

# AIDS Brief

for sectoral planners  
and managers

## Social Sector



The HIV/AIDS epidemic is a global crisis that demands urgent attention and committed sustained action by alliances of individuals, organisations and sectors. The AIDS Brief series has been developed to support the conceptualisation and implementation of key sectoral responses. The AIDS crisis cannot be effectively remedied by anything short of a comprehensive strategy aimed at providing families with opportunities to secure a sustainable livelihood. Unless the social sector supports such a multi-sectoral developmental social welfare agenda, it will be forced to revert to its traditional curative 'Band Aid' approach. This AIDS Brief looks at the role of the social sector in respect of individuals, particularly those most vulnerable to HIV infection, the family and affected communities.

### BACKGROUND

#### Definition of the Social Sector

Although the broad definition of the 'social sector' is the provision of any public goods, including education, health, and housing, for the purposes of this AIDS Brief the concept will be limited to the delivery of welfare. "Welfare" is commonly understood to include the provision of personal social services, institutional care, and state social assistance in the form of a variety of pensions and grants.

#### Facts about the Social Sector

In a market economy, those who are unable effectively to compete for resources often require outside assistance for survival. Such assistance can come from the state, charitable organisations, individuals, the private sector, or any combination thereof. Social welfare is primarily intended to provide material, psychological, and social support to people having difficulty providing for themselves. People's inability to sustain a livelihood through market competition can be based upon a variety of factors including material impoverishment, age, gender, ethnicity, personal trauma, or health. In much of the 'developing' world, where very large

segments of the population struggle to maintain a livelihood, the burden on the social sector to redistribute resources is overwhelming.

After retiring, many elderly people require subsidies to support themselves. Among the poor, old age pensions have become an essential source of income for entire families and extended families. Another essential component of most state welfare programmes is the provision of grants to poor families struggling to provide for the basic nutritional or educational needs of their children. Financial support is also required for orphaned, abandoned, or abused children in foster care or institutions. Similarly, the disabled



are often unable to obtain a sustainable livelihood and require assistance where their family support fails. In many countries, the welfare system even provides regular income to those unable to secure employment. Apart from material welfare, the social sector can also provide social and psychological support by creating day-centres and other support structures.

A state's ability to deliver redistributive welfare programmes is often crippled by the administrative burden associated with the social sector. Those most in need of assistance can be difficult to target effectively because they often

live in rural areas and may be unaware of their entitlements. In order to help needy children find new families, a large number of foster homes and well-trained social workers are required. Where additional services are needed for the poor and the vulnerable, responsibility may be devolved to communities. If unable to secure state funding, community-based organisations often turn to private sector or international support.

Over the past twenty years, the globalisation of market economies has been associated with rising inequality and has greatly increased the demand on the social sector. Indeed, the majority of people in the 'developing' world neither own nor control their resources and find it increasingly difficult to compete for a livelihood. At the same time, as economic orthodoxy prescribes fiscal restraint, deregulation, and liberalisation, the ability of 'developing' states to provide a safety net is diminished. It is now widely recognised that the social sector can no longer be solely responsible for redressing inequity. A holistic and coordinated development programme aimed at ensuring opportunity for as many people as possible would lessen the burden on the social sector and would strengthen the ability of society to provide for those who cannot provide for themselves.

The World Bank has pointed out that AIDS is fast becoming a disease of poverty, as it may infect a higher proportion of poor than non-poor. For the social sector, where it exists, this translates into an even greater demand on welfare programmes that are already stretched to the limit. Not only is the AIDS epidemic likely to plunge more families into poverty, it will also make those families already dependent upon state support even poorer. The implications of this trend for the most vulnerable segments of society are devastating.

### Labour

Where a social sector exists, the AIDS epidemic will limit its capacity to help vulnerable families. In most countries, with personnel and facilities already stretched to the limit, the social sector's ability to access and deliver services to those in need will be further diminished by the crisis. As the pandemic advances, workers in the social sector, where most employees are women, will not be spared the effects of morbidity and mortality. Moreover the physical and psychological stress of confronting the epidemic on a daily basis may lead to high levels of worker attrition. The potential inability to replace these workers will pose a serious threat to the sector's capacity to meet the increasing need for adequate welfare services.

### External forces

The AIDS epidemic further limits opportunities for people to provide for themselves and their families. As working-age adults fall ill or die, vital income disappears. Many families may be forced to rely entirely upon old age pensions or child and family grants. Caring for those living with HIV/AIDS and burying those lost only increases the financial burden on homes already struggling to cover the basic costs of living. In many cases, the stigma attached to the disease and the refusal to confront the reality of HIV/AIDS may inhibit a cohesive family and community response.

Caregivers, who are typically women and the elderly, and who are already overworked with the rigours of daily survival (fetching water and fuel, cooking and cleaning), shoulder the additional burden of nursing the ill and providing for orphaned children. Those families responsible for the care of the disabled will experience increased pressure in attempting to provide for the special needs of this group. The resulting *poverty of time* reduces opportunities for women to pursue income-generating activities.

Despite their essential role in family maintenance, women are often amongst the poorest segments of society, disempowered, and susceptible to violent misogynist attacks. As men lose the ability to support themselves and their family, their frustration and anger will often be manifested in domestic abuse and rape. Until legal systems offer more effective protection, and until men take greater responsibility for their actions and make meaningful contribution to family care, the AIDS epidemic will make women more vulnerable and more dependent on social support.

The AIDS epidemic will not only make women more vulnerable but will diminish opportunities for all working-age adults to find gainful employment. As businesses lose substantial amounts of money through the loss of unskilled and skilled workers, as well as training costs, much lower productivity and higher costs of health care and pension pay-outs in the event of deaths, hiring new workers becomes costly, and investment stagnates or declines. At the national level, as health costs soar, the labour force is reduced, and resources are diverted away from savings towards medical expenses, economic growth slows. In countries where the epidemic is still in its early stages, the full economic impact has yet to arrive. The social sector must therefore expect less private sector support and more people dependent on the welfare system.

The full impact of the AIDS epidemic will stretch far beyond the immediate loss of economic opportunity. It is estimated

that one third of children born to an HIV-infected mother will themselves contract the virus, thereby placing an enormous emotional, temporal, and financial burden on their families for the few years they survive. Those children who do not contract the virus or whose parents are infected with the disease face the prospect of being orphaned. Estimates place the number of children on the African continent who have lost their mother or both parents to an AIDS-related illness at almost 8 million. The capacity of extended families to absorb these children cannot possibly match the need. Those children unable to find a foster home may languish in institutions or may be forced to fend for themselves on the street. This generation of parentless children will not only be denied their family and identity, but will also suffer from psychological trauma, increased chances of malnutrition, loss of inheritance, forced migration, exploitation and sexual abuse, and the loss of invaluable parental love, guidance, and attention. In many cases, children will be denied educational opportunities and adequate health care, thereby limiting their ability to compete for a sustainable livelihood. Moreover, the chances that these children will eventually contract HIV themselves are heightened because they are not able to access appropriate support structures to safeguard themselves against the virus.

Clearly, HIV/AIDS is further eroding the ability of families to protect and to provide for themselves, thereby increasing their dependence on an overburdened social sector. In countries where the generosity of the extended family is an invaluable asset, the failure to protect and support these kinship networks can weaken the social sector. In a climate of fiscal austerity, where public spending is already scarce and in many cases inadequate, the ability of welfare to alleviate the suffering of the AIDS epidemic is severely limited. Even if spending on the social sector were increased, policy-makers would still need to prioritise the systemic poverty responsible for the quick spread of the epidemic.

## IMPACT CHECKLIST

- How do family survival strategies change as a result of the epidemic?
- Is the foster care system equipped to deal with a significant increase in AIDS orphans?
- Are there enough well-trained social sector workers to cope with the epidemic?
- Are existing funds and social services adequate?
- Are existing funds and social services reaching those most in need?
- How important are pensions and other transfers to families directly affected by the pandemic?
- Will families become more dependent on the social sector as a result of HIV/AIDS?
- Does increased dependency result in more high-risk behaviour?
- Is the social sector providing vulnerable women with adequate coping mechanisms?
- Should the social sector be expected to compensate for lost livelihoods as a result of HIV/AIDS?
- Do communities have the networks and resources to assist those families worst affected by the epidemic?
- How does the stigma attached to HIV/AIDS limit the effectiveness of the social sector's response?

## SECTORAL RESPONSE

An effective social sector response must begin by focusing on the maintenance and the improvement of existing programmes. The sector must conduct a critical self-assessment aimed at gauging its reach and its impact. How important are pensions to families coping with HIV/AIDS? Do transfer payments and grants succeed in maintaining families even in the face of an HIV/AIDS epidemic? Are these programmes adequately resourced and funded? Can the procedures governing foster care be made more flexible so that more children can be integrated into foster families? After exploring its abilities and limitations the welfare sector must clearly delineate the extent of its responsibility. It is common to think of sectoral responsibilities as education – to do preventative work, health – to respond to acute phases of illness, and welfare – to respond to general illness, terminal stages of the disease, and care of other people affected. This approach is disastrous for the welfare sector and for the population at large. In setting clear boundaries, the sector will avoid over-extension and will emphasise the need for a multi-sectoral approach. No response to the HIV/AIDS epidemic can be neatly divided between education, health, and welfare.

The limits on the welfare sector are in many cases defined by increasingly restrained government spending. Such austerity measures, in the face of systemic poverty exacerbated by an AIDS epidemic, are not easily justified. Although governments play an essential role in

redistribution, other sectors must also take responsibility for the provision of social welfare.

The private sector can play a central role in the fight against AIDS. Businesses, particularly those employing migrant labour, should be contributing to prevention programmes, health management, and other initiatives aimed at lowering worker susceptibility to HIV/AIDS. Corporate responsibility cannot be limited to the workplace. Firms should be encouraged to contribute to the communities in which they operate. Certainly, unlocking corporate funds for social welfare initiatives such as HIV/AIDS education and the construction of community centres and health clinics would produce long-term social and economic benefits. If businesses cannot be persuaded that such contributions are in their best interests, government could explore various alternatives including the implementation of a corporate charter of social responsibility.

In many countries, CBOs and NGOs have been in the forefront of developing programmes to address HIV/AIDS. Such organisations are integrated into communities and are well-placed to respond to local needs. Using subsidies and other incentives, governments should encourage NGOs and CBOs to incorporate an HIV/AIDS component into their existing programmes. Such assistance could not only contribute to HIV/AIDS prevention, but could also supply badly needed financial support to under-funded organisations. Where such government

support is unavailable or insufficient, community organisations either commercialise their operations or turn to outside sources of funding. International donor agencies and NGOs have traditionally contributed considerable resources to development projects and HIV/AIDS prevention campaigns. To ensure that these projects are optimally utilised in the context of a developmental social welfare approach, the allocation of donor funds should be co-ordinated with national and regional initiatives. AIDS Service Organisations (ASOs) should play a key role in strengthening existing delivery mechanisms and creating new strategies.

Strengthening the safety net, however, is not enough. In situations of extreme poverty, the HIV/AIDS epidemic may be only of secondary importance to immediate material deprivation. As one co-ordinator for a South African ASO stated, "People don't care about AIDS when they don't know where their next meal is coming from or where they are going to sleep that night." Improving access to basic necessities such as water, electricity, sanitation, and housing would reduce the burden of poverty, would increase income-generating opportunities, and would allow people to become more self-sufficient. Given more freedom of opportunity, people would not only be less susceptible to HIV/AIDS, but also better equipped to deal with the impact.

Perhaps the most effective response would be the creation of opportunities for families to provide for themselves. For

the unemployed and the working poor, accessing the capital required to start up a new business can be extremely difficult. Policies aimed at encouraging the development of SMMEs should ensure that the poorest of the poor, who are often in rural areas, can access credit without undue restriction. CBOs and NGOs can augment such pro-poor credit policies by providing people with the skills and training necessary to start their own

business ventures. Public works departments could work in conjunction with local groups in the construction of multi-purpose community centres that could provide not only training and vocational opportunities but also educational material or counselling on HIV/AIDS.

In conclusion, the social sector's response to the AIDS epidemic should be two-fold. First, in order to maintain and

strengthen existing programmes, the sector must lobby heavily for additional resources, not only from government, but also from the private sector, international donors, and charitable organisations. Second, in order to lessen the welfare burden, the sector must emphasise the need for a multi-sectoral strategy aimed at maximising opportunity, thereby enabling people to become more self-sufficient and less dependent on external support.

## ACTION CHECKLIST

- ✓ Conduct a critical self-assessment aimed at gauging the sector's ability to respond to the AIDS epidemic.
- ✓ Establish clear limits as to the extent of the sector's responsibility in coping with the epidemic.
- ✓ Ensure that grants and services that do assist families in coping with AIDS are adequately funded and widely accessible.
- ✓ Utilise social sector workers with the ability to train people in self-assertiveness and life skills.

- ✓ Ensure that locally and regionally based CBOs, NGOs, and ASOs are actively involved in planning and coordinating all AIDS-related initiatives.
- ✓ Maximise the potential of the social sector by encouraging all existing community service providers and development-related organisations to incorporate STD and HIV/AIDS initiatives.
- ✓ Advocate a more holistic multi-sectoral strategy aimed at providing opportunities

- for people to become more self-sufficient and less dependent.
- ✓ Encourage government to prioritise redistribution through land reform and the rapid delivery of basic infrastructural necessities such as water, electricity, sanitation, and housing.
- ✓ Lobby for increased social responsibility and spending not only from government but also from the private sector, international donors, and other charitable organisations.

## SUMMARY

The social sector is intended primarily to provide for those unable to provide for themselves. As economic inequality increases, people's economic opportunities decline, thereby greatly increasing the demands on the social sector. The HIV/AIDS epidemic is reducing investment and slowing economic growth, unemployment is exacerbated and there is a consequent increase in dependence on the social sector.

The epidemic disproportionately affects the poor, not only forcing more people into poverty, but also making families already dependent on the social sector even poorer. Women and the elderly are especially hard hit, as they take on a disproportionate burden of care and may be subject to discrimination. The number of children affected by HIV/AIDS has reached alarming levels. Children who grow up deprived of adequate education or

health care may increasingly depend on the State for support.

The social sector must evaluate its capacity, define its limits and maintain and strengthen its existing programmes to ensure adequate family support mechanisms. The sector must also encourage the formation of partnerships to ensure an effective developmental social welfare response.

## REFERENCES

- Lund, F; *Report of the Lund Committee on Child and Family Support* (1996)
- Michael, K; *The Impact of HIV/AIDS in KwaZulu-Natal: lessons for equitable and efficient health reform policy*, Health Economics and HIV/AIDS Research Division, University of Natal (unpublished)
- Schneider, H; edited by Rolf Rosenbrock; *Politics behind AIDS Policies: Case studies*

- from India, Russia and South Africa*, Research Policy Unit Wissenschaftszentrum, Berlin (1998)
- Tallis, V; *The Politics of vulnerability: women and the HIV/AIDS epidemic*, *Development Update 2(2)* SANGOCO (1998)
- Whiteside, A. *Implications of AIDS for Demography and Policy in Southern Africa*, University of Natal Press (1998)
- Wood, G & Mason, B; *The Impact of HIV/AIDS*

- on orphaned children in KwaZulu-Natal, Nelson Mandela Children's Fund for the Children in Distress Project (CINDI)* (1997)
- UNICEF; *The State of the World's Children 1999*, UNICEF, New York, (1999)

## Useful Contacts

- HEARD website: <http://www.und.ac.za/und/heard>
- UNAIDS website: <http://www.unaids.org>

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