities and appropriate change indicators as a means of monitoring application of these criteria over the life of the project.
- Criterion 4:** HIV project proposals must not stand alone but relate appropriately to existing development and/or health activities.

THREE MAJOR AREAS THAT QUALIFY FOR FUNDING

A. CARE AND SUPPORT

1. Health Care programmes especially those linking prevention and care.
2. Control of Sexually Transmitted Infections.
3. Treatment of Opportunistic Infections including Tuberculosis control in close collaboration with national programmes.
4. Capacity building programmes for health workers, including paramedics and people from the community
5. Voluntary counselling by health workers and other professionals including trained volunteers (general, pre- and post-test).
6. Provision of appropriate resources to assure blood safety
7. Capacity building and resources to improve access to newly developed pharmaceuticals, in particular medicines such as antiretrovirals, and diagnostic procedures and vaccines.
8. Home care programmes for persons with HIV and AIDS and their families.
9. Material support to affected families such as school fees, food, agricultural inputs and housing as a way of avoiding long-term dependency.
10. Comprehensive programmes with orphans and vulnerable children and their families/foster parents.
11. Income generating activities for groups affected by HIV.
12. Pastoral care, psychological support and

counselling for individuals and families affected by HIV.

13. Psychological support and care for carers of persons with AIDS.
14. Programmes dealing with individual and community bereavement in an HIV context.

B. ADVOCACY, HUMAN RIGHTS AND NETWORKING

1. Programmes, including legal aid, which seek to promote and protect the rights of people living with and affected by HIV.
2. South-South and South-North exchange programmes for:
 - a. sharing of information and experiences concerning good practice responses to the HIV pandemic;
 - b. advocacy on behalf of people who are HIV positive and persons with AIDS and their dependants.
3. Empowerment programmes for people who are HIV positive and persons with AIDS directed towards the improvement of their quality of life, including access to treatment for opportunistic infections ARVs and vaccines.
4. Church advocacy initiatives which seek to increase government and international funding resources into HIV and AIDS activities.
5. Programmes which address the right of women and children in respect of land

tenure and inheritance rights.

C. PREVENTION

1. Programmes which enable and support realistic and sustainable risk reduction strategies at the personal level, while working for necessary economic, cultural and social changes.
2. Programmes addressing sexual health and human relationships - with a special emphasis on the primary school age group.
3. Education and empowerment programmes by and for people who are living with HIV and AIDS directed towards the improvement of their quality of life including access to treatment for opportunistic infections, and ARVs.
4. Programmes which involve peer educators.
5. Training programmes with a substantial HIV awareness component, especially for indigenous leaders and teachers.
6. Development education programmes with major HIV awareness component.
7. Participatory approaches to HIV prevention and care education
8. Preventive activities e.g. especially vulnerable groups such as street children, refugees, migrant workers and male and female sex workers.
9. Programmes which increase accessibility to voluntary counselling and testing services.

AREAS OF AIDS PROJECTS TO BE EXCLUDED FROM FUNDING

1. Programmes which violate human rights and foster judgemental and discriminatory practices and attitudes.
2. Programmes which are essentially or exclusively of an assistential nature, or create complete dependence.
3. Educational programmes which give biased or false information.
4. Programmes which promote mandatory, coercive or indiscriminate HIV testing.
5. Programmes including HIV testing without guaranteed informed consent, confidentiality or without offering pre- and post-test counselling.
6. Institutionalised care of orphans and people living with HIV without the perspective of social reintegration.
7. Academic research.
8. Programmes that ignore or deny current agreed scientific evidence on the cause, prevention and nature of HIV and AIDS.

CONCLUDING REMARKS

- **Partner-led monitoring and evaluation** should be an integral part of HIV work, and include the sharing of good practice and experience.
- **Co-operation and networking** with Governments, civil society, the UN, and other faith organisations are strongly recommended as they are essential given the size and complexity of the HIV pandemic and given the number of bogus applications for funding.
- As the ongoing development of the HIV pandemic is complex and changing rapidly **a regular review** (at least every two years) of these guidelines and minimal criteria will be appropriate.
- Partner collaboration with **national/local Governments and UN bodies** is to be encouraged and supported.
- HIV and AIDS needs to be recognised as a serious issue by employers. Partners are to be encouraged and supported to adopt **workplace policies on HIV** which uphold respect for human rights, equal opportunities, define the measures in place to take account of employees' HIV related needs and identify appropriate support mechanisms for staff.

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Caritas Internationalis is a confederation of 162 Catholic relief, development and social service organisations working to build a better world, especially for the poor and oppressed, in 201 countries and territories.

CIDSE is an international coalition of 15 Catholic development organisations, working together with organisations and partners in the South and the North on issues of: Advocacy, Peace and Conflict, Development Programmes, and Development Education.

Kindermissionwerk is the German organisation of the Pontifical Society of the Holy Childhood founded in 1843.

Missio Aachen and **Missio Munich** are two German branches of the Pontifical Mission Societies.

Missionsärztliches Institut (Medical Mission Institute) is a Lay Association of Technical Advisers founded in 1922 by Fr Christoph Becker.

Catholic Medical Mission Board (CMMB) is a US-based Catholic-sponsored philanthropic organization that focuses exclusively on providing healthcare to people in need worldwide. Founded in 1928, CMMB's work has grown to include integrated healthcare programs, recruitment and placement of medical volunteers, training of local health practitioners, and emergency relief.

Members of the AFNG

Caritas members:

Caritas Internationalis Secretariat

Caritas Aotearoa/New Zealand

Caritas Australia

Caritas Austria

Secours International de Caritas Catholique (Belgium)

*Development & Peace (Canada)

*CAFOD (England & Wales)

Caritas Europa
Secours Catholique (France)

Caritas Germany

*Trócaire (Ireland)

Caritas Italiana

Caritas Luxembourg

*Cordaid (The Netherlands)

Caritas Norway

*SCIAF (Scotland)

Caritas Spain

Caritas Sweden

Caritas Switzerland

Catholic Campaign for Human Development (USA)

Catholic Relief Services (USA)

** also members of CIDSE*

CIDSE members:

CIDSE Secretariat

Misereor (Germany)

FOCSIV (Italy)

Fastenopfer (Switzerland)

CCFD (France)

Other members:

Kindermissionwerk (Germany)

Medical Mission Institute (Germany)

Missio Aachen (Germany)

Missio München (Germany)

CMMB (USA)

Individuals:

Rev Enda McDonagh (Ireland)

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