

Trainers' Handbook on HIV & AIDS Mainstreaming



Agency for Co-operation and Research in Development
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ACORD - HIV & AIDS Support and Advocacy Programme



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List of Acronyms & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
GTZ	German Development Agency
HASAP	HIV & AIDS Support and Advocacy Programme
HIV	Human Immune Deficiency Syndrome
ILO	International Labour Organisation
M&E	Monitoring and Evaluation
NGO	Non Governmental Organisation
PLHAS	Person(s)/People Living with HIV and AIDS
PRSPs	Poverty Reduction Strategic Papers
RBA	Rights Based Approach
STDs	Sexually Transmitted Diseases
VCT	Voluntary Counselling and Testing



Acknowledgement

About HASAP

The HIV & AIDS Support and Advocacy Program (HASAP) is ACORD's institutional arm responsible for coordinating the implementation of the HIV & AIDS theme. The programme's core functions are mutually reinforcing and they include: coordinating research and advocacy, providing technical support to programs and partner organizations as well as facilitating internal and external information sharing and learning. HASAP also plays a major role in facilitating linkages between ACORD's HIV & AIDS work and other thematic areas, which include gender, livelihoods and conflict.

Acknowledgement

The development of the framework and concepts in this Handbook are a product of a series of experience sharing workshops on HIV & AIDS mainstreaming organized by HASAP in collaboration with ACORD programs. This Handbook has been a joint effort from many people who contributed their time, skills and expertise.

Invaluable support was provided by a number of people who reviewed and edited the draft versions and they include:

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HASAP team: Dennis Nduhura – Programme Manager, Ellen Bajenja, Program Support Officer and Angela Hadjipateras.

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Introduction to the Handbook

About the Handbook:

This Handbook is part of ACORD's effort to strengthen its capacity and that of its partners in mainstreaming HIV & AIDS in development programs. It is designed for use mainly, but not exclusively, by development programs. The Handbook gives information that will support facilitators using *ACORD's Generic Trainers Guide on HIV & AIDS Mainstreaming*. Trainers are encouraged to seek more information from other sources to further strengthen their knowledge of the concept highlighted in this Handbook.

Which Trainers?

The Handbook is for trainers in development work who facilitate other organizations to effectively respond to HIV & AIDS using the mainstreaming approach. Trainers should have:

- knowledge of participatory training techniques;
- experience in any development projects;
- an interest in long term collaboration with development projects;
- a conceptual openness and motivation to learn and apply new approaches.
- experience and knowledge of HIV & AIDS issues is desirable but not compulsory.

Layout of the Handbook:

The Handbook consists of five modules, each of which has components presented as sessions. The modules are:

- i. Setting the workshop scene and reviewing HIV and AIDS.
- ii. HIV & AIDS as a Development Issue.
- iii. Internal HIV & AIDS Mainstreaming.
- iv. External HIV & AIDS Mainstreaming.
- v. Participation, Networking, Monitoring and Evaluation.

How to Use the Handbook

This is a handbook! It is not a trainer's guide for HIV & AIDS mainstreaming. A Trainers Guide is provided separately.

As indicated in the notes on layout of the Trainers Guide, a successful way to use this Handbook is to prepare adequately: work through each session and understand session objectives, suggested preparatory steps to put in place appropriate methods, materials etc. It is good to internalise session content - to help you lead discussions from an informed position; it is also helpful to understand questions provided and be able to give alternative responses in addition to what participants will provide. Where case studies, role plays or other group methods are given, prepare in advance and have suitable methods to process the activity to reach learning points e.g. suitable questions etc.

It is expected that by the time you complete your preparation on any session, you will be having precise notes (a session guide) which you can use conveniently to remind you of key actions, questions, etc. along the session. Finally, make a provision to evaluate each session using participants and later between yourselves, the facilitators.

Please note that this handbook contains notes that will widen your understanding of the content of each session to enable you to answer/discuss questions/issues that may arise. You should follow the guide to keep within the objectives of each session.

A month to the Workshop:

Planning for the workshop starts with identification of, facilitators, participants and a suitable course schedule. The facilitators should be actively involved in the initial preparations in determining the workshop content, objectives etc.

The workshop schedule should show the aim of the workshop and the objectives. It would be appropriate to cover the whole *Generic Training Guide on HIV & AIDS Mainstreaming* if there is sufficient time; but, if there isn't sufficient time, the trainers should use their discretion to determine modules which suite their purpose. An appropriate venue should be identified before letters of invitation are dispatched – usually away from interruptions from office activities and families.

Participants should be selected who meet basic requirements like availability, having a relatively equal capacity to interact with others, say of similar educational levels and experience, able to implement objectives of the workshop through an action plan after the workshop. Participants managing and implementing HIV & AIDS activities would be preferred for purposes of sharing experiences.

Once the number and type of participants have been identified invitation letters should be sent at least in three to four weeks time. A draft training schedule should be attached and a request for a letter of acceptance indicated. A form should be attached for prospective participants to complete to show details of their qualifications, positions held in office, experience in participatory development work and on HIV and AIDS. This is important for trainers to use in designing a suitable programme and appropriate training aids.

It is proposed that 20 to 25 participants are appropriate for easy management.

A week to the Workshop:

The person in charge of the workshop administration should check out the venue to ensure that it meets the requirements for comfortable seating arrangements (which can be varied), group activities and role plays. The quality of accommodation and type of meals should be verified, discussed and agreed upon during this visit.

Trainers should meet to review participants' particulars and to determine the actual number; it is possible at this point to stop some participants from attending the workshop if they do not meet the basic criteria or are overqualified. Final invitations can be sent to accepted participants with a modified workshop schedule – derived from the needs and qualifications of participants.

It is expected that trainers will be able to finalise on the timetable, prepare for each session and decide who will lead which session. A list of requirements to be used in the workshop should be prepared and forwarded to the administration two weeks before the workshop for early procurement. The trainers should meet one or two days before the workshop to make final preparations – this may include writing up flip charts, etc.

An invitation letter should be sent to the person expected to open the workshop with a schedule attached. This may be a senior member of the organisation, a manager of a partner organisation or a political leader, depending on the status attached to the workshop.

Workshop Opening:

Experience shows that guests to open a workshop may actually not come on time; it is important to keep time right from the beginning – so the workshop can proceed and will be opened when the guest arrives. An important output of the workshop opening should be to emphasise the achievement of objectives and delivery of action plans.

During the Workshop

Basic requirements during the workshop are that:

- the participants are clear about the objectives;
- both trainers and participants keep time;
- evaluation mechanisms for each session, day and after the workshop are clarified and implemented;
- attendance by all participants is emphasised;
- trainers work as a team: varying facilitation methods and helping one another within each session.
- daily feed back is given to participants/trainers every morning on administrative issues and process of the workshop during the previous day.

Workshop Evaluation and Action Plans:

There are various levels of evaluation: before the workshop, during sessions and after the workshop. Whatever the trainers will find convenient, materials should be prepared to ensure that the selected evaluations are carried out in timely manner. It would be good to share the results of each type of evaluation with participants at the relevant time.

The need for Action Plans should be emphasised on the first day; a format could be availed to participants so that they may identify areas they need to plan for. Once the participants are clear about the workshop objectives and deliverables on their part, then the trainers will be left with carrying out a good job and reaping results.

Good Luck!!!



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Module I: Setting the Workshop Scene and Reviewing HIV and AIDS



Session I: Understanding HIV & AIDS

Definition of HIV and AIDS

HIV stands for *human immunodeficiency virus* (a virus is a small germ). HIV is a virus.

AIDS refers to a condition of a person who is suffering from different illnesses after he or she is infected with the HIV virus.

Immunodeficiency is derived from *immune deficiency* which implies lack of immunity. This means that when the HIV virus is acquired, it attacks the cells of the body which fight germs. Once this happens, the body's immunity or capacity to protect it from diseases is reduced leading to various and frequent illnesses - a condition known as AIDS.

Immunity is the body's ability to defend itself from organisms which cause diseases. The immune system is made of antibodies which fight germs. These antibodies are cells found in the blood system. Each antibody is produced by the body to fight a specific germ like the HIV virus. Unfortunately, instead of fighting and destroying the HIV virus, the virus destroys the germ-fighting cells. The virus is capable of multiplying in the body and destroying more of the immune system leading to more attacks on the body by other diseases. Consequently, the body becomes weaker and weaker until the person dies.

Progression from HIV to AIDS

The Window Period

Is a stage when the person who has acquired the virus may experience symptoms like mild flu – for one or two weeks. Such symptoms are a result of the body's first attempt to fight the first attack by the virus. The person will test negative for HIV at this stage.

Sero Conversion

This period, which may take several years, is when the virus will multiply and slowly damage the immune system of the body. The HIV antibodies may be seen at this stage but no physically recognisable symptoms will appear on the body. The person will appear physically healthy and attractive but can spread the virus to those who engage in unprotected sex with him/her.

Asymptomatic Seropositive Phase

Clinical symptoms begin to appear because the virus load has increased and taken control of the body's immune system. The person may still not be sufficiently ill to show AIDS.

Sufficient Illness for AIDS

This is the last stage: the immune system is quite destroyed; the person starts suffering from many diseases for longer times and more intensively.

How HIV is Spread

HIV is spread through:

- **sexual intercourse** - (without using a condom) with someone who is infected – this is the most common way HIV spreads from person to person.
- **mother-to-child, a pregnant woman to unborn baby** - while the baby is in the womb, when the baby is being born or during breast feeding.
- **blood - blood transfusion** or sharing of needles, razor blades or other instruments used for circumcision, ear piercing, tattooing, etc.

HIV is NOT spread by:

Shaking hands, hugging, eating together, sharing cups or utensils, sharing clothes, towels, bed sheets, sharing a toilet, saliva, sweat, urine, faeces (human waste) kissing and mosquito bites.

Co-factors

Co-factors for HIV transmission are:

Rough sex - when there is no lubrication: this can result into bruising and bleeding causing micro-ulcers through which HIV can pass easily. This occurs in situations like rape, indecent sexual assault and sex without foreplay.

Sex during menstruation or shortly after child delivery exposes bleeding areas to chances of HIV transmission.

Common misconceptions about HIV and AIDS:

- HIV is transmitted by mosquitoes.
- Sexual intercourse with a virgin will cure AIDS
- HIV cannot be transmitted through oral sex.
- You can get HIV through casual contact with an infected person.
- HIV can only infect gay men and drug users.

Source: AIDS Information Centre/Unicef, *People Living with HIV & AIDS Going Public: Trainers Guide*,

Session II: The Global Response

Global/Africa Trends

UNAIDS/WHO estimates that 40.3 million people were living with HIV at the end of 2005. Africa has been hit by the HIV epidemic much harder than any other region. UNAIDS/WHO estimates that 25.8 million people were living with HIV in the Sub-Saharan region at the end of 2005, out of a global total of 40.3 million. Across sub-Saharan Africa, UNAIDS/WHO estimate that 500,000 (11% of those in need) were accessing ARV treatment at the end of June 2005.

Global Responses

<http://www.thebody.com/unaid/report/responses.html>

Joint United Nations Programme on HIV/AIDS

Today, AIDS is on the world's global political agenda and is considered an issue of utmost urgency in nearly every country. The following are some of the responses:

In 1996, to mobilize the main United Nations agencies in a coordinated response and individually in their respective areas of work, the United Nations drew together six agencies -- the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank -- in a joint and co-sponsored programme, **the Joint United Nations Programme on HIV/AIDS (UNAIDS)**. UNAIDS co-sponsors have made significant progress in mainstreaming HIV/AIDS into their programs, and AIDS is now an institutional priority in the respective organizations. Other categories which have joined the global response are:

International Development Agencies:

Non-Profit Foundations e.g. the Bill and Melinda Gates Foundation have made large grants to support AIDS prevention among youth and health-care work in several African countries.

Civil Society Organisations:

Civil society has led the way on some of the most sensitive issues, such as drug-related prevention, human rights promotion and protection of people living with HIV/AIDS. They have initiated advocacy programs and placed the issue of equitable and affordable access to care, treatment and support onto global and national agendas.

Civil society organisations have also led the integration of HIV & AIDS in organisations and programmes. Beneficiary communities are able, in many countries, to benefit from both project outputs and HIV & AIDS interventions.

Corporate Sector

Organizations involving and representing businesses, such as the Global Business Council on HIV/AIDS, are taking the lead in promoting the involvement of business in cross-sectoral partnerships with Governments and NGOs. Such companies as MTV, Standard Chartered Bank, Coca-Cola and Unilever are increasingly showing leadership in the partnership field.

Research and Academic Organizations

As well as researching and developing new HIV drugs, multinational pharmaceutical companies have initiated corporate responsibility programs to help support global responses to HIV/AIDS, including training of health-care professionals in developing countries and support for community-based organizations.

National Leaders

Leaders, including African leaders, are courageously breaking the silence surrounding the epidemic, publicly and repeatedly declaring AIDS a national emergency and establishing the institutions and mechanisms needed to respond swiftly to the spread of HIV.

While the epidemic in Africa continues to spread, there is well documented evidence of successes in the response to HIV/AIDS, particularly among young people in Zambia, Uganda and the United Republic of Tanzania.

<http://www.thebody.com/un aids/report/responses.html>

The Global Fund

In April 2001, the U.N. Secretary General, Kofi Annan, called for action what is now known as The Global Fund to fight AIDS, Tuberculosis and Malaria. When the Global Fund was started, it was hoped that it would be an effective mechanism to attract and manage resources to deal with international health issues. In 2001, the UN Secretary General quoted an estimate of \$7-10 billion being required annually to tackle the HIV/AIDS epidemic in low and middle income countries worldwide.

Source: Global Fund to fight AIDS, Tuberculosis and Malaria

Workplace and Programme-based Strategies

Currently, workplace and community based strategies have become a common phenomenon. Like gender mainstreaming, HIV and AIDS mainstreaming in the workplace and in programmes has become a popular method of intervention. Mainstreaming brings with it all the components of fighting the spread of HIV: awareness raising, education, care and treatment etc.

Source: UK Consortium on AIDS and International Development: Working Positively, A guide for NGOs managing HIV/AIDS in the Workplace

Session III: Introduction to HIV & AIDS Mainstreaming

Direct HIV & AIDS Work

Is work or an intervention that focuses on AIDS prevention, care and/or support for the infected/affected. Some organisations can carry out one, two or all of these activities in a particular community. An organisation can include programmes that are expected to strengthen prevention of AIDS among women by providing income generating activities.

Integrated AIDS Work

Community programmes are implemented along with direct prevention, care/treatment or support. The AIDS activities are implemented in conjunction with and linked to other projects or within wider projects. The programmes tend to run in parallel with each other but may complement each other. An example is a credit programme which incorporates HIV & AIDS sensitisation and distribution of condoms to its beneficiaries.

HIV & AIDS Mainstreaming

Mainstreaming HIV/AIDS can be defined as the process of analysing how HIV & AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage.

The specific organisational response may include:

- putting in place policies and practice that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality.
- refocusing the work of the organisation to ensure those infected and affected by the pandemic are included and able to benefit from their activities.
- ensuring that the sector activities do not increase the vulnerability of the communities with whom they work to HIV/STIs, or undermine their options for coping with the affects of the pandemic.

Mainstreaming, starts from the analysis of the purpose, mandate and routine functions of an organization and involves integrating HIV & AIDS as a discrete set of activities while also looking holistically at the work of the organization and reducing its vulnerability to HIV & AIDS.

Source: VSO

Oxfam identifies three areas where *mainstreaming* takes place: in the workplace; in strategy and programming; and through links with focused interventions on HIV & AIDS. Thus, mainstreaming involves bringing the issues surrounding the pandemic into strategic planning, into all day-to-day organisational operations and throughout its programmes and relationships with others **Sue Holden**: *mainstreaming* consists (1) of making changes

to the internal management of their organisations with a view to limiting the impacts of AIDS on their employees and their work, and (2) adapting external work in order to take account of the causes and consequences of AIDS. VSO

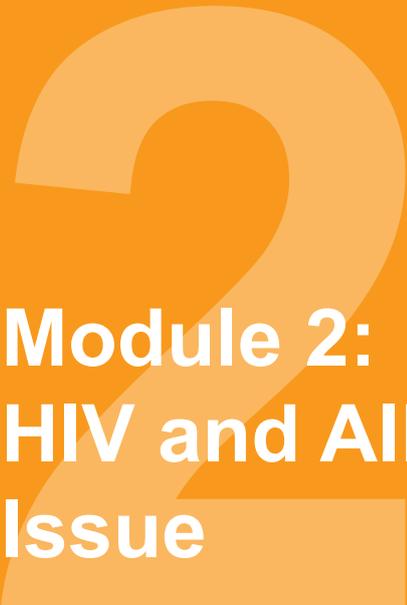
HIV & AIDS mainstreaming is NOT

It may help to strengthen participants understanding of HIV & AIDS mainstreaming by asking them to think of what *it is not*. The following are some examples developed by members of a mainstreaming workshop:

- It is NOT simply providing support for a Health Ministry's programme.
- It is NOT trying to take over specialist health-related functions.
- It is NOT changing core functions and responsibilities (instead, it is viewing them from a different perspective and refocusing them).
- It is NOT business as usual – some things must change.

Mainstreaming in Practice

Mainstreaming should in practice begin within organisations i.e. internal mainstreaming. This will help to protect staff from infection, care for those who are sick and help to fight discrimination and stigma. Besides, it will help to cultivate the necessary confidence and knowledge required to carry out mainstreaming within the communities that the organisation serves. Once staff are comfortable to discuss HIV & AIDS issues among themselves, then they should find it easier to introduce it to the communities. The capacity building on HIV & AIDS building done during internal mainstreaming can easily be translated to building the capacity.



**Module 2:
HIV and AIDS as a Development
Issue**



Session I: Why HIV & AIDS is a Development Issue

Why HIV & AIDS is a Development Issue

- The HIV & AIDS epidemic is today considered a major threat to development and economic growth in affected countries and its impact is felt across all sectors – health, education, agriculture, infrastructure, the manufacturing and services sectors etc.
- HIV & AIDS is a challenge to international cooperation as it risks eroding decades of progress in development. That is why the international community has put HIV & AIDS and poverty at the centre of the development agenda as reflected in the Millennium Development Goals and resources such as the Global Fund.
- HIV & AIDS is a development issue because it reduces productivity due to illness and death; persons who are sick cannot work and produce. At household level, when a member of the family is suffering from AIDS, family savings are diverted to buy drugs and to provide care for him or her. Members of the family have to spend more time caring for the sick; that implies reduced activity in the gardens/offices and therefore reduced productivity.
- All sectors of production: farming, industry, government workers etc. are threatened by HIV and AIDS. Workers in those sectors who are suffering from AIDS take time off for treatment or bed rest; this has a direct effect on productivity and development.
- Community development programmes have been affected by HIV & AIDS in various ways; for example, some programmes are implemented without considering the implications of their activities or output on various sections of the community. A development programme could indirectly promote the spread of HIV & AIDS or undermine the condition of community members suffering from AIDS.
- The reduction in a country's population due to death resulting from HIV & AIDS has a direct effect on development because both skilled and unskilled labour is lost through long illness or death. Resources used for training skilled persons, youths and adults are lost too – this has a significant effect on development.
- Many countries are using considerable amounts of resources to educate their people on HIV & AIDS in order to reduce its spread; those resources could have been used on other development projects in various sectors.

It is important therefore that all development interventions should include the component of HIV & AIDS in their programmes to address its effects.



Session II: The Rights Based Approach to HIV & AIDS Mainstreaming

Description of the Rights Based Approach

The Rights Based Approach (RBA) addresses discrimination by ensuring that all members of the community enjoy the same dignity and rights regardless of their gender, language, birth or social rights, wealth, political opinion. It creates processes for changing prejudices and stereotypes and empowers communities to make their own choices, advocate for themselves and exercise control over their lives. The RBA encourages participation of vulnerable categories of the community in the decision making process in all areas including the design, implementation and accessing of benefits resulting from such efforts.

The Rights Based Approach is the need to observe the rights of various categories of vulnerable persons particularly women, children, the disabled, youth, etc. when dealing with issues of development and other social concerns. Often, the rights of such sections of the community are violated or not considered due to limitations/discrimination imposed upon them by nature, culture, society or other forces. One area where the rights of vulnerable persons are not fully considered is in the control and management of HIV & AIDS epidemic. This is evident in some communities in Sub-Saharan Africa, where, for example, women do not participate in community health/development decision making activities.

Guideline No. 5 of the UN on HIV & AIDS states that: States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV & AIDS and people with disabilities from discrimination both in public and the private sector, ensure privacy and confidentiality and ethics in research involving human subjects....

Rights-based approaches are driven by popular movements such as women, the disabled, landless and indigenous peoples which often demand for their participation in decision making. Some organisations support struggles of particular groups rather than focusing on particular kinds of rights. Whatever the approach, persons who claim for their rights to be recognised should themselves be responsible for the success of programmes that address their needs; they need to make personal contributions through participation and provision of resources.

Relevance of the RBA to HIV & AIDS Mainstreaming

The Rights Based Approach is a social requirement supported by various authorities and governments that stipulates the enacting of laws to protect the rights of vulnerable groups including people living with HIV & AIDS from discriminative tendencies by other members of the community. The RBA protects women, children, disabled persons, etc. from tendencies that deny them access to social necessities, justice etc.

The RBA is an important concept in HIV & AIDS mainstreaming because it emphasises the rights of all persons to, for example, to access to antiretroviral treatment. Mainstreaming HIV & AIDS therefore requires adopting some of the elements of the RBA to support or defend arguments for implementing it within organisations and communities.

Rights-based approaches promote equality in decisions making among various vulnerable groups to access economic resource which in turn give them security from exploitation and exposure to HIV and AIDS.

Session III: HIV and AIDS, Human Rights & Development

HIV and AIDS, human rights and development

Human rights violations are directly linked to the spread of HIV and AIDS, stigma and discrimination faced by people living with or affected by HIV/AIDS. A number of examples can be highlighted:

- Women, for example do not have a right to negotiate on issues related to sexuality. Girls, due to economic vulnerability in most developing countries, get married early and have no right to refuse unprotected sex from promiscuous husbands. Similarly both employed and unemployed women may get involved in sexual encounters to keep their jobs (in case of the former) and, in exchange for monetary benefits (in case of the unemployed).
- Some women engage in commercial sex, either as a means to survive or as a way of acquiring new clothes or a smarter mobile phone. This level of vulnerability is common where women have no economic means to cope with social and economic needs.
- Even when women are not infected, access to testing, counselling and care is in many cases dictated by the male partner, particularly in rural societies. A woman could be either constrained by lack of money to acquire testing/counselling services or limited due to the consequences of being found positive by the spouse.
- A number of communities in developing countries do not give equal opportunities to girls and boys to acquire education. This weakens the position of girls/women to participate in decision making and understanding of HIV & AIDS.
- Women are not allowed to own or inherit property such as land, houses, etc. in many communities. As a result, they remain dependent on men even after they lose their rich spouses. Lack of property and other forms of wealth exposes women and girls to abuse by men and therefore the possibility of acquiring HIV.
- Apart from socially and culturally determined inequalities between men and women, the latter suffer direct violence from men for various reasons ranging from household issues to political violence within and between countries. Wars, for example in northern Uganda, have left many women raped and infected with HIV and with no property and other forms of wealth.

The above examples can serve to link human rights, HIV & AIDS and development. The same examples can also serve to link the spread of HIV & AIDS to women's rights to development.



Session IV: Adopting the Rights Based Approach

Overview

The RBA addresses discrimination by ensuring an all inclusive approach to members of the community in any intervention. It empowers the community to make their own choices while minimising social and structural inequalities.

Health is a “state of complete physical, mental, and social well-being, and not merely the absence of disease ...” (World Health Organization). In the context of the HIV & AIDS epidemic, promotion and protection of human rights and promotion and protection of health are fundamentally linked. When human rights are not promoted and protected, it is harder to prevent HIV transmission. For example:

- Without *access to information* about how HIV is transmitted and *the means to prevent transmission*, people are more vulnerable to infection.
- Without *adequate medical care and treatment, nutrition, shelter, and income*, people with HIV are more susceptible to anxiety, poor health, and disease.
- Without the *participation of people affected by the epidemic*, prevention programs and support services are less likely to work for the people who need them.
- As a result of the *stigma associated with HIV & AIDS* and with populations affected by the epidemic, people experience discrimination in the community, at work, in housing, in immigration, in accessing health and social services.
- The subordination of *women and girls* – compounded by domestic violence, sexual coercion, and inability to negotiate safer sex – has made them vulnerable to HIV infection and prevented them from getting the information, resources, and services that are necessary for their health.
- *Prisoners* depend on the state to give them the resources to prevent infection with HIV and other diseases, to protect their privacy, to protect them from violence, and to provide them with health care. Failure to fulfil these rights has contributed to HIV transmission among prisoners and made the impact of HIV infection worse.

Elements of the Rights Based Approach Accountability

Accountability in the development process starts with identifying the roles of beneficiaries and what the implementers are expected to deliver. It means including beneficiaries in the decision-making process when identifying what the problem is, what interventions are required, what inputs/resources are needed, indicators to be monitored at various levels and expected outputs. All these steps require to be carried out in a transparent and participatory manner to include beneficiaries or their representatives.

Empowerment

The Rights Based approaches provide strategies for empowering people. The beneficiaries should be treated as the owners of rights and the directors of development; emphasis is made on the human person as the centre of the development process.

The goal is to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.

Participation

RBA's require a high level of participation including communities, civil society, minority groups and indigenous people among others. Participation needs to be fully understood. It's not mere presence of the beneficiaries for development meetings but use of participation in the decision making, implementation and consumption of planned outputs.

RBA's give due attention to issues of accessibility, including access to development processes, institutions, information and redress or complaints mechanisms. This implies that development must be situated within reach of partners and beneficiaries. Development also emphasizes the use of process-oriented methodologies and techniques as opposed to rapid or quick fixes and imported technical models that may not be applicable in the people's context.

Non-Discrimination

The RBA's have special focus and emphasis on issues of discrimination, equality, equity and vulnerability. These groups include women, minorities, and indigenous people among others. It is important to note that vulnerability is context specific and therefore there is need to develop desegregated data by gender, ethnicity, religious affiliation, language etc.

Implications of RBA

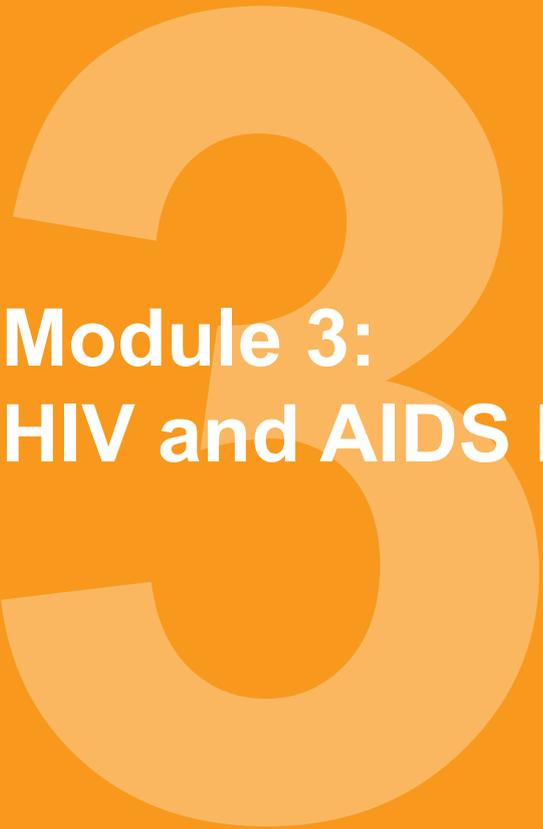
- Emphasis on rights often sounds very threatening or difficult for governments to manage politically in countries where there are intense differences between sections of the population.
- In an environment where there is no democracy agencies that emphasize the rights based approach may be accused of interference.
- The Rights Based Approach aims at empowering the excluded and, in situations where there is no legal backing, their ability to advocate for their rights may be impossible.
- The RBA may endanger the people if they are unable to deal with the outcome.

Some of the benefits of using the rights-based approach

- It raises awareness and accountability – it becomes apparent that as individuals we have rights as well as duties towards our community.
- It makes clear that ownership of the process of change rests within the community.
- By broadening access to decision-making to previously excluded people, the whole community can see the strengths and assets different people can bring.
- It improves openness and transparency, which has a fundamental impact on stigma and discrimination.
- Working towards rights-based approaches help communities develop agendas that become inputs to district and regional policies.

Source: Mainstreaming HIV/AIDS Using a Community-led rights-based approach: A Study of ACORD Tanzania. A HASAP Publication, 2003





**Module 3:
HIV and AIDS Mainstreaming**



Session I: Internal HIV & AIDS Mainstreaming

What is HIV & AIDS Internal Mainstreaming?

Internal mainstreaming refers to changing organizational policy and practice in order to reduce the organization's susceptibility to HIV infection and its vulnerability to the epidemic's impact. **Source:** *Putting AIDS on the Agenda: Sue Holden 2003.*

The process of mainstreaming in organizations requires **commitment** from management and staff. **Commitment in this particular context means** that management will provide time, money, personnel, a conducive environment for staff to freely take time to discuss HIV & AIDS issues at all levels of project management.

Impact of HIV & AIDS on Organisations

While HIV is not transmitted in the majority of workplace settings, the risk of transmission has caused a lot of fear among staff to the extent that **discrimination** against staff living with HIV & AIDS has had a direct effect on both productivity and the social dynamics between staff.

There is evidence that if people living with HIV/AIDS reveal their status at work, or are found to be suffering from HIV and AIDS, they may experience **stigmatisation and discrimination**. Nobody will come near them, eat with them in the canteen or will want to work with them; they become outcasts. **Lack of confidentiality** has been repeatedly mentioned as a particular problem in organisations. Many people living with HIV/AIDS do not get to choose how, when and to whom to disclose their HIV status. When their status is revealed by someone else without their consent, the resulting stigma can be very devastating.

When the number of staff living with HIV & AIDS increases, there is a **corresponding increase in medical costs** – in organisations having health insurance schemes. There will also be an increase of persons taking health leave. Both situations are a cost to the organization. In such circumstances, some organizations have developed policies that terminate employees as soon as the HIV & AIDS status is known. This is discrimination and leads to stigmatization; it also encourages employees who get to know their status to hide it. The consequences will not be good for both the organization and the employees.

Stigma is a reputation often attached unfairly to an individual that more often influences the way they are perceived or how they perceive themselves in any setting.

Discrimination refers to the action usually taken as a result of the prevailing stigma, which often ends up in unfair treatment, subjecting the affected individual to feelings of guilt, shame and isolation.

Adopted from: HASAP Newsletter Issue 3.

Causes of Stigma

Stigma and Discrimination are caused by *lack of knowledge* about HIV & AIDS, *fear of the disease*, *poverty*, *poor health care*, *government/organisation policies*, *gender inequalities* etc.

Forms of Stigma

Self stigma: persons living with HIV & AIDS may experience feeling of guilt and fear. This is possible where society treats a person living with HIV & AIDS as criminal or one with poor morals e.g. a man or woman committing adultery. It is also common where religion has strict standards on HIV & AIDS issues.

Felt stigma follows from covert public responses/reactions experienced by a person living with HIV and AIDS. Persons within the environment of those suffering from HIV & AIDS may try to hide their feelings but the latter may still feel that the public knows – from the way he is being treated.

Enacted stigma occurs when a person living with HIV & AIDS experiences social discrimination due to open seclusion by members of the community or fellow workers in an organisation.

Effects

The main effects of stigma and discrimination are **anger and denial**. Other effects are psychological and may be manifested through poor performance, irritability, absenteeism, etc.

Internal HIV mainstreaming helps an organisation to address and alleviate the causes, forms and effects of stigma and discrimination. By extension, **mainstreaming HIV & AIDS** into community and household activities will **minimise the causes, forms and effects of stigma and discrimination**.

How is HIV/AIDS Mainstreaming Carried Out?

It is recommended to begin with internal mainstreaming. An organisational analysis should be applied to at all institutional levels assess the implications of HIV and AIDS. A plan to anticipate, balance and mitigate the impact of HIV & AIDS on human resources can then be developed.

The three Key Questions in HIV & AIDS Mainstreaming

1. How does HIV & AIDS affect your organisation and your work? This concerns the beneficiaries, the sector, the workplace, and the programme objectives and activities.
2. How to do no harm? Could the intervention have negative implications with regard to HIV and AIDS? How could this be avoided?
3. How can you contribute to fighting HIV and AIDS? Where is your comparative advantage to limit the spread of HIV by reducing risk and vulnerability and how can you mitigate the impact of the epidemic?

Step I: Organisational Analysis

- How are the staff and their families affected?
- Impact of HIV & AIDS on human resources in the sector?
- What institutional instruments are available to respond?
- What resources are available to respond?

Context and organisational analyses should be an integral part of the overall situation analysis done at the beginning of a programme. Analysis should be gender sensitive i.e. recognising and addressing the gender imbalances that drive and characterise the epidemic.

Step II: IMPACT OF HIV AND AIDS

Key Question 1: How does HIV & AIDS affect your organisation and your work?

Asses the impact of HIV & AIDS on:

- The workplace and your organisation.
- The beneficiaries of your programme.
- What you want to do (including whether your objectives are relevant and feasible in this context)
- How vulnerable is your organisation to HIV and AIDS?

To what extent should objectives and activities of the operations of the project be changed to take into account HIV and AIDS? To what extent can you still provide planned outputs and outcomes, given the impact of HIV & AID Son human resources?

Step III: Negative Implications

Key Question 2: How to do no harm?

Analyse the potential negative implications of what you do on HIV and AIDS. Will the programme, for example, create income which is likely to be spent on purchasing sexual services, particularly where income disparities or income generating opportunities aggravate gender inequalities? Will the programme activities lead to further inequality (e.g. in providing inequitable access to information or skills and resources for certain groups, such as women or people living with or affected by HIV and AIDS).

Step IV: Workplace Policy and Programme

Key Question 3: How can you contribute to fighting HIV and AIDS?

Develop an HIV & AIDS Work Policy and Programme for human resources.

Step V: Your Contribution to fighting HIV and AIDS

Plan and implement your contribution to fighting:

- Risk
- Vulnerability
- Impact

Source: *Working Positively. A guide for NGOs managing HIV/AIDS in the workplace.*



Session II: Developing an HIV & AIDS Workplace Policy

Definition of Policy

A Policy consists of guidelines that should be followed but are not necessarily enforceable as laws. (Source: *The ART of Policy formulation: Experiences from Africa in developing National HIV & AIDS Policies*)

What is a Workplace Policy

An HIV & AIDS **Work Place Policy** is a written statement that defines an organization's position and practice for preventing the transmission of HIV & AIDS as well as handling cases of HIV infection among employees. It provides guidelines on managing employees who are infected and affected by HIV and AIDS.

Source: SAfAIDS: Steps in developing a WORK PLACE POLICY that addresses HIV and AIDS.

Aims and Objectives

General policy aims and objectives are to:

- Create a supportive environment of care, compassion and understanding for employees with HIV or related illnesses.
- Ensure equal treatment for all employees irrespective of the known or imagined HIV status.
- Provide employees with information necessary to increase their awareness of the issues related to HIV infection and AIDS.
- Ensure that organizations provide prevention, care and support services to staff.
- Reduce the impact of the epidemic on employees, their families and the organization.
- Promote shared confidentiality (ACORD Recommendation's Paper 2004)
- Encouraging prevention of HIV among staff and their families.§
- Promoting and preserving the human rights of staff living with HIV or AIDS.

Main aspects

The work place policy addresses HIV & AIDS by including:

- stigma and discrimination as part of the key principles in the policy.
- provisions for HIV & AIDS education, prevention and care – depending on the resources of the organisations and its comparative advantage.
- a section on grievance handling mechanisms for workers who discriminate against people living with HIV.

Source: SAfAIDS: Steps in developing a WORK PLACE POLICY that addresses HIV and AIDS.

How to develop a Work Place Policy

The following steps are followed when developing a work place policy:

1. Identify a committee to lead the process.
2. Contact organizations with experience in the development of the policy.
3. Conduct a situation analysis to determine the risk factors and behaviours likely to expose employees to infection.
4. Conduct consultations between management and entire staff either using individual, group interviews or a workshop.
5. Draft a policy and circulate it for comments and feedback and draw the final policy.

Ensuring that the Policy is effectively enforced

The policy can be enforced in the following ways:

- Review the implications of the work place policy on other organizational policies like insurance, health, and personnel among others.
- Use expert advice to harmonize the different policies.
- Develop a work place programme basing on the policy strategies included in the policy. The programme should be clearly developed indicating the following: - overall goal and specific objectives, strategies , activities and indicators (N.B. these can be presented in a log frame)
- Compute costs for each of the activities basing on the number of beneficiaries indicated in the policy (all staff permanent and temporary, staff and spouse, staff, spouse and dependants).
- Establish possible partners in implementing the policy for instance the AIDS Service Organizations providing education, VCT and ARVs services.
- Review the funding situation to establish the available resources within the organization that can be used to implement some of the aspects of the policy. Some of the strategies may have limited financial implications or can be implemented in partnership with AIDS Service Organizations in the area. These can be implemented even before the policy has been fully funded.
- Develop a fund raising strategy for the policy indicating plans for raising funds for the policy implementation process.
- Clear implementation and fund raising strategies are necessary for effective monitoring of the policy implementation process.
- A focal person could be identified to coordinate the formulation, dissemination and implementation of the policy.

References:

- (Website:www.aidsconsortium.org.uk (ACORD Recommendation's Paper 2004)
- (Developed from ACORD's process for developing the organization's policy)



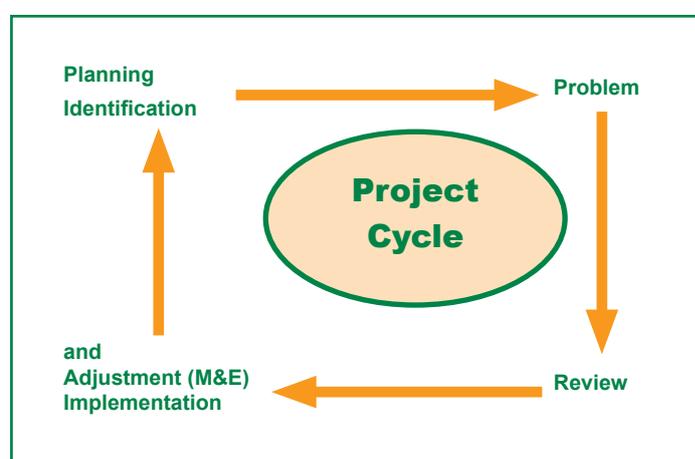
Session III: External HIV & AIDS Mainstreaming

What is External HIV & AIDS Mainstreaming?

External mainstreaming refers to adapting development and humanitarian programmes in order to take into account susceptibility to **HIV & AIDS infection, causes, and consequences**. It involves including HIV & AIDS into all stages of the program cycle from situation analysis and project design to implementation, monitoring and evaluation. External Mainstreaming should involve **partnerships and communities** within the area of interest and policy analysis and advocacy at a wider/national level.

The Project Cycle

The **project cycle** is a sequence of events from the start to completion of a project. A typical sequence involves the following steps: Problem Identification, prioritisation, design, implementation, monitoring and evaluation.



Roadmap to HIV & AIDS External Mainstreaming

HIV & AIDS external mainstreaming should take into consideration not only the flow of project inputs and outputs but also the categories of project beneficiaries that include women, men, children and other vulnerable groups. The HIV & AIDS impact on each category should be assessed at various levels i.e. from project identification through to evaluation.

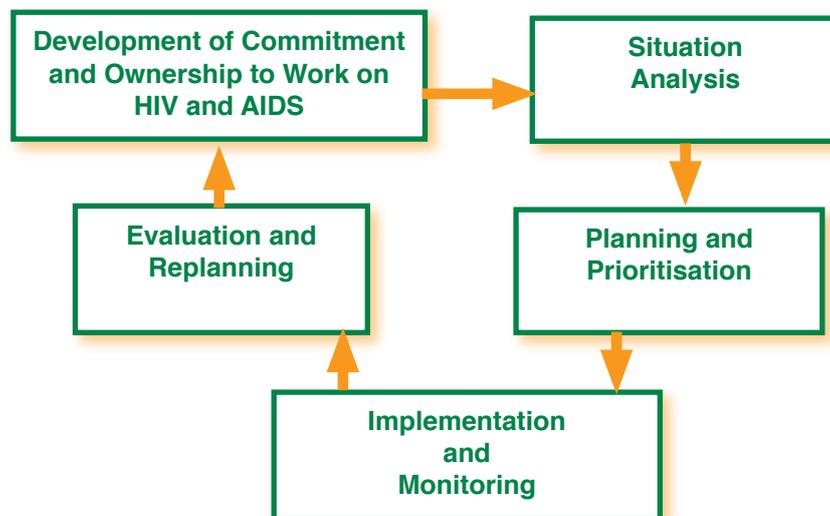
Internal mainstreaming in organisations is a good step towards giving staff confidence and comfort in HIV & AIDS **external mainstreaming**. This is because HIV & AIDS work place issues and programme mainstreaming can be mutually reinforcing i.e. staff gain confidence and ability in all aspects, from the personal to the professional, from the office to the field.

It is possible to carry out HIV & AIDS Mainstreaming through five (5) logical steps provided as a **Roadmap to HIV & AIDS mainstreaming** as follows:

Step I: Taking a Decision

This involves a process of **taking a decision** to address HIV & AIDS within programmes basing on how much we feel vulnerable, susceptible or affected by the epidemic. The following questions can be used for the review:

- How vulnerable and susceptible is staff to HIV and AIDS?
- Is HIV & AIDS a danger or potential danger to the achievement of our objectives?
- Do our activities contribute to aggravating the spread of the epidemic?
- Do we have enough information on the magnitude of the problem either through testimonies or updates of the status?
- Do we have any responses to date?
- How much more are we capable of doing?



Step II: Situation Analysis

Involves the assessment of the scope and scale of the local HIV & AIDS epidemic in the area. The following steps are proposed:

- Analyze the geographical and demographic conditions of the programme area.
- Analyze the target groups in the programme area in relation to their needs, susceptibility and vulnerability to HIV and AIDS.
- Establish the social and economic consequences of the epidemic on the community and how they are related to the program.
- Identify existing gaps in the programme in relation to addressing the HIV & AIDS issues.
- How is HIV & AIDS impacting on the organization's work?

Review current responses to the HIV & AIDS epidemic.

Step III: Planning and Prioritisation

- Do the goals and objectives clearly address the existing gaps identified in the programme work by HIV and AIDS?
- Do they address the underlying causes of the epidemic?
- Are the objectives relevant for addressing the needs of the most vulnerable categories in relation to HIV and AIDS?
- Are the strategies relevant to addressing the needs of the most vulnerable or people living with HIV and AIDS?
- SWOT (Strengths, Weaknesses, Opportunities and Threats) of the organisation in relation to implementing a mainstreamed programme (alternatively use the AIDS competence test).

Step IV: Implementation

- Level of involvement of people living with HIV & AIDS as well as other vulnerable categories.
- Change in strategies to suit the needs of vulnerable groups in the community.
- Established partnerships to meet the HIV & AIDS related needs within the community.
- Adapting the current activities to suit the needs of vulnerable group in the community.

Step V: Monitoring and Evaluation

Development and implementation of tools that will be used to gauge the programmes success and coverage as well as identifying key lessons from the process.

- Identifying the questions in relation to HIV & AIDS that need to be answered in monitoring and evaluating the programme.
- Are there indicators and targets set for outputs and outcomes on HIV & AIDS issues?
- Identifying where the information related to HIV & AIDS issues will be accessed.
- Refer to set indicators of the project to analyze what has been achieved so far.

External (and internal mainstreaming) requires using participatory approaches at all steps indicated above, understanding of differentiations within communities, appreciation of special needs of vulnerable groups and attention to factors beyond the understanding and capacity of households (e.g. effects of wars, famine, etc.). Approaches such as livelihood analysis, with an “HIV & AIDS lense” can help interventions to be designed with a mainstreaming component.



Session IV: Measuring HIV & AIDS Competence

HIV & AIDS Competence

AIDS competence means that families, communities, organizations and policy makers:

- ⊙ **acknowledge** the reality of HIV & AIDS;
- ⊙ act from **strength** to build their **capacity** to respond;
- ⊙ reduce vulnerabilities and risks;
- ⊙ learn and **share** with others and
- ⊙ live out their **full potential**.

Conditions for AIDS Competence

- ⊙ The community needs to move from **passive** recipients to **active** participants in the development of responses to the epidemic.
- ⊙ **Representation of all categories** in the community since it is not a homogeneous entity and each group is affected differently.
- ⊙ **Strong partnerships** since the HIV & AIDS epidemic is multi-dimensional and needs similar responses.
- ⊙ Institutions should have an **internal structure** that supports the AIDS competence

UNAIDS Framework for Gauging Competence

A framework for gauging HIV & AIDS competence uses simple variables, levels and explanations that can be used by the organisation and its stakeholders when planning to carry out mainstreaming. The table below shows how the assessment can be summarised:

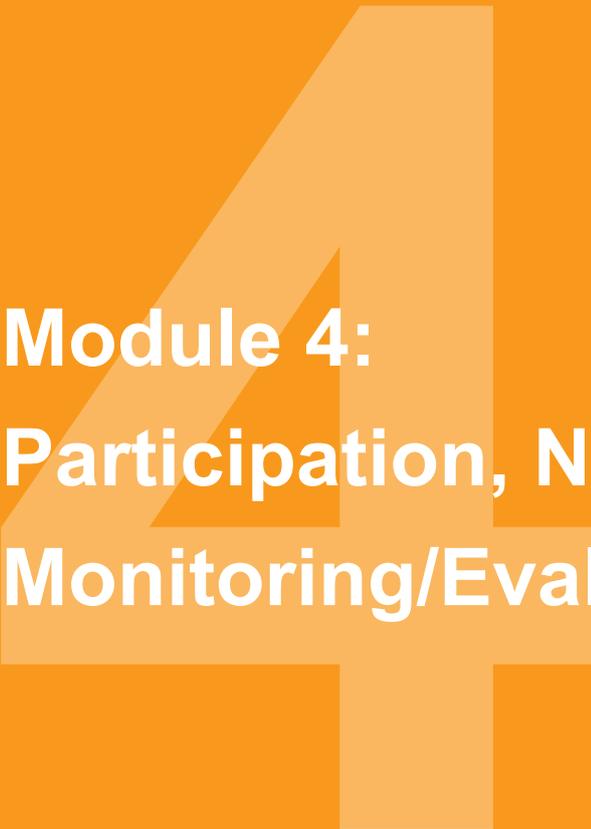
Variable	Level	Explanation
<i>E.g. Acknowledgment and recognition of HIV & AIDS as a problem</i>		

There are a number of other assessment tools which can be used like the NOVIB Organisational Assessment Framework.

It is important for project workers to know levels of AIDS competence within the communities they work. Knowing how to measure levels of AIDS competence is a good start in planning for HIV & AIDS mainstreaming.

Understanding the conditions for building an HIV & AIDS competent community is a necessary prerequisite for mainstreaming because it emphasises representation of all categories, strong partnerships and existence of strong structures that support AIDS competence.





Module 4:

**Participation, Networking,
Monitoring/Evaluation**



Session I: The Concept of Participation

Overview

Participation is when members of a community get involved in the decision making of all process; it is about a community (women, men, youth, the disabled and other marginalised groups) having power to plan for and control resources, structures and organisations. Participation is an essential concept in development work; it should be considered in every development intervention to identify who must participate at what level, how etc.

What is Participation?

Participation is what happens when members of a community become part of the process of change. They become aware of the problems, begin to feel responsible for the change they desire and begin to do something.

(LWF Communicating for development: A practical guide)

Participation is about power to take decisions; an organised effort on the part of women, men and marginalised groups to increase control over resources, structures and organisations but with the requirement that good participation ensures that beneficiaries and implementers are involved at all stages of project development, implementation, monitoring and evaluation.

In order to bring about AIDS competence, PLHA, young people, mobile populations, poorer people and women need to be actively encouraged to participate in community-led change.

Levels of Participation

There are various levels of participation in a typical developing community: desire for relief, benefits, implementation prescribed by others, consultation, empowerment and ownership. The sooner a community reaches the last stage (empowerment and ownership) the better it is for HIV & AIDS mainstreaming.

The following levels are characteristic of a developing community:

Level	Description
Receiving relief	This is where the beneficiaries are unable to help themselves and have to depend on relief from organizations.
Participation for benefits	Community plays a passive role in decision making. The participation of the community only lasts as long as the program/ project is running.
Implement action prescribed by others	The decisions are taken at the top and handed down for implementation at the bottom. This form of participation excludes any possibility for the community to change the course of action decided on at the top.
Problem consultation	Often used at the initial stages of the projects including identification and design stage. Communities are often engaged in situation analyses and problem identification processes. They therefore participate by giving information.
Empowerment and ownership	Communities in the different categories (youth, PLHAs, men, women, the aged etc), identify and analyze problems they are encountered with and take responsibility for them; allocate the limited available resources and the benefits accrued.

Requirements for Effective Participation

A number of requirements for effective community participation need to be met:

- ⊙ understanding and appreciating the community;
- ⊙ sensitization and awareness raising;
- ⊙ working with and within the community;
- ⊙ trust and respect;
- ⊙ democratic representation of all categories in the community in all stages including planning, implementation;
- ⊙ monitoring and evaluation as well as decision making;
- ⊙ capacity building;
- ⊙ accountability and smooth communication among all actors.

Additional requirements include

These include:

- ⊙ Desire to understand and appreciate the constituency.
- ⊙ Facilitate processes for enabling communities understand and internalize their situations through sensitization and awareness.
- ⊙ Spend ample time within the community.
- ⊙ Develop a degree of trust and respect for the constituency.
- ⊙ Effective and democratic representation of all categories in the community in all stages including planning, implementation, monitoring and evaluation as well as decision making.
- ⊙ All parties have the capacity (time, skills and decision making power).
- ⊙ Accountability and smooth communication among all actors.
- ⊙ Flexibility in planning and implementation of activities.
- ⊙ Power to effect change.

Experience on Participation

Evidence from existing interventions shows that communities already take action towards AIDS competence. If supported appropriately, communities are best placed to analyse their rights and needs for HIV & AIDS mainstreaming and to put into practice the required practices to minimise HIV & AIDS transmission, discrimination, stigma and its other consequences.

According to ACORD's experience in Tanzania, participation is the means by which a rights-based approach acquires legitimacy and relevance. It is also the way in which a rights-based approach can be 'operationalised', so as to respond to people's practical concerns and bring about change at a pace they are comfortable with. The success of any rights-based approach is conditional upon participation.

Community participation does not happen automatically, and is likely to meet resistance from those with the most to lose. It involves taking a long-term view, both encouraging those in authority to understand the benefits of broader participation, and supporting the marginalised in voicing their right to participate.

ACORD Tanzania's role here was to advocate particularly for the inclusion of women (especially widows and poorer women), youths, PLHA and orphans, and to support their inclusion through training. In the move towards AIDS competence, making sure that different groups harness all locally available skills, thereby developing a greater social cohesion. The broader the participation of all groups within the community, the greater the power of people to demand and challenge local leaders to exercise norms of good leadership / governance.



Session II: Networking: A Tool for HIV & AIDS Advocacy

Definition and Application of Networking

Networking occurs when organisations having similar interests come together and agree on common strategies for solving common problems or addressing common needs. Organisations that network meet regularly to discuss their individual/joint progress on agreed strategies. Organisations may get together (network) in order to advocate on a common cause like pushing for or influencing government/social policy for the good of a particular category of the society. Networking therefore serves as one of the important tools for advocacy in HIV & AIDS mainstreaming.

What is Advocacy?

Advocacy is used to describe a set of activities that are geared toward a wide social change. Advocacy is primarily about **changing institutional policies and practices, attitudes and decisions** that are having a negative impact on marginalized communities or individuals.

Why advocate?

Advocacy strategies aim at producing changes that favour the socially disadvantaged and excluded categories by tackling the root causes of inequality, injustice and oppression.

How to advocate

Engaging in advocacy means the following:

- ⊙ Creating a link between the practical and operational work with advocacy.
- ⊙ Building capacity of civil society groups and alliances.
- ⊙ Lobbying and influencing decision makers directly.
- ⊙ Conducting campaigns.
- ⊙ Promoting the participation of the categories directly affected.
- ⊙ Conducting research, documentation and sharing of information.
- ⊙ Building strong networks and coalitions.

Key Elements

Planning for advocacy requires a systematic approach using the following elements:

- ⊙ Having clear objectives **WHY** we need something changed.
- ⊙ **WHAT** needs to be changed; is it a policy or practice being targeted for change?
- ⊙ **WHO** will be involved and what their roles will be
- ⊙ **HOW** will we effect the change?
- ⊙ **WITH** whom will we work to achieve the change?

Tools for Advocacy

Every assignment or project requires specific tools. Advocacy too requires particular tools. The tools may be applied before, during and after the implementation of a project to ensure its start, implementation, completion and the required impact.

The tools for Advocacy are:

- ⊙ **Research**, documentation & publications.
- ⊙ Building strong **networks and coalitions**.
- ⊙ Lobbying and influencing.
- ⊙ Conducting public campaigns.
- ⊙ Working with the media.
- ⊙ Sharing in conferences and workshops.
- ⊙ Use of any one or combination of the tools for effective advocacy is dependent on the nature of the problem.

Advocacy is therefore important for HIV & AIDS mainstreaming: both inside an institution and outside when working with partners, beneficiaries and other agencies. But above all it is important to know how to carry out advocacy – hence a need for effective capacity building of all stakeholders.

Session III: Accountability (Monitoring and Evaluation)

Overview

Monitoring and Evaluation are interrelated activities, which consist of on-going processes in any programme, for ensuring effective implementation of mainstreamed programs. Like in any programme, monitoring and evaluation of HIV & AIDS mainstreaming is an integral part of its management.

Although HIV & AIDS mainstreaming is a relatively new concept, using an integrated approach is proposed i.e. using existing mechanisms and making sure HIV & AIDS is integrated rather than developing a separate M&E system of mainstreaming HIV and AIDS.

The participation of the beneficiaries in the monitoring and evaluation processes is vital for ensuring sustainability and ownership of the outcomes of the strategies.

Monitoring

Monitoring is the routine assessment of on going activities and progress. Monitoring asks: “what are we doing?” and covers all aspects of program activity. It involves a plan for systematically collecting key program information relating to inputs, activities, processes and outputs. (Source: Local government responses to HIV and AIDS: A Handbook to Support Local Governments)

Evaluation

Evaluation is the “periodic measurement of outcomes and ultimately the impact of the program? **Evaluation asks: “what have we achieved?”** Frequently evaluation utilizes program monitoring data but it involves a specific and often independent program research.”

Progress and Impact Monitoring

Monitoring the activities and effects of HIV & AIDS mainstreaming is crucial to enable institutional learning and use of scarce resources in an efficient and accountable way. As part of quality management, monitoring should be performed on a regular basis covering all major components of a programme to answer “**are we doing the right thing and are we doing it right?**”

Progress monitoring

Focuses on the direct responsibility of the program including the following:

- a) the implementation process,
- b) use of resources for implementation and
- c) outputs/results. (Source: Gender sensitive participatory approaches: Training manual for local experts)

Impact Monitoring

Impact Monitoring examines:

- a) expected and unexpected changes at different levels;
- b) the target group at grassroots level;
- c) Affected groups, institutions and the general environment;

Input, Process and Output Indicators

Although it is important to monitor the progress of HIV & AIDS mainstreaming, it is not possible to evaluate the impact of mainstreaming due to other factors that could have contributed to the positive (or negative) responses – in the long run. It is however possible to measure inputs, processes, and outputs to HIV & AIDS by determining corresponding indicators at the planning stage.

It is important to analyse and document lessons learned from M&E of HIV & AIDS mainstreaming. It is also important to motivate others who are at a less advanced stage to use lessons learned to improve their approaches; all this can be done if a proper M&E is carried out on a regular basis.

Suitable indicators should be developed at the planning stage to ensure that programme or organizations activities are HIV and AIDS-sensitive at all stages.

Source: Gender sensitive participatory approaches: (Source: Training Manual For Local Experts).

Session IV: Action Planning, Evaluation, and Closing

Action Planning:

Each participant should indicate what they will be able to put into practice after the workshop. These should be practical, measurable and realistic activities which are time bound. A copy of the Action Plan should remain with the trainers for use during follow up. Each Action Plan should be checked for cost-effectiveness i.e. will the participant have sufficient resources to implement it? If there will be need to make follow-ups, it should be indicated at the beginning of the workshop.

The facilitators should guide participants from the beginning to follow the sessions carefully in order to determine what area they can make action plans on. This can be highlighted during the presentation of the aim of the workshop and its objectives.

Finally, a suitable and simple format should be presented to participants – again at the beginning of the workshop. More copies of the format can be given at the end of the workshop to help participants to produce fair copies.

Workshop Evaluation

It would be interesting to get a final evaluation of the workshop using ways that help participants themselves to get feed back. The proposed method in the guide should do that. If the trainers decide to use another method, a participatory approach that checks the capacity of participants to implement what was learnt would be preferred.

Closing

A guest may be invited to close the workshop or one of the facilitators will do so. Whatever the method, a review of the purpose of the workshop and its objectives should be carried. Achievements, challenges and the way forward should be indicated. It is usually good for one of the participants to highlight what they have achieved (or not achieved) during the workshop and what they will be able to do as a result of the capacity built.



Useful Resources

1. **ACORD HASAP:** *Mainstreaming HIV/AIDS using a community rights based Approach: A case study of ACORD Tanzania.*
2. **AIDS Information Centre and UNICEF – Uganda:** *People living with HIV/AIDS going public: Trainers' Handbook.*
3. **City Alliance, UNDP, AMICALL, World Bank:** *Local Government Responses to HIV/AIDS: A handbook to support local government authorities in addressing HIV/ADS at the municipal level. (UrbanAIDS@worldbank.org).*
4. **German Development Service:** *Gender Sensitive Participatory Approaches: Trainers' manual for Local experts.*
5. **ICRW, AED, MANOFF GROUP INC, USAID:** *Change: Understanding and challenging HIV stigma: Tool kit for Action.*
6. **International HIV/AIDS Alliance:** *100 Ways to energize groups: Games to use in workshops, meetings and the community (www.aidsalliance.org).*
7. **Lutheran World Federation:** *Communicating for development: A practical Guide.*
8. **Oxfam/ Action Aid and Save the Children U.K:** *AIDS on the Agenda: Adapting development and humanitarian Programmes to meet the challenge of HIV/AIDS. (www.oxfam.org.uk).*
9. **Social and Economic program (WWF):** *Participatory monitoring and evaluation: A practical Handbook to successful ICDPS.*
10. **Sue Holden:** *Looking at AIDS as a Development issue: An exploration with ACTIONAID Uganda.*
11. **Swiss Agency For Development and Cooperation:** *Mainstreaming HIV/AIDS in practice: A tool kit with a collection of resources, checklists, and examples on CD Rom for SDC and its partners.*
12. **The Policy project:** *Policy Occasional papers The art of policy formulation: Experiences from Africa in Developing National HIV/AIDS policies. (www.tfgi.com).*
13. **UNAIDS:** *AIDS, Poverty Reduction and Debt relief: A tool kit for mainstreaming HIV/AIDS Programmes into development instruments.*
14. **UNAIDS:** *Mainstreaming HIV/AIDS: A conceptual framework and Implementing principles Final; draft 2002.*
15. **UNAIDS:** *Techniques and practices for local Responses to HIV/AIDS: Part 1: Practices.*
16. **Voluntary Services Overseas:** *Mainstreaming Handbook for VSO offices (hiv@vso.org.uk).*
17. **www.un.org/millenniumgoals/**

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