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Features of Human Security Projects in the Field of HIV/AIDS

Interconnections among Threats

Human security projects address the threats that individuals and communities face in their daily lives and attempt to support target communities in strengthening their resilience to those threats. These threats are different for different communities of people throughout the world and often change over time for any single community. United Nations Secretary-General Kofi Annan illustrated that point in the opening paragraph of his article "In Larger Freedom," in which he encouraged the reader to think about the most significant threats faced by an investment banker in New York working near Ground Zero; an AIDS orphan in Malawi; a fisherman in Aceh, Indonesia; and a villager in Darfur, Sudan.[1] They all experience very different kinds of threats to their safety, livelihoods, and general wellbeing on a daily basis and, as such, require very different kinds of action in order to enhance their security.

Not only do the threats facing different groups and individuals vary, but it is also rare that any individual, family, or community faces only one major human security challenge at any given time. Rather, it is usually a combination of challenges that makes us vulnerable as human beings. People living in poverty often deal with hunger on a daily basis as well as multiple health challenges. Some challenges, such as severe malnutrition, are obviously directly related to poverty, while others, such as malaria and AIDS, have a less direct—albeit clear and widely acknowledged—causal relationship with poverty. Other illnesses and injuries may not be caused

1. Kofi Annan, "'In Larger Freedom': Decision Time at the UN," *Foreign Affairs* 84, no. 3 (May/June 2005): 63–74.

at all by poverty, but virtually all forms of illness and injury reinforce and deepen poverty in poor communities that do not have some form of safety net established. Even in middle-income communities, a major illness can send a family into poverty if the family does not have health insurance or a mechanism for replacing the income of sick family members and their caregivers, and violence or natural disaster can quickly wipe out a family's livelihood either partially or entirely. In other words, a focus simply on improving incomes may turn out to be a wasted effort if the other threats that impact and are impacted by poverty are not also addressed simultaneously. Similarly, a focus only on providing healthcare services to a community might not address the underlying causes of some health problems, such as a lack of daily access to necessary nutrients, unsanitary conditions (particularly unsanitary water resources), a lack of education, gender inequality in the home, or improper use of bed nets and other readily available preventive tools.

In implementing programs to enhance human security, the fact that human security challenges interconnect with one another in complex ways to threaten the survival and wellbeing of individuals and communities means that responses must also be integrated. A participant in a JCIE workshop on human security and HIV/AIDS illustrated this point eloquently when describing a brother who is HIV positive. She explained that he does not look to the WFP one day to help him provide food for his family, UNICEF another day to help his children get the education they need, the WHO on the next day for the healthcare services that are vital to his own survival as an HIV-positive person, and the UNDP on the next day to help his family generate sufficient income to support itself. Rather, he needs all of these organizations to be working with him simultaneously and in an integrated manner so that he and his family can build their resilience to all of these challenges.[2]

There has been widening acknowledgment in the development field, as well as in other fields such as health and education, that these threats are all intertwined and that all must be addressed if a community's wellbeing is to be enhanced. Many actors talk about taking a "holistic approach" to dealing with HIV/AIDS, but that approach generally means an integration

2. Comments by Agnes Makonda-Ridley, chief technical advisor, International Labor Organization/United States Department of Labor HIV/AIDS Workplace Education Programme for Southern Africa, at a workshop on "Evaluating Human Security Projects: Health and HIV/AIDS in a Human Security Context," organized by JCIE in Pretoria, South Africa, on March 10, 2006.

of direct prevention efforts with testing, care, and treatment, and it falls short of integrating those issues with approaches to dealing with other human security challenges. Still, an increasing number of policymakers and practitioners are recognizing that HIV/AIDS cannot be treated only as a health issue. The approach to dealing with these multiple threats, however, remains compartmentalized in much of the work being done by international organizations, local groups, and governments alike. This compartmentalization may be a very natural phenomenon, resulting from specialization in specific fields and organizational mandates—particularly among UN agencies and local governments—that are limited to one or two fields. Competition for resources and a sense of ownership over certain activities and fields may also contribute to the compartmentalized response. But new, comprehensive approaches need to be developed and implemented if we are going to make any sustainable progress toward ensuring the human security of individuals and communities around the world.

Essential to any approach that addresses the interconnectedness of threats is the involvement of the target community in identifying the threats to be addressed and the ways in which those threats intersect with one another. One useful way of thinking about this process is to think of human security as a kind of "demand-side security," a term that has been used by the chief of the Human Security Unit in the UN Office for the Coordination of Humanitarian Affairs (UNOCHA).[3] In other words, a human security approach begins by asking the target population themselves—as the best experts on their own vulnerability—to identify the challenges that most significantly threaten their lives, as well as to provide insight into the ways in which those threats intersect with one another. As a result, many of the agencies receiving support from the UNTFHS involve the target communities in various project stages, from the design and planning phases through the implementation and follow-up phases. Research has also shown that it is beneficial to involve the target communities as central actors in the evaluation phase, as discussed in more detail in the section on evaluation and monitoring below.

The UNDP and WHO projects in Thailand that are included in this study focus on the relationship between migration and HIV/AIDS. The UNDP project focuses on communities from which Thais often migrate domestically (generally from rural to urban areas) and seeks to reduce the incentives for people to migrate to urban areas, where they are more at risk

3. Comments by Kazuo Tase, chief, Human Security Unit, UNOCHA, at a discussion organized by the Kabanmochi no Kai in New York on January 19, 2006.

of becoming infected with HIV. At the same time, the project also tries to deal with the social and economic impact of rising levels of HIV infection caused by HIV-positive people migrating back to their home communities. Economic factors are the most common reasons for domestic migration in Thailand, so this project is operating income-generation projects in source communities (communities from which people are migrating in large numbers) so that people are less likely to migrate to urban areas to look for work. Thais who are already infected with HIV have access to affordable healthcare services, including a system in place since 2006 which allows them to access antiretroviral (ARV) treatment for 30 baht (less than US$1), but the immediate threat they face is often to their income. The stigma associated with HIV/AIDS means that many people are hesitant to purchase goods from people who are HIV positive, and the physical toll that AIDS takes on people makes it difficult for some to engage in strenuous labor. Therefore, the income-generation projects being initiated by the UNDP and its partners also involve those who are already infected with HIV. Each project pairs up an HIV-positive person with a person who is not infected. This way, the labor can be divided in such a way that the HIV-positive person does not have to physically exert herself or himself more than he or she is able. Also, others in the community are more likely to buy the goods produced through these projects from the person who is not infected. At the same time, the non-infected partners recognize the high value of their infected partners, without whom they could not receive the support they are getting, and others in the community become more accustomed to seeing their peers working closely with HIV-positive people safely and productively, reducing overall stigma against people with HIV/AIDS.

The WHO project in Thailand deals with migrants from Thailand's neighboring countries and their particular vulnerability to HIV infection as well as the difficulty that they, as foreign nationals, have in accessing healthcare services. Many migrant workers are eligible for healthcare services at Thai clinics, but the WHO—and its partner, the International Organization of Migration (IOM)—discovered that few of the migrants who needed healthcare services, particularly those who are HIV positive, were actually accessing those services. Reasons people gave included the fear of being reported to the government as illegal immigrants; poor treatment, or the fear of poor treatment, by Thai healthcare workers who see the immigrants as inferior; the desire not to talk with Thai healthcare workers about something as personal and as stigmatized as HIV infection; and the lack of culturally appropriate services in their own language.

In response, the WHO and the IOM are training immigrant healthcare workers and placing them in Thai public clinics to work alongside their Thai counterparts and offer services to the immigrant communities. The idea behind this project is that the immigrant workers and their families will feel more comfortable accessing services at these clinics if they are provided by someone from their own country and in their own language, and that the Thai healthcare workers will become more tolerant of immigrants and begin to understand their particular needs better by working alongside immigrant healthcare workers. Some NGOs have attempted to address the healthcare needs of immigrant workers by setting up separate clinics specifically for immigrants, but the WHO and the IOM have chosen to work directly with existing public clinics as a way of acknowledging the government's role in protection and of contributing to the sustainability of the idea by mainstreaming immigrant healthcare workers into public clinics that do not rely on outside funding sources.

The UNICEF project in Tanzania is working with the country's most vulnerable children on several identified human security challenges that they face. Although primary education is in theory compulsory for all children aged 7 to 13, UNICEF discovered that there were a lot of children who were not attending school for a variety of reasons. Many of the children who participate in the COBET centers that UNICEF set up through this project have lost one or both parents to AIDS. Many of the children either live with extended family or are homeless. Those in child-headed households need to take care of their younger siblings and often elderly grandparents, leaving them with little time to attend school or study on their own. The children who do not have adults caring for them often miss out on learning basic life skills regarding hygiene and prevention of HIV infection that their peers in more stable families are learning at home and in formal schools. The COBET centers offer these children an alternative form of education with the goal of eventually moving the learners into formal schooling. The school day and the teaching methodology have been designed in order to respond to the particular needs of out-of-school children: the hours are shorter so that the learners can spend more time at home working; classes are taught through participatory methods that are better able to keep the children's attention; one textbook is provided to each learner[4] so that the children can study at home on days when they are not able to come to school; vocational skills are emphasized so that the learners can provide

4. This is in contrast to the formal schools, where three to six children share one textbook.

a much-needed income for themselves and their families after they finish their education and sometimes while they are still studying; and corporal punishment and school uniforms have been eliminated in the COBET centers. Even with these considerations, there were still high levels of absenteeism among COBET learners. UNICEF personnel discovered that many of the learners were skipping school on days when they did not have food or any money to buy food so that they had to stay back and find money. In response, UNICEF staff talked with WFP staff, and they agreed that the WFP would provide two meals each day to learners at a few of the COBET centers as a pilot project. The provision of food had the immediate effect of decreasing absenteeism both by increasing the incentives for children to come to school and by eliminating the children's need to stay home to find food. The WFP also provided training in food processing so that the COBET learners would be better able to preserve the food they produce and consume at home and increase the price for which they could sell food products, both reducing their long-term vulnerability to poverty and their short-term vulnerability to severe malnutrition.

The UNIFEM project addresses the interconnections between gender inequality and HIV/AIDS. In Africa, more women are infected with HIV than men, and the gap between men and women in Asia—where men still have higher infection rates throughout the region—is becoming smaller in many countries. Still, few projects address the root causes of that phenomenon. By focusing on gender inequality, the UNIFEM project is trying to change the social environment that does not allow women to learn about the risk of HIV infection, negotiate safe sex, or otherwise protect themselves from infection. In addition, once they or a family member is infected, women tend to bear a heavier burden than men because they are generally expected to provide care to sick family members without being able to expect the same care from their husbands or other male family members when they are sick. However, it is often more difficult for women to earn an income when their husbands are sick or die due to AIDS-related illnesses. As a result, the UNIFEM project is working on changing policies to allow women more freedom over their sexual and economic lives. At the same time, it is teaching men and women about the importance of gender equality as a way of preventing the spread of HIV infection, thereby saving lives, and it is supporting income-generation activities for women and mixed groups of both genders so that women are better able to deal with the economic impact of losing their spouses to AIDS.

Protection and Empowerment

There is a tendency when one hears the word "security" to think only of protection. This is the case when we talk about protecting national borders in the context of state security as well as when we talk about protecting human beings, their livelihoods, and their dignity in the context of human security. Often, it is clear whose responsibility it is to protect a target population. Sometimes it is elected leaders; sometimes it is traditional leaders or other sorts of community leaders; and sometimes it is parents or other family members.

This top-down approach of protection is not sufficient, however, to respond to human security's focus on building resilience to current and future potential threats. People need to be protected by those whose job it is to protect them, but if they are truly going to build resilience to threats, they also need to be empowered to protect themselves. As a result, the UNTFHS states that it "supports projects designed to protect the people from … threats and empower those people to enhance their resilience."

Empowerment can take many forms in a human security project. One form of empowerment is having the necessary information and skills to know one's rights and to be able to make appropriate demands on political and other leaders for protection and for necessary services. For example, the UNIFEM project in Zimbabwe offers training to mixed groups of men and women on gender equality in an attempt to help both groups to understand that women have rights in their own families and communities.

Another form of empowerment is learning new skills and acquiring new knowledge to be better able to take care of oneself and one's family. Projects that support income-generation activities and vocational training try to empower their target communities to be more self-sufficient. By increasing their livelihoods beyond the subsistence level, families and communities are better able to save resources to reinvest in further income-generating activities as well as to create safety nets so that, for example, illnesses can be treated and damage caused by natural disasters can be mended. The UNDP project in Thailand is working on income-generation activities so that people are less likely to leave their home communities looking for work, but also so that people infected with HIV, who might find it more difficult to find employment, can still bring an income into their families. Likewise, the income-generation activities in the UNIFEM project are giving women, particularly widows, opportunities to provide for their own families so that the loss of their husbands does not leave widows dependent

on other family members. The vocational training provided in the COBET centers in Tanzania teaches students how to increase their incomes—for example, by processing food that they cultivate so that they can sell it at a higher price than they would otherwise sell the unprocessed food—so that they do not have to work as hard to get enough food and can spend more time in school.

Yet another form of empowerment is changing mindsets so that people's optimism and sense of dignity can be increased. One goal of the WHO project in Thailand is to integrate immigrant healthcare workers into public health centers so that the Thai healthcare workers become more comfortable working with immigrants and, hopefully, begin to respect them more as peers. The UNDP project in Thailand operates on a similar assumption that, by working with people infected with HIV, the non-infected partners in the income-generation projects will gain more respect for their HIV-positive partners and help to illustrate to the rest of the community that they can work safely and productively with HIV-positive people. This contributes not only to the economic opportunities available for HIV-positive residents but also to their own dignity. The children in the COBET centers in Tanzania have stated that they have more self-confidence and more optimism that they will not have to continue living at a subsistence level and that they do not have to be a burden on others.

Finally, empowerment can mean having the necessary knowledge, skills, and will to change one's own behavior and that of others around one. Most projects dealing with HIV/AIDS aim at some sort of behavior change, not through force or legislation but by convincing the target population that it is in their own best interest—and within their power—to change their own behavior in order to reduce their risk level. The UNICEF project in Tanzania teaches students the dangers of HIV infection and provides them with skills to negotiate relationships and safe sex and to resist the temptation to use injection drugs. The UNIFEM project in Zimbabwe has helped married and unmarried women to negotiate safe sex in communities where only a few years ago women were not supposed to talk about sex, let alone insist that their partners use condoms.

Often, these various forms of empowerment need to be integrated into a single project—and closely coordinated with activities aimed at increasing protection—to truly have an empowering effect. The UNIFEM project is one good example of a project that was originally designed on paper to address both protection and empowerment. The premise appears to have been that integrating policies aimed at increasing gender equality into

AIDS-related policies at the national and local levels would empower more women to demand their rights, find ways to improve their own lives, and reduce their risk of exposure to HIV infection. The project implementers found, however, that the focus on changing the policy environment did not naturally lead to empowerment at the community level as they had originally hoped it would. So they decided to create a Gender Empowerment Zone (GEZ) in Zimbabwe. The women, as well as the men in their families and communities, needed to gain a shared understanding of policies for gender equality and recognize their value. The income-generation activities gave the women increased value in their families and in the community, allowing them to leverage that value in demanding more rights and to increase their own sense of worth and dignity. The project also offered training in negotiating safe sex for adolescent girls and married women so that they could take active roles in protecting themselves and their families from HIV infection.

Around the world, UN agencies tend to work closely with government agencies, leading to a stronger focus on protection than on empowerment. It is common for NGOs to focus on empowerment and work with local communities, but they often find it challenging in many countries to work with governments as well, making it difficult for them to include a focus on protection. Some projects have been able to combine both protection and empowerment components, but it is often difficult to truly integrate both. Integration generally requires cooperation among agencies with vastly different working styles, capacities, and ideologies. Even the UNIFEM project, which has both protection and empowerment components, does not fully integrate the two. The organizations that are implementing the activities in the community are each assigned their own tasks and are scheduled to deliver their portion of the activities on different days. With no overlapping activities in the community and little joint planning, there are few opportunities for cross-fertilization among implementing agencies.

In the field of AIDS, countries that are able to distribute ARV treatment to people living with HIV/AIDS often take a top-down "protection" approach in which the government distributes the drugs to people who need them. At first glance, it may appear as though this approach is sufficient for drug distribution and there is no need to concentrate on empowerment as well. ARV treatment, however, requires a commitment on the part of the people taking the drugs to continue the regimen every day without fail for the rest of their lives. This is difficult under any circumstances, and it is particularly difficult for mobile populations. In that light, there is a

need to explore ways in which human security approaches can be used to empower people living with HIV/AIDS to ensure their own access to and proper use of ARV treatment.