HIV/AIDS Mainstreaming:
A Definition, Some Experiences and Strategies

A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming.

January 2003

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This research study was funded by Department for International Development (DfID). However, DfID can accept no responsibility for any information provided or views expressed.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Society Organisation
DFID	Department for International Development, UK
DRI	District Response Initiative, Ghana
FAO	Food and Agricultural Organisation, United Nations
GAC	Ghana AIDS Commission
GTZ	German Government Development Programme
HEARD	Health Economics and HIV/AIDS Research Division, University of Natal, South Africa
HIV	Human Immunodeficiency Virus
MAAIF	Ministry of Agriculture, Animal Industries and Fisheries, Uganda
MAP	Multi-country AIDS Programme, World Bank
MoE	Ministry of Education, Ghana
MoES	Ministry of Education and Sports, Uganda
MoFPED	Ministry of Finance, Planning and Economic Development, Uganda
MoGLSD	Ministry of Gender Labour and Social Development, Uganda
MoH	Ministry of Health
MoLG	Ministry of Local Government, Uganda
MoLGRD	Ministry of Local Government and Rural Development, Ghana
NGO	Non Governmental Organisation
NSF	National Strategic Framework, Ghana
PLHA	People Living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
SANAC	South African National AIDS Council
SWAp	Sector Wide Approach
STI	Sexually Transmitted Infection
UAC	Uganda AIDS Commission
UACP	Uganda AIDS Control Programme
USAID	United States Agency for International Development
UNAIDS	United Nations organisation on AIDS
UNDP	United Nations Development Programme

Section 1: What is the aim of the resource pack and who is it for?

This resource pack brings together experiences, ideas and strategies for mainstreaming HIV/AIDS into government sector ministries at all levels, whether national, regional or district. The pack uses experiences and ideas which come mainly from countries currently working through sector-wide approaches (SWAps) and may be of particular use to countries and sectors also using this approach.

The two main aims of the pack are:

- **To contribute to clarity of understanding of HIV/AIDS mainstreaming,**
- **To share experiences and strategies from those who have been mainstreaming HIV/AIDS in practice within government sectors.**

The pack is aimed at managers and decision-makers within government ministries, at all levels, who are devising strategies to mainstream HIV and AIDS within their sectors. The pack also targets HIV/AIDS Focal Points within sector ministries, however, the working-group felt it was important to target higher level managers and decision-makers, as focal points may often not have the power and influence to make the necessary changes on their own. In addition, the pack may be useful for other stakeholders working within sectors, such as donor agencies and non-governmental organisations (NGOs).

Section 2: Why has the pack been developed?

Whilst there is a growing body of evidence of the impact HIV and AIDS are, and will have, on different sectors now and in the future, a review of the available literature and experiences from several countries in sub-Saharan Africa has shown that there is very little documented on what HIV/AIDS mainstreaming means in practice for different sectors. Many international and national organisations advocate an integrated, multi-sectoral or mainstreamed approach. However, there is little clarity about what this involves and how sectors should respond in practice. Such lack of clarity has lead to a number of different interpretations of the meaning of HIV/AIDS mainstreaming and a sense of confusion within government sectors as to what exactly they should be doing to mainstream HIV and AIDS.

This does not mean that this resource pack sets out a step-by-step guide of 'how-to' mainstream. Each sector and country face such different dynamics, that an exercise of this nature would be of limited use. However, the pack does bring together experiences from particular country situations and ideas based on the realities of those contexts, in the hope that they may be of value to others struggling with HIV/AIDS mainstreaming. Of course, this does mean that none of the strategies documented in the resource pack can be lifted in their entirety and applied elsewhere – the real world is never that simple – however, they may give inspiration and trigger ideas in the minds of others working on these issues.

Section 3: How was the resource pack developed?

This resource pack has been developed by a small working group of people involved in HIV/AIDS mainstreaming in various sectors. The working group consisted of Alfred Okema, with experience of HIV/AIDS mainstreaming with Uganda's Ministry of Finance, Planning and Economic Development and the Uganda AIDS Commission; Dinah Kasangaki, HIV/AIDS focal point from Ministry of Agriculture, Animal Industries and Fisheries, Uganda; Akua Ofori-Asumadu, HIV/AIDS focal point in Ghana's Ministry of Education; Rachel MacCarthy, HIV/AIDS focal point from the Ministry of Local Government and Rural Development, Ghana and Rose Smart, research associate with the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, South Africa who brings significant international experience on HIV/AIDS mainstreaming.

The working group came together for a workshop at the Liverpool School of Tropical Medicine, during December 2002, to share and develop their experiences and ideas on HIV/AIDS mainstreaming in their different contexts. The workshop followed much the same format as this resource pack and was facilitated by Sue Holden, an independent consultant currently developing a book for NGOs on mainstreaming HIV/AIDS in development work and Helen Elsey, a research associate working with the Department for International Development (DfID) and the Liverpool School of Tropical Medicine (LSTM). The workshop also benefited from the experiences of other colleagues at the Liverpool School of Tropical Medicine, particularly those working specifically on HIV/AIDS and its social and economic impacts and on mainstreaming gender. A list of informal contributors is given in appendix 1. The aims and objectives of the workshop held in Liverpool are given below.

Aims and Objectives of the HIV/AIDS Mainstreaming Workshop

Aim: To develop practical approaches and suggestions on how to mainstream HIV/AIDS within development sectors, with a focus on government ministries working towards Sector Wide Approaches.

By the end of the workshop, the participants will have:

1. Reached a consensus of understanding on what HIV/AIDS mainstreaming means in practice.
2. Heard and analysed experiences of mainstreaming HIV/AIDS, and where appropriate gender, within government ministries and elsewhere if applicable.
3. Identified strategies and approaches to mainstreaming HIV/AIDS within government sectors – including all stages of sector programme design, planning, implementation, monitoring and evaluation as well as human resource/personnel issues.
4. Contributed ideas on the content and presentation/targeting of the HIV/AIDS mainstreaming resource pack.

After the workshop, two editors working at the Liverpool School of Tropical Medicine, Helen Elsey and Prisca Kutengule (an intern from the Malawian Ministry of Gender and Community Services), pulled together the experiences and strategies discussed during the workshop combined with other documentation on HIV/AIDS mainstreaming. The working group commented and further developed the draft versions of the pack to provide an accurate account of their experiences and ideas.

The process has been supported and funded by the Department for International Development's (DfID) HIV/AIDS Knowledge Programme, based at the Liverpool School of Tropical Medicine. DfID's Ghana programme supported the Ghanaian workshop participants and HEARD supported the South African participant.

Section 4: Background Information: Countries and SWAps

As Section 3 explains, the working group who have developed the resource pack have experiences of mainstreaming HIV/AIDS in Ghana, Uganda and South Africa with added consultancy experience from elsewhere in sub-Saharan Africa. In order to provide the background context needed to understand these experiences, this section describes briefly the situation of HIV and AIDS in each country and the policy environment within which mainstreaming is being implemented. Both Uganda and Ghana are using the sector wide approach (SWAp) to develop their sector work, as this approach is increasingly common among high prevalence countries and offers some opportunities and constraints for mainstreaming, a brief explanation of the sector wide approach is given below.

SWAps (Sector Wide Approaches)

The defining characteristics of Sector Wide Approaches is that government takes the lead in negotiating with donors coherent policy and expenditure programmes for the application of aid within a particular sector. Donors contribute to a single pool of funding to support the development of the entire sector within the framework of a locally owned strategy and approach. SWAps are being developed in countries with a high dependency on aid in sectors such as health, education, transport and agriculture.

This approach developed in the late 1990s due to criticisms of the ineffectiveness of a multiplicity of donor projects, which create excess work for recipient governments and can lead to over-lap, uneven coverage, inconsistent approaches and a lack of sustainability. Hence, the acknowledgement that pooling donor funds within the framework of a locally owned strategy and approach is more likely to achieve stated goals of more equitable service provision.

One of the main theoretical aspects of SWAps is that while they represent a partnership between government and donors, the government is the final arbiter. If this could be achieved, it would represent a real shift in the relationship between donors and governments. In the short-term, this has placed a great emphasis on strengthening the capacity of governments to develop policy, manage resources and evaluate progress towards goals.

The sector is defined in its broadest sense to include private and non-governmental organisations (NGOs). It is further recognised that civil society has an active role to play in the design and monitoring of the SWAp. However, there are concerns that due to the emphasis on strengthening government bodies and facilities, donors and governments will dominate policy development and NGOs will be sidelined.

SWAps provide an opportunity for refocusing the work of a sector to provide services more sensitive to those in greatest need whether by gender, age, social group, HIV status or geographic location. The recognition of civil society's monitoring role increases the likelihood of this happening. In addition, public sector institutions can potentially be reshaped to become more gender sensitive and responsive to previously excluded groups, including those infected and affected by HIV and AIDS.

Ghana

HIV/AIDS situation: By the end of 2001, UNAIDS[1] estimates that 360,000 adults and children were living with HIV or AIDS in Ghana. The percentage prevalence rate among the adult population is 3%. This is still a relatively low prevalence rate and Ghana has not, as yet, been hit by the severe epidemics facing other countries in sub-Saharan Africa. This means that the full impacts of the epidemic have yet to be felt, during 2001 there were an estimated 28,000 deaths among adults and children due to AIDS. This has resulted in an estimated 200,000 orphans under the age of 15 years (total population in 2001: 19,734,000 source: UNPOP).

[1] All HIV/AIDS statistics in the section can be found on the UNAIDS website http://www.unaids.org

Policy Environment and Background to mainstreaming: From the mid to late 1990 onwards Ghana has been moving towards sector wide approaches in key sectors, such as education and health. As well as the reforms in the various sectors, a National Strategic Framework (NSF) for HIV/AIDS was developed in 2000 to cover the period 2001-2005 and states that all ministries must mainstream HIV/AIDS. The NSF has provided space for mobilising all sectors, including the Ministries, Departments and Agencies, the private sector, NGOs, districts, communities and other stakeholders to respond to HIV and AIDS. The Ghana AIDS Commission was established in 2000 and given legal status in 2001, it has the mandate of supporting sectors in their HIV and AIDS mainstreaming activities, the Commission is seen as a supra-ministerial and multi-sectoral body responsible for policy formation, coordination, direction, supervision and resource mobilisation. The establishment of a Commission with this level of authority is a bold step in a country where the prevalence rate is still relatively low and the full impacts of AIDS deaths and their wide social and economic repercussions have not, as yet, been felt.

The Ghana AIDS commission is currently leading a major initiative which involves working closely with all sectors to support them to develop sector plans to address HIV and AIDS. Given the stage of the epidemic that Ghana is experiencing the focus of interventions within the different sectors is on prevention of new infections, for example in the education sector the main objective is:

> *To ensure that Education Sector personnel, students and pupils are provided with the relevant knowledge, desire and skills to protect themselves from infection and from infecting others. (Education Sector HIV/AIDS Work Plan, 2000)*

A further objective focuses on care and support for all those involved in the Education Sector who are living with HIV/AIDS or are in someway affected by the impacts of HIV or AIDS.

While Ghana is moving in the direction of sector wide approaches, there are still large donor funded projects which fall beyond the central sector budget. For example, UNAIDS, WHO and GTZ have collaborated to fund the District Response Initiative (DRI) to build local level capacity to develop, manage and implement a multi-sectoral response to HIV/AIDS. The DRI has progressed steadily beyond the 10 initial districts and expanded into all districts and sub districts in Ashanti and Eastern Regions, 65 out of the total of 110 districts in the country have developed a locally specific HIV/AIDS profile encompassing a situation and response analysis and a medium-term HIV/AIDS strategic framework and annual action plan, each of these is guided by the NSF (MacCarthy, 2002). Further, the Ministry of Local Government and Rural Development is being supported by DfID to mainstream HIV/AIDS within the sector plans, with a particular focus on preventing new infections and supporting staff, with special attention to rights of staff within the ministry, regional and district authorities, as well as capacity building of local government staff to mainstream HIV/AIDS.

These early attempts to respond to HIV/AIDS within the sectors have created a very positive environment for mainstreaming, the experiences in the resource pack will highlight some of the challenges and successes of this approach.

Uganda

HIV/AIDS situation: Uganda has been internationally applauded for the progress made in reducing the prevalence rate of HIV. The most recent estimates from UNAIDS put the number of adults and children living with HIV or AIDS as 600,000. The prevalence rate among adults is now 5%. Statistics from specific sites show some very impressive declines, such as a drop from 29.4% HIV prevalence in 1992 to 11.25% in 2000 among antenatal clinic attendees in the capital, Kampala. These reductions have been linked to behavioural changes. Surveys have shown an increase in the average age for first sex for girls from 15.9 years in 1989 to 16.5 years in 1995. Furthermore, the proportion of people using a condom in their last sexually encounter with a non-regular sexual partner in the last 12 months more than doubled from 33% in 1995 to 50.7% in 1998. However,

Uganda is still suffering the impacts of the high-prevalence years with 84,000 adults and children dying because of AIDS in 2001, the estimated number of orphans is now 880,000 (total population in 2001: 24,023,000 source: UNPOP).

Policy Environment and Background to mainstreaming: Since 1992 the Uganda AIDS Commission (UAC) has had the remit for promoting a multi-sectoral response to HIV/AIDS. This puts Uganda as the first country to acknowledge the all-pervasive nature of the pandemic and the need for a far-reaching response from every sector, not just the health sector. The first step in implementing a multi-sectoral response was the creation of AIDS Control Programmes (ACPs) in all 17 ministries. The most recent National Strategic Framework of HIV/AIDS activities (2000/1-2005-6) restates the need for:

> *Sector ministries to revise and develop strategic action plans. These plans should describe the comparative advantages and planned interventions of each ministry in the fight against HIV/AIDS, including the problem of orphans in Uganda. (Uganda AIDS Commission, 2002)*

However, while the overall policy environment may be conducive to a response where HIV/AIDS is mainstreamed into core sector activities, the challenge comes when sector ministries have to interpret what is meant by mainstreaming and what activities they actually need to do in order to address HIV/AIDS within their sector.

A key player within the policy environment for HIV/AIDS mainstreaming is the World Bank; since 2000 they have funded the Uganda AIDS Control Programme, managed through the Uganda AIDS Commission, to work with all the sector ministries to develop sector specific plans. Uganda has been developing sector wide approaches (SWAps) since 1998, these are now becoming well established in the key sectors of health, education and agriculture. World Bank funding through UACP was seen by some as a contradiction to the SWAps environment, as UACP funds are not pooled with the main sector budgets but remain earmarked for HIV/AIDS work. This controversial decision was justified by the fact that HIV/AIDS and its impacts can be seen as an emergency situation in need of an immediate response and therefore cannot wait for the longer-term improvements promised by sector wide approaches.

South Africa

HIV/AIDS situation: South Africa has the highest prevalence rate of the three countries, with an estimated 5,000,000 adults and children living with HIV or AIDS at the end of 2001. The prevalence rate among antenatal attendees has been increasing rapidly, from 0.7% in 1990 to 24.5%in 2000. The prevalence rate among the general adult population is now 20.1%. The impacts of the epidemic are being severely felt with 360,000 deaths due to AIDS and 660,000 orphans by the end of 2001. With such a high prevalence rate, the future impacts are likely to be even more severe.

Policy Environment and Background to mainstreaming:

In South Africa in 1998 the Partnership Against AIDS was launched, this strategy aimed to broaden the response to HIV/AIDS and has driven the participation of all sectors. Early in 2000 a 5-year HIV/AIDS and STI Strategic Plan was developed, this document was intended as the basis for all sectors to develop their own strategic and operational plans. Furthermore, the National Strategic Plan stipulates that every ministry and sector should have a dedicated HIV/AIDS focal person. Also in 2000, the South African National AIDS Council (SANAC) was formed, with a remit to advise government, advocate for the involvement of all sectors, monitor implementation, create and strengthen partnerships, mobilise resources and recommend appropriate research.

There is now legislation for all government sectors to develop HIV/AIDS workplace policies on HIV/AIDS for their staff, for example the Department of Public Service and Administration has developed an Impact and Action Project (2000) which:

"aims to ensure that the Public Service is able to sustain a quality service in spites of the progression of the AIDS pandemic. The Department of Public Service and Administration has developed a policy framework to guide departments on the minimum requirements to effectively manage HIV/AIDS in the workplace and ensure a co-ordinated Public Service response." (Dept of Public Service and Administration, 2002 p1.)

Unlike almost all other sub-Saharan African countries, South Africa is not dependent on donor aid to fund its health and social services and hence has not moved to a sector wide approach in the same way as other sub-Saharan countries keen to coordinate donor aid and gain greater national control over policy development. However, the country's National AIDS Program has received significant foreign aid and technical assistance. While South Africa may not be developing its sector work in quite the same way as other sub-Saharan African countries, i.e. through SWAps, the South African context is included here due to the progress they have made in mainstreaming, many of the examples given later in the text come from South Africa.

Section 5: Definition of Mainstreaming

While governments and donors are increasingly talking about HIV/AIDS mainstreaming, few give a clear definition of what they mean by the term. To further confuse matters, the term mainstreaming is often used interchangeably with terms such as 'the multi-sectoral response' or 'integrating HIV/AIDS' (Holden, 2003, forthcoming). In order to bring some clarity to the term, the workshop participants used examples of the HIV/AIDS related activities in different sectors to discuss whether they could be termed as AIDS work or mainstreaming. Three definitions of mainstreaming supplied by the working group members were then reviewed and combined to form one definition. While this definition has been agreed by the working group, it should be stressed that it is a working definition; there may be aspects that you feel the definition does not cover in your context.

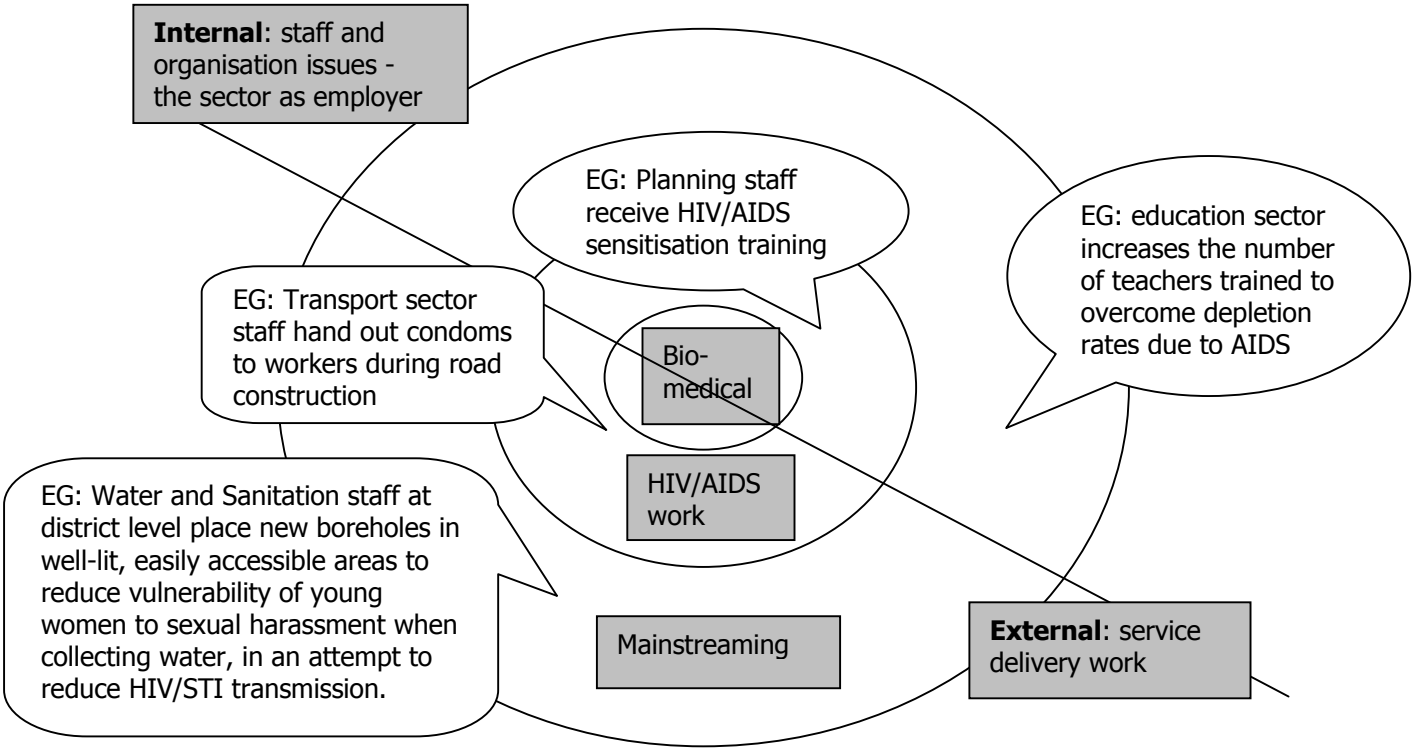
Working Definition of HIV and AIDS Mainstreaming
Developed by HIV/AIDS Mainstreaming Working Group, December 2002

Mainstreaming HIV/AIDS can be defined as the process of analysing how HIV and 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.

Section 6: Conceptual Framework for HIV/AIDS mainstreaming



The diagram above can be understood on a number of levels. Firstly, if one imagines each circle as a ripple caused by dropping a pebble into water, it shows the evolution of the approach to responding to HIV/AIDS. The initial response was to look at the epidemic from a bio-medical perspective, looking at the clinical aspects of the virus and its progression in the hope of finding a viable cure and vaccine. As it became obvious that this process was by no means straight forward and would take many years, so the response turned to specific HIV/AIDS work to prevent further infections and provide care and support for those already infected. Mainstreaming as an approach has developed more recently as there has been increasing recognition that HIV/AIDS is not just a health issue, but has vast implications for all sectors of development.

The diagram has also been divided in half; the upper half represents the internal issues within an organisation, this refers to any human resource issues or issues related to organisational development, with the government as the employer; the lower half represents the external work of the sector which refers to the service delivery work or functions of the sector, for example providing agricultural extension advice to communities or delivering health care to the local community.

The diagram is not only representative of a progression of the HIV/AIDS response over time, but also illustrates how a sector can respond to HIV and AIDS in different ways. The examples given in the call-out boxes show what activities in each of the bands might look like for different sectors and are based on the definition of mainstreaming given in Section 5.

Think of examples for the 'HIV/AIDS work' band and the outer 'mainstreaming' band for both external and internal issues in your sector.

Lively debate during the workshop highlighted how activities may not fit exactly in each band of the diagram; they may overlap one or two bands, for example training on HIV/AIDS basic facts for teachers can be both an internal and an external HIV/AIDS work activity. It should help reduce the teachers'

vulnerability to HIV infection (internal) but may also – if they pass on the information to their pupils, and are less likely to have unsafe sex with pupils – reduce vulnerability among the pupils themselves (external).

The way in which activities are framed and delivered may also affect their classification, For example, if agriculture sector staff develop labour saving farming tools in response to labour shortages among AIDS-affected communities, the activity could be seen as external mainstreaming as it is about refocusing the core work of the agriculture sector to take into consideration the impacts of AIDS on farming communities. However, if the tools were specifically aimed at and only delivered to households where a labourer is sick with or lost due to AIDS, it could also be described as external HIV/AIDS specific work as it focuses directly on those living with AIDS and its consequences. This example is debateable, a more straightforward example of HIV/AIDS specific work – NOT mainstreaming - would be if the agricultural extension workers were to distribute HIV prevention leaflets and condoms to the farmers.

What HIV/AIDS Mainstreaming is NOT

It may help in understanding what HIV/AIDS mainstreaming **is** by thinking what it is **not**. The following are some examples developed by one of the working group members of what HIV/AIDS mainstreaming is not:

- 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.

(Smart, 2002)

Defining the exact meaning of HIV/AIDS mainstreaming and highlighting the differences between mainstreaming and HIV/AIDS work may seem like a theoretical exercise, however it has become clear from literature and research work that often when sectors claim to be mainstreaming HIV/AIDS, they are in fact engaged in HIV/AIDS specific work. This means that very few sectors are actually considering and responding to the complex inter-linkages between the work that they do and HIV/AIDS.

During discussions among the working group, there were few examples of external or internal mainstreaming, instead the majority of activities described by the working group could be classified as HIV/AIDS work. This in itself may not necessarily be a problem, however, it is important to go back to the definition of mainstreaming which states clearly that a sector should respond within its 'comparative advantage'. For example, it may not be advantageous for agricultural extension workers to take on a whole new workload of HIV prevention activities within the communities they serve. This may not only lead to ineffective HIV prevention work, but could also undermine the time and capacity they have to do effective agricultural extension work. In this example it may be more effective for the agriculture sector to recognise their comparative advantage and concentrate on reshaping the agricultural activities so they better meet the needs of households affected by AIDS. A local NGO or staff skilled in health promotion from the Ministry of Health could carry out the HIV prevention work more successfully.

However, for a sector to truly take on HIV/AIDS mainstreaming work, it may require extensive changes and refocusing within the sector. As stated in the box above, HIV/AIDS mainstreaming does NOT mean business as usual! Given this realisation, it is easy to understand why sectors may prefer to develop HIV/AIDS activities, particularly prevention activities, like IEC and condom distribution, rather than mainstreaming; carrying out HIV prevention work appears fairly straightforward when compared to a complete shake-up of the entire sector.

Section 7: Strategies for Mainstreaming

This section looks at some of the common strategies used by ministries at all levels to implement a mainstreamed approach to HIV/AIDS. The strategies described are:

- the use of research and impact/predictive studies,
- the use of HIV/AIDS focal points,
- the use of training,
- influencing strategies,
- and building structures for enabling high-level support,

While these are not the only strategies, and there are certainly more that other sectors and country experiences might highlight, these were the key strategies discussed by the mainstreaming working group. The final part of the section looks at issues of the financial sustainability of HIV/AIDS mainstreaming and documents some of the approaches adopted in different countries.

Research, impact and models

As HIV/AIDS is a relatively new phenomena, understanding the impact it has on all dimensions of society and economy is challenging but vital. Methodologies for carrying out impact studies have been developed and refined and can offer governments valuable information for reshaping their work to respond to the effects of the pandemic. Predictive models, which estimate the future impact of the pandemic, are clearly important if sectors are to be able to plan their response over the coming years. Universities and institutions involved in research into the social and economic impacts of HIV and AIDS and in modelling the future predictions of the pandemic have much to offer governments particularly in feeding their findings into planning processes and advising on monitoring. Close links can also help governments to set the research agenda and ensure that research is of relevance to government work.

Impact Assessments

UNAIDS (Barnett and Whiteside, 2000) have produced some very clear guidelines on how to carry out an assessment of the social and economic impacts of HIV/AIDS. These can be found at http://unaids.org. The guidelines cover issues relating to collection and analysis of a wide range of data including surveillance, demographic, economic, social, sectoral and epidemiological data, as well as ideas on setting the terms of reference, choosing the project team and presenting the findings of the study.

It is important for each sector to develop an understanding of the situation of HIV/AIDS and their sector – a **situation analysis**. A key starting point to this process is to think through what questions need to be asked within an impact study to ensure that the sector gets the answers that will help decision-makers in responding to and planning for the impacts on HIV/AIDS on their sector's own area of work. An analysis of any **response** to HIV/AIDS within the sector is clearly another key element in determining what future actions the sector should take. Within these two elements of situation and response analysis both the internal and external dimensions must be understood.

For ideas on how to develop a situation and response analysis of HIV/AIDS and internal organisational issues, see section 8.2.

Looking into the Future: Modelling the HIV/AIDS Epidemic

Several different types of models are used to attempt to predict the future of the HIV/AIDS epidemic. Chris Desmond from HEARD has summarised the types of models most frequently used into four types:

1. Prevalence Projections:

These typically involve fitting curves of the epidemic to one or more points of data, normally data from antenatal surveys. This can be done as most epidemic follow similar patterns over time and hence produce relatively predictable curves. A variety of computer packages have been developed to help in fitting the appropriate curve. 'Epimodel' is used by UNAIDS and can be downloaded from their website http://www.unaids.org and 'AIDSproj' which is a more advanced model produced by The Futures Group and can be found on their website http://www.futuresgroup.com. Others include the ASSA AIDS model from the Actuarial Society of South Africa and the Doyle model.

2. Demographic impact:

Taking prevalence projections, the impacts of illness and death on the population can be modelled. This could include impacts such as the number of deaths, of orphans and changes in population structures. A computer package know as Spectrum can be used. Using such packages does require the use of certain assumptions and the results of the package will only be as good as the data and assumption that are used.

3. Simulation models:

These more complicated models are used to investigate the dynamics of the epidemic in various population groups. Simulation models are currently being developed by the US government and Oxford University in the UK, these are very complex, expensive and have some way to go before they are of practical use.

4. Intervention evaluations:

Attempts have also been made to model the impacts of various interventions in order to better target interventions and allocate resource appropriately. These are available on the UNAIDS website.

(Smart, Dennill and Pleaner, 2001)

Some Words of Warning

The mainstreaming working group were quick to point out some words of warning concerning large impact studies or prediction models. Firstly, the body or department responsible for commissioning such studies must be clear on how they will use and disseminate the findings. There is a real danger that impact and prediction studies will produce frightening findings which show high levels of infection among public sector workers and predict even higher prevalence rates for the future, it may also become obvious that some groups of public sector employees are at greater risk than the general public due to their high levels of mobility. Before commissioning such studies it is important that the commitment exists to be open about these challenges and find appropriate ways for the sector to respond. If this commitment does not exist such studies are not only a waste of valuable resources, but the lack of dissemination and disclosure can fuel fear and denial and impact negatively on the leadership role that the sector could otherwise play.

Five Cities Study: An example of an inclusive process

One study that was carried out using an inclusive participatory approach was the Five Cities Study in Namibia. The study assessed the impact of HIV and AIDS on both the internal issues of human resources and organisational functioning, and the effects of HIV and AIDS on the external work of the sector. The study collected data on levels of absenteeism, sickness and death among civil servants and then combined this with information from census data and other relevant surveys to estimate the predicted impacts of HIV and AIDS on the public sector. A key feature of the study was the way the research team involved managers and civil servants throughout the process, for example, agreeing on the data to be collected and analysed and the process to be followed at an inception workshop and then presenting the findings to the public sector management committee to validate the results. Because of this inclusive approach, managers and decision-makers within the public sector felt some ownership of the study and the findings proved to be a valuable planning and advocacy tool. This was further enhanced during a final workshop at which representatives met to plan their city's HIV/AIDS responses, based on the study findings. For more information on the 5 Cities Study contact siapac@mweb.com.na or www.siapac.com.na

Another consideration when undertaking impact and prediction studies is that they can be costly and take time to produce. It is vital that the response of the sector to HIV and AIDS is not put on hold until the findings of these studies are reported. Smaller scale studies on particular aspects of the inter-relationship between HIV/AIDS and the work and staff of the sector can give valuable information for policy decisions. There may be opportunities for assessing studies and information from other countries and sectors, however, clearly the context will be different and results cannot be applied uncritically.

Where sector staff themselves are involved in the design, implementation and analysis of such studies, the findings are more likely to have a direct influence on work of the individual involved and their department. There are few examples of such 'operational research' however, more and more sectors are beginning to see the value of this approach. The example below comes from the NGO sector and describes some qualitative research by Oxfam in Malawi on the impacts of AIDS on all aspects of the life of community members and the organisations they are involved in.

An example from Oxfam of small scale, in-depth qualitative research

Oxfam conducted this piece of qualitative research in Mulanje district in Malawi. The aim of the research was to look at how HIV/AIDS affects different people, how it undermines organisations and how people and organisations respond. Much emphasis was on how HIV/AIDS changes people's daily lives especially in productive activities such as agriculture, trading, household tasks and community involvement. Managers and staff from different organisations and representatives from local communities were interviewed using focus group discussions. The research helped to link theory with practical situations as well as developing relationships with those affected and infected who are mostly excluded from the development interventions.

After the research Oxfam produced a report on the findings which was shared with several organisations and government departments. Follow up in-depth group discussions and individual interviews with the affected families on issues that arose from the research were made. This formed a basis for Oxfam to modify their objectives, indicators and work plans so that they were more relevant to families affected.

Some of the key findings:

Impact on Communities

- Some families are more affected than others.
- The illness of a mother is a double blow in matrilineal societies.
- Badly affected people and households can become invisible to development interventions, as they do not participate in many activities.
- Poverty escalates as a result of death or illness of older, more skilled family members.
- Women and girls take on greater burdens as both parents fall ill.
- AIDS affected households have limited access to education, especially young girls who may be forced to drop out of school.
- Although those outside view the extended family and institutions as key sources of support, they often prove to be unreliable social networks.
- Poverty is the driving force of HIV transmission, as poor women and girls engage in occasional commercial sex.

Impact on Organisational Capacity

- Absenteeism, lower productivity, vacant posts, high cost and overloading of others
- The internal response on mainstreaming is predominantly AIDS work, not mainstreaming
- Challenge for improving internal policies which is not easy for most managers at district level

(Oxfam, 2001)

HIV/AIDS Focal Points

One of the first steps that many government sectors take in starting to mainstream HIV/AIDS is to establish focal points who have the responsibility of acting as a catalyst to mainstream HIV/AIDS activities within their department and/or sector. The number and level of the focal points vary from country to country. For example, in Uganda, ministries such as the Ministry of Education and Sports have nominated focal points in each department with one lead focal point in a more influential position, in this case, the commissioner for secondary education.

The Ministry of Education in Ghana have one focal point at the national level ministry and one in each of the 15 agencies responsible for the different roles of the MoE. Each of these agencies have appointed one focal person per region, giving a total of 150 focal points.

Mentoring of Focal Points in Ghana

In the initial workshops held to design the sector's response to HIV/AIDS, the focal points were twinned with consultants with expertise in mainstreaming. The focal points then returned to their own departments to develop HIV/AIDS plans. Once this was completed, they meet up again with their twinned consultants to review their plans and resolve any concerns they had. This example of mentoring for focal points proved a very positive experience as it provided the focal points with much needed support.

While the number and structural placement of the focal points may be different from ministry to ministry and country to country, the working group identified some common challenges and also, some positive experiences of working as an HIV/AIDS focal point in a government ministry at any level.

Some of the challenges facing focal points:

- Focal points and those around them have limited knowledge and experience of what is involved in the job, what the difference between mainstreaming and HIV/AIDS work is and how they should implement a mainstreamed response. Many focal points have described how they received a letter or formal request from a superior to take on the role HIV focal point but had very little support in establishing what was expected of them and how they should go about mainstreaming in their sector.

- In the majority of cases, HIV/AIDS mainstreaming is an add-on to the existing workload of the focal points. Very few focal points shed any existing tasks to take on mainstreaming work. This causes real concern for government focal points; if they spend too much time on HIV/AIDS related work and neglect their official post within the ministry they risk loosing their job and all associated benefits, including their pension.

- Focal points have found it difficult to convince others within their department or ministry that mainstreaming HIV/AIDS is an important issue within the sector, especially when no training on how to address mainstreaming has been provided.

- HIV/AIDS focal points often have limited or no budget to carry out mainstreaming activities. Many focal points must also negotiate complicated and time-consuming bureaucratic processes to access money for HIV/AIDS related work. Often a programme outside the official systems of their sector holds the funds earmarked for HIV/AIDS mainstreaming work. This then requires separate reporting and monitoring systems, often directly to the donor providing funds.

The working group also identified some rewarding and positive aspects of being an HIV/AIDS focal point:

Some positive aspects of being an HIV/AIDS Focal Point

On the personal level it can be:

- Challenging
- Worthwhile
- HIV/AIDS focal points can get a high level of exposure to decision makers and implementers throughout the sector, not only within government at all levels, but also with donors, NGOs and researchers.
- There are opportunities for building personal capacity, particularly improving interpersonal communication, strategic thinking and influencing skills.
- There may be opportunities for travelling worldwide
- Focal points feel that they are contributing to the achievement of national goals – often these can not be achieved if HIV and AIDS issues are not taken into consideration, so effective mainstreaming of HIV/AIDS can help the sector achieve its targets and goals.

As the working group have clearly identified, the challenges facing HIV/AIDS focal points are considerable. Many of these challenges are similar to the constraints that have faced focal points attempting to mainstream gender within government sectors. In many cases these challenges have proved insurmountable and have resulted in very little progress in mainstreaming gender. The strategy of establishing HIV/AIDS focal points is more recent than the attempts at mainstreaming gender, so it is vital that the HIV/AIDS focal points and more importantly, those promoting their establishment and managing them, take note of these very real constraints and adopt approaches and practices that mean they can carry out their work effectively. The working group felt that many of these challenges could be overcome if the managers and those in positions of authority over the work of the focal point could put in place certain structures and conditions to support and facilitate the work of the HIV/AIDS Focal points, these are given in the box below.

Advice to managers supporting HIV/AIDS Focal Points

- When appointing focal points, managers must ensure that they are at a high enough level of superiority and in a strategic position to influence the core work of the sector.
- Ensure that the focal point's job description is rewritten to include the new HIV/AIDS mainstreaming responsibilities, and to ensure that enough time is allowed within the focal point's existing workload to carry out the new mainstreaming responsibilities.
- Build strategic alliances in order to link with other relevant organisations. For example development strong ties with the national AIDS commission could help to provide training for the focal point on what HIV/AIDS mainstreaming means for the sector and what the role and responsibilities of the new focal point are.
- Define the reporting lines of the focal point. The focal point may effectively have two managers, one for their existing work and one for the HIV/AIDS mainstreaming work, the managers must decide how the system can be coordinated, so that unrealistic and conflicting demands are not placed on the focal point. The working group also felt that the focal point should not report to a politician as this can politicise and potentially undermine their work.
- Provide the focal point with the office and transport facilities necessary for them to carry out their mainstreaming work.
- Consider the possibility of having a small fund with more relaxed accountability limitations which HIV/AIDS focal points could draw on as needed to carry out their mainstreaming work. Structures to limit abuse of such a system would also have to be thought through.

The working group also came up with some words of advice for HIV/AIDS focal points just starting their work within a sector, see box below.

Words of advice for new HIV/AIDS mainstreaming Focal Points

- Find out what is expected of you in your new role as HIV/AIDS focal point.
- Start by having a meeting on AIDS and development and what HIV/AIDS mainstreaming is all about for your manager and other key decision makers whose support you will need in the future and who must appreciate your new role and responsibilities as focal point.
- Carry out a desk study on HIV/AIDS mainstreaming to find out what has happened in the ministry /local government already, what the plans are for the future, who the key players are (including NGOs, donors, researchers and others within your sector and other government departments).
- Develop strategic alliances and support structures - talk to collaborators, these may include staff sympathetic to mainstreaming HIV/AIDS in your own department/sector or other organisations outside, including NGOs, donors, researchers and HIV/AIDS focal points in other sectors and ministries.
- Demand that the work involved in mainstreaming HIV/AIDS is included in your job description, or rewrite your job description yourself and persuade your manager and the human resource department to agree to it.
- Seek support from all key stakeholders within and outside your department/ministry (this should include financial resources that are well targeted and /or earmarked).
- Build support among colleagues and peers
- Seek practical support e.g. office facilities and resources

In an attempt to institutionalise good practice in appointing focal points and ensuring they can work effectively, the Ministry of Education in Ghana have developed a manual to be used by focal points and their managers. The box below highlights the criteria for appointing focal points and their roles and responsibilities once in place.

Ministry of Education, Ghana: Criteria, Roles and Responsibilities of HIV/AIDS Focal Points.

Criteria for selecting HIV/AIDS focal points:

- Aged not more than 55 years in order to avoid loss of focal points through retirement
- Education a minimum of senior secondary or its equivalent
- Experience and training in HIV/AIDS related issues
- Interest in HIV/AIDS issues and initiative
- Confident personality
- Good communication skills
- High sense of humour and good interpersonal relationship
- Ability to work with minimum supervision and able to meet deadlines

The roles and responsibilities of the focal points are to:

- Circulate information on HIV/AIDS
- Organise meetings and seminars on HIV/AIDS at the work place
- Organise activities on public holidays and celebrations on AIDS day
- Keep logbook of HIV/AIDS activities to enable them to write quarterly reports
- Monitor and supervise where applicable
- Basic counselling of staff
- Networking with other focal points and other organisations
- Act as a resource person for MOE HIV/AIDS programmes
- Develop proposals
- Conduct periodic reviews of the agency's action plan for implementation
- Organise and coordinate in consultation with the national coordinator emerging HIV/AIDS training needs.
- Write and submit reports to the relevant quarters

How many of these roles and responsibilities refer to HIV/AIDS specific work and how many refer to mainstreaming? What other roles and responsibilities do you think should be added to encourage a mainstreamed approach to HIV and AIDS in the education sector?

Given the challenges facing focal points and the level of commitment and patience required, it is inspiring to read the quotation below from a gender focal point within the Trade Union Congress in Ghana:

> *"It has not been an easy road at the local front…Readiness to accept modest gains and sometimes make compromises as against maintaining an entrenched position becomes necessary at certain points in the process. It is important to realise that some brilliant ideas and proposals simply have to be shelved or frozen for a while before raising them again. Such situations call for extra courage and strength to deal with an inevitable event that can hurt the ego. Even though it is difficult, the word 'frustration' should not be entertained. Simply refuse to get to that point." (Veronica Ayikwei Kofie, Head of Women's Desk, TUC Ghana in Akpalu et al. 1999)*

Training

Training staff within the sector is another strategy commonly used to kick-start the mainstreaming process. Many people and institutions with experience of HIV/AIDS mainstreaming have pointed out the importance of providing training programmes for staff that focus on the personal dimensions of HIV and AIDS by looking at facts about transmission and the progression of HIV to AIDS as well as attitudes, myths and misconceptions about the virus. Such training can help staff to deal with their own feelings and ideas about HIV and AIDS. Once staff feel comfortable with these issues on a personal level they are then ready to look at how HIV and AIDS affect their work, both now and in the future.

It is vital that training does not stop with the personal issues, but goes further to look at mainstreaming, by addressing how HIV and AIDS impact on the work of the sector and on the particular work of the individual staff member. Staff should also be given time and support to consider whether their work or the work of others in their sector may actually increase communities' vulnerability to HIV or may reduce their capacity to cope with the impacts of AIDS.

Deciding at whom the training should be targeted is another key issue, it is unlikely that the resources (both time and money) exist to train all staff in the sector, so it is important to think who the key staff are in driving forward the mainstreaming agenda. The example below shows how, in South Africa, staff from the Planning Departments of ministries at national and provincial level, and local government planners were targeted for mainstreaming training due to their key role within the various sectors.

Training is an area where those involved in HIV/AIDS mainstreaming could potentially learn a great deal from the experiences of gender mainstreaming. The learning points are covered in depth in the Gender, Health and Sector Wide Approaches Resource Pack (Gender and Health Group, Liverpool School of Tropical Medicine 2003) which is available at www.liv.ac.uk. However, to summarise:

- It has become obvious that a one-off training, however well-planned and participatory, will not have a lasting impact and continual follow-up and opportunities for the participants to access further support and reflect on what gender means in their own context is vital.

- The training must be well tailored to the work of those participating in the training. It is hard for participants to relate generic training on issues such as HIV/AIDS and gender to their own every-day work.

- Given the lack of lasting impact of training sessions, other more innovative approaches such as mentoring need to be considered seriously.

- A trainer with experience in the sector, rather than just HIV/AIDS is likely to provide more relevant training that will have a lasting impact on the day-to-day work of the participants.

Having two trainers, one with HIV/AIDS expertise and the other with sectoral expertise may be a valuable approach.

HIV/AIDS and Mainstreaming Training For Government Planners: An example from South Africa

This training programme was developed in response to the devastating rate at which the epidemic is growing in South Africa and the impact it has on all aspects of development both now and in the future. Government departments, South African universities and HIV/AIDS researchers and trainers collaborated to develop a manual to run short courses for government planners from national, provincial and local levels. The aim of the training course was to enhance sectoral planning by creating an awareness of how the HIV/AIDS epidemic is impacting and will increasingly impact on policies, programmes and services delivered. The training also aimed to develop the basic skills of planners needed to analyse and interpret HIV and AIDS related data and projections. Each course was planned to have 30 participants and run for 5 days.

Beyond the development of the manual, facilitators from participating universities were trained to be able to offer standardised courses based on the approved training curriculum. Universities were awarded contracts by the Department of Social Development based on their capacity to deliver the courses and their ability to collaborate with other institutions and departments.

Course Content

The courses made use of experiential and participatory approaches such as group work, experience sharing and case studies of people living with HIV/AIDS and covered:

1. The basic facts about HIV/AIDS – transmission and the progression of HIV to AIDS
2. Key concepts such as living positively and the links between gender and HIV/AIDS.
3. The dynamics of population, development and HIV/AIDS in South Africa, in the southern African region and globally and how these can be integrated into planning
4. The impact of HIV/AIDS at various levels on different groups within society and possible responses. The statutory environment, including policies, laws and regulations, particularly the constitutional and human rights of people living with HIV/AIDS, planning in accordance with the bill of rights, the HIV/AIDS and STD Strategic Plan for South Africa and Integrated Development Planning
5. Tools, data assessment and integrated planning, including modelling of the present and future impacts of HIV/AIDS how this feeds into the planning process and how indicator can be identified.

(Smart, Dennill, Pleaner, 2001)

Influencing

A key part of the work of HIV/AIDS focal points is to effectively influence a wide range of individuals at all levels both within the government sector and other key stakeholders. As many of the high prevalence countries are also countries moving towards the SWAp, the working group looked at two key moments in the development of SWAps – the design and review stages – and identified who the most important targets were and how the focal points could influence them. The table below highlights these key times in the SWAp cycle as well as who should be influenced and with what information.

When to influence	**Who to target**	**How to influence**
During the initial design phase of the SWAp	• Planners within the central ministry • District level planners • Consultants or researchers involved in any base-line studies or participatory poverty assessments and in the design of the SWAp • Donor partners	• Illustrate that the key goals of the sector cannot be met with attention to HIV and AIDS. Goals that focus on improving equity are particularly relevant. • Collect existing research on the impacts of HIV/AIDS and if possible, any future impact information, or if not available to make use of data from other countries with similar epidemics. Retrospective studies can also be useful e.g. to show changes in agricultural production due to AIDS • Collaborate and link with civil society organisations working on HIV/AIDS and development who may be invited to the design meetings and can raise points that may be difficult for someone within the government to raise. • Link with universities and research bodies to collect information and/or encourage them to carry out studies. • Personal testimonies from PLHA can help to raise awareness of the link with your sector, particularly to ministry officials.
Annual (or bi-annual) reviews of plans and budgets and larger Mid-term reviews	• Those within the ministry organising the review (probably Planning Dept) • District level staff and those meeting with the review missions during district visits • Managers and other high-level staff interested in mainstreaming	• Lobby for HIV/AIDS concerns to be part of the review check-lists (this may require prioritising one or two key HIV/AIDS related areas) • Attend review meetings and raise questions on HIV/AIDS mainstreaming, gain support from managers to give weight to your arguments • Share information and ides with civil society organisations that may be able to add weight to you arguments and raise issues during the reviews that you may feel uncomfortable with as a government employee.

High Level commitment

As has been illustrated in Section 6, HIV/AIDS mainstreaming can involve fundamental changes in the core work of a sector. In order that an enabling policy environment exists for these far-reaching changes, high-level support is need within the sector and among those that are influential in determining the policy, practice and resources of the sector.

Several countries have established high-level inter-sectoral committees on HIV/AIDS, Uganda is one such example and has also very recently established a Parliamentary committee on HIV/AIDS which will be key in developing legislation to support the sectoral work on HIV and AIDS, see box below for more details:

Ugandan Parliamentary Committee on HIV/AIDS

This committee, which has recently been established, is responsible for all legislation relating to HIV and AIDS and for monitoring all HIV/AIDS related programmes in the country. It is now effectively the first point of reference for parliament on HIV and AIDS and will remain in its current form until the end of the current parliament in 2006. The committee has 15 members – 7 women and 8 men – all MPs from a wide range of backgrounds including the military and from a number of faiths. The Chair and Vice Chair are both medical doctors. So far it is not clear how this committee will ensure that HIV/AIDS is not just seen as a health issue, but that each sector takes on the full development implications of the epidemic. However, this high-level parliamentary commitment will clearly assist in increasing the profile of the response to HIV/AIDS.

High level commitment in South Africa

In South Africa several high level committees have been established to raise HIV/AIDS issues at the macro policy level, to the sectoral departmental level and the provincial level. These structures aim to work in partnership and collaboration with donors and other stakeholders. They include:

1. At the national policy level:
The South African National AIDS Council (SANAC) acts as an advisory body to the government on matters of national priority in relation to HIV/AIDS. SANAC is chaired by the Vice President and is made up of representatives from government departments and civil society, including NGOs, PLWHAs, trade unions, women's groups, youth celebrities and traditional healers.

2. Coordinating a multi-sectoral response:
The interdepartmental Committee on HIV/AIDS (IDC) consists of HIV/AIDS coordinators of different government departments, who meet monthly to coordinate information, build the capacity of their members, plan and implement joint programmes, monitor departmental responses and advocate on HIV/AIDS

3. At the provincial level:
Provincial HIV/AIDS structures made up of representatives from various government departments to support the development of integrated HIV/AIDS policies and programmes within the government and communities. A good example of these structures is the Eastern Cape committee, details available at http://www.ecprov.gov.za

High-level commitment is particularly necessary at budget time, and it may be valuable to have key Ministry of Finance staff sitting on inter-sectoral committees so they appreciate the value of finding resources to support mainstreaming activities within the plans and budgets submitted from the various sectors.

Financing of Mainstreaming

Financing mainstreaming, particularly within the new environment created by SWAps and their pooled funding, creates many tensions and contradictions. Clearly the ideal situation is that HIV/AIDS will be so well mainstreamed within the core department budgets of the sector that there is no need for separate 'mainstreaming funds'. However, it is clear from the current work of various sectors – from agriculture, to education, to transport – that the inter-linkages between the sector, its work and HIV/AIDS are not being taken into consideration in policies, plans and implementation processes. Hence, funds are need to 'kick-start' the mainstreaming process. The areas described above in this section illustrate just some of the strategies that a sector may wish to implement to start the mainstreaming process, some of them may not require extra funds, but some clearly do.

Many countries are currently receiving funding from donors specifically for HIV/AIDS mainstreaming, the World Bank's Multi-country AIDS Project (MAP) is a good example of this. Started in September 2000, the overall development objective of the MAP is to increase access to HIV/AIDS prevention, care, and treatment programs, with emphasis on vulnerable groups, MAP

also supports government sectors to develop plans and scale up their own response to the epidemic. This provision of earmarked funds for sectoral AIDS work or mainstreaming causes a tension in countries working through sector wide approaches as the HIV/AIDS funds are effectively seen as separate project funds that are not paid into the general sector pot and then allocated by the Ministry of Finance and sector managers. In Uganda this apparent contradiction has been overcome as HIV/AIDS is seen as an emergency that cannot wait for the longer term benefits of SWAps in order to be addressed. While this approach does mean that a sector can move quickly to start implementing mainstreaming activities, there is a real danger that these activities will not be sustainable as they are not embedded in the sector's general planning, monitoring and resource allocation systems. Experiences from gender-mainstreaming highlight how separate donor funded mainstreaming projects rarely have any lasting impact once the donor funding dries up.

In Uganda attempts have been made to bring mainstreaming activities within the normal resource allocation processes of the Ministry of Finance Planning and Economic Development (MoFPED). Originally MoFPED were unwilling to fund separate mainstreaming budget lines, particularly when sectors face resource constraints for what are seen as core activities. Recent negotiations between the sectors and MoFPED have taken place and the Ministry of Education and Sports and Ministry of Gender, Labour and Social Development have now been able to access central government resources for these activities, this increases the chances of sustainable mainstreaming activities as the funding is now within government systems. Other sectors hope to follow suit in accessing funds for mainstreaming through MoFPED and the Ministry of Agriculture, Animal Industries and Fisheries are expecting funds from MoFPED in the 2003/4 financial year. Furthermore, in Uganda there are currently moves to include HIV/AIDS related activities within the Poverty Action Fund (PAF). These are funds from debt relief which are a ring-fenced or protected pool of resources priority development areas such as education and health. PAF is not vulnerable to budget cuts as other sector budgets are and reflect the highest priority areas of the Government.

In Ghana, while funds to establish the mainstreaming process are not provided from within the general sector budget, but are instead held separately by the Ghana AIDS commission, the problem of lack of sector buy-in and potential unsustainability has been addressed by demanding that the sector must contribute 5% of mainstreaming budget costs. It is only when this 5% has been agreed to by sector managers that the remaining 95% can be released from the Ghana AIDS Commission.

Section 8: Internal Mainstreaming

This section looks at how a government sector can address issues relating to the staff and internal functioning of the organisations that make up the sector. The section is divided into three main components:

8.1 Measuring and predicting the impacts of HIV and AIDS on an organisation and its staff: this includes not only the number of staff that will become sick and die because of AIDS, but also the impacts of HIV and AIDS on the morale of staff, the lack of skills transfer and other factors that may disrupt the functioning of the organisation.

8.2 HIV/AIDS work with staff to reduce susceptibility to HIV infection and to support PLHAs: this includes all areas of prevention, care and support for staff.

8.3 Minimising the impacts of AIDS on the functioning of the organisation: this looks at the ways organisations can respond to the impacts that HIV and AIDS is and will have, on the ability of the organisation to carry out the work effectively, it includes areas such as time needed for funeral attendance, skills transfer and morale levels

Each of these components documents the experiences of the working group members to-date, the problems and potential problems of the approaches they have used and their ideas on how to better to address these issues in the future.

8.1. Measuring and predicting the impacts of HIV and AIDS on an organisation

What has been done?

In Ghana the impact of AIDS on teachers within the sector has been measured through the annual basic school census, which includes an indicator on the number of teachers who have gone to hospital or taken sick leave in the last year. The number of orphans attending school is also measured. The Ministry of Education in Ghana has also developed some less intensive methods for establishing the impact that HIV and AIDS is having on the civil servants working within the ministry and at district level. The HIV/AIDS focal points based within various departments report monthly on the number of staff that have disclosed their status to them and any deaths that have occurred among the staff of their department.

Such regular, small-scale methods for measuring the impacts of HIV and AIDS can be fairly straightforward and low-cost to carry out, once they become engrained within organisational systems, so they are likely to become institutionally and financially sustainable over time. In conjunction with these regular methods for collecting information on the impacts of HIV and AIDS on the staff and organisations of the education sector, the Ministry of Education in Ghana has also recently commissioned a consultancy body to carry out a large-scale impact studies to give a more in-depth and accurate picture of the impacts of HIV and AIDS on the sector. If resources allow, such studies can be vital for feeding into the planning cycle of the sector and also as an advocacy tool to convince top management and donors of the need to address the impacts of HIV and AIDS on the sector staff and organisations.

It is hoped that the process of the impact study in Ghana will help the various ministries to see which impact measurement tools can be integrated and modified to fit within the Management

Information Systems (MIS) so regular data on the impacts of AIDS can be collected. Redesigning the Management Information System can be quite an ambitious task as forms must be redeveloped, and records staff within different departments and at field level must be retrained to collect the new data. There may also be a need for technical assistance in order to integrate AIDS impact data into existing management information systems. Where there are concerns about the quality of data recorded on the MIS forms, annual reviews and monitoring of the system can be implemented to reduce the chance of collecting poor quality data.

The working group identified some of the challenges they and their organisations have faced in trying to establish the impact of HIV and AIDS on their organisations and staff. Communication of study results seems to have been particularly problematic in several countries. Involvement of a wide range of public sector decision-makers and careful thought given to the dissemination of study findings is a key lesson, the Namibian Five Cities Study (see Section 7) is a good example of an impact study that included key decision makers throughout the study process. The development of a strategy for ensuring wide organisational ownership and dissemination of the findings should be a key objective within the terms of reference given to any team commissioned to carry out such studies.

The challenge of raising funds for large impact studies was also raised. This problem appears to have its root in the fact that HIV/AIDS mainstreaming work is so often interpreted as 'doing AIDS work' – such as distributing condoms and prevention posters. While carrying out an impact study may be a vital building block to mainstreaming HIV/AIDS within a sector, it does not fit neatly into commonly held ideas of AIDS work. In order to gain support and buy-in for such studies and changes to the internal information systems, HIV/AIDS focal points need to draw on all their influencing strategies identified in Section 7.

A further challenge arises when a study which has achieved strong buy-in and interest of public sector staff, fuels unrealistic expectations of access to support, particularly medical support for people living with HIV and AIDS. The Namibian Five Cities study calculated the costs of medical treatment for all those within the public sector; tackling such issues head-on with a realistic assessment of medical, support costs and the ability of the sector to find resources to meet these costs. This approach can help to keep expectations within the realms of reality.

The working group came up with several ideas that the public sector can implement without excessive cost, for example making use of existing data sources, in many sectors personnel records may provide a wealth of information on sickness and absenteeism among department staff. Another useful and low-cost exercise would be to establish strong links with universities and NGOs in order to track down any relevant data which has been collected and even analysed, but not properly disseminated. Building strong working relationships with the planning department within the sector would help to ensure that the findings are fed into the planning cycle.

Internal Impact and Response Studies

The following checklist of questions has been developed for local government in South Africa and provides a good starting point for framing the questions that need to be asked to collect information on impact of HIV and AIDS on the internal, workplace of an organisation:

- What is the structure of the workforce? Are there any identifiable 'risk' categories in the workforce?
- Is drug and/or alcohol use common? Where and when?
- What are the common health problems of staff?
- Are there any categories of staff who are exposed to 'risky' situations, e.g. required to live away from home for long periods?
- What are the levels and trends in staff turnover? What percentage is related to HIV/AIDS? Do systems exist to measure and record these levels and trends?
- What is the absenteeism rate? What are common reasons and what percentage is related to HIV/AIDS? How is this currently measured?
- What are recruitment and training costs? Has there been an increase in costs and, if so, why?
- Will training and recruitment cope with the pressures created by HIV and AIDS?
- Are systems in place for planning and monitoring ongoing skills requirements?
- Can recruitment and appointment processes be streamlined to ensure timely replacement of ill employees?
- Which work processes are most vulnerable to the impact of HIV/AIDS?
- What are the potential skills shortages?
- What are the expected claims on sickness or any other benefits offered to staff and their families? Is there any evidence of an increased number of claims for benefits?
- What access is there to health care services and voluntary testing and counselling?
- Do supervisors feel confident that they can manage HIV issues in the workplace?
- Does a workplace policy exist and is it implemented or know about by staff and managers?
- Have there been instances of stigmatisation /denial/discrimination and, if so, what are the factors driving this?
- What services are available to support affected employees?

(Adapted from Smart, R. 2001)

8.2. HIV/AIDS work with staff to reduce susceptibility to HIV infection and to support PLHAs

As identified in Section 7, reducing staff susceptibility to HIV infection and providing a supportive environment for those already infected is often the first step in encouraging staff to look at the inter-relationships between HIV/AIDS and their own work. When staff are uncomfortable and in denial about HIV/AIDS they are unlikely to be prepared to look at HIV/AIDS in relation to their own work. Hence, helping staff to look at these issues on a personal level particularly through thoughtful training sessions potentially has benefits for both the individual by helping them to address their own status and have safer sex, and for the organisation by allowing staff to become comfortable with the issues around HIV/AIDS and hence, address them in relation to their own work.

In Ghana there has been a strong focus on prevention work with government workers, sensitisation and education on HIV and AIDS have been delivered through durbars (public gatherings with entertainment and speeches) for staff at all levels including the district level, these events stress the importance of participation of PLHAs. The Ministry of Local Government has been active in targeting chief executives from local authorities. Chief executives from 44 districts have been trained on the basic facts about HIV and AIDS, the Education Sector HIV/AIDS Work Plan. The training also included an interactive session with PLHAs; personal testimonies from PLHAs can have a lasting impact and help to ground discussion of HIV/AIDS in personal realities. The training was so successful that the chief executives extended the session from half a day to a full day and developed their own resolutions and communiqué on HIV/AIDS. A challenge facing the ministry is that it is assumed that the remaining 66 districts already know about HIV/AIDS and do not require training. Their exclusion from the training programme has led to an imbalance in the amount of progress that can be made on mainstreaming HIV/AIDS issues as the 44 who have been trained are noticeably more receptive to becoming more involved in mainstreaming work. At central government level in Accra, staff are further able to benefit from a clinic, which has been located in the middle of the ministries and covers all

A significant problem area in HIV/AIDS care and support work with staff is how an organisation can ensure confidentiality. Any suggestion that the uptake of testing and counselling services or HIV/AIDS related benefits may not be absolutely confidential has severely undermined the attempts of many organisations to provide such services for their staff. Taking this into consideration, when the Department for International Development in Uganda decided to supply vouchers for free testing and counselling services to staff, they ensured confidentiality by keeping the vouchers in the office bathrooms so that they can be taken anonymously by staff and used at a local testing and counselling centre.

A specific problem facing HIV/AIDS mainstreaming work in Ghana is that ministry staff are feeling that the work on AIDS is really 'crying wolf'. Ghanaians were warned that 200 people would die every day, however this level of impact has not, as yet, been experienced. Furthermore, a recent Knowledge, Attitudes and Behaviour study (2000) found that staff from the Ministry of Education were actually low risk. Clearly, such studies cannot predict the future and Ghana's foresight in

facing the problem of HIV/AIDS before prevalence rates have risen to the extent of its neighbours is admirable. However, carrying out prevention work in this environment clearly raises new challenges and steps must be taken to ensure that the sensitisation does not backfire.

Establishing workplace policies on HIV/AIDS is another key component of the internal response.

In Uganda the Ministry of Agriculture has been sensitising staff on HIV/AIDS for some time. Recently, a new phase of awareness-raising has started at the central level and senior managers and support staff within the ministry have been trained. The training took one day and concentrated on HIV/AIDS awareness and the work of the AIDS Control Programme within the ministry. Evaluations of the training have been positive showing increased awareness among senior staff. A tangible development that focal points believe has its roots within the sensitisation programme is that funds from within the ministry budget have been allocated to the sector's AIDS Control Programme. Such internal commitment offers hope for long term sustainability and support to the ministries mainstreaming activities. MAAIF's training has also targeted some national NGOs in order to build partnerships to address the wide variety of inter-relationships between AIDS and agriculture and in recognition that the ministry alone cannot address all these problems. Another innovation within the MAAIF has been the development of a nutrition handbook to encourage all staff to eat well and particularly includes advice for those with HIV.

Developing a Workplace HIV/AIDS Policy

This guide to the process of developing a workplace policy comes from an HIV/AIDS toolkit for Local Government in South Africa and may provide some ideas for initiating a similar process in your own context:

1. Establish a representative task team
↓
2. Prepare a draft policy document with input from technical experts if necessary
↓
3. Consult with employee representatives
↓
4. Revise the policy
↓
5. Develop a marketing plan to popularise the policy, e.g.:

- display in public place
- provide copies to all employees

(Smart, R., 2001)

See Section 11 to find out how to get a copy of: *'An Action Guide for Managers'* by Bill Rau (2002) which outlines practical steps in developing a workplace programme of prevention and care, as part of internal mainstreaming of AIDS.

As yet there are no special care and support measures for staff within MAAIF and the regular welfare measures and medical benefits apply. There have been no particular costing exercises to establish whether these measures are still viable in a time of HIV/AIDS. However, the focal point within the ministry is keen to propose that PLHAs are better supported, possibly through an informal fund with colleagues raising enough money for affected colleagues, a revolving fund might be a practical way of establishing this level of support. There are also plans to train peer counsellors, by using trainers from The AIDS Support Organisation (TASO) or other local HIV/AIDS organisations.

In order to monitor and evaluate internal AIDS work, the Ministry of Education have developed performance indicators, but as yet it is to early to measure progress against them as the focal points have only just been trained. They include quantitative indicators such as the number of teachers trained, the number of departments with trained focal points. Within the Ministry of Local Government there will be monitoring and evaluation focal points who will develop indicators and monitor activities, for example seeing if the workplace policy is being used. They will also make use of proxy data from the census, and the M&E department plans for yearly dissemination workshop for focal points to share experiences and review methods.

8.3. Minimising the impacts of AIDS on the functioning of the organisation

There are clearly strong linkages between prevention, care and support work with staff and work that can help to minimise the wider impacts on the functioning of the organisation. For example work on sensitising staff may help to reduce stigma and boost morale, which may in turn reduce absenteeism and sustain productivity. However the impacts of the pandemic are so profound that in countries of high prevalence they are having, and will have, potentially devastating implications for the functioning of organisations. The working group identified:

- loss of staff due to sickness and death and the corresponding loss of skilled workforce and institutional memory,
- absenteeism due to funeral attendance and
- low morale as key factors in disrupting the productivity of public sector organisations.

To respond to the inevitable loss of staff due to sickness and death the working group primarily recommended the development of strategies to prolong the lives of PLHAs and to provide support to ensure that they can continue working for as long as they are able to. Workplace policies that support a positive environment free from discrimination clearly contribute to this objective. One concern has been the delays in the payment of medical benefits and disability grants. Such delays can be detrimental to the health and well-being of PLHAs and from an organisational perspective this not only reduces their productivity but can add to low morale and general dissatisfaction in the workplace. There is a need to monitor sickness and disability benefits closely over time to ensure they are being taken up and provided in a timely fashion and also to estimate future costs and budget viability.

Mentoring programmes where junior staff learn from older staff are one strategy for ensuring institutional memory is passed on and not dependent on one key staff member alone. There was much discussion among the working group as to whether this strategy should be targeted to PLHA staff alone, however, it was decided that this would undermine confidentiality, create stigma and possibly encourage PLHAs to leave work even sooner than necessary. It is more important to identify the really critical staff, without whom activities would grind to a halt – this may not be only senior management, but for example an individual responsible for the functioning of all the computers. Once these critical staff have been identified at all levels, contingency plans and mentoring programmes can be put in place. This could be measured by interviews with the mentored staff, review of appraisals to see if they've taken on the skills of other critical staff and the existence of critical staff documents and evidence that these are revisited regularly.

Many sectors are considering multi-skilling programmes to develop the skills of all staff to overcome the problems of loss of critical staff. In Ghana, a guide to help government departments to plan for skill succession has been developed and is being used by human resource departments across the government.

A major concern was the time and number of staff that attend funerals. Several ideas for regulating this were noted, for example In Botswana 2 days have been added onto public sector workers annual leave to allow staff to attend funerals, but no extra days are allowed. Other more informal arrangements are being developed elsewhere, for example keeping one day a week free of meetings in recognition that many staff will be attending funerals. Monitoring of these arrangements can be done by reviews of attendance records, where such records are kept. Monitoring the amount of sick leave that staff take is another way of keeping track of staff absentee rates, linking this with the mentoring programmes and critical skill assessment can help to ensure that key posts are not left uncovered for long periods of time.

Section 9: External Mainstreaming

This section looks at the external work carried out by a sector – that is, the services the sector provides to the general public. A basic framework (see below) has been devised to help think through the issues to be considered in external mainstream. This framework could be used by any sector, however to illustrate the kind of issues that are important to consider in external mainstreaming, examples from the education and agriculture sector were developed by the working group.

A framework to think through issues for external mainstreaming

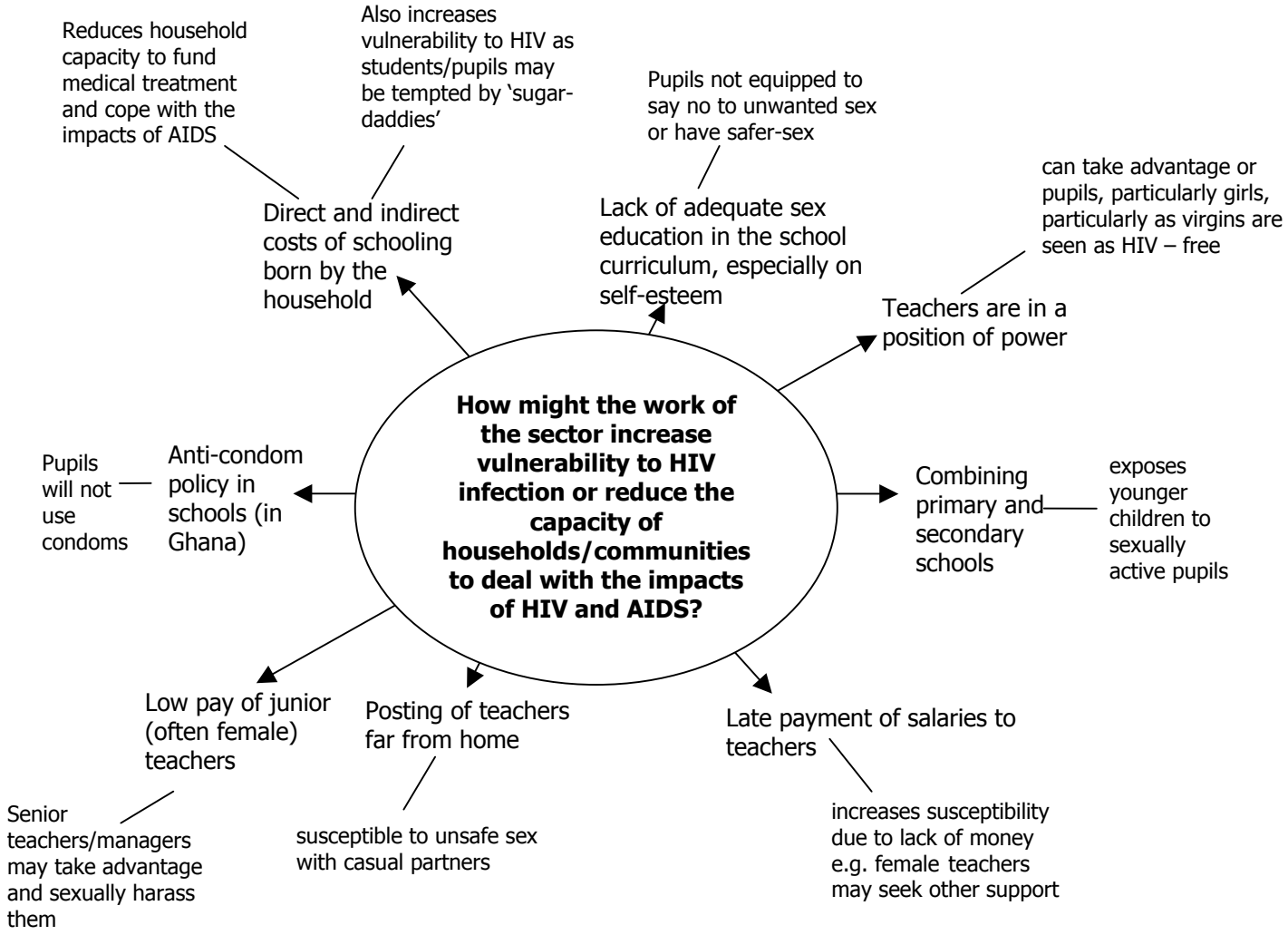
1) How might the work of the sector increase vulnerability to HIV infection or reduce the capacity of households/communities to deal with the impacts of HIV and AIDS?	2) How might HIV and AIDS impact on the work of the sector?	3) What should the sector do to respond to these issues	4) How can this be done in practice?	5) How could progress in this area be measured?

The examples below from the education and agriculture sector follow the format of the framework given below, but for ease of reference have been displayed as separate sections.

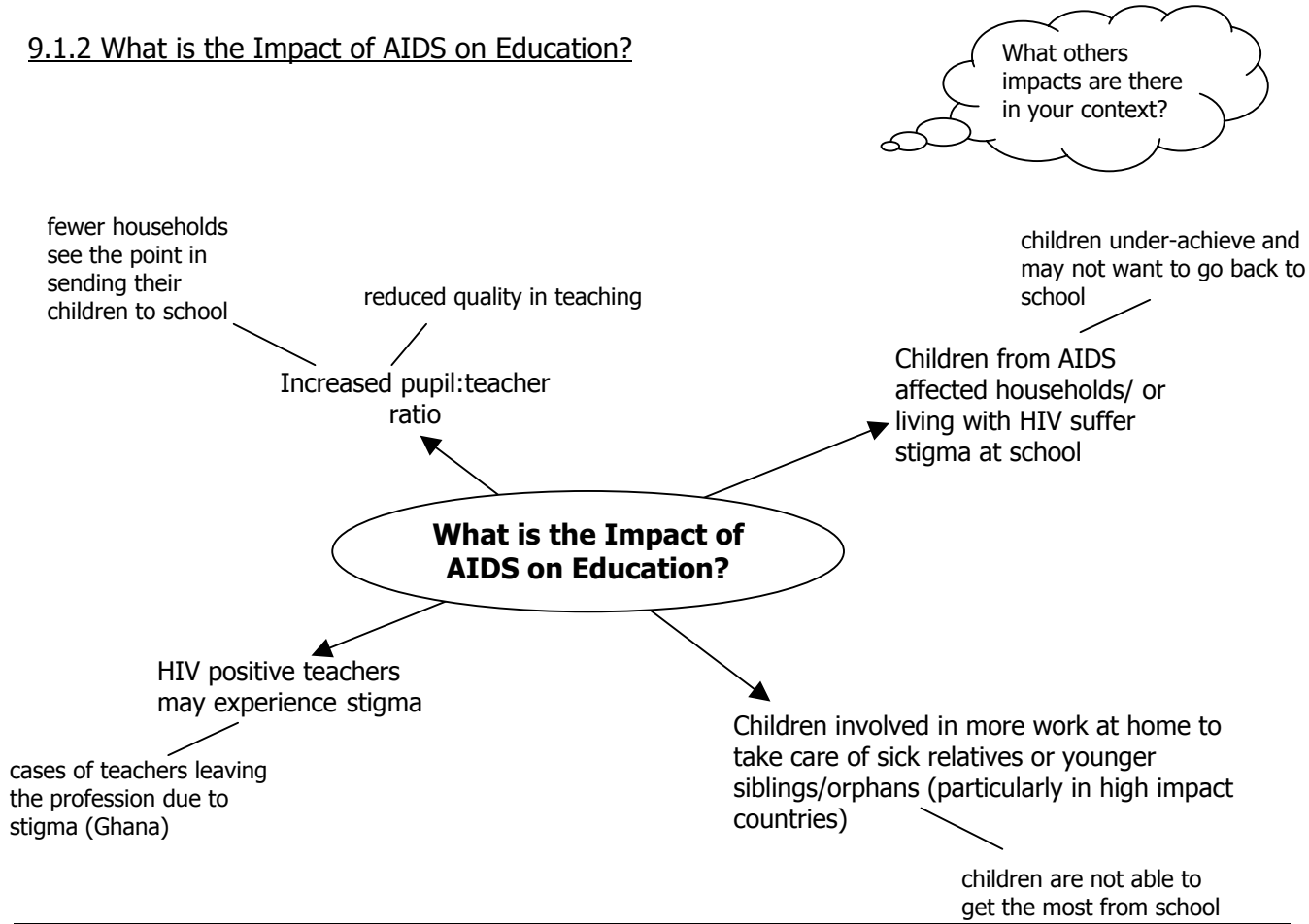
9.1.1 Does the Education Sector increase vulnerability?

Below is a list of activities carried out by the sector that either could potentially increase susceptibility to HIV or reduce/fail to improve the capacity of households to respond to the impact of AIDS on their lives and livelihoods.

If you work with the education sector, what other ways might the sector increase vulnerability? Do you think the points below are relevant in your context?



9.1.2 What is the Impact of AIDS on Education?

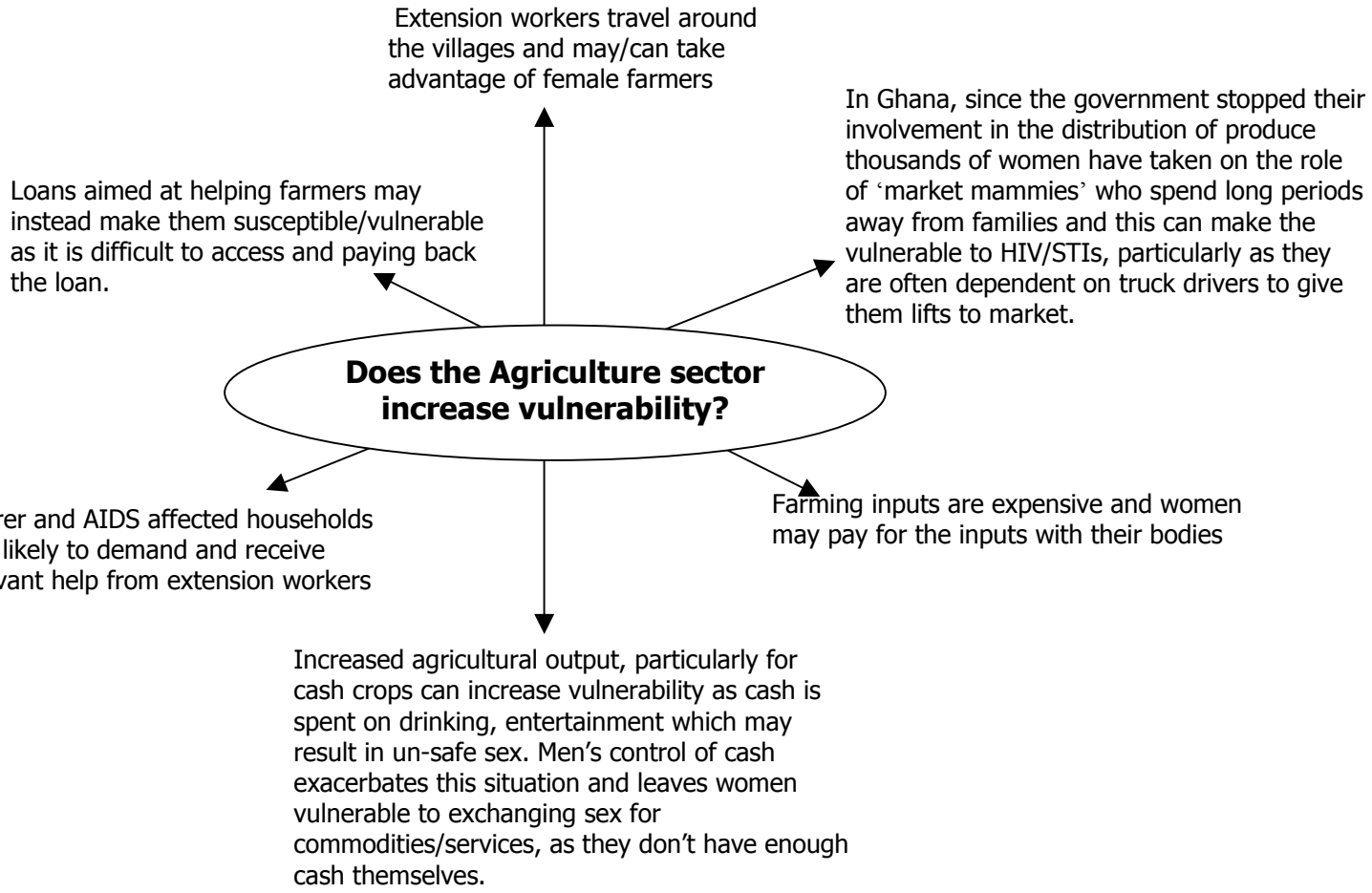


9.1.3 Mainstreaming ideas	**9.1.4 How can the sector do this in practice**	**9.1.5 Indicator**
Review teacher posting policies to reduce vulnerability (potential problem: such a policy may further undermine attempts to post teachers to more inaccessible rural areas)	incentive package for teachers and their families, so the families travel with the teacher • induction for young teachers to include HIV and AIDS awareness • mentors to support new teacher trainees within schools and inspectors to go round and provide support. For example in Ghana, HIV/AIDS awareness and issues has recently been included in the training for mentors and inspectors)	• % of teachers posted with their families • presence of HIV/AIDS awareness training within teacher induction packages • presence of HIV/AIDS awareness training within training for mentors and inspectors
Develop a policy to deal with cases of abuse and fast-track a disciplinary committee to reduce sexual harassment	• teachers code of ethics in existence, needs legislation and monitoring • Child rights clubs to increase assertiveness to say no to abuse	• number of cases reported and investigated and where necessary, taken to court and punished.
Increase the number of teachers trained. Quota for number of teachers trained based on demand	• monitor number of teachers who are sick/dying included in EMIS	• use existing pupil : teacher data/quota
Provide student grants so students not likely to sell sex	Negotiation with banks and MoE to be guarantor for student grants	• increase in tertiary enrolments

9.2.1. Does the Agriculture sector increase vulnerability?

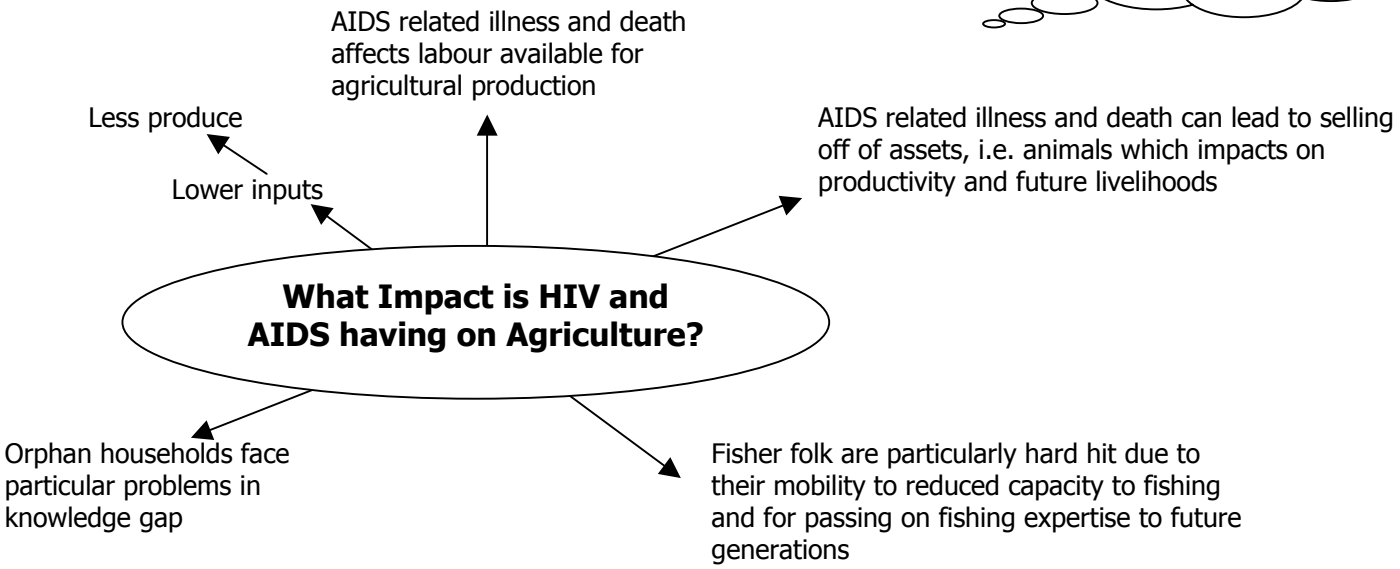
Activities carried out by the sector that either increase susceptibility to HIV or reduce or fail to improve the capacity of households to respond to the impact of AIDS on their lives and livelihoods.

Do the points below apply in your context? Are there any others?

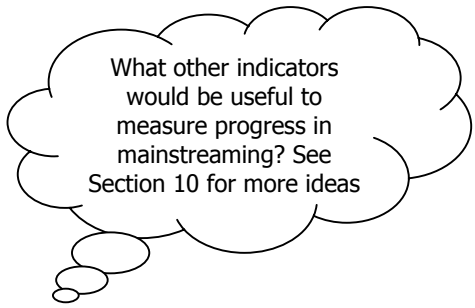


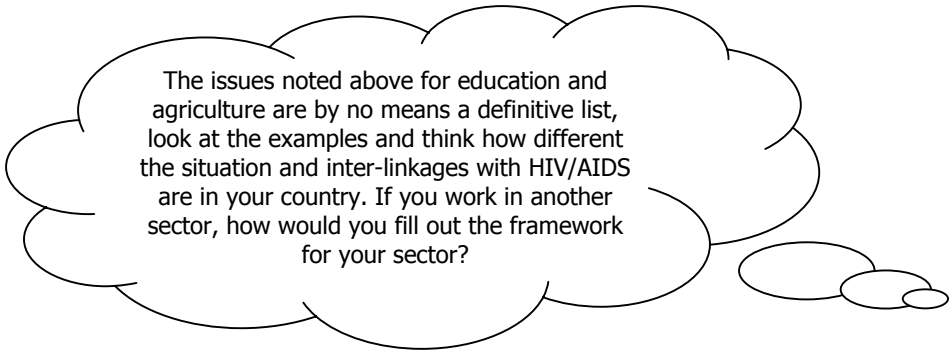
How true are these in your context?

9.2.2. What Impact is HIV and AIDS having on Agriculture?



9.2.3. Mainstreaming ideas	9.2.4. How can the sector respond in practice	9.2.5. Indicators
Alternative technologies like organic agricultural practices as they have cheaper inputs	Research into crops, animal industries, techniques and tools appropriate for labour constrained households (in Uganda (HASNET) a research network of government and NGOs has been formed to prioritise and carry out this type of research	• Number of new technologies/approaches suitable for AIDS affected and poor households being pioneered
Labour saving technologies		
Quick maturing crops more suited to labour constrained households, like elderly, very young, sick		
Weed/disease resistant crops more suited to labour constrained households, like elderly, very young, sick		
Work with youth to fill knowledge gap left by AIDS deaths	• Learn from NGO experiences of working with youth • Allow NGOs, where they have a comparative advantage, to play a leading role in the provision of services to young people	• Number of youth groups supported • Number of young people headed households supported by extension workers
Broaden partnership between government and traditional and non-traditional NGO partners		• Number of collaborative partnerships established between government and NGOs



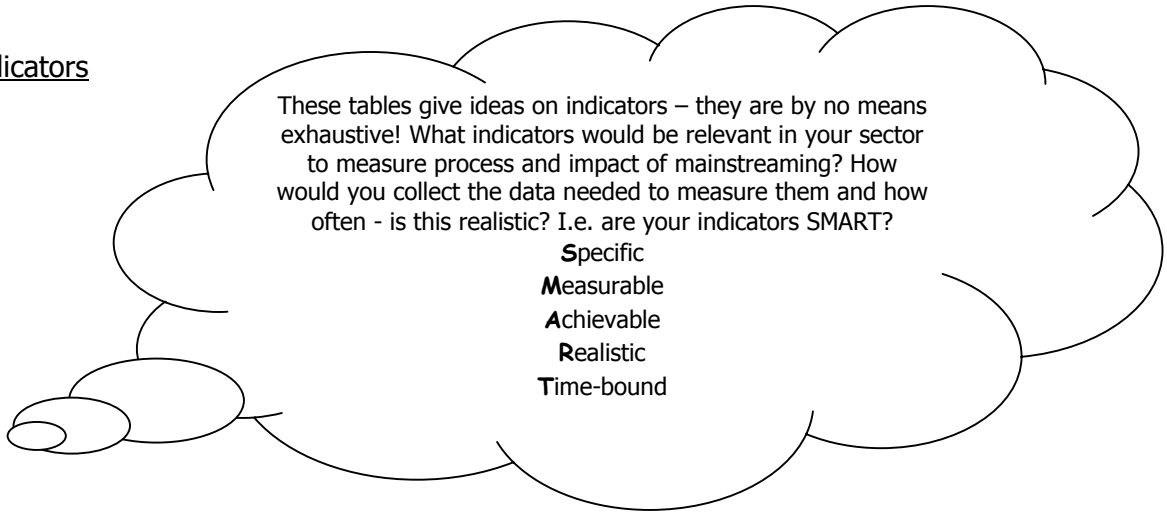


Section 10: Indicators for Mainstreaming

As most sectors are only just beginning to mainstream HIV/AIDS into the core of their sector work, it may be too early to try to measure the impact of HIV/AIDS mainstreaming on the general population. However, it is still a good idea to think through what the hoped-for future impacts should be and to ensure these indicators are in sector plans early on. This is particularly true for countries using sector-wide approaches as much emphasis is placed on the ability of the sector to meet certain pre-defined targets, measured by specific indicators. The existence of indicators that address HIV/AIDS mainstreaming in the overall sector strategies is vital if mainstreaming work is to be properly institutionalised, and not just a one-off donor project.

Below are a few ideas of possible indicators to measure the process of mainstreaming within any sector and then, the first table looks at possible indicators of the process of mainstreaming and could be adapted for any sector. The last two tables take agriculture and education as examples and give examples of possible indicators of impact.

10.1 Process Indicators



Strategy	**Issue**	**Possible Indicators to measure real progress**
HIV/AIDS Focal Points	While sector ministries/districts may have HIV/AIDS focal points, they often have HIV tagged onto existing heavy workloads and have had no training or support in what is involved in HIV mainstreaming in their sector	• How many trained HIV/AIDS Focal points exist, (and in what departments, district / national) • The number of HIV/AIDS FPs with HIV/AIDS mainstreaming as a clear task in their job descriptions The number of FP in receipt of technical HIV/AIDS supervision
Getting high level commitment	Focal Points alone can not make much progress unless they have support from the highest level within the sector	• Existence of multi-sectoral HIV/AIDS committees for top management and their attendance at meetings • Attendance of top level managers at HIV mainstreaming training • Consideration of HIV/AIDS into strategic decision-making and reporting processes
Training of sector staff on HIV/AIDS	HIV/AIDS mainstreaming training may need to start 1. by addressing HIV/AIDS on the personal level to	• (Really needs an evaluation of the training programme, an easy indicator like number of training

	help staff to become comfortable even talking about HIV/AIDS. But, it is important that it goes beyond this to give staff the space to think about 2: a. what HIV/AIDS means for their sector, i.e. how HIV/AIDS is impacting on their work, b. how their work may make people more vulnerable to HIV or undermine the coping mechanisms c. how their work could potentially support/reach PLHAs and reduce vulnerability.	programmes conducted doesn't really show much. The indicator below on HIV in plans would show more about the impact and value of any training.) • The number of training courses that cover both 1 and 2 (a,b,c)
Staff policy on HIV/AIDS and staff access to HIV/AIDS related services		• Staff policy on HIV/AIDS • department/ministry staff access to services (condom/awareness creation/STI/TB and VCT)
HIV/AIDS in department plans	If HIV/AIDS is mentioned in sectoral department plans, it is often covered in a very general way and those implementing the plan are not given many clues as to what they should actually be doing. Inevitably this leads to complete inaction.	• Existence of department/ministry specific policy (or strategic framework on HIV/AIDS) • Department plans are based on contextual analysis • The number of times HIV/AIDS is mentioned in sector/department plans • Plans address a, b and c • The department has received support to develop quality work plans (e.g. Plan to include: Specific objectives, M&E mechanisms, performance indicators) • Implementation of work plans underway
Budgets and expenditure for mainstreaming/ HIV related activities	Clearly, there is a need for funds to back up plans, used both for the process of mainstreaming and the actual HIV/aids related activities within the sector's work are needed. However, if HIV has been really mainstreamed within a sectors work, it may be hard to pick out from the budget. For example if the whole design of an agricultural project is intended at reaching the most vulnerable – including households infected/affected – it becomes difficult to pull out a precise HIV-related figure. Even if money is budgeted for, it doesn't mean it will be spent and some kind of expenditure tracking	• % of the budget is available for supporting the process of HIV mainstreaming (training, part of HIV FP's salary, materials etc) • % of the department budget is available for service delivery that has been refocused to take into consideration the inter-linkages with HIV/AIDS. How much of the money budgeted for HIV/AIDS is actually spent.

	is important to follow progress.	
Intra & Inter sectoral communication and collaboration between line ministries	There is a need to maximise information sharing and avoid duplication efforts between departments or ministries. For instance in the development of IEC materials. There is also a need to understand the inter-linkages between different sectors and to develop a harmonised response.	• Evidence of sharing and lesson learning between departments • Evidence of increased understanding of the impact of HIV/AIDS on different sectors and the inter-linkages between these different areas (departments/ministries) Evidence of appropriate collaboration across ministries on HIV/AIDS related activities

10.2 Impact Indicators: Education

Possible Strategy	**Issue**	**Possible Indicators to measure real progress**
Targeting vulnerable children, including AIDS orphans (and particularly girls) to increase their access to education	May take a while to see any impact, also problems of increasing stigma if orphans are singled out. May need complete rethink of how education programmes are delivered, in terms of timing, location etc so that vulnerable children, such as those with caring responsibilities in the household can still fit some education in their lives.	• Existence of programmes and plans that take target vulnerable children. • Drop out rate among orphans reduced (disaggregated by gender)
Creating a safer environment within and around schools to reduce vulnerability of school children to abuse (both sexual abuse and discrimination because of HIV/AIDS) and promote safer sex	The problem here is that HIV mainstreaming programmes are often interpreted as solely HIV prevention activities and may boil down to the distribution of a few HIV leaflets and posters.	• Clear legislation, education sector policies and disciplinary procedures in place to stop sexual abuse and discrimination • Existence of programmes that address behaviour change, increase girls' and boys' self-esteem to start sex later/have safer sex • Code of ethics/conduct developed and implemented in every school • Policy of zero tolerance for violence and sexual abuse in all learning institutions
Preparedness for future reductions in teaching and administrative staff	Due to the time lag between infection and sickness and death, the future impacts of AIDS on the teachers, managers and administrators cannot be underestimated, but must be analysed now in order to prepare for future staff shortages. The costs of staff support policies, length of sick leave etc all have to be calculated given future high morbidity and mortality rates.	• Existence of a regular data collection system that includes information on number of teachers that are off sick or have died and the amount of time spent at funerals • Existence of realistic and costed policies to support staff and extent of their utilisation. • Evidence of multi-skilling programmes for staff and teachers in the education sector.

10.3 Impact indicators: Agriculture

Possible Strategies	Issues	Possible Indicators
Making sure current strategies don't exclude household's infected/affected by HIV/AIDS E.g. Uganda is pursuing the idea of setting up farmers groups that form the starting point for agricultural extension advisers and support. However, AIDS affected households are least likely to be able to participate in these groups (lack of time, as sick/ lack of money for contributions) and are unlikely to be able to afford new technologies or seed varieties, even if subsidised. Hence they remain excluded and unable to benefit	This does also depend on the whole thinking behind the Agriculture policies, if they have a stated aim of reaching the poor, then clearly this strategy applies. But, if they have the aim of modernising and increasing revenue from the agricultural sector, then targeting AIDS affected households is not going to be a top priority. As most countries are now working within PRSPs, there certainly seems to be a strong case for targeting AIDS affected households – but this shouldn't be taken for granted and needs to be pushed!	• Evidence of analysis of who are the poorest and AIDS affected households at local level • Proportion vulnerable/AIDS affected households reached through agriculture extension
Designing programmes and technologies that are suitable for households with low labour productivity and in need of good nutrition. E.g. promoting fast turn over crops/ livestock, nutritious crops that can be grown close to the house and don't require much weeding, marketing systems that don't take up too much time/money/energy.		• Existence of technologies suitable for low labour intensity and improved nutrition • Number of households receiving agricultural advice on low labour intensive methods and improved nutrition • Extent of take-up of methods.
Ensuring that programmes do not increase vulnerability. E.g. promoting cash crops where most of the income goes to men which they may spend on unsafe sex.	This can be difficult to do as it seems a very hypothetical exercise, but is absolutely vital. Full attention to the gender aspects of strategies and their implications may enable the problem to be reduced. Where there seems no alternative but to promote strategies that may put people in vulnerable situations, then it is important to recognise this and to link up with behaviour change programmes (maybe by contracting NGOs or even MoH). NB Min of Agriculture and its staff are not best	• The recognition in policies and plans of the potential to increase vulnerability • The existence of alternative strategies that minimise vulnerability or the existence of behaviour change programmes that run concurrently with agriculture programmes.

	placed to do BCI programmes themselves. Where this has been tried they end up having the time or capacity to do either their agri work or the BCI work effectively.	

(These ideas were developed with the assistance of Katie Bigmore (ActionAid/IPPA))

Section 11: Useful Resources on Mainstreaming

Annotated Bibliography

Adeyi, O. Hecht, R. Njobvu, E. Soucat, A. (2001) *AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments. Department of Policy, Strategy and Research, UNAIDS, Geneva*
http://www.unaids.org
This toolkit aims at adding to the knowledge base to support analysts and decision makers in their work to mainstream HIV/AIDS as a major item on the development agenda and to mobilise resources needed for intervention in the fight against the epidemic. As a resource for training at the country and sub regional levels for country teams and their partners (NGOs and Donor agencies), the toolkit will enable the country teams to develop useful materials on scaled up HIV/AIDS programmes for inclusion in the Poverty Reduction Strategy Papers.

Barnett, T. and Whiteside, A. (2002) *AIDS in the 21st Century: Disease and Globalisation, Chapter. 13. Palgrave Macmillan.*
This highly informative book looks in-depth at the forces driving the pandemic and gives a detailed perspective on the impact of AIDS on all levels, from the household to the community, from macro economic development to private companies. Chapter 13 is of particular interest as the focus is on the need to plan for impact mitigation. In order to help readers to understand these challenges, six concepts have been explored. (a) Timing and Targeting, which explains the importance of a careful study of the six main stages of the evolution of the epidemic for each response and target. (b) The three key elements of Information, Observation and Instruction- for successful prevention and effective impact mitigation for individuals as well as planners. (c) Advocacy and Ownership- people should be aware of the problem and its implications for them and society and be able to act on it. (d) Process and Product- although these two concepts may seem to have different meanings, in some cases the process itself can be argued to be the product (e) Scaling up and sustainability. (f) The myth of community coping mechanisms is explored. The chapter also stresses the importance of learning from strategies and goals that have worked. For example, National leadership and political commitment at all levels in Uganda, Thailand's concentration of public information and condom campaign and good STD services.

Barnett, T. and Whiteside, A. (2000), *Guidelines for the Studies of the Social and Economic Impact of HIV/AIDS. UNAIDS, Geneva.*
http://www.unaids.org
This manual provides basic concepts that can assist in thinking critically about the social and economic implications caused by HIV/AIDS as well as techniques for planning responses to the medium and long-term impacts. It is also a source of ideas intended for senior researchers and can be used in their own settings to meet their own needs. The manual can also be used by anyone planning to do research work on the socio-economic impact of HIV/AIDS. The document is divided into three parts; (a) Introductory section addresses why AIDS is unique and deserving impact studies. (b) Provides guidelines on how to conduct an assessment of the social and economic impact. (c) Gives a conceptual framework for such socio-economic impact studies.

Grant, K.B. Strode, A. Smart, R. (2002) Managing HIV/AIDS in the Workplace: A guide for Government Departments.
Department of Public Service and Administration, South Africa. http://www.dpsa.gov.za

Baylies, C. (2002), *The Impact of AIDS on Rural Households in Africa: A Shock Like Any Other? In development and Change 33 (4): 611-632. Institute of Social Studies, Blackwell, Oxford*
This article examines the reasons for the apparent under reaction to AIDS and looks at recent calls to mitigate the effects of AIDS at household level. This is based on data collected from household survey in Chipapa and Minga villages in Zambia. The article then moves on to consider the appropriateness and feasibility of those interventions which have begun to be advocated for mitigating the effects of AIDS at household level. Critical consideration is directed at proposals relating to community safety nets, micro-finance and mainstreaming of AIDS within larger poverty alleviation programmes. It further argues that effective initiatives must attend to the specific features of AIDS, incorporating both an assault on those inequalities which drive the epidemic and sensitivity to the staging of AIDS both across and within households. A multi-prolonged approach is advocated which is addressed not just at mitigation or prevention, but also at emergency relief, rehabilitation and development.

Bjorkman, H. (2002) *HIV/AIDS and Poverty Reduction Strategies: Policy Note, UNDP, New York.* **www.undp.org**
This policy note provides guidance on the important challenges of integrating HIV//AIDS priorities into Poverty Reduction Strategies (PRSPs) to help create the necessary policy and planning environment for a comprehensive, multi-sectoral and adequately funded responses to the epidemic. It also provides a synthesis of thinking on the interface between poverty reduction strategies and efforts to reverse the spread of HIV/AIDS. It identifies some areas that UNDP and its partners must focus on as a matter of priority. At a core of the policy note is a checklist with specific guidance on how to integrate HIV/AIDS into poverty reduction strategies relevant for both high and low prevalence all countries. To conclude, the Policy Note addresses the global level by recommending that UNDP places HIV/AIDS at the centre of the international development agenda, particularly in the context of the Millennium Development Goals, and builds on its work at country level.

CAFOD's simple A3 size leaflet **'The Silent Emergency: HIV/AIDS in Conflicts and *Disasters'*** outlines the AIDS-related consequences of emergencies, and key recommendations for how humanitarian agencies can adapt their work. It is available to practitioners for free in small quantities from CAFOD, Romero Close, Stockwell Road, London, SW9 9TY, or e-mail hiv@cafod.org.uk, or order on line at www.cafod.org.uk/hivaids/silentemergform.shtml.

Cohen, D. (1999) *HIV and Development Programme: Responding to the Socio-economic Impact of the HIV Epidemic in Sub-Saharan Africa; Why a System Approach is Needed.*
http://www.undp.org/hiv/publications/issues/english/issue34e.htm
Looking at the many development constraints facing Africa in light of the HIV/AIDS epidemic, this article identifies some of the factors which need to be taken into account in order at achieve an effective response. It is clear that there are differential impacts of the epidemic and not all sectors of society feel these impacts equally. There are spatial, sectoral, class and gender differentiations in the impact of the epidemic. This article suggests that for responses to be effective these differences should be identified in an initial analysis and these socio-economic impacts of HIV/AIDS should be addressed through policies and programmes, in a systemic and multi-sectoral way.

Cohen, D. (2002) *Human Capital and The HIV Epidemic in Sub-Saharan Africa. HIDEV Consultant.*
The impact of HIV/AIDS in Sub-Saharan Africa has undermined the possibilities of sustainable development in most countries of sub-Saharan Africa. The capacity of families, communities and nations to cope with the social, economical and political consequences has been severely reduced. This paper provides some insights into effects of HIV/AIDS epidemic on human capital. Since the high prevalence of HIV/AIDS is among the working population (15-49 year-olds) where morbidity and mortality are concentrated, different skills and knowledge within the labour force in all sectors

and at different levels are eroded. Men and women with important economic and social roles are prevented from their full contribution and participation to development due to morbidity and mortality. These effects have much deeper implications for the structures of families, survival of the communities and sustainability of productive capacities both in the formal and informal sectors at all levels. The paper points out that though not measurable by standard economic costing, the economic and social values of the losses of human capital in heterogeneous labour should not be underestimated. It aims at providing an analytical framework for understanding the policy and programming issues. Before any policy or programmes are designed and implemented it is important to understand and analyse the situation and complexity of the impact HIV/AIDS on different productive sectors. It is also important to see the inter-dependence of the social and economic systems within the productive sectors. Therefore a systemic approach is needed in terms of policies and programmes.. The paper is divided into four sections. Section 1 sets out the framework and provides a background for the later discussion. Section 2 analyses the impact on the public service in Malawi. Based on the study by the Malawi Institute of Management (MIM) the impact of the epidemic in sectors of water and development, health, education agriculture and Malawi police services show high levels of mortality within the young age group who are more skilled and professional. For example, in the Malawi police service two thirds of the reported mortality was in the age range of 20- 30 years. The report estimates that in effect some 15-20 officers die every month from HIV-related illnesses. The paper suggests that in order to mitigate the impact, there is need to support the planning department in all the ministries so as to increase the planning capacities on how best to mitigate the impact A more detailed presentation of the impact in the two sectors of education and health is discussed in section 3, a case study of the effects of HIV/AIDS on the health sector in Botswana is given as an example. Finally, in section 4 issues relating to the measurement of the impact on different social partners such as employers, employees and labour unions who should also be involved in the responses to AIDS in adjusting to and managing the impact are discussed. In the conclusion, the paper suggests a rethinking of many channels through which changes in the stock of human capital effects production and livelihood.

Coombe, C. (2001) *Rethinking Some of our Perceptions About HIV/AIDS and Education. Seminar Paper, Pretoria.*
The paper examines some of the evidence of the links between HIV/AIDS and the Education sector. Common perceptions and how they are being adjusted in ways that can help in responding more accurately to AIDS and education in Southern Africa are reviewed. The paper calls for a move away from the narrow focus on sex education in school to a broader focus on protecting education quality, which directly confronts the full challenge of the epidemic. It suggests that this can only be achieved through stabilisation of education systems, mitigating the impact of HIV/AIDS in schools and educational institutions, shifting from viewing the epidemic as " business as usual," to addressing all the complex inter-relationships of AIDS within the sector. Some of the suggested responses include the importance of working in partnership at all levels, understanding what teachers can and can not do, managing the disaster, creating a foundation for joint action through committed and informed leadership, research and monitoring, effective management, streamlined funding and the development of policy and regulatory frameworks.

Dennil, K. Pleaner, M. Smart, R. (2001) *Planning the New Millennium: A Primary HIV/AIDS Capacity Development Course For Government Planners; Facilitators Hand Book. Department of Social Development, Pretoria.*
HIV/AIDS is having a significant impact on population and development, all the evidence points to an even more severe impact in the future. In recognition of the problem and its implications, the South African Department of Social Development, in partnership with UNFPA, have developed this facilitators hand book, which aims to support government and universities to run short courses for government planners from national, provincial and local levels so as to enhance planning which take into account of HIV/AIDS and its impact on population and development. The programme was developed through collaboration among several government departments, South African Universities and many leading HIV/AIDS researchers and trainers. The Manual provides work

sheets, handouts and presentation materials to help course participants and those using the manual in the areas of Analysis, Planning, workplace policies and programmes.

Elsey, H. (2002) *What Challenges and Opportunities Do SWAPS Offer for HIV/AIDS Mainstreaming? A brief overview of research findings. Unpublished Liverpool School of Tropical Medicine*

This report consists of a review of recent literature addressing gender mainstreaming within the health sector and mainstreaming HIV/AIDS with development sectors and presents findings of recent research on mainstreaming gender and HIV/AIDS in Uganda. The paper looks specifically at sectors currently using the sector-wide approach (SWAP) and identifies the opportunities and challenges that these relatively new approaches offer for mainstreaming both gender and HIV/AIDS. The paper provides definitions of both gender mainstreaming and HIV/AIDS mainstreaming. To look in more depth at experiences of mainstreaming HIV/AIDS, the study takes examples from the education and agriculture sectors. The Ugandan case study explores the real challenges to mainstreaming facing those at ministry and district level in a number of sectors. Of particular concern is the lack of clarity from all those involved - government sector, donor partners NGOs – of the exact meaning of HIV/AIDS mainstreaming and what it involves. Experiences from those working on mainstreaming gender highlight some of the problems of the strategies employed for mainstreaming, such as the use of focal points and sensitisation training. SWAps themselves raise new dilemmas, particularly concerning the funding of mainstreaming activities and their prospects for institutional and financial sustainability.

Gould, B. and Huber, U. (2002), *HIV/AIDS, Poverty and Schooling in Tanzania and Uganda, Department of Geography, Liverpool University*

This paper presents findings from demographic modelling of school age data from Tanzania and Uganda. The paper is divided into two major sections; the first section discusses technical issues of modelling school age cohort development in AIDS affected populations and presents and compares the results of the demographic modelling for Tanzania and Uganda and how these can be used in estimating actual and expected enrolment growth/ pattern of enrolment change in an explicit policy framework. The second section examines the results of the demographic enrolment modelling within the broader development context of the two countries. The paper concludes by arguing that it is too simplistic to describe the HIV/AIDS epidemic as the biggest threat to the continent's development and instead the inter-relationships with gender, environment, governance which affect the nature of poverty and its alleviation are key to understanding the real relationships between HIV/AIDS and schooling.

Grant, K.B. Smart, R. and Strode, A. (2000) *Managing HIV/AIDS in The Workplace: A Guide for Government Departments. The Department of Public Service and Administration, Pretoria, South Africa.*

This guide was developed to complement the South African government's "Minimum Standards on HIV/AIDS" by providing guidance to departments on how best to implement HIV/AIDS workplace policies and programmes within the minimum standards. As a practical guide and user friendly resource, The guide aims to be practical and user-friendly in order to assist public sector staff to oversee the development of HIV/AIDS policies, programmes at national and provincial levels in order to plan, implement, monitor and evaluate appropriate and effective responses within the public service working environment. It is also targeted at those involved in work place management such as human resources officers and labour relations officers. It contains internal workplace issues and how to manage the impact of AIDS on public services from an employment perspective and gives some references to the external functions of government in relation to the sectors ability to deliver services effectively and efficiently in a time of HIV/AIDS. The guide is divided into four parts. The first part introduces the guide and describes the framework and principles to guide workplace HIV/AIDS responses. The second part focuses on policy and planning for an effective response. The third part looks at the development and implementation of effective workplace responses, the final section addresses reporting, monitoring and evaluation issues.

HEARD at the University of Natal has produced a range of materials concerning responding to AIDS, which include elements of both AIDS work and mainstreaming AIDS. They have 28 *'AIDS Briefs'* serving different sectors and professions, 11 *'Toolkits'* written for government ministries and departments, and another toolkit for local government. They can all be downloaded from www.und.ac.za/und/heard, or e-mail freeman@nu.ac.za, or write to HEARD, University of Natal, Durban, 4041, South Africa to get copies.

International Labour Organisation (2001) *Code of Practice on HIV/AIDS and the World of Work* clearly sets out policies and practices on HIV/AIDS in the workplace and can be downloaded from **http://www.ilo.org/public/english/protection/trav/aids/**. The site also has fact sheets and statistics relating to AIDS and work.

Ministry of Education (2002) *Workplace Manual: A Three Module Manual Concerning the Implementation of Work place Programmes, Basic Facts on HIV/AIDS and Reporting. Ministry of Education, Ghana.*
With funding from the Ghana AIDS Commission, this manual was developed by the Ministry of Education in recognition of the need to mitigate the impact of the HIV/AIDS epidemic on the education sector. The manual was designed to be used by HIV/AIDS focal points at national, regional and district levels. The aim is to guide focal points persons in planning and executing awareness sessions in the work place, providing the focal points with the information they need for peer group discussions and motivating the focal persons to improve their skills in organising peer group activities. The manual is divided into three modules. The first module is a guide to the implementation of the of workplace activities. It provides focal points with suggestions on the abilities and skills they need to develop to enable them to carry out their roles effectively. The second module provides facts and information about HIV/AIDS and other STIs. The last module provides the focal points with the necessary information to carry out the collection of relevant data on HIV and AIDS and to write the required reports. Bearing in mind that the job of focal point is challenging and require special skilled person, the manual identifies specific criteria for the selection of focal points and their roles and responsibilities once they have been identified.

Oxfam (2001) *Lessons Learnt in Mainstreaming HIV/AIDS: Flyers 1,2,3,4,5,6,7 and 8. Oxfam, Malawi.* www.oxfam.org.uk
These flyers provide some lessons and ideas from Malawi on how to mainstream HIV/AIDS without changing the core business of an organisation. Flyer 1 outlines some of the key activities and lessons in the systematic process that Oxfam have used to mainstream HIV/AIDS within their Malawi programme. Flyer 2 illustrates what mainstreaming HIV/AIDS looks like in practice. Flyer 3 explores how to raise awareness of staff on how the epidemic affects them personally and professionally. Flyer 4 discusses how staff and organisations are infected and affected by HIV/AIDS and what constitutes good practice and the appropriate legal framework required for realistic and just workplace policies. Flyer 5 outlines the importance of local qualitative research in order to understand the effects on different groups within the community and on organisational capacities. Flyer 6 presents the key lessons for the local level research carried out by Oxfam. Flyer 7 provides the basis for programme review and modification based on the new understanding of HIV/AIDS on personal and professional levels, in the workplace and communities. And lastly, flyer 8 focuses on how to conduct an internal vulnerability audit. These flyers on the Oxfam website, or you can write to Oxfam at Postnet Suite 183, Private Bag X15, Menlo Park 0102, Pretoria, Republic of South Africa.

Rau, B. (2002) Workplace HIV/AIDS Programs: *An Action Guide for Managers'* This manual outlines practical steps in developing a workplace programme of prevention and care, as part of internal mainstreaming of AIDS. It can be downloaded from **www.fhi.org,** or ordered from the Publications Coordinator, Family Health International, PO Box 13950, Research Triangle Park, NC 27709 USA. Fax: (919) 544-7261. Free copies are available to organisations in the South: send a letter on headed paper explaining the work you do and how you intend to use the publication.

Smart, R. (2001) *Revised HIV/AIDS Toolkit for Local Government. National Department of Health and USAID, South Africa.*
This toolkit recognises the need for collaboration of different sectors of the government at all levels. This toolkit has been developed in order to assist the Local Government to define their role in the partnership against AIDS and to initiate their responses to the epidemic. The instruments within the pack were developed after interviews with various stakeholders in Kwazulu Natal on the role of local government and what the local government would need in terms of resources, partnership and technical assistance for an effective response. The toolkit is mainly targeted at local government councillors and officials and their support structures. It consists of tools or instruments, which can be used individually or collectively. These include a model HIV/AIDS strategy for a city, a model HIV/AIDS workplace policy, guidelines for networking, guidelines and tools for multi-sectoral planning, action checklists, advocacy guidelines and guidelines on HIV/AIDS. Each tool has a brief introduction, which defines it and describes its purpose. Each tool also identifies any process issues, which require special attention, and makes provision for recording notes on the tool. The tool kit emphasises the need for anyone who wants to use it to undergo training on HIV/AIDS.

Smart, R. (2001) *State and Community Interventions to Prevent the Transmission of HIV*. Paper 5 UNICEF, Global Impact and Policy Study

Smart, R. Dennill, K. and Pleaner, M. (2001) *Planning in the New Millennium: A Primary HIV/AIDS Capacity Development course for Government Planners: Facilitator's Handbook.* Department of Social Development, South Africa http://population.pwv.gov.za

Topouzis, D. (2001) *Addressing the Impact of HIV/AIDS on Ministries of Agriculture and their work in Sub-Saharan Africa: Focus on Eastern and Southern Africa. Discussion Paper, FAO/UNAIDS.*
This paper examines the relevance of HIV/AIDS for Ministries of Agriculture (MoA) and their work in Sub-Saharan Africa particularly Eastern and Southern Africa. The focus of analysis is smallholder agriculture as this has been affected most severely by the HIV/AIDS epidemic. Given that the mandate of most agricultural ministries is to enhance agricultural production and promote food security, the impact of HIV/AIDS is of pivotal importance to their work. Although HIV/AIDS may not appear to have a significant impact on agricultural production and productivity at national level, its impact is felt at micro level where a combined loss of household labour, income, assets, knowledge and skills results in a threat to household's livelihood, food and nutrition security. This is changing the environment in which ministries of agriculture operate, intensifying a number of structural changes in the smallholder sector in particular. The paper identifies significant, long term changes in farming systems, as household cultivation shifts from cash crops to subsistence crops and from labour intensive to labour extensive crops); and changes in the structure and quality of the agricultural labour force as more elderly people and children assume a greater role in farming. A detailed analysis of the impact of HIV/AIDS on Ministries of Agriculture is divided into several areas; vulnerability of MoA staff to HIV infections and AIDS impact; the disruption of MoA operations and the erosion of capacity to respond to the challenges being posed by HIV/AIDS epidemic; the increased vulnerability of MoA clients to food and livelihood insecurity; and finally the relevance of certain policies, programmes and strategies in view of the conditions being created by HIV/ AIDS. The paper also reviews selected examples of MoA responses and proposes additional ways of creating capacity within MoA to ensure the sustainability of on-going programmes to address the challenges posed by the epidemic.

UNAIDS 'HIV/AIDS and The Workplace' (1998) and 'Voluntary Counselling and Testing' (2000) are both technical updates with relevance to internal mainstreaming. **'The Male Latex Condom' (2001)** comprises guidelines and fact sheets concerning procuring and distributing condoms. All are available from www.unaids.org, your local UNAIDS office, or from the Information Manager, UNAIDS, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland.

UNDP (1999) *Mainstreaming the Policy and Programming Response to the HIV Epidemic. Issue Paper No. 33*
http://www.undp.org/hiv/publications/issue/English/issue33e.htm
This builds on the recent experiences of UNDP's HIV and development programme to offer a guide to mainstreaming more effectively within policies and programmes. The paper outlines some important points to take into consideration when addressing HIV/AIDS within policies and programmes: -

a) There are no blue-prints for understanding 'how to' mainstreaming
b) Experiences of mainstreaming gender should be drawn on to avoid costly lessons.
c) Give the all-pervasive nature of the epidemic, effective responses require mainstreaming throughout all development activities.
d) There are many innovative approaches to mainstreaming and these need to be explored, expanded and used.
e) The process of mainstreaming is crucial both for design of how to undertake mainstreaming as well as in the implementation of the designed programmes – don't understand is it:

The process of mainstreaming is as important as the outcome of mainstreaming activities
OR
It is important to design mainstreaming programmes carefully

f) The activities essential for mainstreaming need to be sustained over time and supported and are not one-off events.

UNHCR has lots of guidelines and 'how to' documents relating to protection of women and preventing and responding to sexual and gender based violence. It also has the Action for the Rights of Children training resource packs (produced by UNHCR and SCF), which are aimed at enhancing care and protection of boy and girl children in emergency situations. All these documents can be downloaded from www.unhcr.ch, or from your UNHCR office.

WHO's *'Reproductive Health During Conflict & Displacement: A Guide for Programme Managers'* (2000) gives a through overview of the phases of humanitarian response with regard to reproductive health, including HIV and sexual violence: www.who.ch.

Information about AIDS

www.census.gov/ipc/www has country profiles which include surveillance data from HIV sentinel testing in many countries. The site also has an HIV/AIDS surveillance data base.

UNAIDS provides an epidemiological fact sheet for each country in the world, along with its annual *'AIDS Epidemic Update'* which summarises the global situation, and a wide range of other materials. Download from www.unaids.org, or e-mail unaids@unaids.org or write to the Information Manager, UNAIDS, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland for a complete list of all UNAIDS publications (they are free of charge).

The AIDS Education Global Information System is at www.aegis.org and includes basic fact sheets, as well as more detailed information for people who are HIV-positive, access to news and publications about AIDS, and a glossary of AIDS terms.

Gender mainstreaming

http://www.un.org/womenwatch/resources/goodpractices/
Database of good practices in gender mainstreaming among UN agencies

http://www.genie.ids.ac.uk/
The Gender Information Exchange site allows users to search donor agencies' gender resources, including policy documents, sectoral reports, guidelines, good practice cases, bibliographies, background papers, research reports, and tools. The site also provides a searchable database of gender country profiles, and of consultants specialising in gender issues. The GEM part of the site (http://www.genie.ids.ac.uk/gem/) is about putting DfID's gender policy into practice. It contains key texts, case studies, checklists, tools and methods, facts and figures. It also has a range of thematic bibliographies, including bibliographies for gender mainstreaming, training, violence against women, and conflicts and emergencies.

http://www.siyanda.org/
A searchable database of materials to support practitioners' efforts to mainstream gender.

http://www.liv.ac.uk follow links to the gender and health group for a range of materials on gender mainstreaming in health.

Gender & SRH

The *Stepping Stones* training package by Alice Welbourn concerns gender, HIV, communication, and relationship skills, and is designed for use with whole communities to challenge gender and inter-generational inequalities. For more information about translations, how it has been used, and with what results, visit www.steppingstonesfeedback.org. Stepping Stones is available from TALC, PO Box 49, St Albans, Herts, AL1 5TX, UK, or visit www.talcuk.org.

'Gender or Sex: Who Cares? Skills-building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers' is a training pack by Maria de Bruyn and Nadine France (2001). It offers a series of participatory workshop activities, and concentrates particularly on violence, STIs and HIV, unwanted pregnancy, and unsafe abortion. Download from www.ipas.org/pdf/GenderBook.pdf and get the curriculum cards and overheads by e-mailing wardk@ipas.org.

Gender, HIV and Human Rights: A Training Manual, by M B Nath (2000), includes training modules aimed at raising awareness of the gender dimensions of HIV/AIDS. Available from www.unifem.undp.org/public/hivtraining

Appendix 1: Informal Contributors

The following individuals were active participants in the HIV/AIDS Mainstreaming Workshop, December 2002 and several also commented on drafts of the resource pack:

David Sam	HIV/AIDS Worker, Ghana
Professor Bill Gould	Department of Geography
Dr Uli Huber	Department of Geography
Dr Sally Theobald	Gender and Health Group, LSTM
Rachel Tolhurst	Gender and Health Group, LSTM

Thanks goes in particular to Adele Graham and Teresa Jackson of the HIV/AIDS Knowledge Programme for their help and patience in the organisation of the workshop and support in the development of the resource pack.

Appendix 2: Mainstreaming Ideas from Malawi

HIV/AIDS MAINSTREAMING: A PREREQUISITE TO ACHIEVING THE GOAS FOR THE MINISTRY OF GENDER AND COMMUNITY SERVICES IN MALAWI

A think-piece by Prisca Joan Kutengule, Community Development Officer, Ministry of Gender and Community Services

January 2003

This paper has been developed as a response to the contents of this resource pack and explores the implications of the ideas within the pack for the Ministry of Gender and Community Services in Malawi. While the ideas and suggestions within the paper have not been developed in collaboration with other colleagues from the Ministry, they represent some initial, hypothetical steps in thinking how the Ministry could respond to the development implications of HIV and AIDS.

Background Information

Malawi has one of the highest levels of HIV/AIDS prevalence in Sub-Saharan Africa with an estimated adult rate of 13.4 %. The age group with the highest number of infections is those between 15-49 years, with more women infected than men (UNDP Information Kit, 1997). This is evident from recent figures of new infections, 60% of which are among girls and young women (Cohen 2002). The problem of HIV/AIDS is worsening the already existing poverty situation in the country with certain population groups such as girls and women more vulnerable than others. Some of the contributing factors are socio-economic stratification, inequitable and oppressive social relations and high levels of unemployment. Unless the problem of HIV/AIDS is addressed through strategies that focus on equity and fairness, sustainable development can not be achieved. In addition to this, the problem of HIV/AIDS should be understood as a development problem, which affects the interconnected systems of society, environment and the economy. Therefore tackling this problem in the country would require a framework that emphasises the linkages with all dimensions of development.

1. The Ministry Of Gender And Community Services

It is the mission of the Ministry of Gender and Community Services to empower the vulnerable women, men, boys and girls in the communities to enable them to become self-reliant and active participants in the process of development. The ministry delivers its services to the communities through programmes under the departments of Community development, Gender Affairs and Social Welfare with structures at national, regional and district levels the functioning of each of these departments is described below. The national level is responsible for policy formulation while the implementation of programmes and activities is done at district level. The regions act as a bridge between the national and districts.

1.1 Community Development Services

The department aims to improve the living standards of both rural and urban communities by increasing levels of awareness of the various development programmes and encouraging local initiatives and participation in the development process. It also aims to increase literacy levels among adults and promote self-reliance in order to facilitate community members to be active participants in the development process.

The main activities of the department include community mobilisation, sensitisation of communities and building capacities of community leaders and various committees such as project and community based water and sanitation committees in order to enhance community participation in the identification, formulation, implementation and management of development programmes and projects.

It is also the role of the department to facilitate funded community construction projects such as those funded by the Malawi Social Action Fund (MASAF), the European Union (EU) and the

International Development Agency (IDA) as well as self help projects, and to reduce illiteracy rates in the country through establishment of functional literacy classes. Furthermore, the department works in collaboration with Department of Water, Ministry of Health and Population in areas of health and sanitation as well as the Ministry of education in social mobilisation campaigns on the importance of girl's education and education quality. All these activities are largely carried out by Community Development Assistants (CDAs) and are mostly in communities based under the supervision of District Community Development Officers (DCDOs).

1.2 Gender Development Services

The Department of Gender Affairs aims to improve the living standards of communities through socio-economic empowerment and gender mainstreaming in all development sectors and activities. The main activities of the department are economic activities through organisation and training women and men's groups in business, credit management and appropriate technologies. It is also the duty of the department to link these groups to credit lending institutions. These activities are largely done by Community Development Assistants and at a lesser extent by Social Welfare Assistants under the supervision of District Community Development Officers and District Social Welfare Officers respectively. Other activities conducted by the Department are gender mainstreaming which include sensitisation of stakeholders at all levels. The Department also carries out supervision and monitoring of gender related activities at these levels, social mobilisation campaigns on prevention and eradication of gender-based violence, capacity building on gender equity and equality and community based population education. The Department has established the national gender policy and is responsible for its implementation in collaboration with gender focal points in other ministries and organisations.

1.3 Social Welfare

The aim of the Department is to improve survival, protection and development of children and to assist in the welfare of the needy and disadvantaged members of the population particularly orphans, the destitute, disabled and abandoned children. Activities of the department include child development through organisation of pre-school activities family and child welfare counselling services, protection from child abuse and violence, reformatory activities through establishment of rehabilitation centres, organisation of community based child centres for orphans and other vulnerable groups. These activities are largely carried out by Social Welfare Assistants mostly based at district level under the supervision of District Social Welfare Officers (DSWOs).

To conclude, for all these departments, fulfilling the mission and achieving the objectives of the Ministry could be problematic if HIV/AIDS issues and concerns are not identified and addressed. Although there have been no direct studies on the impact of HIV/AIDS on the ministry, studies done by the Malawi Institute of Management (MIM) indicate high death rates in the public sector. This is mainly from AIDS related diseases such as TB and pneumonia (Cohen 2002). It is likely that the Ministry of Gender is no exception. Indeed the ministry is already experiencing a lot of deaths of frontline staff in many districts. Some of the death causes could be due AIDS although no such cases have been reported. This is contributing to the already existing shortage of staff at districts and community levels resulting in services not reaching many communities especially in the remotest parts of the country. These internal issues are dealt with in more depth in the following sector.

2. The Impact of HIV/AIDS on the Ministry as an Organisation

The following points highlight some of the observed and potential impacts of HIV and AIDS on the staff and functioning of the Ministry as an organisation:

- One area of particular concern is the possibility of increased vulnerability of HIV infections amongst staff at lower levels within of the Ministry's hierarchy due to lack of incentives such as low pay and the limited promotion opportunities. This may encourage low-level women staff to use their bodies in exchange for various benefits.
- The ministry is experiencing a diminishing labour force due to high death rates among staff at district and community levels. These staff play an important role in facilitating

development that can be sustainable at community level and will be a great loss to the sector.

- Increasingly the Ministry is experiencing low productivity due to absenteeism from work as a result of staff's own illness and the need, (particularly among female staff) to care for the sick and attend funerals of other staff members and relatives.
- The ministry is spending a lot of funds, which could be used for implementing, monitoring and supervising development programmes on funeral logistics. The problem of resources is particularly acute in districts many of which are under-funded.
- Increasing numbers of AIDS orphans are putting a lot of pressure on the services of the Department of Social Welfare and increasing the workload of already over-burdened staff.

3. The Impact of HIV/AIDS on Community Services

The points below highlight just some of the impacts of HIV and AIDS on the external work of the ministry:

- There is increased susceptibility to HIV infection and AIDS among some members of the community especially among women and girls. Some male Community Development Assistants in the rural areas may take advantage of their position and bargaining power to have affairs with women they work with, such as female literacy instructors and members of economic activities groups. This type of behaviour does not only put the women they serve at risk but they also put their own lives at risk, hence high death rates of the staff in the ministry.
- AIDS related illnesses and death affect community development projects as communities have to attend frequent funerals. As a result projects take much longer to complete and communities fail to make the contributions they are supposed to make towards construction projects.
- Increasing numbers of AIDS orphans are putting pressure on affected households to spend more time looking for resources for their livelihoods rather than participating in development programmes and activities.
- Social capital, which is an important element for sustainable development, is eroded among the community in general and economic activities in particular due to illness or death of some members of the community or groups who may influence solidarity and collaborative efforts. Repayment of loans may be difficult due to the illness of some group members or members of their family, who must opt to use their funds for seeking medical expenses instead of repaying the loan. Many defaults may be experienced, leaving some group members without access to loans.
- Illiteracy rates may increase due to pronged illnesses or death of literacy instructors, or there may also be reduced periods of learning because people have to attend funerals. Prolonged illnesses and deaths of Community Development Assistants may affect the effectiveness and quality of teaching and learning among adult learners.

4. Ideas On Mainstreaming HIV/AIDS in the Ministry

To-date the Ministry has had limited success in mainstreaming gender; many of the strategies that have been tried have not achieved what was hoped. As HIV/AIDS mainstreaming has many similarities with gender mainstreaming, it seems likely similar challenges will arise. It would be valuable if the Ministry could take stock of the experiences to date in mainstreaming gender and think through the lessons which can be learnt from these experiences. These lessons could then help to shape the strategies used by the Ministry to mainstream HIV/AIDS.

While the strategies to be used require more consideration, some ideas for approaches within both the internal and external areas of the ministry that cover both HIV/AIDS specific work and mainstreaming are given below:

4.1 Internal HIV/AIDS Work

4.1.1 Prevention of New Infections among staff

In order to prevent new infections among staff at all levels as well as in the outside communities the ministry is serving, strategies and programmes that promote safe and responsible sexual behaviours should be encouraged. Strategies could include intensive sensitisation on safe sex education among all staff at all levels, making condoms available to those who would need them. It is also important that incentives should be given to staff at all levels where and when it is appropriate. This should be monitored in an open and accountable fashion and may help to decrease any sexual abuse of vulnerable employees.

4.1.2 Care and Support for staff

There are, so far, no care and support services for staff within the ministry at all levels. There is need to establish care and support services such as counselling centres and revolving funds, which sick staff can access. For example:

- There are some social welfare officers who are based in hospitals who provide counselling services to people at hospitals. These officers plus others could be used as counsellors to other members of staff since they under go training on confidentiality and other things.
- Sensitisation among staff members to promote openness of status and to avoid stigmatisation should be intensified.
- Focal persons at national level should be strong enough to push decision makers to include the infected and affected staff especially those with low income to have access to credit schemes under the Ministry since the status of HIV/AIDS normally means that they fall under the category of " new poor."

4.2 Mainstreaming HIV/AIDS within the Ministry

4.2.1 Research, Monitoring and Evaluation

It is important to have baseline data so as to understand the effects the epidemic has on the service delivery of the Ministry, and where interventions would be required.

- This requires strengthening capacities at all levels in strategic planning, research, monitoring and evaluation skills and knowledge to help conduct regular impact assessment and the effectiveness of interventions.

Monitoring and evaluation should be conducted on a regular basis. Therefore, there is need to have monitoring systems at all levels with well defined indicators which are gender sensitive. Although experience has shown that at times it is difficult to find concrete indicators for mainstreaming, developing process indicators could as well be useful.

4.2.2 Implementation and Institutional Framework

There is need to strengthen the capacity for planning, implementing, co-ordinating and managing in response to the inter-linkages between HIV/AIDS and the core work of the Ministry at all levels. Some ideas to start this process include:

- Putting focal persons at all levels to liase with other stakeholders on how to carry out mainstreaming activities especially at the district and community levels
- Facilitating a forum to co-ordinate community efforts by developing task forces for HIV/AIDS mainstreaming especially in districts and community levels within the already existing structures such as District Executive Committees (DECs) and Area Executive Committees (AECs). The task forces could evaluate the existing work of the districts and refocus the work to take HIV/AIDS into consideration. They should be able to develop co-ordinated plan of actions for all stake holders in the districts and community levels and facilitate resource sharing between stakeholders.
- Communities should be viewed as actors and partners not just as beneficiaries; therefore they should be involved in identifying HIV/AIDS impacts in the society and be able to find solutions to the problem. This can only be possible by building capacities of the communities so that they are able to identify the links between development and HIV/AIDS and existing and future socio-economic implications for attaining sustainable development.

This could be done through needs assessment, sensitisation meeting during day-to-day activities and during local leadership training courses.

- Incorporating HIV/AIDS issues and how they relate to community development in training programmes and manuals.
- Resources should be available for district and field staff to carry out these refocused, HIV/AIDS sensitive activities effectively. Many activities fail to be implemented effectively because district offices have no resources and equipment

Priority Recommendations Of Activities For Mainstreaming

Some of the activities could be:

- Base line surveys to understand the magnitude of the impact of HIV/AIDS on the communities and employees.
- Capacity building of members of staff at all levels in recognising the inter-linkages with HIV/AIDS and their existing work and then planning, implementing and managing refocused activities that have mainstreamed HIV/AIDS. In particular, the local level staff should have enough training – in the case of gender mainstreaming the training has been done in haste and proved ineffective. As district staff are the very ones responsible for implementing activities it is vital that they understand the implications of HIV/AIDS mainstreaming.
- Mobilise community coalitions to work for local solutions to the challenges caused by HIV/AIDS
- Build capacities of community leaders to facilitate change in their communities.
- Conduct Social Mobilisation Campaign on the impact of HIV/AIDS on sustainable development and measures of mitigation
- Creating more opportunities for income generating activities for AIDS orphans, unemployed youths, poor men and women.
- Conducting study tours to countries that are doing well in mainstreaming HIV/AIDS in order to share experiences