



# Hope & Dignity

in the  
developing world



Catholic Relief Services  
HIV and AIDS Programming

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In 25 years, HIV has infected 65 million people, killed 25 million and affected millions more on every continent. The rising tide of illness and death – and the millions of orphans left behind – endangers the development of many regions of the world.

Prolonged sickness and eventual death of those with AIDS diminishes a family's ability to sustain its livelihood and a community's ability to maintain social cohesion. Pressures on family and society affect the poor disproportionately. Young women, in particular, carry the greatest burdens and risks related to HIV.

As Catholics, we are compelled to act.

This catalog provides comprehensive information about Catholic Relief Services' HIV and AIDS programming around the world – which helps millions of the poor and vulnerable live longer, healthier lives.

CRS supports more than 200 HIV and AIDS projects in almost 50 countries. We will continue to expand our programming as the disease continues to devastate lives overseas and here at home.

# EPIDEMIC

## State of the Epidemic

### HIV and AIDS Quick Facts

- In 2006, there were approximately 39.5 million people living with HIV and AIDS in the world. Sub-Saharan Africa is the worst affected region, with nearly 25 million cases.
- There were 4.3 million new cases of HIV in 2006. 1 in 7 of which are in children under the age of 15.
- AIDS killed 2.9 million people worldwide in 2006 (1 in 7 were children).
- AIDS is the leading infectious cause of adult deaths worldwide.
- HIV and AIDS cause 11,000 infections and nearly 8,000 deaths daily.

**HIV**, or Human Immunodeficiency Virus, is the precursor to AIDS. An HIV-infected cell works to produce new HIV retroviruses. HIV retroviruses replicate in and kill the cells that our bodies use to fight against illness.

### HIV is only spread through

- Direct contact with contaminated blood via dirty needles and open wounds
- Contaminated blood products and transplanted organs
- Transfer from an infected mother to her child

during pregnancy, the birth process and breast feeding

- Sexual contact with an infected individual

**AIDS**, or Acquired Immune Deficiency Syndrome, is the advanced stage of HIV infection. This generally occurs and is characterized by the appearance of opportunistic infections. These are infections that take advantage of a weakened immune system and can include pneumonia, tuberculosis and other crippling diseases.

### Women, HIV and AIDS

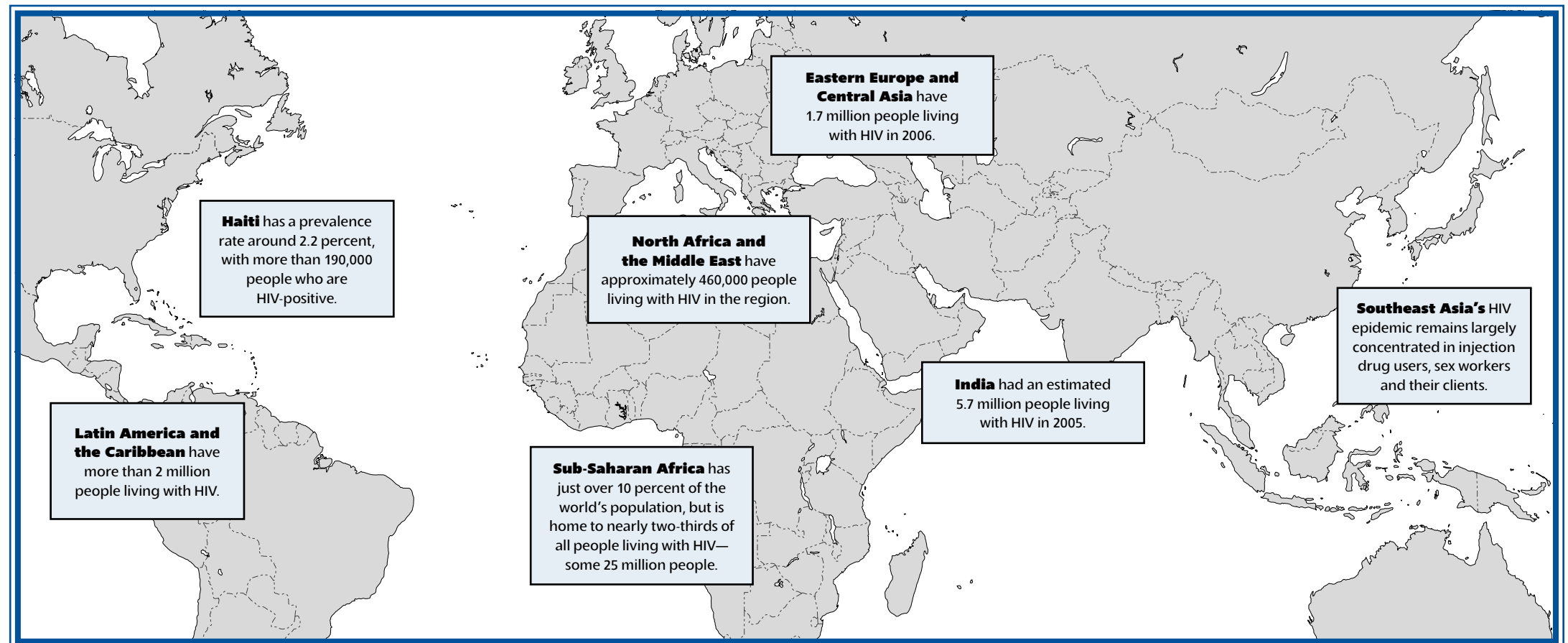
HIV and AIDS affect men and women of every race and economic level. But women in the developing world face heavy economic, legal, cultural and social disadvantages that increase their vulnerability to the epidemic's impact.

For example, families often withdraw young girls from school to care for family members who are ill with the virus. This lack of education has a major impact on the girls' lives – leaving them less able to provide income for their families and more vulnerable to HIV infection.

In addition, older women often shoulder the burden of care when their adult children fall ill. Later they may become surrogate parents to orphaned grandchildren. Young women widowed by AIDS may lose their land and property after their husbands die – whether or not inheritance laws are designed to protect them. Widows are often responsible for producing their families' food and may be unable to manage alone.

In order to adequately address the HIV epidemic, programming must recognize these additional burdens that the disease places on women in the developing world.

### HIV Population in Heavily Affected Regions



# SUPPORT

## Community-Based Care and Support

There are approximately 39.5 million people in the world living with HIV and AIDS. Our HIV and AIDS policy calls for us to affirm human dignity and to seek effective means of addressing the AIDS crisis. CRS helps those living with the disease to care for themselves and others through a comprehensive continuum of care – from initial testing to nutritional support to home-based and palliative care.

In partnership with other faith-based organizations, CRS directly supports more than 4 million people affected by HIV and AIDS throughout the world. However, travel to and from care facilities is often difficult for the patients who need it most. For this reason, CRS delivers community-based care and support worldwide.

### The Basics

Our approach to community-based care and support is based on these practices:

- **Home care is the preferable means of care** within many cultural settings. Home care programs are often more sustainable over the long term and more successful when they are based within communities. When many members of a community are involved in care and support, there is less likely to be stigma associated with the disease.
- **Care for people living with HIV and AIDS should be holistic.** It should include medical and nursing care, counseling and psychosocial support, spiritual support, socio-economic support, and referral.
- **The needs of people, families and communities are integral in the planning and delivery of HIV and AIDS care and support programs.** People living with HIV and AIDS, their families and their communities must be the central focus of problem analysis, project design, implementation and management of home-based care programs.

#### Community-Based Care and Support Quick Facts

- The Catholic Church provides care for one out of every four people living with HIV and AIDS in the world today. As a Catholic organization, CRS is uniquely positioned to make a difference in the lives of these patients.
- In 2006, CRS supported more than 200 HIV and AIDS projects in almost 50 countries with a total value of more than \$68 million (U.S.).
- More than 2.3 million children are now HIV-positive, 2 million of them live in sub-Saharan Africa.

- Care and support activities should be complemented by HIV prevention education.
- The roles of men, women and children as caregivers are an important consideration. Women and girls are often the primary caregivers of people living with AIDS. To address this imbalance, both men and women should be encouraged to explore questions of who provides care and support to family members.

#### In 2004, the Sinosizo program:

- Provided counseling to more than 1,000 people
- Conducted more than 21,000 home visits
- Provided care to more than 2,000 households
- Trained 1,400 people as part of the Home-Based Care Training Program
- By 2007, the Sinosizo program will have reached more than 45,000 people in ten communities.

### CRS in Action: The Sinosizo Project

The Sinosizo Project, which means “we help” in Zulu, was established in 1995 by the Archdiocese of Durban, South Africa, as a community-based care and training program. It is an outstanding example of how an entire community can participate in the care of people living with HIV and AIDS. Sinosizo works primarily with ten poor communities in the province of KwaZulu-Natal, in or near Durban.

Sinosizo’s care and support activities serve an ethnically and religiously diverse population with high migration and unemployment rates. Although the region is predominantly Zulu and Christian, it is home to a substantial Indian and Muslim minority population as well as migrants from other ethnic groups in South Africa.

CRS supports Sinosizo to carry out its ongoing home-based care, counseling and activities that support the orphans of AIDS, as well as its training outreach and mentoring to smaller non-governmental organizations. As the lead home-based care organization in the Archdiocese, Sinosizo also mentors Church and local partners in the province by providing training, technical support and supervision of HIV and AIDS initiatives.

### CRS In Action: Planting Seedlings of Hope

In Cambodia, the Maryknoll Seedlings of Hope project is providing direct prevention and care services for 33,728 people living in Phnom Penh, Cambodia. Seedlings of Hope is achieving

## Making a Difference

Srey Touch was born during the Cambodian civil war. Her father died when she was 7 years old and her mother took ill. As a result, Srey went to work washing clothes when she was very young. By 15, Srey was married. She and her husband are now separated, but when she last saw him, he was very ill, most likely with HIV. Recently, Srey Touch tested positive for the virus.

With nowhere else to go, Srey now lives in Seedlings of Hope's Group Home Number 5 with her two daughters. Srey enrolled in Little Sprouts, a project that teaches HIV-positive mothers how to prevent transmission of HIV to their unborn children. As a result, Baby Lina is HIV-negative. When the time comes, Seedlings of Hope will help Srey receive antiretroviral treatment and care for opportunistic infections she may get as a result of her HIV. Seedlings of Hope is helping Srey stay strong and live to raise her beautiful daughters.

results through ongoing HIV and AIDS education and awareness activities with marginalized and vulnerable people and by offering a continuum of care to people living with HIV and AIDS and their families.

CRS has supported Maryknoll Seedlings of Hope since 1996, when it began providing education and awareness services to high-risk populations and homecare to people living with HIV and AIDS. Seedlings of Hope expanded services in 2000 to include a comprehensive package of prevention, care and social support to the poorest affected by HIV and AIDS in Phnom Penh.

### Seedlings of Hope currently provides:

- Homecare
- Hospice Services
- Group Home Services
- Prevention, Treatment and Referral Services
- Economic Opportunities
- Counseling Services



A member of the Solwezi Home-Based Care program in Zambia tends to her garden. The vegetables she grows will contribute to a healthier diet and a longer life.

# CHILDREN

## Orphans and Vulnerable Children

### Orphans and Vulnerable Children Quick Facts

- More than 15 million children under the age of 17 have lost one or both parents to AIDS.
- Orphans and vulnerable children are at greater risk of malnutrition, illness, abuse, sexual exploitation and HIV infection.
- Each day, approximately 1,800 children become infected with HIV.

Beyond providing care for people living with HIV and AIDS, CRS is called to support entire communities affected by the pandemic. The population of children orphaned and made vulnerable by AIDS has risen into the millions. In sub-Saharan Africa alone, more than 12 million children have been orphaned due to the ravaging effects of this disease. In the hardest-hit countries, the fate of these children will be the fate of the country for the next decade. CRS programming for orphans and vulnerable children is intended to stop this cycle.

Some of the most pressing problems vulnerable children face include the burdens of caring for an ailing parent and younger siblings, the loss of family income as parents become ill or die, and withdrawal from school to care and provide for family. With shrinking availability of public funds to cope with this issue, local organizations must enhance their capacity to respond to the needs of children affected by HIV and AIDS in an effective and sustainable manner.

CRS programming responds to the needs of orphans and vulnerable children by supporting efforts to strengthen the means and ability of families to cope with problems brought on by HIV and AIDS. Key program areas include:

- Enhancing the capacity of children and youth to meet their own needs
- Raising awareness within communities to create an environment that supports children affected by HIV and AIDS
- Supporting those who care for orphans and vulnerable children

## CRS in Action: The STRIVE Project

In Zimbabwe, it is estimated that nearly 1.1 million children have lost one or both parents to AIDS. In response to this overwhelming need, CRS is working with several local partners in Zimbabwe on the STRIVE Project. STRIVE is addressing the needs of these orphaned and vulnerable children using a three-pronged approach.

First, CRS and its partners are working with children affected by HIV and AIDS through an education initiative that uses participatory learning techniques in concert with hands-on education programs. Second, STRIVE is collaborating with 16 local HIV and AIDS organizations to deliver high-quality care, support and prevention services for these children and their caregivers. Finally, because of the ever expanding reach of the disease and to combat societal stigma, STRIVE is increasing access to quality education of children affected by the disease, with a special focus on girls.

As part of STRIVE, children are enveloped in a holistic approach that includes programs such as Kids Clubs, experiential learning camps, community gardens and child-focused activities. “The various songs, poems, drama and debates are playing a significant role in helping children to open up,” notes one of the Kids Clubs directors. “The children decided to call the club Rufaro [which means *happiness* in the Shona language,] because it makes them happy.”

To date, the STRIVE project has enriched the lives of thousands of children.

## CRS in Action: The PEPFAR Children’s Project

As part of a grant funded by the President’s Emergency Plan for AIDS Relief (PEPFAR), U.S. Health Resources and Services Administration, CRS is improving the quality of life of 56,700 children orphaned or made vulnerable by HIV and AIDS in six countries: Kenya, Tanzania, Rwanda, Zambia, Haiti and Botswana.

This five-year, \$9 million project is increasing the capacity of more than 10,000 families, to support these children by training almost 8,000 caregivers and volunteers, and by increasing the

capacity of 760 faith-based and community-based organizations to deliver sustainable, high-quality interventions. This project will bring dignity and safety to thousands of children affected by HIV and AIDS as they prepare for productive lives within their communities. It also helps caregivers and communities accept responsibility for the support and protection of children – and for the larger social issues associated with the HIV and AIDS pandemic.

CRS uses many strategic approaches, including strengthening the capacity of families to cope with problems; mobilizing and strengthening community-based responses; increasing the capacity of children to meet their own needs; raising awareness within communities to create an environment that enables support for children affected by HIV and AIDS; and forging strong partnerships with country programs.

### Growing Up Without Parents Jean Bosco’s story

In Rwanda, the double calamities of the 1994 genocide and AIDS have created an orphan crisis. Jean Bosco is 18 years old. When he was 7 and his brother Mukwiye was 2, his father died of AIDS. Seven years later, his mother also died. From that day onward he has been the head of his small household – and he is HIV-positive.

At the tender age of 14, Jean took on the responsibility of taking care of the household and his little brother. He inherited about a half-acre of land – enough to grow a few vegetables that supplement the food aid he receives from CRS. He had also painstakingly painted messages on his whitewashed mud walls. One of them, “Gucyena si Ingeso,” an oft-repeated phrase throughout Africa, which means, “Poverty is not part of the culture.”

Although Jean Bosco finished primary school, he lacked the resources to attend secondary school. Somehow he acquired a motorcycle battery and wired it to an ancient radio that he has managed to keep operational. It also generates enough power to illuminate a tiny light bulb so that his little brother, Mukwiye, can do his homework.

Mukwiye, who is now 13, is very enthusiastic about school and won’t miss a minute of it. A local organization pays his school fees and furnishes the food aid provided by CRS from USAID. Without this assistance, his brother’s situation would be perilous. But Jean Bosco’s willingness to support his brother while keeping his own progress on hold is nothing less than heroic.

Asked to comment on what must be an excruciatingly frustrating situation for a person of such obvious capacity, he offered a statement that would make a good addition to his painted walls:

“After problems, life continues.”

### HIV and AIDS Prevention

Catholic Relief Services is responding to the HIV and AIDS pandemic in almost 50 countries around the world—primarily in Africa, but also in the hardest hit areas of Asia and Latin America. A critical part of our overall response is to reduce the transmission of the virus while caring for those who are most in need.

#### Prevention Quick Facts

- Only one in five people in the world has access to HIV prevention services.
- Only 12 percent of people worldwide have access to services counseling and testing.
- Less than half of the women in Benin, Burkina Faso, Mali and Nigeria can identify two ways to prevent HIV infection.

CRS takes an integrated approach to prevention that uses best practices and is grounded in the Catholic Church’s teachings on human sexuality. All program activities encourage abstinence and mutual marital fidelity and contain health education messages about risk-avoiding practices that are widely recognized as essential components of successful HIV and AIDS interventions. CRS also supports risk-reducing practices – including delaying sexual activity, limiting the number of sexual partners, programs for counseling and testing, treatment of sexually transmitted infections, as well as precautions that promote blood safety and limit blood-borne infections.

The majority of CRS prevention programs are offered in concert with the local Church. CRS works to advance the capacity of the Church to respond to HIV and AIDS around the world, while expanding the numbers of people exposed to healthy

educational messages through the Church’s vast educational and pastoral infrastructure. We also work with the Church to engage with other faith-based groups and advocate for appropriate government responses.

### CRS in Action – Avoiding Risk, Affirming Life in Africa

The U.S. government awarded CRS a five-year PEPFAR (Presidential Emergency Plan for AIDS Relief, U.S. Health Resources and Services Administration) grant to expand abstinence- and fidelity-related education programs in Ethiopia, Rwanda and Uganda. The program – Avoiding Risk, Affirming

*“The workshop I attended on HIV and AIDS changed my outlook towards sexuality and reproductive health.”*

Life – is expected to reach more than three million youth and thousands of influential adults, equipping them with the information and skills they need to avoid HIV infection.

An exciting part of this program is that CRS will mobilize the Catholic Church at all levels – national, diocesan, parish and grassroots – enabling a robust, locally driven response to flourish. The response will

mobilize parents, caregivers, parent-teacher associations, clergy and religious, women’s groups, anti-AIDS clubs, youth groups, students and youth not attending school.

Each of the participating countries will support HIV and AIDS education, including appropriate life and relationship skills. Sessions on gender, vulnerability and exploitation will be offered – with particular emphasis on women and girls, who bear the greatest risks and burdens associated with the disease.

While youth are the primary focus of the program, adults will be targeted with messages of fidelity. Sexual responsibility – especially among older males – will be emphasized as a means of protecting vulnerable youth. To help shape HIV and AIDS communication in the area, media professionals will be trained and programs developed to communicate messages about abstinence, behavior change and responsible sexual behavior.

### CRS in Action – Promoting Behavior Change in Cambodia

In the Battambang province of Cambodia, CRS and our regional partners are reaching out to more than 86,000 people to increase awareness and promote behavior change. CRS is also working with 16 health centers and 508 community organizations to prevent the spread of HIV with intervention and prevention programs.

Our strategy includes decreasing discrimination and providing community support for people living with the disease. We accomplish this by identifying risk groups, and improving care, support and treatment in the community. We are also working to promote collaboration among the increasing number of organizations engaging to fight the pandemic – supporting them to provide quality services.

## HIV Prevention in Zambia

CRS has been working with Youth Alive in Zambia since 2001. Founded in 1996, Youth Alive's mission is "to create a healthy state of mind, body, spirit and environment through behavior formation and change."

Yoram Siame, project manager for Youth Alive, is also a former program participant. "The workshop I attended on HIV and AIDS changed my outlook towards sexuality and reproductive health," said Siame. After the workshop, he felt an urge to reach out and help others like himself.

"I enjoy working with CRS because they have been very proactive, very accommodating and very focused on what they want to achieve in Zambia," Siame said. Recently, CRS and Youth Alive worked together to lobby the Zambian government to take serious measures to control liquor licensing and distribution because of alcohol's contribution to the HIV and AIDS pandemic.

Youth Alive also offers other programs, including: Education for Life, a behavior change program; Adventure Unlimited, a behavior formation program for children; and Fully Alive Life Skills Program, a life skills program for the youth.



McCleans Kamarande is a volunteer in one of CRS' HIV prevention programs for youth in Zambia. McCleans, 24, gives much of each of his Saturdays to the program, as well as attending weekly workshops that help him to improve his counselling skills.

# TREATMENT

## Treatment – Antiretroviral Therapy

### Delivering Treatment, Restoring Hope

The Catholic Church currently operates an extensive network of quality health, educational and social services. CRS estimates that one out of every four persons living with HIV receives

care through a Catholic institution. Our affiliation with the Catholic Church allows CRS to be highly effective as local treatment managers for people. Although CRS has a spiritually based mission, we help people in need without regard to race, belief or nationality. In fact, most recipients of our programs are not Catholic.

HIV attacks the body by weakening the immune system, making it vulnerable to infections like pneumonia and tuberculosis. Over time the quantity of virus in a patient's body gets higher and the immune system weaker, leading to AIDS. Antiretroviral therapy, also known as ART, is a combination of

medications that helps reverse and control the progression of HIV in the body.

Patients on antiretroviral therapy still have HIV, but their immune system is stronger. With proper nutrition they are able to gain back the weight lost due to the disease and are better able to work to support themselves and their families. When antiretrovirals successfully contain the virus, patients can expect to lead a full life.

Until recently, antiretroviral therapy was unavailable in much of the developing world because of its high costs. Without this treatment many people with the disease would often die within five years of infection. This is particularly significant in Africa, where almost three quarters of all people living with HIV reside.

*“My friends now see  
the improvement  
in my health...  
they are curious  
and some have  
started coming  
to my house.”*

### Treatment Quick Facts

- While more than 6.8 million people need treatment, only an estimated 1.6 million are currently receiving it.
- The AIDSRelief Consortium, led by CRS, currently provides antiretroviral therapy to more than 55,000 people in 9 countries through more than 125 local partner treatment facilities – mostly faith-based.
- The AIDSRelief Project was awarded \$335 million (U.S.) over five years, by the U.S. government, to reach 137,600 people who would otherwise not have access to antiretroviral medication.
- AIDSRelief is working to strengthen institutions and build up a reserve of trained staff to deliver antiretroviral therapy. More than 1000 staff have been trained to administer different aspects of the therapy at over 125 local partner treatment facilities.

## Mary's Smile: A Success Story from Kenya

Born in 1973 in the hilly countryside of Maua, in the Nyambene district of Kenya, Mary is married with two children, ages 6 and 12. Mary developed health problems in 2003. Recently these got worse and progressed from stomach pains to pneumonia and tuberculosis.

She was diagnosed as HIV-positive in January 2004. The doctor treating her for tuberculosis referred her to a local clinic. By this time Mary's health had deteriorated. Mary's life was just ebbing away. "I could not even cook or clean my house," she said. She used to sit at home with all hope gone.

Mary's best friends deserted her. "It was like they were just waiting to hear that I had died." Her greatest concern during this time was what would happen to her children after her death. "I used to look at my kids and see no hope," she said.

Since enrolling with the AIDSRelief antiretroviral therapy project, Mary's health has improved remarkably. She spoke excitedly of how she was recently able to "plant beans, collect firewood, fetch and carry water home, all in one day." Her husband remarked, "Nimeona sasa," or "I have now seen."

Her last-born child, six-year-old Aaron, is also HIV-positive. Mary is excited because Aaron also is being enrolled in the program. "I won't watch my son and friends die," she said. "My friends now see the improvement in my health...they are curious and some have started coming to my house."

Mary appreciates the health workers in the clinic, a 10-minute walk from her home. "In these few months I have seen so much good and I know it will only get better." Speaking of her children, she adds, "Now I know I will live to see them grow."

But we are at the threshold of change. A promising combination of increasing awareness and decreasing costs are giving many HIV-positive people in the developing world an opportunity to receive antiretroviral therapy – and hope.

## The AIDSRelief Project

The goal of the AIDSRelief Project is to ensure that people living with HIV and AIDS in the developing world have access to high quality antiretroviral therapy and medical care. Launched in March 2004 and funded by the President's Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Department of Health and Human Services, the project brings together the unique skills of a consortium of organizations to expand delivery of antiretrovirals to people infected with HIV in Africa, Latin America and the Caribbean. CRS is the lead agency for the AIDSRelief Project and is responsible for its management in nine countries.

Working in partnership with faith-based institutions (both Catholic and non-Catholic), local NGOs, and community volunteers, the AIDSRelief Project provides the following critical components of antiretroviral therapy:

- **Testing** to determine if a person is HIV-positive and how far the virus has progressed
- **Antiretroviral medicines** and related counseling directly to patients in need
- **Training** of staff to use equipment, administer treatment dosages and provide quality clinical care
- **Education** of patients regarding the importance of taking all of their medication so that the virus does not mutate and become resistant to the medications
- **Equipment** to hospitals and health care facilities, including instruments, machinery and materials critical to providing treatment



Community nurses and fellow community care providers meet with clients during home-based care visits in the Ndeiya community near the Kijabe Hospital. An essential part of such visits is to take stock of the drugs which the client is taking - in this case ARV medications specifically tailored to the needs of a pregnant client - to ensure that they have enough medication to last them until their next scheduled visit to the hospital. Strict adherence to the ARV medications is essential in keeping patients from developing resistance to the powerful drug cocktails.

### Food is a Fundamental Human Right

According to USAID, food security occurs “when people at all times have both physical and economic access to sufficient food to meet their dietary needs in order to lead a healthy and productive life.”

CRS believes that access to food is a fundamental human right. It is estimated that over 850 million people in the world do not have access to sufficient food. The majority live in South Asia and Africa. All aspects of food security – availability, access and use of food – are exacerbated by high rates of HIV and AIDS infection. This global epidemic has decimated families and left millions of people in danger of not having enough to eat.

Part of the rising problem is the shift of the epidemic from cities to rural areas. Most people living with HIV and AIDS in developing countries are the rural poor, a population that is often the least equipped to respond to the epidemic. HIV and AIDS are causing rural areas to disintegrate quickly as farmers and their families become too sick to work or too busy caring for their sick to cultivate food.

CRS distributes food rations to families affected by HIV and AIDS. And to guard against food shortages in the future, we work with communities to promote sustainable agricultural practices and develop food markets. Together, we are making a difference in ensuring that every man, woman and child has basic access to food through agricultural programs and initiatives that help build stable and vital economies.

### Food Security and Nutrition Quick Facts

- By 2020, HIV will kill 20 percent of Africa’s farm workers.
- Seven million African agricultural workers in 25 countries have died from AIDS since 1985. Another 16 million will die over the next 20 years. In several countries, 60 to 70 percent of farms have suffered labor losses as a result of the epidemic.
- A study in Zambia showed that households headed by a person who was chronically ill planted up to 53 percent less than households headed by a healthy adult.
- The death of an adult from HIV and AIDS has a greater negative impact than if the death were from another cause. This is because of high costs associated with care and treatment.

### The Cycle of Poor Nutrition

People with HIV and AIDS have special nutritional needs. As the disease progresses, they need more energy and therefore more food. People with HIV and AIDS are also more likely to suffer a loss of appetite, thus reducing dietary intake at the very time when nutritional requirements are higher. Improving the nutritional status of those with HIV and AIDS improves their quality and length of life. Unfortunately in many parts of the world – especially in Africa – families and communities are already suffering from poor nutrition.

People with HIV are not the only ones affected. Children and adults whose family members are HIV-positive are also less well nourished and more likely to be sick. Evidence from East and Southern Africa shows that households affected by HIV and AIDS are eating fewer meals and consuming less nutritious foods. In addition, these families have less money to spend on healthcare for non-infected family members.

CRS programs work to promote “positive living.” This holistic approach encourages communities, including those infected with the virus to care for themselves through proper nutrition and other aspects of a well-rounded care regimen.



An HIV-positive man receives food aid from CRS at the Parakou clinic in Benin.

### CRS in Action: The I-LIFE Program

The rural poor of Malawi suffer from chronic food insecurity as a result of poor access, inadequate availability and poor utilization of food. With life expectancy at less than 40 years and with nearly 62 percent of the population living below the poverty line, meeting basic needs is a challenge for the majority of Malawians.

AIDS and related diseases are now the leading cause of adult mortality in Malawi. Approximately 15 percent of Malawian adults are HIV-positive, and more than one-third of all Malawian

children under the age of 15 have lost at least one parent to the disease. There are approximately 740,000 people living with HIV in Malawi. Most live in the southern and central regions, where food insecurity and vulnerability are most intense.

Through the I-LIFE program (Improving Livelihoods Through Increasing Food Security), CRS and our partners provide food assistance to the chronically ill and their households. This helps entire families maintain nutritional status, provide for increased calorie and protein needs of those infected, ease the time and resource constraints of caregivers, and allow other members living in vulnerable households to pursue productive livelihoods.

I-LIFE also provides community education programs that incorporate information about HIV prevention, health and nutrition, and messages that challenge the stigma associated with the disease. Through these interventions CRS hopes to reduce food insecurity and ease the effects of the HIV and AIDS epidemic.

### Lynde's Success

In 1984, Lynde Francis was diagnosed with HIV. At that time, doctors in Zimbabwe could not offer any medical treatment and gave her no more than five years to live. Frustrated with the lack of information and support available, Lynde began researching the role of nutrition in people living with HIV and AIDS.

After several years of research and assistance from CRS, Lynde founded The Centre, a self-help clinic. Since the program's inception, she has seen the stigma and perception of HIV and AIDS gradually change.

"When I started, people thought I was crazy to talk about HIV and survival in the same breath," Lynde said, "and even crazier to talk about nutrition as a means of preventing progression and acceleration of the virus."

### Livelihoods Quick Facts

- In Thailand, families spend an average of \$1,000 (U.S.) for medical care during the last year of an AIDS patient's life – the equivalent of one year's income.
- One economic model predicts that South Africa's gross domestic product will decline 17 percent by 2010 because of the HIV and AIDS epidemic.

Loss of productive labor to HIV and AIDS forces households to sell livestock and other assets to cope with the mounting expenses associated with caring for – and burying – the terminally ill. One recent survey found that 40 percent of households in Zambia affected by chronic illness had sold assets to cover food, medicine and funeral costs. Households already in severe poverty possess virtually no capacity to survive such additional burdens.

HIV and AIDS are also diminishing the human capital of future generations. Children, particularly girls, are often taken out of school to care for sick family members. Or they are sent to work in order to subsidize family income – preventing them from getting a formal education or learning important life skills.

### Building Assets

In order to live healthy, productive lives, people need a wide range of resources and services: food, water, shelter and security, among others. These assets allow individuals to start businesses, feed their families, obtain medical care and educate their children. One of the most effective ways to improve the lives of those affected by HIV and AIDS is to ensure that these assets are available. In this way, vulnerable communities can care for the chronically ill, while avoiding risky behavior that may lead to HIV infection.

CRS and our partners help people to build the assets they need to achieve sustainable livelihoods. For example, some programs help vulnerable communities produce more food through agricultural improvement programs, while others work with clients to build or improve water and sanitation systems for drinking, irrigation and livestock.

## Reducing Vulnerabilities

An important goal of these programs is to increase the ability of communities and households to respond to the unanticipated shocks of natural disasters, disease and conflict. Without this protection, vulnerable families are unable to climb out of poverty. CRS programs promote HIV and AIDS education and awareness to prevent future infections, offer access to credit and savings institutions to help families create financial safety nets, and distribute food to prevent malnutrition.

By helping to build and protect these assets, CRS and our partners ensure that income-generating activities will endure. CRS complements its asset-building activities with emergency response plans so families and communities can protect the assets they have obtained.

## CRS in Action: Protecting Vulnerable Livelihoods in Zimbabwe

The CRS Protecting Vulnerable Livelihoods Program works to reduce hunger and vulnerability in Zimbabwe. With funding from the United Kingdom's Department for International Development, CRS is building on its existing emergency response programs by linking existing agricultural programs and local organizations dedicated to the prevention and mitigation of HIV and AIDS.

CRS and its partners are promoting sustainable agricultural strategies in order to stabilize food security and nutrition of vulnerable households in Zimbabwe. As part of this program, CRS promotes conservation farming, which encourages sustainable farming practices that conserve time, energy, soil and water both in large fields and in home gardens. These approaches increase food security and nutrition for the population as a whole, but are particularly important for families affected by HIV and AIDS, since chronically ill people and their caretakers have less time and energy to spend working their land.

### A Positive Life

Laxmi is 25, widowed by AIDS, mother of two young children, responsible for her aged mother – and HIV-positive. Yet she lives a positive life and exudes confidence.

Four years ago Laxmi's life was different. She had just lost her husband, tested positive for HIV and was an agricultural laborer. Work and income were sporadic because of her illness. Everything seemed to be working against her.

Then in 2002 she joined a self-help group on the advice of counselors at St. Paul's Trust, a CRS-supported organization in India. There has been no looking back. With small loans from the self-help group, she started a small business. Today, she owns a shop, a small breakfast center and a sewing machine – and supports her entire family from the profits of her businesses.

CRS also supports community nutrition gardens by providing water tanks, irrigation kits and pumps to reduce labor requirements. To provide for additional income where community gardens exist, CRS is helping families and communities bring their harvest to the marketplace so they can sell their food and buy non-food related necessities that are essential for life, including soap and medicine. CRS has complimented these interventions by introducing the Internal Savings and Lending Communities (SILC) model to communities in order to strengthen local economic systems. This model offers families an opportunity to move towards financial security through access to credit and savings programs.

## CRS in Action: Treating Financial Futures in India

CRS has a long history of supporting local microfinance institutions in India. More recently, we also began working with community-based partners to address the HIV and AIDS epidemic. One of these partners, St. Paul's Trust in Andhra Pradesh, began treating HIV and AIDS patients and soon recognized that their patients needed more than medical care. They also needed a plan for their financial futures. With the support of CRS, the patients formed self-help groups.

Activities of the groups include savings, credit programs, income generation activities and peer counseling. These groups have accessed loans from national bank and have started small businesses such as milk vending, shops and small eateries. The groups have become so popular that they have spread throughout the communities where St. Paul's Trust works.

The benefits of these self-help groups extend beyond financial safety nets – they strengthen entire communities. The groups have helped reduce stigma and create safe spaces where families affected by HIV and AIDS can share their thoughts, concerns and needs.

CRS works to raise awareness about key issues that affect the poor overseas. Our policy positions are based on Catholic teachings and informed by extensive consultation with our partners overseas and in the United States.

In the United States, our advocacy is undertaken directly in dialogue with decision makers in the U.S. government, including Congress, and international organizations. We engage Catholics in the United States to use the power of their citizenship to alleviate human suffering, remove its causes and promote social justice. We also support local communities overseas as they engage in advocacy to address policies and practices that undermine justice.

### HIV and AIDS Policy and Advocacy

Our HIV and AIDS policy and advocacy work in the United States has focused on ensuring a comprehensive and morally appropriate response to global HIV and AIDS. CRS advocacy positions are fully in keeping with Catholic moral teaching, focusing on providing adequate treatment for those infected, preventing the spread of the disease through education and behavior change, and assisting communities devastated by the disease.

Advocacy in the countries where we have programs is a key element of CRS strategy to promote solidarity and stop the spread of HIV. CRS works to increase the capacity of local community organizations – including the regional and local Church – to address both the root causes and the human, economic and political impact of the HIV pandemic.

The HIV pandemic is not just a health issue. It is also a development and security crisis that impacts every facet of human survival, especially in the poorest countries. The size, spread and impact of the HIV pandemic on the economic, social and

#### Policy and Advocacy Quick Facts

- CRS played a significant role in ensuring passage of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, which authorized \$15 billion to be spent over five years for comprehensive programs that fight HIV, AIDS, TB, and malaria.
- CRS was a key part of the political movement that funded the PEPFAR initiative.
- CRS works in the United States and overseas to contribute to the transformation of relationships and attitudes that separate the developed and developing world.

political structures of developing nations make it a priority policy issue for CRS. Therefore, we work with our overseas staff and partners to identify priorities and assess how to shape our HIV and AIDS policy in connection with other issues, including food security, health and education initiatives.

### CRS in Action: Africa Rising Hope and Healing

For years, advocacy groups, church leaders and humanitarian organizations like CRS have been calling for increased attention and funding to fight the pandemic ravaging sub-Saharan Africa. Until 2003, the U.S. government was only spending about \$1 billion annually to fight the AIDS pandemic around the world.

In 2001 CRS launched Africa Rising, Hope and Healing ([www.crs.org/africacampaign.cfm](http://www.crs.org/africacampaign.cfm)), a campaign to bring attention to HIV, AIDS, peacebuilding and poverty in Africa. Through the campaign, CRS promotes advocacy with the U.S. government, international financial institutions and corporations to pursue policies that support the continent's development.

Africa Rising, Hope and Healing demonstrates our commitment to the African people and reinforces the call from U.S. Catholic Bishops in A Call to Solidarity with Africa: to join "our voices ... with others to encourage a sustained, just and comprehensive engagement of the world's vast resources to generate lasting solutions that respect the full, human dignity of our brothers and sisters in the poorest countries of Africa."

Many dioceses, parishes, national Catholic organizations and Catholic colleges and universities have held prayer services and discussion roundtables, published

news articles and organized fundraising drives, and planned Africa-themed celebrations.

*“The battle against AIDS ought to be everyone’s battle.... I urgently ask the world’s scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.”*

Pope John Paul II  
*Ecclesia in Africa*, 2000

Most importantly, through the establishment of CRS' legislative network ([www.crs.org/legislativenetwork.cfm](http://www.crs.org/legislativenetwork.cfm)), Catholics in the United States are communicating directly with their elected officials in Congress and the legislative branch to ask for greater U.S. involvement in addressing the issues facing Africa – particularly the HIV pandemic.

### CRS in Action: The President's Emergency Plan for AIDS Relief

In his 2003 State of the Union Address, President George W. Bush announced his support for historic levels of funding - \$15 billion over the next five years – to stem the spread of HIV in the most affected regions of the world and provide treatment to those infected by the virus.

CRS, in partnership with the U.S. Conference of Catholic Bishops, other like-minded organizations and Catholics in the United States strongly advocated for authorizing legislation and full appropriations of the President's Emergency Plan for AIDS Relief (PEPFAR) to focus on HIV and AIDS treatment and morally appropriate prevention efforts. Thanks in part to these efforts, Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 to address HIV and AIDS and other infectious diseases, authorizing spending \$15 billion over five years on these efforts.

For the first year, fiscal year 2004, which began on October 1, 2003, Congress appropriated \$2.4 billion to fund PEPFAR. For the second year, fiscal year 2005, which began on October 1, 2004, Congress made \$1.385 billion available to support the PEPFAR initiative. CRS and our grassroots partners continue to advocate for the full appropriation of funding provided under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003.

For more information about our policy and advocacy work, please visit our website at <http://advocacy.crs.org>.



Paris, France 1945 War Relief Services (later changed to Catholic Relief Services) supplies hot soup and milk to the day nurseries of Paris run by the Sisters of Charity.

Catholic Relief Services began its work in 1943, resettling the refugees of war-torn Europe. More than 60 years later, our mission continues to focus on the poor overseas, using the teachings of Jesus Christ as the foundation of our mission.

As the official international humanitarian agency of the U.S. Catholic community, CRS provides relief and development assistance in 99 countries around the world. Our original mission of disaster relief has expanded to focus on helping individuals and communities build a stronger future. We reach more than 70 million people with initiatives that address:

- Agriculture
- Community Health
- Education
- Emergency Response
- HIV and AIDS
- Microfinance (savings and credit programs)
- Peace Building
- Water and Sanitation

CRS programs teach communities how to become self-sufficient and plan for future emergencies. We continually seek to help poor and marginalized populations throughout the world, providing assistance on the basis of need, without regard to race, creed or nationality.

## Expanding Reach and Focus

As Europe regained its balance in the 1950s, CRS began to look to other parts of the world, seeking out those who could benefit from the assistance of Catholics in the United States. For the next five decades, CRS expanded its operations, opening offices in Africa, Asia and Latin America. In the 1990s, Catholic Relief Services worked in the aftermath of natural disasters like Hurricane Mitch in Central America and man-made tragedies like the war in Kosovo. And in just its first few years, the new century has brought hurricanes, flooding, more conflict and the great Indian Ocean tsunami that CRS has responded to with temporary shelters, medicines, food aid and hope.

During our expansion, CRS built on a tradition of providing relief in emergencies and began seeking ways to help people in the developing world break the cycle of poverty. By building community-based programs that are sustainable over the long term, CRS can ensure that local residents are the central participants in their own development and that projects can be accomplished through the efforts and resources of local communities. Today these programs include agricultural initiatives, community banks, health education and clean water projects. In addition, our justice and peacebuilding initiatives support our strategy of solidarity by addressing issues of mutual understanding and by supporting individual and community healing.



Supplies for Hurricane Mitch victims are unloaded and sorted at the airport.

## Looking to the Future

With more than a half-century of experience overseas, we understand that rebuilding societies requires more than mortar and bricks. Through our work, CRS seeks to foster within the U.S. Catholic community a sense of global solidarity – providing inspiration to live out our spiritual tradition of compassionate service to the world.

As we step into the next millennium, we renew our commitment to the most vulnerable members of our human family, mindful of the principles of Catholic teachings and the foundation upon which our work is built.



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