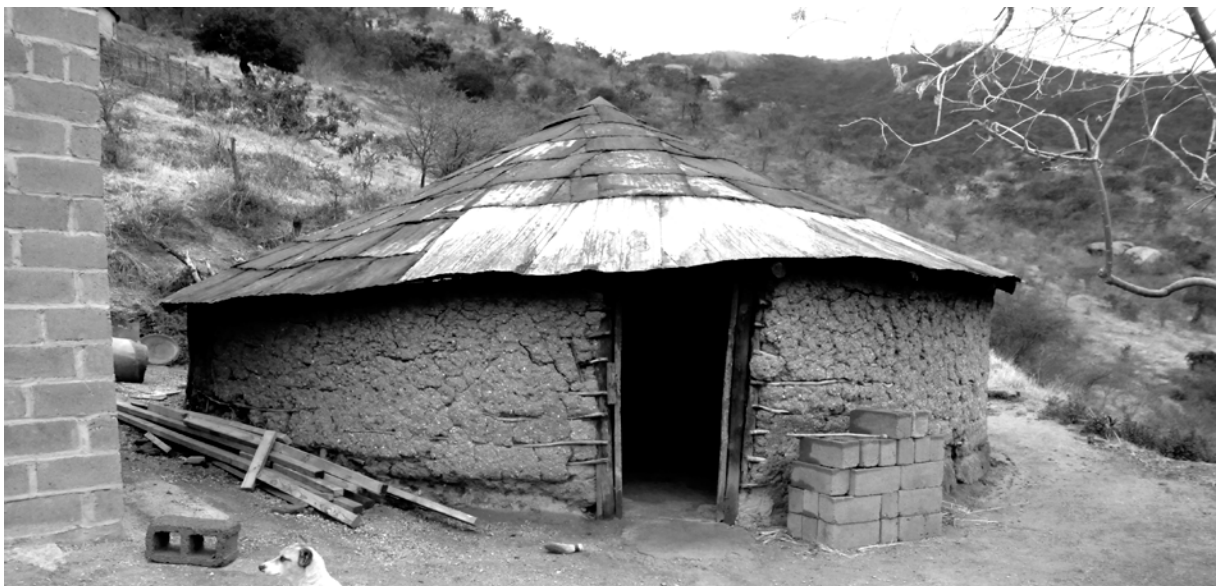




The relentless epidemic of HIV/AIDS threatens another generation of children in Africa, the world's most vulnerable continent.



Thulisile Ngcobo, 5, has a new house in Kwa-Ximba, KwaZulu-Natal, South Africa, built as part of Habitat's Orphans and Vulnerable Children program. Below is the family's old house.

The mission of ensuring public health and adequate shelter has become increasingly complicated in a world where pandemic disease can strike at any time, where the fastest-growing population of poor people live in crowded cities unprepared to handle them, where clean water and sanitation are still unavailable to millions, and where the relentless epidemic of HIV/AIDS threatens another generation of children in Africa, the world's most vulnerable continent.

Moreover, the progress in reducing death and disability over the past 30 years has not been equally shared globally. The declining death rate among children under 5 has been remarkable in many ways, but improvement has been slower—much slower—in low-income countries. In Africa, childhood death rates have remained high in many regions and have even increased in some countries.⁷

Chapter 3

HIV/AIDS

⁷ The Millennium Development Goals report 2007. New York, United Nations, 2007 www.un.org/millenniumgoals/pdf/mdg2007.pdf, accessed July 1, 2008.

8 UNAIDS, World Health Organization. Report on the Global AIDS Epidemic. 2008. www.unaids.org/en/KnowledgeCentre/HIVData/Global-Report/2008/2008_Global_report.asp.

9 UNAIDS, WHO. "Report on Global AIDS Epidemic." 2008.

10 UNAIDS.

11 International Treatment Preparedness Coalition. 2007. "Missing the Target #5: Improving AIDS Drug Access and Advancing Health Care for All." www.aidstreatmentaccess.org.

12 UNAIDS.

13 Angela Aidala et al., "Housing Status and HIV Risk Behaviors: Implications for Prevention and Policy," *AIDS & Behavior*, Vol. 9, page 251, September 2005.

The profound toll on Africa

Nowhere is this more apparent than in southern Africa, where the HIV/AIDS epidemic takes a disproportionate toll on those who live without the certainty of safe and secure housing. If housing conditions are not improved, success at treating those infected by the virus will be slow, resulting in more deaths. The continuing epidemic not only costs lives there—70 percent of all AIDS deaths worldwide in 2008 were in sub-Saharan Africa⁸—it also is crippling development and housing efforts aimed at eradicating poverty in the region.

- **Botswana's** economy will be nearly one-third smaller by 2025 than it would have been without the toll of HIV/AIDS.
- Two-thirds of urban households in **Zambia** who lost their primary earner experienced an 80 percent decline in income. On average, each survivor must now earn an income capable of caring for four more dependents.⁹
- In **Rwanda**, a family with a member who has AIDS spends 20 times more on health costs than a household where no one is infected.

In many sub-Saharan African countries, the spread of AIDS appears to be directly linked to migration, commerce and transportation, according to the Global Health Council. This is one of the few regions in the world where the majority of cases are caused by unprotected heterosexual contact, and women now account for about 60 percent of the population living with HIV. There has been some success in recent years at turning the tide on the epidemic in the region, but old disparities remain, now complicated by new problems in getting access to treatment and drugs.

- **Swaziland** remains the hardest-hit country in the region, with **Botswana** and **Lesotho** close behind. In all three countries, more than one in five adults between the ages of

15 and 45 are infected.¹⁰

- Counterfeit drugs and economic turmoil have plagued prevention and treatment efforts in **Zimbabwe**.¹¹
- In **Mozambique**, there appears to be an increase in the infection rate, according to the most recent data. The worst problems are along the border with Zimbabwe and South Africa.¹²

Treating HIV with better housing

The importance of housing in the campaign to prevent and treat HIV/AIDS has never been clearer. Higher living standards and adequate housing are "essential to reduce vulnerability to both the risk and consequences of HIV infection," the United Nations AIDS agency has declared. A secure home reduces exposure to HIV and other sexually transmitted diseases and leads to better access to treatment and other health resources for those infected. It offers women and girls some security against the spread of the disease through rape.

Homeless people and those in unstable family situations are at substantially increased risk of sexual and physical abuse, domestic violence and the inability to negotiate safe sex because of the need for a safe place to stay.¹³

Because HIV/AIDS attacks the body's immune system, those with the disease are at much higher risk of infection. Consider the risks then to a person living with HIV whose home has no floor and a thatch roof, or one who lives in a temporary shelter with six others crowded into the same room. We know that mud floors, leaky roofs and little or no sanitation can lead to the spread of opportunistic infections in those living with HIV/AIDS.

In Uganda, a country of 31.6 million where an estimated 2 million children have been orphaned or whose parents are infected with the



MIKEL FLAMM

Wanida Sotkrang works at her sewing machine in her new Habitat home, a cleaner environment than the slum where she previously lived. "I love my house very much," Sotkrang says.

THE HEALTH-HOUSING CONNECTION

Thailand: HIV-positive in a slum

Wanida Sotkrang's living conditions worried the Rev. Sanan Wutti, the director of the AIDS Ministry of the Church of Christ of Thailand. Sotkrang is HIV-positive, and the slum she lived in, along a filthy canal in Chiang Mai, daily tested her weakened immune system. The canal is polluted with human and other waste and is a breeding ground for mosquitoes, the carriers of malaria and dengue fever.

Sotkrang, who works from her home sewing stuffed animals for merchants in the city, also worried about the stability and safety of the makeshift house she shared with her son and daughter-in-law. The slum was crowded and noisy, making it difficult to get a good night's sleep. She and her family called it "nervous living."

The Rev. Wutti helped Sotkrang apply for a Habitat for Humanity house, and her 36-square-meter concrete-block house was one of 82 built during Habitat for Humanity's Jimmy & Rosalynn Carter Work Project in November 2009 in an old orchard outside the city. Within weeks of moving in, Sotkrang and her family had put tiles down on the floor, making it easy to keep dirt-free. "I like to keep it clean, even when I'm working here," she said of her new house.

After a peaceful night's sleep in her new and serene surroundings, she likes to take time in the morning to enjoy the fresh air during a little walk and to water the trees, flowers and vegetables she has planted. There's a big lychee tree in front of her house, and the neighboring children come to play in its shade. Even though she still has health problems, Sotkrang says that now, "my heart is full with happy."



Mud is packed over a wood and stick framework in this typical house in the village of Goda, Cote d'Ivoire. Rain erodes the mud, causing the houses to collapse if they aren't carefully maintained.

¹⁴ Uganda House Hold Survey 2002/03, Uganda Bureau of Statistics.

¹⁵ Kidder, Wolitski, et al., *AIDS & Behavior*, 11(6)/Supp2: S149-S161.

virus, a government survey of the population showed that in rural areas 48 percent of homes have thatch roofs, 63 percent use mud and poles for wall construction, 88 percent have earthen floors, 82 percent use pit latrines, and nearly 20 percent have no toilets.¹⁴

Such living conditions seriously jeopardize the success of those lucky enough to get access to the anti-retroviral drugs needed to effectively treat the condition. They are deadly for those who aren't getting treatment.

Overcrowded and unsanitary housing conditions contribute heavily to the spread of respiratory diseases. Indeed, the effort to combat tuberculosis— among those living with HIV and those not infected by the virus—can be easily negated when infected people are forced to live in overcrowded houses or temporary shelters.

Success in dealing with TB and the HIV epidemic will depend on programs that address these risks at a community-based level. They begin with housing standards that limit the number of people living in the same room, and with construction standards that reduce the risk of opportunistic infections.

Even in developed nations, this challenge can be daunting.

Within the United States, housing is the greatest unmet need of people with HIV/AIDS, says David R. Holtgrave, chairman of the Health, Behavior and Science Department of the Johns Hopkins Bloomberg School of Public Health.

An 18-month study in Chicago, Baltimore and Los Angeles compared the health outcomes of chronically homeless people living with AIDS to people living with AIDS who received some form of housing assistance. Those getting assistance were twice as likely to retain healthy viral loads as those who were homeless. They also were two times less likely to be hospitalized or need to use an emergency room during the study period. Significantly, they were also much less likely to engage in sex trade.¹⁵

There are as many as 500,000 households in the United States where people living with HIV/AIDS will need some form of housing assistance during their illness. Yet only about 70,000 households are being served by the federal Housing Opportunities for Persons with AIDS program, according to the National AIDS Housing Coalition.

The most vulnerable

One of the more profoundly sad facts of life in public health is that no matter what the disease, children are most likely to pay the heaviest toll in death and disability. With HIV/AIDS, uninfected children in Africa are losing their parents and creating a generation of orphans whose health and shelter needs have become a challenge to government and nongovernment groups alike.

Consider the scope of the problem in Africa alone:

- Every day, more than 7,000 Africans die from AIDS, leaving children behind.
- By the end of this year, as many as 18 million children—almost the population of Florida, the fourth most populous of the United States—will have lost their mother, their father or both parents because of AIDS.¹⁶

The continuing threat to orphans and vulnerable children in Africa, Asia and elsewhere stems from how the epidemic has affected the developing world differently from more affluent countries, with women carrying a greatly disproportionate burden from the disease. It is exacerbated by inadequate land ownership and secured housing rules that make infected women and their children more vulnerable to displacement.

In some parts of Africa, for instance, customary practices and social pressure take precedent over laws that are supposed to guarantee women some portion of the housing estate upon the death of a husband or father. In-laws and extended family members of the husband often seize the property and evict the widow, leaving her homeless. Laws in other countries blatantly discriminate against women on ownership. Swaziland, for example, prohibits a woman from registering a title in her name. Other countries prohibit broad groups of women—unmarried women, women who cohabit and those who

marry under certain religious and customary regimes—from owning property.

These rules—and the lack of laws that prohibit discrimination—hamper treatment for those women who also carry the virus, and place uninfected women and their families in danger of contracting the disease.¹⁷

Under such circumstances, these children are much more likely to suffer from poor nutrition, homelessness, discrimination and lack of access to health care than those in intact families. They are much more likely to drop out of school or be forced into exploitive child labor, and because they live in unsuitable or overcrowded conditions, they are vulnerable to physical and sexual abuse. Girls are much more likely to be pressed into the role of caregiver for their siblings, but have few rights—even if they have the ability—to secure their family's property.

Against these challenges, health and housing advocates, NGOs and government entities must alter how they respond. Finding adequate shelter, even on a permanent basis, is no longer enough. Beyond the dwelling itself, a new approach emphasizing education, protection of legal rights and skill building will be needed to address the long-term and very complex needs of these vulnerable children.

For instance, in Zambia, where an estimated 1.2 million children have been orphaned by the epidemic, the mortgage costs for the surviving spouses and families of those killed by AIDS often divert money needed for food, education and basic health care.

So health and housing advocates, including Habitat for Humanity, have recently settled on a three-pronged approach beyond helping orphaned children and their caregivers find a place to live. A new program there trains women and children about HIV and malaria prevention, in addition to hygiene and home

“Every day, more than 7,000 Africans die from AIDS, leaving children behind.”

¹⁶ UNAIDS, WHO: 2007 AIDS epidemic – regional summary.

¹⁷ ICRW, “Women’s Property Rights as an AIDS Response: Emerging Efforts in South Asia.”

maintenance. It also provides education about their inheritance rights and succession. Equally important, the NGOs involved in the project are working to influence legislation that affects the land and property rights of the poor.

In Mozambique, another Habitat project has a goal of enrolling 3,600 families (about 18,000 individuals) in new housing arrangements that will take a similar holistic approach. It too will emphasize training in how to prevent HIV and other diseases. Organizers have set up a database to track family members and study how these interventions have benefitted not just their health, but also their income and overall well-being.

Governments also have a role to play. The U.S. President's Emergency Plan for AIDS Relief

has recognized shelter as a core component of orphan and vulnerable children intervention. According to the plan's implementation guidelines, "the most effective responses place families, households and communities at the center of interventions." While 10 percent of the plan's nearly \$5.6 billion must be spent on the care, prevention and treatment of orphans and vulnerable children in fiscal year 2010, there are few guidelines about how to monitor and assess the well-being of children, including the adequacy of shelter. Decisions about what works best for children should be made on a country-by-country basis, with a higher awareness about how housing interventions may help.

Lesotho

Mohlalefi Mokhotu (left in photo at right), 5, was abandoned by his mother at infancy. In Lesotho, child abandonment is frequent, and the number of orphans in the country is increasing exponentially because of the ravages of HIV/AIDS and poverty. Lesotho has the third-highest HIV/AIDS prevalence rate in the world, with an adult infection rate of 23 percent. Like many others, Mohlalefi is cared for by an elderly grandmother. As the population of orphaned and vulnerable children continues to expand in Lesotho, extended family safety nets are becoming overwhelmed. Mohlalefi and his cousins, Lebohang (middle), 10; Relebohile, 9; Leshoboro (right), 5; Lerotholi, 3; and Mohale, 10; were all cared for by their grandmother, Mateboho, and housed in a small mud hut with one room and a dilapidated thatched roof. The family subsisted solely on a small plot of vegetables. The family was identified by Habitat for Humanity Lesotho in September 2009, and by Christmas, they had a new home. Mohlalefi says he is much happier sleeping in their new house because he is able



HABITAT FOR HUMANITY

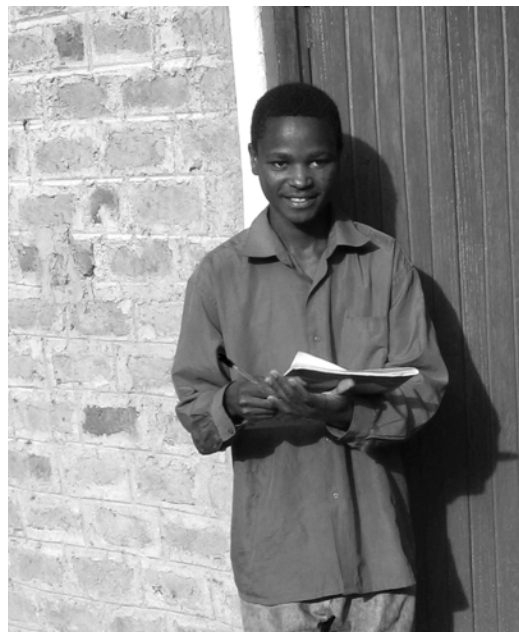
to stay dry during rainstorms. HFH Lesotho has been assisting vulnerable populations since 2001 and has built more than 475 houses throughout the country. The program takes a "safe-space" approach that aims to provide widows and girls with a secure living space free of the threat of violence. It also provides referrals for legal advice and advocates inheritance rights for vulnerable communities. Other projects provide shelter and care by building foster homes, single-room additions and pit latrines. HFH Lesotho also helps to identify, train and place qualified caregivers in the homes.

KwaDabeka, South Africa

Muntukayise William Mthethwa—or Mkhulu, as he prefers to be called—is 113, according to his birth certificate, but he is taking care of nine orphans, all of them related to him: Anele, 14; Hlengiwe, 14; Dabeka Lwazi, 11; Buhle, 11; Lindiwe, 10; Themba, 12; Nkosingiphile, 9; Ntombifuthi, 19; and Nothando, 7. Six of the children are pictured here with some of the volunteers who helped build their new Habitat for Humanity house in 2009. In South Africa, one child in five—21 percent—has lost one or both parents. Habitat for Humanity’s Orphans and Vulnerable Children Program not only provides safe and healthy homes, but also partners with other organizations to give the children and their caregivers holistic support with social and educational services and training. That includes, among other things, providing caregivers with education in HIV prevention and skills training to help them improve their incomes. The aim is to give the children a stable environment that will serve as a powerful weapon against disease and build hope, a sense of belonging and a sense of identity.



HABITAT FOR HUMANITY



RONALD ONGOPA

Bunashale, Bududa District, Uganda

Genes Bululu, 17, has faced challenges in life that no child should have to face. His father died of AIDS when Genes was only 2 years old. His mother died in 2004. His paternal relatives abandoned the children—Genes and his three half brothers, Manyali Brian, 8; Sokola Nathan, 12; and Nabalwala Betty, 10—and their grandmother took them in. Fortunately, Genes was identified by Compassion International through its Bududa Child Development Center as a beneficiary for housing and education. Compassion has since been paying his school fees, and the family built a four-room house with Habitat for Humanity Uganda in 2009, complete with a ventilated improved pit latrine and a shower stall. The OVC program in Uganda includes training in inheritance rights protection, because in many cases heirs don’t know their rights and lose their property to relatives. It also offers apprenticeships for youths, training for caregivers, instruction in malaria prevention, and mosquito nets.





MARCO VAN HAL

Chazanga Compound, Lusaka, Zambia

Nsamwa (left), 11, and Itai Tembo, 11, are cousins who lost their fathers six years ago. They and eight other children—cousins and siblings—live in a Habitat house with their grandmother Esnart Tembo, 53, who took them in after all three of her children died of diseases. Nsamwa and Itai like the fact that all the girls in the house now have their own room that they don't have to share with the boys. Of the more than 2,000 houses Habitat for Humanity has built in Zambia, 280 were for orphaned and vulnerable children, benefiting 1,450 people. In addition to providing safe, decent housing, Habitat's OVC program in Zambia provides tenure and inheritance training and helps with the creation of wills, an effort to prevent families from losing their property. The program also provides HIV-prevention training to homeowners and forms partnerships with community-based organizations that focus on education and health services for orphaned and vulnerable children.

Jossias Tongogara, Mozambique

Isabel Mavulambe, 16, was abandoned by her parents when she was 10 years old. She drifted among relatives and finally settled with her grandmother in a house with mud walls and a makeshift roof that did little to keep out the rain. The family built a decent, dry house with Habitat for Humanity in 2009, and Isabel took part most days in the construction so she would know how to maintain it. After missing school for years because of her living situation, Isabel is now in the fifth grade and is determined to study hard to fulfill her dream of becoming a teacher.

In Mozambique, the need of orphans and other vulnerable children for safe, decent housing is great. An estimated 17 percent of the population is infected with HIV/AIDS, and as much as 30 percent in certain cities along transport lines carry the virus. The Mozambique OVC program includes housing, latrines, water treatment kits and mosquito nets. Habitat partners with community-based organizations to provide the children with food, education, health and basic social support from their neighbors and community.



NEIL REID



Dorcas Phiri (from left) and her siblings Racheal, Matthew and Stella, are safer and healthier in a home with real walls and a door that locks.

THE HEALTH-HOUSING CONNECTION

Zambia: To sleep without fear

Dorcas Phiri's fragile, hardscrabble world cracked when she was barely a teenager. It fell apart completely when she was 17.

She lived with her mother, father, two sisters and a brother in Ngombe Compound, Zambia, but after her father died in 2003, the family had to move to a makeshift shelter on the outskirts of Lusaka. Four years later, their mother left as usual for a town nearby to buy commodities, which she planned to resell in Lusaka at a small profit to feed her family. She never came back.

Phiri was left as head of the household and somehow had to feed and protect her sisters Racheal, 14, and Stella, 12, and her brother, Matthew, 7. For almost two years, the children stayed in the shelter, made of plastic sheeting and pieces of wood, hoping their mother would return. But with no secure door, it wasn't a safe place.

"At night it would sometimes be a shock as you turn around to find a boy lying next to you. This would happen so often," Phiri said at the launch this year of a Habitat project that aims to build more houses for orphaned and vulnerable children. Intruders "wouldn't even use the entrance to the tent, but would cut through the tent to get to us," she said. "Nighttime was not a time to sleep, but a time to sit up and fear."

Sometimes their neighbors heard the children's screams and helped, and when other women in the community had space, they offered them a place to sleep. The children survived by taking on day-labor jobs such as crushing stones, collecting water for other households, washing clothes and baby-sitting.

In 2009, Habitat for Humanity Zambia, through its partnerships with SOS Children's Village and Bwafwano Community Centre, built a three-room house and a ventilated pit latrine for the family. SOS Children's Village and Bwafwano provide food and educational assistance to the children. Since living in their new home, all the children are back in school.

The new house is large enough that the Phiris rent part of it, giving them a little income. But the best things about the house are its solid walls and a door than can be locked. "I am happy now," Phiri said. "Especially now that I can sleep peacefully."