

# **2011 Cordaid HIV and AIDS Award**

**Linking community- and formal health and care services for people living with HIV**

*Results from the award process*

By

Jennie van de Weerd (Cordaid) and  
Caroline Brants (CaMaComaCo Brants consultancy)

National SOA\*HIV\*Sex Congress  
1 December 2011, Amsterdam

## Nominations received

Region	Number of countries	Number of nominations
Africa	23	199
Asia (excl. Central Asia)	9	47
Europe and Central Asia	7	8
The America's	6	8
Middle East	1	1
<b>TOTAL</b>	<b>46</b>	<b>263</b>

- **263 nominations from 46 countries**
- **182 CSOs/ 81 FBOs**
- **Different kinds of organisations**
- **Many representing key populations at higher risk of HIV exposure**

**Linkages  
highlighted by  
community  
health and care  
service  
providers for  
PLHIV**

**1. The Government**

**2. Religious institutes**

**3. Likeminded non-profit organisations**

**4. Organisations/ institutions providing formal  
health- and care services for PLHIV**

**5. Representatives of traditional care systems and other key  
actors active at the community level**

**Relationships are reciprocal**

## **Impact**

Increased demand for and uptake of health and care services by PLHIV, thus resulting in an overall improved health and well-being of PLHIV and their families.

### **Other results**

- Reduced operational costs at formal health facilities,
- Reduced congestion at in-patient facilities
- Reduced workload of formal health workers
- Reduced loss of clients / Increased treatment adherence
- Improved nutrition of HIV infected persons
- Reduced stigma and discrimination
- Increased and active participation of PLHIV, empowerment and support for PLHIV leadership
- More attention for HIV/TB co-infection

# Main beneficiaries

**PLHIV and their families**

**Formal health workers**

**Communities at large**

**Volunteer home based care givers**

**Key populations at higher risk of HIV exposure**

## **Building and sustaining the linkages**

- Not substituting but strengthening existing structures
- Support local ownership of programmes and activities
- Strengthen local capacities to manage programmes and activities
- Active involvement of main beneficiaries in design, implementation and monitoring/ evaluation of act. and prog.
- Empower of PLHIV and vulnerable groups to stand up for their right to quality health and care services
- Develop activities which are easy to adopt/ require few resources
- Sharing information on a regular basis
- Lobby and advocate for change if linkages are not functioning as they should

## **Main challenges encountered**

- Insufficient financial resources
- High levels of staff turnover
- Difficult to hold on to voluntary community health workers
- Formal health workers do not perform (sufficiently)
- Inadequate access to information

## Conclusions

CSO and FBOs are crucial in building strong foundations for the provision of community- and formal health and care services for PLHIV.

We should however, be conscious that a responsibility and task shift does not become a major burden for communities and more especially women (who are the main caretakers in society).



# Winner in the category: Faith Based Organisations



## **CAMBODIAN HIV/AIDS EDUCATION AND CARE (CHEC)**

**Award recipient: Ms. Kolnary Kasem**



Giramatsiko



## Winner in the category: Civil Society Organisations



**GIRAMATSIKO POST TEST CLUB**

**Award recipient: Ms. Sedrida Tumushabe**

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Trends analysis gives more in-depth information



Giramatsiko



With thanks to:



+ UNICEF and Home Based Care Alliance South Africa

## Workshop questions

- What makes an organization outstanding in terms of linking community- and formal health and care services for people living with HIV?
- What can be done to avoid that the responsibility and task-sharing shift towards communities becomes a major burden for communities and in particular women who are generally the main care takers in society?