



# HIV & AIDS

## Mainstreaming Guide

*for VSO offices*

# Acknowledgements

This guide was written by Luisa Orza and Kate Iorpenda and edited by Gill Price and Helen Parry. The design was by Ellen Papciak-Rose.

Thanks to Beverley Watson for her research on low-prevalence countries and to Lorna Robertson, Chris Degnan, Nicole Mitchell, Hilde Bergsma and Pauline Kamau for their invaluable comments.

Thanks go to all the programme offices that read and commented on the draft as well as providing resources and references; particular thanks to Tim Boyes-Watson for his model design concept.

This guide has been written drawing together the emerging learning VSO has around mainstreaming and on resources and experience from our country programmes. We hope that is a useful tool for putting mainstreaming into practice and we would welcome any feedback and new ideas for resources for future versions of the guide.

## Copyright: VSO 2004.

Any part of this document may be copied, reproduced or adapted without permission from VSO, provided that the elements used are distributed free or are priced solely to cover production costs and provided that VSO is acknowledged. For any usage with commercial ends permission must first be obtained from VSO. All photographs copyright VSO.

# Contents

-  **Glossary**.....1
  -  **Mainstreaming guide**.....1
    - Purpose.....1
    - Format.....1
    - Corporate overview.....1
  -  **Background to mainstreaming**.....2
    - 1: Driving factors behind mainstreaming in VSO programmes.....2
    - 2: What we mean by mainstreaming.....2
    - 3: The VSO mainstreaming model.....6
    - 4: Mainstreaming HIV & AIDS in low-prevalence countries.....8
    - 5: Interaction between gender and HIV & AIDS.....9
    - 6: Measuring impact in mainstreaming and on-going learning.....11
    - 7: Useful references.....18
  -  **Mainstreaming stages**.....19
    - Stage 1: Sensitisation.....19
    - Stage 2: Workplace policy.....22
    - Stage 3: Programme mainstreaming.....25
    - Stage 4: Volunteer sensitisation.....28
    - Stage 5: Partner and volunteer integration activities.....30
    - Stage 6: Partner mainstreaming.....34
  -  **VSO contacts**.....back cover
- 
-  **Figures and tables**
    - Figure 1: Definitions.....3
    - Figure 2: The VSO mainstreaming model.....6
    - Figure 3: Integration-mainstreaming continuum.....34
    - Table 1: Defining integration and mainstreaming HIV & AIDS in relation to the VSO mainstreaming model.....7
    - Table 2: HIV & AIDS mainstreaming: Monitoring and evaluation framework.....12
    - Table 3: Key issues for consideration in an HIV & AIDS workplace policy.....23
    - Table 4: Monitoring and self-evaluation questions for partner organisations.....37



# Glossary

|                |  |
|----------------|--|
| <b>ART</b>     | anti-retroviral therapy  |
| <b>ARV</b>     | anti-retroviral  |
| <b>ASO</b>     | AIDS service organisation                                      |
| <b>CBO</b>     | community-based organisation                                   |
| <b>CSP</b>     | country strategic plan   |
| <b>DFID</b>    | Department for International Development                       |
| <b>GIPA</b>    | greater involvement of people living with HIV & AIDS           |
| <b>HBC</b>     | home-based care  |
| <b>HEARD</b>   | Health Economics and HIV/AIDS Research Division – South Africa |
| <b>ICASA</b>   | International Conference on AIDS and STIs in Africa            |
| <b>ICT</b>     | In country training  |
| <b>IDU</b>     | intravenous drug use   |
| <b>M&amp;E</b> | monitoring and evaluation                                      |
| <b>NAC</b>     | National AIDS Council  |
| <b>NGO</b>     | non-governmental organisation                                  |
| <b>OVC</b>     | orphans and vulnerable children                                |
| <b>PAP</b>     | programme area plan  |
| <b>PEP</b>     | post-exposure prophylaxis                                      |
| <b>PLWHA</b>   | people living with HIV & AIDS                                  |
| <b>PO</b>      | programme office   |
| <b>PTCT</b>    | parent-to-child transmission                                   |
| <b>RAISA</b>   | Regional AIDS Initiative of Southern Africa                    |
| <b>RPM</b>     | regional programme manager                                     |
| <b>RV</b>      | returned volunteer   |
| <b>SAT</b>     | Southern African AIDS training                                 |
| <b>SRH</b>     | sexual and reproductive health                                 |
| <b>STI</b>     | sexually transmitted infection                                 |
| <b>VCT</b>     | voluntary counselling and testing                              |
| <b>UNAIDS</b>  | the Joint United Nations Programme on AIDS                     |

# Mainstreaming guide

## Purpose

- ✂ To help programme office staff, volunteers and partners understand the principles and stages in mainstreaming HIV & AIDS.
- ✂ To develop a clearer understanding amongst staff, volunteers and partners about integration activities and holistic mainstreaming.
- ✂ To give practical advice about implementation, through user-friendly, adaptable steps towards mainstreaming.
- ✂ To draw on the experience of VSO programmes from all around the world and provide examples of good practice through case studies, training materials, mainstreaming and integration activities.
- ✂ To demonstrate how the organisation's learning has shaped the current definition and position of mainstreaming.

## Format

This guide is divided into two main sections. The first provides background information on the concept of mainstreaming, including a model, developed by VSO staff at the 2003 Staff Conference, for mainstreaming HIV & AIDS in VSO programme offices.

The second section outlines the six stages for mainstreaming HIV & AIDS, as set out in the VSO model. These should be seen as a guidance tool, not a stringent set of rules. Each stage provides practical steps to effective mainstreaming supported with examples of good practice, such as case studies, follow-up activities and useful resources. The expected outcomes for each stage are given, to assist in monitoring and evaluating the impact and learning from programme office, volunteer and partner efforts in mainstreaming HIV & AIDS.

Both sections refer to internal VSO documents produced by the programme offices.

## Corporate overview

VSO reinforced its commitment to the global fight against HIV & AIDS in 2002 by making HIV & AIDS one of the priority development goals in its corporate strategy *Focus for Change*.

Mainstreaming is an integral part of the HIV & AIDS goal. It involves looking at the impact of HIV & AIDS on all programme areas and all aspects of programme development, as well as working directly in HIV & AIDS. VSO is considered to be well placed in the mainstreaming of HIV & AIDS, because its approach of working through volunteers enables the organisation to reach a diverse range of people, in a number of different sectors, many of whom are highly disadvantaged and may otherwise be left out of development interventions.

## 1: Driving factors behind mainstreaming in VSO programmes

Despite localised successes in HIV prevention, the pandemic has continued to grow almost unabated. In response, many VSO country programmes have introduced HIV & AIDS as a programme area or cross-cutting theme. Useful learning and experience has been gained from the Regional AIDS Initiative of Southern Africa (RAISA), using and adapting information and activities developed by RAISA-country programme offices and volunteers. Until now VSO has focused on the countries where the impact of HIV & AIDS was evident. However, with new epidemics emerging all around the world and key learning about the increased effectiveness in addressing HIV & AIDS early in those countries where prevalence is still low, VSO emphasises that HIV & AIDS mainstreaming is important and relevant to all our programmes.

Often, countries with low national prevalence do not see HIV & AIDS as a priority, believing that there is no risk and that risky behaviours do not exist. However, they can harbour hidden localised epidemics in specific regions or amongst particular groups; for example, Thailand or India. Every country begins as a low-prevalence country and action is needed sooner rather than later. Finding an appropriate point of entry in low-prevalence countries might be more difficult. It is important to find what does actually touch people and start from there; being responsive to the problems people experience will have a positive impact. Addressing issues which are directly linked to vulnerability to HIV & AIDS – such as gender inequality, sexual violence or sexual reproductive health – will mitigate the threat of HIV & AIDS while also providing a platform for future mainstreaming of HIV & AIDS if the local situation deteriorates. Similarly, the introduction of globally relevant measures such as comprehensive policies on chronic illness or measures to reduce any form of discrimination in the workplace (including discrimination against people who are HIV-positive) represents a significant step in mitigating the risk of increased prevalence. This is explored further in 4: 'Mainstreaming HIV & AIDS in low-prevalence countries', below.



*"HIV is a passenger. I am the driver". Victoria said this while showing her Body Map to the group during the VSO-RAISA 2004 regional conference "Orphans & vulnerable children: Taking action, building support".*

## 2: What we mean by mainstreaming

Over the last few years there has been a great deal of thinking and learning around mainstreaming including clearer understanding of the difference between integration activities and holistic mainstreaming.

Some of the current definitions are given in **Figure 1**.

## Figure 1: Definitions

- ⌘ **HEARD** at the University of Natal (Republic of South Africa), sees *mainstreaming* as “the process of analysing how HIV & AIDS impacts on all sectors now and in the future both internally and externally, to determine how each sector should respond based on its comparative advantage.”
- ⌘ **Oxfam** identifies three areas where *mainstreaming* takes place: in the workplace; in strategy and programming; and through links with focused interventions on HIV & AIDS. Thus, mainstreaming involves bringing the issues surrounding the pandemic into strategic planning, into all day-to-day organisational operations and throughout its programmes and relationships with others.
- ⌘ **VSO-RAISA** defines *mainstreaming* as “the concept of addressing HIV & AIDS both internally and externally in all sectors, at all levels, particularly where the pandemic might not ordinarily be addressed.”
- ⌘ **Sue Holden:** *mainstreaming* consists (1) of making changes to the internal management of their organisations with a view to limiting the impacts of AIDS on their employees and their work, and (2) adapting external work in order to take account of the causes and consequences of AIDS.

As the pandemic has gathered pace and broken out of the confines of ‘specific groups’ into every sector of society, the need for a multi-sectoral response has become widely recognised. Such a response is particularly important if people who were perhaps not targeted by initial HIV & AIDS interventions are to be reached and the impacts of HIV & AIDS mitigated in every sector at every level.

More recently the concept of mainstreaming has shifted to a more institutional realm, encompassing both internal and external domains. In other words, it is a matter of putting your own house in order, to effectively strengthen the organisation itself and the delivery of programme and partner interventions. This requires making changes to policy and practice to reduce the organisation's vulnerability to the impacts of HIV & AIDS in order that progress is not affected.



VSO volunteer Antony Makepeace with Mr Yang Zao at Guiyang College of Traditional Chinese Medicine.



## Assessing organisational vulnerability to the impact of HIV & AIDS

The following three questions (taken from *AIDS on the Agenda* by Sue Holden) may assist programme offices (POs) and partner organisations to evaluate their own vulnerability.

### *(i) How do HIV & AIDS affect our organisation and its ability to work effectively in tackling disadvantage now and in the future?*

Consider: stigma and discrimination, loss of staff, absenteeism due to illness, caring for sick dependants or attending funerals, skills depletion, reduced productivity, loss of institutional memory, recruitment difficulties, grief and pastoral support needs, low morale, financial implications to operational and programme expenditure, medical provision and expenses, increased vulnerability through dangerous work situations, conflict, long-distance travel, women working alone.

### *(ii) How are HIV & AIDS affecting the people we work with in terms of their ability to escape poverty?*

Consider: how HIV & AIDS has affected socio-economic developmental progress and over what time period it has done so, how national development goals in any one sector are being affected by the impact of the epidemic on people and communities working in the sector, what the impact is on education and health services and on national productivity. On an international level, it is already evident that the Millennium Development Goals, agreed upon by 150 world leaders in 2000, are unrealistic; in part due to the new downward development trends brought about by HIV & AIDS. In response to this, the external element of mainstreaming by programme offices, through a sector-wide approach, aims to ensure the effective delivery of all aspects of the programme while at the same time mitigating the spread of HIV & AIDS.

### *(iii) How is our work helping or hindering our partners and beneficiaries to be less susceptible to HIV infection and less vulnerable to the impacts of AIDS?*

Consider: it is extremely important to recognise that it is possible for development organisations to inadvertently exacerbate existing susceptibility or vulnerability to HIV & AIDS in the following ways:

#### **1. Development interventions can increase susceptibility to HIV infection through:**

- ✘ Abuse of power/position in the community by relatively affluent development workers, particularly in relation to sexual relations with members of the target community.
- ✘ Target community members, especially women and girls, being coerced into carrying out sexual favours in return for emergency food rations/other relief inputs.
- ✘ Distribution of relief food/resources predominantly by men or through male household heads may leave women vulnerable to the trading of sexual favours to obtain rations.
- ✘ The risk of successful development interventions that lead to increased economic empowerment amongst men being channelled into spending on alcohol and sex, thereby increasing the likelihood of HIV transmission.
- ✘ Education programmes that aim to increase the enrolment/retention of girls need to consider their vulnerability to sexual abuse or exploitation by teachers, which leads to increased susceptibility to HIV infection. In addition, getting girls into school may be hindered by their roles as carers for other affected family members.
- ✘ Development interventions focused on women can alienate men. It is important that all interventions take account of gender relations and work positively with men in order to alleviate the burden and inequalities on women.

#### **2. Development interventions can increase vulnerability if the intervention is poorly suited to households affected by HIV & AIDS. Projects requiring large cash investments or intense physical labour may seem beneficial but become problematic when a household or participant becomes affected by HIV & AIDS.**

### 3. Development work may exclude households affected by HIV & AIDS.

- ✘ Carers or sick members of the community may not be able to attend meetings, take on additional responsibilities or participate on a regular basis.
- ✘ Households affected by HIV & AIDS would probably not be able to make cash investments or take part in labour intensive projects.
- ✘ The real or perceived stigma or discrimination may inhibit people infected or affected by HIV & AIDS from taking part in community-based projects.
- ✘ School-based projects may not reach children who have dropped out of school, or whose attendance is irregular due to AIDS affecting their household.
- ✘ Projects directed at male heads of household automatically exclude the increasing number of women-, child- or grandparent-headed households.
- ✘ AIDS-affected people or households may be under-represented in community forums and structures such as village development committees, and their voices may not be heard during needs assessment stages of project planning. It is important to apply the GIPA principle (greater involvement of people living with HIV & AIDS) in all interventions.

We need to consider these things at all stages of our planning and programme work to ensure that development efforts in all areas do not bring about negative effects with regard to HIV & AIDS.

### Mainstreaming or integration?

There is confusion about what constitutes mainstreaming and what HIV & AIDS integration is. The lack of clarity can lead organisations to take on HIV & AIDS work that falls outside their area of comparative advantage. As a result HIV & AIDS-specific activities are not carried out by those with the relevant skills and experience and the additional workload detracts from the main activities of the organisation, causing it difficulty in meeting its own core objectives.

The definitions given below aim to help us separate the two terms, and to clarify our own meanings around integration and mainstreaming in the context of the work carried out by VSO programme offices, our partners and volunteers.

For VSO, **integration** occurs when issues and interventions related to HIV & AIDS are introduced into a project, programme or policy context as a broad component or content area, without much regard for the specific core business of an institution or the main purpose of development. An example might be a volunteer playing an HIV & AIDS video in an after-school club.

**Mainstreaming**, on the other hand, starts from the analysis of the purpose, mandate and routine functions of an institution and involves integrating HIV & AIDS as a discrete set of activities while also looking holistically at the work of the organisation and reducing its vulnerability to HIV & AIDS. Through mainstreaming, HIV & AIDS becomes aligned with the core business of the organisation rather than becoming an 'add-on'. It can be seen as an insurance policy for an organisation to ensure they can limit the effects of HIV & AIDS on themselves, the work they carry out and their beneficiaries. They need to understand the impact on their organisation and staff, how their own interventions are having an impact on HIV & AIDS and whether their goals are realistic and achievable in the context of HIV & AIDS. An example might be a workplace policy that supports and protects staff or an education programme that assesses goals in relation to how they might be impacted on by HIV & AIDS.

The shift in VSO's emphasis from the integration efforts of individual partner organisations or volunteers in their placements to a programmatic focus on mainstreaming, is intended to strengthen and solidify the response by partner organisations and volunteers, providing a surer, more experienced and more supportive foundation from which to work. In this way, integration contributes to a holistic approach that includes comprehensive training and clear systems and policies that mitigate the impact of HIV & AIDS.

### 3: The VSO mainstreaming model

At the VSO staff conference in October 2003, PO staff reviewed successes and discussed challenges in mainstreaming. The following areas were recommended as priorities:

- ★ taking staff awareness of HIV & AIDS issues beyond awareness to sensitisation (and ultimately mainstreaming at the PO level)
- ★ implementing comprehensive workplace policies that accurately reflect VSO's position regarding HIV & AIDS and are adapted to specific country contexts
- ★ planning and programme development that considers HIV & AIDS and its impacts at all stages
- ★ M&E (monitoring and evaluation) and learning, including how best to share the body of good practice that exists.

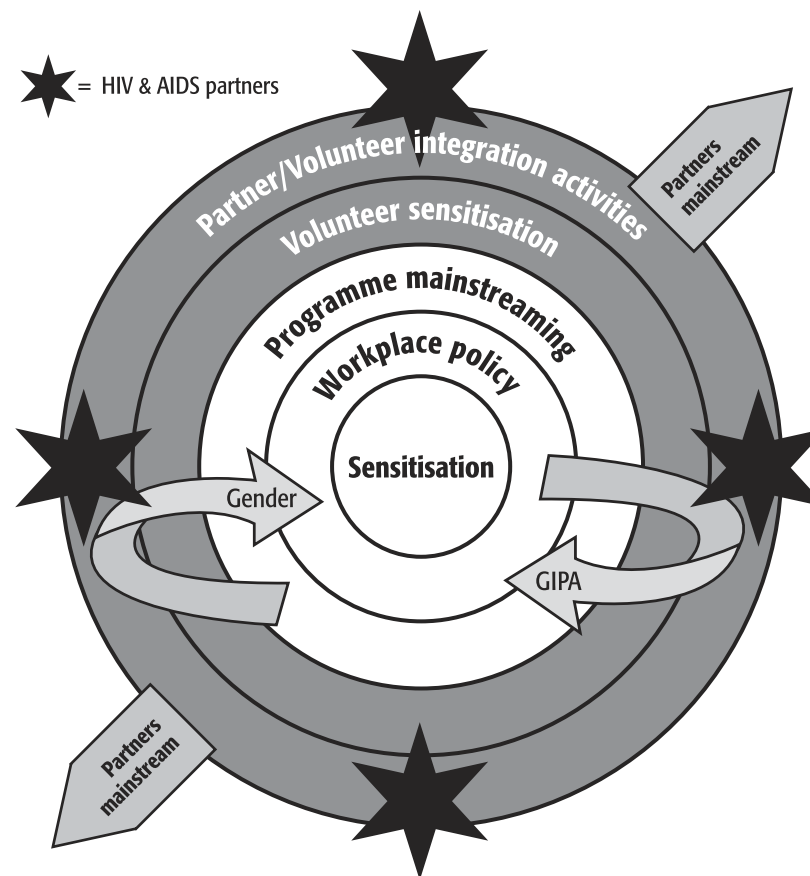
Participants developed a model shown in **Figure 2** to represent the stages of mainstreaming.

The model reflects the widely recognised view that any organisational body should look at internal mainstreaming first, before attempting to mainstream externally. Historically, however, many organisations, including VSO, introduced the theme of HIV & AIDS into programme work before looking at the structure and needs of the organisation.

The three inside rings of **Figure 2** refer to the internal parts of the organisation, the actual workplace. The third ring, 'programme mainstreaming', has an internal and external dimension, as the planning for programme work takes place at this stage. The two outer rings refer to the external environment in relation to, in this case, VSO programme offices. When it comes to 'partner mainstreaming', the model suggests starting with key partners. They can be encouraged and supported to look at their organisation using this model and to work through similar processes, putting their workplace at the centre and staff sensitisation as the first stage, then working towards organisational mainstreaming.

The stages do not necessarily constitute a chronological progression and activities from different stages may occur concurrently. Similarly, there may not be a very clear distinction between stages. Although this model was developed for use in mainstreaming HIV & AIDS, it can also be used for introducing mainstreaming around other themes, such as gender and disability.

**Figure 2: The VSO mainstreaming model**





## Participation

Throughout the model there is a commitment to participation during each stage by staff volunteers and partners. The commitment applies in particular to the GIPA principle and the involvement of staff, volunteers and partner representatives who are living with HIV & AIDS.

Many programme staff in low-prevalence countries and newly recruited volunteers may not have met a person living with HIV before and the experience can make a huge impact. Listening to the realities of people living with HIV can be very moving and inspiring. Their involvement is essential in breaking down fears, prejudices and preconceptions about what it means to be HIV-positive. Equally, it is critical that someone who is directly affected by HIV & AIDS participates in the development of policies and procedures that will, in the future, affect others in a similar position.

## Distinguishing between integration and mainstreaming

**Table 1** provides a distinction between HIV & AIDS work/integration activities and mainstreaming, with links to show how the differences relate to the VSO mainstreaming model. The table is adapted from *AIDS on the Agenda* by Sue Holden.

**Table 1: Defining integration and mainstreaming HIV & AIDS in relation to the VSO mainstreaming model**

| Term   | Meaning  | Focus   | Example  | Link with VSO mainstreaming model   |
|--|--|---|--|---|
| <b>Mainstreaming HIV &amp; AIDS internally</b> | Adapting organisational policy and practice in order to reduce the organisation's susceptibility to HIV infection and its vulnerability to the impacts of AIDS | HIV & AIDS and the organisation now and in the future               | HIV & AIDS work with staff, such as HIV prevention and treatment; and modifying how the organisation functions, for example in terms of workplace planning, budgeting, and ways of working | - Sensitisation<br>- Workplace policy   |
| <b>Mainstreaming HIV &amp; AIDS externally</b> | Adapting development programme work to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS                           | Core programme work in the context of changes related to HIV & AIDS | An agricultural project which is tuned to the needs of vulnerable households in an AIDS-affected community   | - Programme mainstreaming<br>- Partner mainstreaming<br>- Volunteer mainstreaming |
| <b>Integrated HIV &amp; AIDS work</b>          | Interventions directly focused on HIV prevention and AIDS care   | HIV & AIDS prevention, care, treatment or support                   | Behaviour change, treatment or home-based care programmes which are linked to or part of other programmes  | - PO mainstreaming<br>- Volunteer integration (direct placements and programmes)  |
| <b>HIV &amp; AIDS work</b>                     | Interventions directly focused on HIV prevention and AIDS care   | HIV & AIDS prevention, care, treatment or support                   | Stand-alone behaviour change, treatment or home-based care programmes  | - Volunteer integration   |

The headings 'integrated HIV & AIDS work' and 'HIV & AIDS work' in **Table 1** relate to the mainstreaming model in **Figure 2**, but also include VSO direct placements and HIV & AIDS programme area plans.

## 4: Mainstreaming HIV & AIDS in low-prevalence countries

For countries where the prevalence of HIV is low or is localised in specific areas only, HIV & AIDS is given low priority. Often, committing resources and attention to addressing HIV & AIDS through prevention strategies and mainstreaming is difficult for leaders when the impacts of HIV & AIDS are not yet visible.

Some organisations suggest direct intervention instead of mainstreaming in low-prevalence settings, and advocate targeting high-risk behaviour groups, for example promoting condom use amongst sex workers and setting up needle exchanges for intravenous drug users (IDUs), as in Thailand, where the government promoted 100 per cent condom use among sex workers.



*A wall mural depicting how condom use can 'crush AIDS'.*

A concern about concentrating on specific groups – such as IDUs, sex workers and men who have sex with men – without raising awareness nationally is that it may contribute to stigma and discrimination faced by groups which are already marginalised within society. It also perpetuates the myth that these groups are totally distinct and do not interact with each other or the general population, which is not the case.

The danger of 'doing nothing' with regards to mainstreaming, as discussed by Sue Holden, is that 'the agency loses the opportunity to pre-empt HIV and AIDS... In addition, it may incur higher costs in the long term', but often it is easy not to prioritise mainstreaming HIV & AIDS in a country where HIV prevalence rates are low. It requires substantial investment that, if successful, would mean an absence of HIV & AIDS and better development and, therefore, success that is impossible to quantify. There is a growing awareness that countries are not so much 'low-HIV prevalence' as 'not yet high-HIV prevalence': given the nature of HIV, it may be years before the rate of infection becomes apparent, particularly in countries where testing is not common and awareness is low. If this is the case then it can be argued that it is important to start mainstreaming HIV & AIDS as early on as possible.

### Focusing internally

Finding an entry point may well be difficult in countries of low prevalence for various reasons. Where HIV & AIDS is not highly visible within society it is difficult to raise awareness of HIV & AIDS and the devastating impact it can have. Addressing the issue does not have the same sense of urgency as it does in a high-prevalence country, and it could be hard to motivate people and organisations to devote time and resources to HIV & AIDS when other matters seem more important.

In such an environment it may be easier to concentrate on internal mainstreaming in preparation for the emergence of an epidemic. In VSO this would mean ensuring that all POs are at an equal level as far as PO sensitisation and workplace policies are concerned, and that POs will be more prepared to respond in the future. Internal mainstreaming in partner organisations can be addressed by developing more inclusive workplace policies: policies addressing discrimination can include disability, gender, age and HIV status; while introducing a policy to deal with periods of extended absence, for example maternity leave, which would establish good practice in terms of cover and costs.

## Addressing vulnerabilities

A way to overcome the issues surrounding mainstreaming HIV & AIDS directly in low-prevalence countries is to address the underlying causes and the vulnerabilities that make people more susceptible to HIV infection.

One example of this is to focus on sexual health issues, family planning and STIs (sexually transmitted infections): educating about and raising awareness of issues surrounding pregnancy, preventing STIs and sexual violence, and gender relationships. The development of health-related policies in schools and skills-based health education for children are an important way of addressing issues surrounding HIV & AIDS in low-prevalence settings; an example is working with young people on gender relations with gender manuals from Zambia.

Another approach is to identify key areas that can be strengthened in order to make people less vulnerable to an HIV epidemic. An example is livelihoods. As people fall ill, or have to care for people affected by HIV, they cannot work, and production and income decrease. Families are often forced to sell belongings and assets to pay for treatments and care for the sick. Decreasing agricultural production will lead to malnutrition and other related illnesses as food becomes scarcer. In low-prevalence countries it may be possible to work with people to secure their livelihoods, to ensure that they are less vulnerable to the impacts of HIV & AIDS.

ActionAid are currently working on combining the strengths of two participatory approaches, Stepping Stones (HIV & AIDS) and Reflect (adult literacy), to create STAR, which will enable communities to analyse and tackle issues that affect them in the context of HIV & AIDS. The aims are to ensure increased access by the community to information and knowledge on HIV and sexual and reproductive health and rights, equip people with the skills to negotiate and participate in taking decisions that affect them and to facilitate and promote processes that foster effective community engagement in the design and implementation of policies concerning HIV & AIDS.

The examples given in this section on addressing vulnerabilities are intended to provide guidance and introduce ideas of ways that programme offices in low-prevalence countries can begin to identify entry points and a rationale for mainstreaming HIV & AIDS. There are many external factors specific to the context and the approach that will need to be taken into account when choosing ways to introduce mainstreaming but there is a role for all to start somewhere.

## 5: Interaction between gender and HIV & AIDS

It is widely acknowledged that gender and HIV & AIDS are inextricably linked. Understanding of the ways in which gender and HIV & AIDS interact and attention to those issues is therefore essential for the implementation of effective mainstreaming. The section below illustrates some of the reasons women are more susceptible to HIV infection than men and that AIDS affects men and women differently, often exacerbating pre-existing gender inequalities, leaving women increasingly vulnerable to the impacts of AIDS. The information is based on extracts from the VSO advocacy research paper *Gendering AIDS*, published in November 2003.

### Key manifestations of gender inequality in relation to HIV & AIDS

- ✘ Gender violence is linked to HIV transmission through rape, and reduces the ability of women and vulnerable men to discuss sex with their partners.
- ✘ Unequal rights to property mean that women may be forced out of their homes when widowed or diagnosed with HIV. This increases their vulnerability to illness and the need to undertake sex work.
- ✘ The burden of caring for the sick falls predominantly on women, compounding their domestic responsibilities and reinforcing stereotypes about gender roles.
- ✘ Unequal access to treatment means that fewer women than men are treated for illnesses related to HIV & AIDS, directly increasing the impact of the epidemic on women.
- ✘ Unequal access to appropriate prevention information for women, and for men who have sex with men, increases both groups' vulnerability to HIV. Groups targeted by specific prevention interventions risk becoming stigmatised in the larger population.



## Affirmative action in addressing gender inequalities

- ✘ Recognise that HIV & AIDS work will only be effective if the inequalities between women and men are taken into account.
- ✘ Design and plan HIV & AIDS programmes which increase the constructive involvement of men.
- ✘ Empower women by ensuring existing policies meet the immediate needs of women and address underlying inequalities between men and women.
- ✘ Include in HIV & AIDS programmes a full gender analysis based on the different needs and roles of women and men.
- ✘ Change the norms of discourse on gender to include men in a constructive way.
- ✘ Consider the needs of men who have sex with men in HIV & AIDS programmes, and include these groups in project design, implementation and monitoring.
- ✘ Consider as part of further HIV & AIDS programme research, analysis and planning the following key manifestations of gender inequality: gender violence, unequal rights to property, the burden of care, unequal access to treatment and unequal access to appropriate prevention information.
- ✘ Prioritise training and support for frontline staff in the public sector – police, nurses and doctors, social workers, magistrates – as an institutional means of addressing gender inequality and HIV & AIDS.
- ✘ Prioritise changing institutional practice towards giving women and men access to accurate information about rights and services in a way that can be understood by everyone, including the illiterate and those with disabilities.
- ✘ Ensure that HIV & AIDS programmes do not increase the burden on women.
- ✘ Take into account the different concerns/needs of men and of women associated with age, gender, sexuality, ethnicity and factors affecting their lives such as drug use, imprisonment, and sex work.



*HIV & AIDS wall painting.  
South Africa*

## *Bear in mind the following:*

- ✘ Women's lack of wage-earning potential means that women are often financially dependent on male partners and makes it difficult for them to leave abusive relationships or relationships in which they know their partner is unfaithful. It also reduces their negotiating ability regarding how and when sex takes place. It can also mean that women who do leave their partner, or who are widowed, sometimes use some form of transactional sex as a survival strategy.
- ✘ Insecure livelihoods: women's work often falls into the unpaid or casual sectors, with the result that if women are infected or become ill they have less recourse to protection of their livelihood than men do. Again this may lead to them engaging in transactional sex or facing destitution.
- ✘ Social norms around sexuality and sexual practices often mean that talking openly about sex is frowned upon. This is especially true for women, who are often supposed to be 'innocent' and not know too much about the subject. This increases the difficulty of negotiating safer sex for women and girls.
- ✘ Pressure on women to bear children means that they may risk infection rather than risk being seen as infertile. Infertility may lead to their being abandoned, or to their husband looking for a second wife.
- ✘ Cultural practices such as polygamy, wife inheritance, female genital mutilation and 'dry sex' increase women's susceptibility to infection.
- ✘ Unequal access to all healthcare, including treatment for STIs, increases women's susceptibility and vulnerability to HIV infection.

It is important that, as we work through the mainstreaming model, we keep in mind the issues of gender and the relationship with HIV & AIDS. We need to understand the differing needs of male and female staff when we look at policies; we need to look at our interventions with gender in mind and we need to support partners to understand the relationships between HIV & AIDS and gender, in order to more effectively reduce vulnerability of organisations and their beneficiaries to the impacts of HIV & AIDS.

## 6: Measuring impact in mainstreaming and on-going learning



*Guiyang College Red Ribbon Project - Through a VSO volunteer initiative students designed and produced an HIV & AIDS ribbon with 'Chinese Characteristics' made out of the 'good luck' charm thread. The project is raising money for local people living with HIV.*

For each detailed stage of the HIV & AIDS mainstreaming model set out in the latter part of this guide, a series of 'expected results/outcomes' are given. These are designed to assist the process of monitoring and evaluation so that, at each stage, the users have a clear indication of what it is that their activities are aiming to achieve.

The suggested 'expected results/outcomes' have been taken from the detailed monitoring and evaluation framework shown in **Table 2**. This framework sets out the overarching goal for mainstreaming HIV & AIDS within VSO. It next defines the objectives for each stage (1–6) of the mainstreaming process, which will contribute to meeting the goal. Then it sets out the suggested 'expected results/outcomes' which will attribute to achieving the objectives.

Examples of indicators, means of verification and likely assumptions are given for each of the 'expected results/outcomes'. This is all presented from the perspective of a VSO programme office but it can be adapted for the organisation as a whole or for partner organisations.

Monitoring and evaluation is frequently a stumbling block in the implementation and effective learning from any programme or project. When mainstreaming HIV & AIDS, M&E is a critical part of the mainstreaming process itself in order to address the danger of AIDS fatigue. Without clear evidence and examples of how the situation is improving, how behaviours are changing, how attitudes are becoming more positive, etc., staff, volunteers and partners can quickly become frustrated and disillusioned. Outlined below are key considerations/tips for the effective design and implementation of a monitoring and evaluation system, supported by examples of tools, approaches and useful resources

that might be employed. However, it should be recognised that many of the positive impacts of mainstreaming HIV & AIDS would result in better quality programmes and outcomes of development.

### Key points in design and implementation of monitoring and evaluation systems

- ✘ Consideration is needed of what data to analyse and how as well as what data to monitor and collect.
- ✘ Without baseline information – there is nothing to measure change against – M&E needs to be an integral part of project/process design.
- ✘ National, partner and placement-level indicators will be needed to effectively attribute change/impact to objectives and expected results/outcomes.
- ✘ Measuring change in attitudes and behaviours is largely based on qualitative observed and anecdotal evidence (i.e. from focus-group discussions, repeated interviews and questionnaires). This is easier to attribute if supported by quantitative evidence i.e. triangulation.
- ✘ Placement objectives need to be defined and reviewed in terms of organisational (partner) and/or programme area objectives. This will help address the tendency for volunteers to evaluate outcomes based on their personal/professional achievements rather than in relation to the partner or development context.
- ✘ All M&E data should be gender disaggregated.

### ☺ Tools/approaches

- ✘ Provide M&E training for staff, volunteers and partners (see the RAISA M&E workshop, Pretoria).
- ✘ Provide training for volunteers in use of M&E tools: developing a baseline survey, facilitating focus-group discussions, designing and conducting interviews, participatory M&E processes.

*When mainstreaming HIV & AIDS, M&E is a critical part of the mainstreaming process itself in order to address the danger of AIDS fatigue.*

**Table 2: HIV & AIDS mainstreaming: Monitoring and evaluation framework**

**Goal:** to mitigate the impact of HIV & AIDS on the organisation, thereby allowing it to function effectively and meet its objectives in the internal and external domains

## Stage 1: Sensitisation

**OBJECTIVES:**

**Staff are well informed and protected against the risks and impacts of the HIV & AIDS pandemic on a personal and professional level**

| Expected results/outcomes   | Indicators  | Means of verification  | Who is involved   | Assumptions   |
|---|---|--|---|---|
| Staff have a greater understanding of the risks the epidemic poses, both directly and indirectly, in direct relation to them and the function of the PO   | <ul style="list-style-type: none"> <li>- Training with external facilitators carried out to raise staff awareness of personal risks, and how HIV &amp; AIDS might impact on their work</li> <li>- Staff are able to offer suggestions for integrating HIV &amp; AIDS in their work/programme area plans/partnerships</li> </ul>       | <ul style="list-style-type: none"> <li>- 'Are you sensitised?' or similar quiz carried out before and after training</li> </ul>  | <ul style="list-style-type: none"> <li>- All PO staff (including short term)</li> <li>- PLWHA and specialist external facilitators e.g. ASOs/NAC</li> </ul> | <ul style="list-style-type: none"> <li>- Resources available</li> </ul>   |
| Staff are confident and comfortable in discussing issues related to HIV & AIDS together   | <ul style="list-style-type: none"> <li>- There are forums for discussion and action planning on a regular basis</li> <li>- There is evidence of follow-up of action plans</li> <li>- There is an increase in the level and diversity of staff participation in discussions</li> </ul>   | <ul style="list-style-type: none"> <li>- Notes/minutes from focus-group discussions</li> <li>- Action-planning records</li> </ul>  | <ul style="list-style-type: none"> <li>- All staff</li> <li>- External facilitators (as above)</li> <li>- Independent observers?</li> </ul>                 |   |
| A reduction in stigma and discrimination within the office, with respect and a positive attitude towards care for PLWHA   | <ul style="list-style-type: none"> <li>- The office and staff have well-established links with PLWHA networks and individuals</li> <li>- PLWHA regularly and actively support staff training, programme and policy development</li> </ul>   | <ul style="list-style-type: none"> <li>- Baseline survey about beliefs and attitudes</li> <li>- Participant observation</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>   |   |
| All staff, as appropriate to their role, have the knowledge and confidence to provide pastoral and professional support to volunteers in integrating HIV & AIDS in their placements and to communicate VSO's position on HIV & AIDS with partners | <ul style="list-style-type: none"> <li>- Staff can address many of the difficulties that volunteers might face in integrating HIV &amp; AIDS</li> <li>- Life-skills training conducted and staff facilitate/participate in life-skills training for volunteers</li> <li>- Partners are informed and able to discuss issues</li> </ul> | <ul style="list-style-type: none"> <li>- Training programmes and material development</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> <li>- Volunteers</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff have enough training and support to feel confident in this area</li> </ul> |
| A comprehensive range of appropriate resources, up-to-date information and condoms are readily available for staff, volunteers and partners   | <ul style="list-style-type: none"> <li>- Current accurate information on confidential local VCT and treatment centres is available</li> <li>- Condoms are being taken</li> <li>- Information/resources are being accessed</li> </ul>  | <ul style="list-style-type: none"> <li>- Resource directory</li> <li>- Condom orders/supplies</li> <li>- Resource/information borrowing/ dissemination of records</li> </ul> | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> <li>- Resource links</li> </ul>   | <ul style="list-style-type: none"> <li>- Resources available</li> <li>- Services in place</li> </ul>                      |
| Staff understand the implications of HIV & AIDS as a development issue that is linked to all aspects of the country's development, at all levels of society   | <ul style="list-style-type: none"> <li>- Staff are able to articulate the broader impacts that HIV &amp; AIDS has on individuals, communities and society as a whole</li> <li>- Staff identify opportunities in their work to address HIV &amp; AIDS</li> </ul>   | <ul style="list-style-type: none"> <li>- Appraisal objectives</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- External facilitators</li> <li>- Managers</li> </ul>  | <ul style="list-style-type: none"> <li>- Training provided</li> <li>- On-going line management support</li> </ul>         |

## Stage 2: Workplace policies

### OBJECTIVES:

**Appropriate workplace policies are in place which balance the needs of staff and the organisation in terms of the potential impact of HIV & AIDS**

| Expected results/outcomes   | Indicators  | Means of verification  | Who is involved   | Assumptions   |
|---|---|--|---|---|
| The content of workplace policies is clearly relevant and understandable to staff and volunteers and has been effectively communicated to all | <ul style="list-style-type: none"> <li>- Staff and volunteer involvement in/input to the development of policies</li> <li>- Feedback on workplace policy proposals has been addressed</li> <li>- Policy drafts have been widely disseminated</li> <li>- Final policy documents have been disseminated to all staff and volunteers and partners</li> <li>- Staff are confident to implement policy</li> </ul>  | <ul style="list-style-type: none"> <li>- Policy adapted to context</li> <li>- Implemented in the office</li> </ul> | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Volunteers</li> <li>- Partners</li> </ul> | <ul style="list-style-type: none"> <li>- People living with HIV &amp; AIDS are available to work on policies as partners</li> </ul> |
| Adherence to the GIPA principle is clearly evident in policy development  | <ul style="list-style-type: none"> <li>- The needs of PLWHA are clearly addressed within all policy documents</li> <li>- PLWHA are actively involved in/provide input to development of policy documents</li> </ul>   | <ul style="list-style-type: none"> <li>- Critical feedback from people living with HIV &amp; AIDS</li> </ul>       | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>                       |   |
| Clear guidelines on confidentiality and access to confidential VCT and treatment services are reflected in policy documents                   | <ul style="list-style-type: none"> <li>- A confidential mechanism for monitoring access to VCT and treatment services is in place for future budgeting, evaluation and learning</li> </ul>  | <ul style="list-style-type: none"> <li>- Systems tested process in place</li> </ul>                                | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Service providers</li> </ul>              | <ul style="list-style-type: none"> <li>- There is understanding of the need and service providers are available</li> </ul>          |
| All necessary resource requirements are in place to support policy implementation   | <ul style="list-style-type: none"> <li>- Expenditure requirements for activities relating to HIV &amp; AIDS work (e.g. training, VCT, treatment) and a contingency fund for the impacts of HIV &amp; AIDS (e.g. staff absence) have been budgeted for</li> <li>- Planning activities/commitments inherent in workplace policies have been fully incorporated within short and long-term operational and programme planning with identification of detailed resourcing requirements</li> <li>- An effective process for regular review and on-going training of new staff and volunteers in relation to their rights and responsibilities under the agreed workplace policies is in place</li> </ul> | <ul style="list-style-type: none"> <li>- Budget plans</li> <li>- Induction plans and reviews</li> </ul>            | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Managers</li> </ul>                       | <ul style="list-style-type: none"> <li>- Budget allocated</li> </ul>  |
| Policy documents take into account all local legal requirements and best practice   | <ul style="list-style-type: none"> <li>- Differing expectations and commitments inherent in the agreed workplace policies are fully understood by staff</li> <li>- There is a broad base of knowledge in relation to local legal requirements and similar policies and procedures of other organisations (international NGOs, volunteer-sending agencies, donors etc.)</li> </ul>   | <ul style="list-style-type: none"> <li>- Policy articulates legal requirements nationally</li> </ul>               | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>                       | <ul style="list-style-type: none"> <li>- National policy available and appropriate</li> </ul>                                       |
| Workplace policies have been fully discussed and endorsed by the RPM/VSO and reflects corporate policy  | <ul style="list-style-type: none"> <li>- Approval granted</li> </ul>  |  | <ul style="list-style-type: none"> <li>- Line manager</li> <li>- Staff</li> </ul>                   |   |

# Stage 3: Programme mainstreaming

## OBJECTIVES:

**The PO is effectively addressing HIV & AIDS in the internal and external domains**

| Expected results/outcomes  | Indicators   | Means of verification  | Who is involved   | Assumptions   |
|--|--|--|---|---|
| HIV & AIDS is integrated in all programme area objectives in every sector  | <ul style="list-style-type: none"> <li>- Programme area objectives and expected outcomes/results reflect attention to the issues around HIV &amp; AIDS and the effect on those most vulnerable to the impacts of the pandemic</li> <li>- Planned programme activities take into account the potential negative impact that some interventions can have on those more vulnerable to the effects of HIV &amp; AIDS</li> </ul>  | <ul style="list-style-type: none"> <li>- PAP</li> <li>- Programme and partnership reviews</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> <li>- Volunteers</li> </ul>                         |   |
| A participatory process is being used to assist partners to identify their needs/vulnerability in respect of HIV & AIDS and potential entry points for VSO to support them with integration activities | <ul style="list-style-type: none"> <li>- Participatory workshops of focus-group discussions are being implemented with new partnerships/placements</li> <li>- Process tools to assist in identifying needs/problems/vulnerability in respect of HIV &amp; AIDS have been developed</li> <li>- Placement objectives for the integration of HIV &amp; AIDS are clearly linked to partner/organisational objectives and demonstrate evidence of partner ownership/buy-in</li> </ul> | <ul style="list-style-type: none"> <li>- Process outcomes</li> <li>- Documented support needs</li> <li>- Placement objectives shared</li> </ul>  | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul>                         | - Partners informed and at a level where they can engage constructively                                       |
| Key issues and the cause-effect relationships around HIV & AIDS are fully internalised among staff   | <ul style="list-style-type: none"> <li>- The PO are using participation and empowerment as development tools to combat the epidemic</li> <li>- Evidence of attention to HIV &amp; AIDS and gender in all programme/project design, implementation and evaluation</li> </ul>  | <ul style="list-style-type: none"> <li>- Evidence of participation of partners staff and people living with HIV &amp; AIDS in programme planning</li> </ul>  | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> <li>- Stakeholders</li> </ul> |   |
| A body of knowledge, tools and resources is established in the PO to support the integration of HIV & AIDS in all programme areas, with on-going development/sourcing of new material                  | <ul style="list-style-type: none"> <li>- Evidence of sharing experience and learning with other players in the field</li> <li>- A resource area is established in the office</li> <li>- Regular dissemination of information/resources to volunteers and implementing partners</li> <li>- Responsibilities allocated within the PO team for on-going research and sourcing of new material</li> </ul>  | <ul style="list-style-type: none"> <li>- Use of resources documented</li> <li>- Demonstrated sharing of resources</li> <li>- Allocated responsibility included in staff job description</li> </ul> | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul>                         | <ul style="list-style-type: none"> <li>- Resources available</li> <li>- Person to manage resources</li> </ul> |
| The staff are conversant with risks that the HIV & AIDS pandemic poses to its operations and have strategies in place to mitigate the potential impact   | <ul style="list-style-type: none"> <li>- Staff are able to articulate issues that inform development discourse on HIV &amp; AIDS, such as poverty, gender inequality and gender-based violence, human rights, stigma and discrimination against PLWHA, etc.</li> <li>- Office systems that promote the mitigation of the impacts of HIV &amp; AIDS</li> </ul>  | <ul style="list-style-type: none"> <li>- Observation of staff plans</li> <li>- Analysis of systems</li> </ul>  | <ul style="list-style-type: none"> <li>- Staff</li> </ul>   |   |
| The staff are proactive in tackling stigma in the wider community  | <ul style="list-style-type: none"> <li>- Involvement in advocacy, awareness raising activities and campaigning through partners and networks</li> <li>- The staff are closely involved with the PLWHA community</li> <li>- The PO is part of a network of players committed to combating HIV &amp; AIDS</li> </ul>   | <ul style="list-style-type: none"> <li>- Activities carried out</li> <li>- Membership documents and attendance</li> </ul>  | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul>                         | - Opportunities exist to work with groups and networks  |



## Stage 4: Volunteer sensitisation

### OBJECTIVES:

**Volunteers are well informed, protected and willing to act to mitigate the risks and impacts of the HIV & AIDS pandemic on a personal and professional level**

| Expected results/outcomes   | Indicators   | Means of verification   | Who is involved  | Assumptions  |
|---|--|---|--|--|
| Volunteers are better protected against HIV transmission. They have accurate knowledge about modes of transmission and prevention and country specific risks and prevalence issues and have explored personal attitudes | <ul style="list-style-type: none"> <li>- Volunteers undergo comprehensive orientation and training in relation to HIV &amp; AIDS</li> <li>- Volunteers have access to relevant and up to date information</li> <li>- Volunteers have free access to condoms (i.e. regular supplies given during touring)</li> </ul>  | <ul style="list-style-type: none"> <li>- 'Are you sensitised?' quiz</li> <li>- Self-briefing pack questionnaire</li> <li>- In-country training materials and evaluations</li> <li>- Verbal feedback from volunteers</li> </ul>                            | <ul style="list-style-type: none"> <li>- Training department</li> <li>- Staff</li> <li>- Volunteers</li> <li>- Partners</li> </ul> | <ul style="list-style-type: none"> <li>- On-going training builds knowledge skills and confidence</li> </ul>                           |
| Volunteers are confident and motivated to effect or assist with HIV & AIDS integration work in their organisation/community alongside partners  | <ul style="list-style-type: none"> <li>- Volunteers have access to local best practice and appropriate tools and resources to support integration</li> <li>- Systems are in place for sharing ideas/best practice amongst volunteers and partners; for example, exchange visits, training, case studies</li> <li>- **% of volunteers are actively engaged, with colleagues and/or community members, in integrating HIV &amp; AIDS into their work</li> </ul>  | <ul style="list-style-type: none"> <li>- Workshop evaluations</li> <li>- Programme/partnership reviews</li> <li>- Exit interviews</li> <li>- Case studies</li> <li>- Newsletters</li> </ul>   | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul>                                | <ul style="list-style-type: none"> <li>- Resources available</li> <li>- Enabling environment exists for partners to be open</li> </ul> |
| Volunteers have a clear understanding of their role in the context of HIV and other development issues  | <ul style="list-style-type: none"> <li>- Volunteers are supported personally and professionally in all matters regarding HIV &amp; AIDS, by VSO</li> <li>- Volunteers have accurate knowledge regarding the status of the AIDS pandemic on a local, national and international level</li> <li>- Volunteers are conversant with the socio-economic and cultural factors/behaviours which aggravate the epidemic</li> <li>- Partners and volunteers discuss roles and objectives within programme/placement</li> </ul> | <ul style="list-style-type: none"> <li>- 'Are you sensitised?' quiz</li> <li>- Self-briefing pack questionnaire</li> <li>- In-country training/employers' workshop evaluations</li> <li>- Workshop/conference documents (reports, evaluations)</li> </ul> | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> <li>- Training department</li> </ul> |  |
| A significant reduction in fear and stigma among or towards volunteers living with HIV  | <ul style="list-style-type: none"> <li>- Staff or volunteers who discriminate against others are disciplined in line with the HIV &amp; AIDS workplace policy</li> <li>- VSO's non-discriminatory stance is publicised through, for example, job adverts, employers/partner handbooks/agreements, CSP</li> </ul>   | <ul style="list-style-type: none"> <li>- Baseline survey questionnaire about beliefs and attitudes</li> <li>- Early return reports</li> <li>- Focus-group discussion</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Volunteers</li> <li>- Human resources</li> </ul>                         |  |
| Volunteers are fully conversant with their rights and responsibilities under VSO's policies on HIV & AIDS   | <ul style="list-style-type: none"> <li>- Volunteers have confidential access to VCT and treatment</li> <li>- Effective systems/procedures are in place for access to PEP, confidential counselling, etc.</li> </ul>  | <ul style="list-style-type: none"> <li>- Interview/focus-group discussions/survey of policy knowledge</li> </ul>  | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> </ul>  | <ul style="list-style-type: none"> <li>- Service provision available</li> </ul>  |

# Stage 5: Partner and volunteer integration activities

## OBJECTIVES:

### Volunteers and partners are integrating HIV & AIDS in their work

| Expected results/outcomes   | Indicators   | Means of verification  | Who is involved   | Assumptions   |
|---|--|--|---|---|
| Partner organisations are responsive to identifying problems/issues that they need to address in respect of HIV & AIDS with potential entry points through which the volunteer placement could support them in integrating HIV & AIDS | <ul style="list-style-type: none"> <li>- Placement objectives in relation to integration of HIV &amp; AIDS are clearly linked to partner/organisational objectives and programme area plans</li> <li>- Improved/increased partner participation and interest in how HIV &amp; AIDS integration activities can/have assisted them</li> <li>- Evidence of progression of HIV &amp; AIDS integration activities within a partnership during partner reviews i.e. from awareness raising to indicators of behaviour change</li> </ul>  | <ul style="list-style-type: none"> <li>- Participatory partner assessment/development/review meeting outcomes</li> <li>- Placement documentation</li> <li>- Exit interviews</li> <li>- Significant change stories</li> <li>- Employers' workshops</li> <li>- Situational analysis/questionnaires</li> <li>- Placement-level M&amp;E</li> </ul> | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>                       | <ul style="list-style-type: none"> <li>- Partners exposed to VSO principles and practice around HIV &amp; AIDS</li> </ul> |
| Resources and forums are in place to support volunteers, colleagues and partner organisations in integrating HIV & AIDS   | <ul style="list-style-type: none"> <li>- Good morale and a high level of motivation amongst volunteers in integrating HIV &amp; AIDS</li> <li>- Volunteers are proactive in integrating HIV &amp; AIDS by the mid-point of their placement term</li> <li>- Provisions are in place to support volunteers with small-scale funding, such as making available the Funding Directory, small grant scheme, project funding with support for small-scale initiatives</li> <li>- Evidence of sharing of best practice, learning, skills etc. for volunteers and colleagues through training initiatives, networking, dissemination of information/resources, exchange visits, workshops, material/resource development etc.</li> <li>- Support for electronic access to resources/networks for partners and volunteers has been addressed</li> </ul> | <ul style="list-style-type: none"> <li>- Workshop evaluations</li> <li>- Resource/funding/contact directories</li> <li>- Information packs</li> <li>- Volunteer networks/activities/meeting minutes</li> <li>- Exchange visit reports</li> <li>- Newsletters</li> <li>- Case studies</li> </ul>  | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul> |   |
| Increased level of partner participation in HIV & AIDS integration and other related activities   | <ul style="list-style-type: none"> <li>- Delivery of training/presentations by partner representatives i.e. workshops, employers' workshops, attendance at conferences, submission of abstracts/case study reports</li> <li>- Increased partner involvement/representation in AIDS networks/co-ordinating groups/HIV &amp; AIDS feature publications etc.</li> <li>- Partner exchanges and skills sharing</li> </ul>   | <ul style="list-style-type: none"> <li>- Employers' workshops (focus-group discussions and session plans)</li> <li>- Publications</li> <li>- Activities such as VSO partner exchange learning programme (LINKS) exchanges</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>                       | <ul style="list-style-type: none"> <li>- Resources for training and exchanges</li> </ul>                                  |

# Stage 6: Partner mainstreaming

## OBJECTIVES:

**PO partners are effectively addressing HIV & AIDS in the internal and external domains**

| Expected results/outcomes  | Indicators   | Means of verification  | Who is involved   | Assumptions  |
|--|--|--|---|--|
| Partner organisations are able to articulate their own needs/weaknesses/vulnerability in respect of HIV & AIDS and the role that they want VSO to play in supporting them  | <ul style="list-style-type: none"> <li>- Placement objectives reflect a clear rationale between the role/activities of the volunteer and mitigating the risks/potential impact of HIV &amp; AIDS to the partner organisation</li> <li>- Partnership development and reviews reflect progress towards mainstreaming being made by the partner organisation in line with the mainstreaming model</li> <li>- Partners are able to support the PO in its on-going efforts in mainstreaming HIV &amp; AIDS</li> <li>- Partners that are committed to tackling HIV &amp; AIDS</li> <li>- Organisation's documents reflect commitment to HIV &amp; AIDS</li> </ul>  | <ul style="list-style-type: none"> <li>- Placement documentation</li> <li>- Partnership development/review outcomes</li> <li>- National (partner) examples of best practice</li> <li>- National and placement-level M&amp;E</li> <li>- Partner organisation documents</li> </ul>                       | <ul style="list-style-type: none"> <li>- Volunteers</li> <li>- Staff</li> <li>- Partners</li> </ul>       | - Partner sees the use of the model and is supported to make it applicable and has the resources to implement it |
| Partner organisations with a clear long-term strategy, realistic policies and procedures in place and a diversified base for funding/technical assistance  | <ul style="list-style-type: none"> <li>- Partners with workplace policies, budgets and programmes that include consideration of the present and future impacts of HIV &amp; AIDS on the organisation and its work</li> <li>- A shift in the nature of partnerships from implementing partner to one of co-ordinating or strategic partner, in relation to HIV &amp; AIDS</li> <li>- Longer-term partners who are able to offer technical support or funding/resources to smaller, community-based partner organisations, in relation to HIV &amp; AIDS</li> </ul>  | <ul style="list-style-type: none"> <li>- Partnership agreements/reviews</li> <li>- Policies in place</li> </ul>  | <ul style="list-style-type: none"> <li>- Partners</li> <li>- Staff</li> </ul>                             |  |
| Comprehensive training, resources, technical support and experience of best practice is readily available for partner organisations  | <ul style="list-style-type: none"> <li>- Training/resources available to support policy development/mainstreaming</li> <li>- Contact information to support networking/sharing good practice is available/disseminated/updated by the PO</li> </ul>  | <ul style="list-style-type: none"> <li>- Resource/funding/contact directories</li> </ul>   | <ul style="list-style-type: none"> <li>- Staff</li> <li>- Partners</li> </ul>                             | - Funds and resources available  |
| Partner organisations and staff are fully conversant with the prevailing issues and country-specific risks in relation to the HIV & AIDS pandemic. They have accurate knowledge about modes of transmission, prevention and behaviour change | <ul style="list-style-type: none"> <li>- Staff in partner organisations undergo comprehensive training in relation to HIV &amp; AIDS</li> <li>- Staff in partner organisations have access to relevant and up-to-date information</li> <li>- Staff in partner organisations have unlimited access to condoms</li> <li>- Staff in partner organisations have accurate knowledge regarding the status of the AIDS pandemic on a local, national and international level</li> <li>- Partners are conversant with the socio-economic and cultural factors/behaviours which aggravate the epidemic</li> </ul>   | <ul style="list-style-type: none"> <li>- Baseline survey</li> </ul>  | <ul style="list-style-type: none"> <li>- Partners</li> </ul>  |  |
| Partner organisations and staff demonstrate a positive attitude towards PLWHA and are proactive in combating stigma  | <ul style="list-style-type: none"> <li>- There are effective workplace policies in place developed on the principles of GIPA</li> <li>- Partner organisations are actively engaged in advocacy, campaigning and networking to support the rights and work of PLWHA organisations</li> </ul>  | <ul style="list-style-type: none"> <li>- Policies and practice involve people living with HIV &amp; AIDS</li> </ul>  | <ul style="list-style-type: none"> <li>- Partners</li> <li>- People living with HIV &amp; AIDS</li> </ul> |  |
| Partner organisations and staff are conversant with risks that the HIV & AIDS pandemic poses to operations and have strategies in place to mitigate the potential impact   | <ul style="list-style-type: none"> <li>- There are M&amp;E practices in place to measure the effectiveness of HIV &amp; AIDS work carried out and to enable corrective action where necessary</li> <li>- There is evidence of attention to HIV &amp; AIDS and gender in all programme/project design, implementation and evaluation</li> </ul>   | <ul style="list-style-type: none"> <li>- Analysis of plans</li> <li>- Strategy</li> </ul>  | <ul style="list-style-type: none"> <li>- Partners</li> </ul>  |  |
| The risks and potential impact of HIV & AIDS are mitigated for an increased number of vulnerable and disadvantaged people who might otherwise have not been reached  | <ul style="list-style-type: none"> <li>- An increase in the integration of HIV &amp; AIDS, aimed at improving understanding and facilitating behaviour change in the external domain, is evident amongst partner organisations</li> <li>- Partner organisations are using participation and empowerment with beneficiaries as approaches to combat the epidemic</li> <li>- Evidence of shared learning, scaling up and replication of HIV &amp; AIDS interventions amongst partner organisations</li> <li>- Evidence of best practice with tangible evaluation and learning emanating from partner organisations</li> <li>- An increase in the level of participation in advocacy initiatives, campaigning, networking etc. amongst partner organisations</li> <li>- An increase in the scope of beneficiaries or improved targeting of the more disadvantaged by partner organisations</li> </ul> | <ul style="list-style-type: none"> <li>- Partner annual/project reports</li> <li>- Co-ordinating forum minutes</li> <li>- Press/publications</li> <li>- National/local reports from government, UNAIDS</li> <li>- National/regional indicators linked to programme areas/partner activities</li> </ul> | <ul style="list-style-type: none"> <li>- Partners</li> <li>- Beneficiaries</li> <li>- Networks</li> </ul> |  |

## 7: Useful references

✚ Amoaten, S., *Mainstreaming HIV/AIDS Using a Community-led Rights-based Approach: A Case Study of ACORD Tanzania*, ACORD, June 2003.

✚ Butcher, Kate, *Toolkit for Monitoring and Evaluation of Mainstreaming*, JSI UK, 2004.

✚ Concern Universal, *Strategy for Mainstreaming HIV/AIDS into Concern Universal's Programme Work in Malawi*, April 2003.

✚ Helen Eley and Prisca Kutengule, *HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies*, HEARD, January 2003.

A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming. This is an excellent paper published by DFID's HIV & AIDS and STI Knowledge Programme, and the Health Economics and HIV & AIDS Research Division (HEARD) at the University of Natal.

✚ Family Health International, *Effective Prevention Strategies in Low HIV Prevalence Settings*, 2001.

✚ du Guerny, Jaques, Hsu, Lee-Nah and Chitna, Sin, *A Development Strategy to Empower Rural Farmers and Prevent HIV*, UNDP, January 2003.

✚ Holden, Sue, *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenges of HIV/AIDS*, Oxfam in association with ActionAid and Save the Children UK, 2003.

The book sets out clear definitions of, rationales for, examples and models of HIV & AIDS mainstreaming.

✚ Mullins, D., *Mainstreaming HIV/AIDS into Development Work: What It Can Look Like*, Oxfam, December 2002.

✚ Oxfam, *Lessons Learned in Mainstreaming HIV/AIDS*, Oxfam Flyer series (1–7), September 2001.

✚ Renton, Linnea, 'Empowering Communities in the Face of HIV/AIDS Through STAR (Stepping Stones & Reflect)', ActionAid, 2004 ([www.healthcomms.org](http://www.healthcomms.org)).

✚ Robertson, L., 'VSO-RAISA Experiences of Mainstreaming HIV & AIDS Through Volunteer Development Workers', presentation given for VSO-RAISA at ICASA, September 2003.

✚ SAfAIDS, *Mainstreaming Gender into HIV & AIDS Programming*.

The brochure is available from [www.SAfAIDS.org.zw](http://www.SAfAIDS.org.zw); email: [info@SAfAIDS.org.zw](mailto:info@SAfAIDS.org.zw). This publication provides clarity on the concept of mainstreaming (in general) and an adaptable and practicable toolkit for implementing gender as a cross-cutting theme. The mainstreaming steps offered in the brochure could equally be applied to HIV & AIDS, gender or disability.

✚ Southern African AIDS Training (SAT) Programme, *Mainstreaming Gender in the Response to AIDS in Southern Africa: A Guide for the Integration of Gender Issues into the Work of AIDS Service Organisations*, March 2001.

✚ UNAIDS/GTZ, *Mainstreaming HIV/AIDS: A Conceptual Framework and Implementing Principles*, June 2002.

✚ VSO Programme Learning and Advocacy.

A wide range of RAISA documentation: materials, case studies, testimonies, training and technical support in addition to growing resources from VSO programmes in other regions. Practical guidelines on monitoring and evaluation terms, processes and tools are provided in the VSO country-level planning toolkit (*Planning for Change*) sections 5, 8 and 11.

✚ VSO, workshop report from Pretoria M&E workshop for RAISA staff, 2–4 December, 2002.

✚ VSO, *Gendering AIDS: Women, Men, Empowerment, Mobilisation*, November 2003.

✚ VSO Malawi, *Malawi – Integrating HIV & AIDS – A Volunteer Toolkit for Implementation and Measuring Change*.

✚ VSO Malawi, *Malawi, Placement/Sector/National Level M&E Toolkit*, October 2002.

✚ VSO Namibia, *Monitoring and Evaluation Toolkit*, Namibia RAISA, 2003.

✚ Wilkins, M. and Vasani, D., *Mainstreaming HIV/AIDS: Looking Beyond Awareness*, Voluntary Service Overseas, 2002.



## Stage 1: Sensitisation

**Definition** Sensitisation is about developing appropriate behaviour and attitudes with regard to HIV & AIDS that are reinforced through peer relations in the office.

### Rationale

The purpose of sensitisation is to create a safe and supportive environment in which people can talk about issues surrounding HIV & AIDS openly and think about or discuss these in relation to their own lives. Members of staff should be encouraged to think about how HIV & AIDS do or could impact on their lives at work, within their families and communities, and in the broader society. This is done through building up a body of shared knowledge and understanding around the risks, methods of transmission and prevention, relationship with gender, factors which inhibit behaviour change, dispelling myths, and gaining an overview of the epidemic's status and impact at local, national and regional level. This will lead to a greater understanding of the epidemic as a development issue, especially in low-prevalence countries. It is also important to break down any notion of 'us' and 'them', or the idea that HIV & AIDS are somewhere 'out there', and to emphasise instead that it will affect all of us eventually, even if it is not doing so already.



Processes, such as country strategic planning, that demand exploration of some of the factors that drive the HIV & AIDS pandemic, and investigation of its effects at a local, country and regional level, will strengthen organisational commitment and increase understanding of personal risks. It is strongly recommended that all staff are involved in this part of the process.

*Regional HIV Coordinator and her colleagues - Namibia.*

### Implementation

- ⌘ Staff brainstorming sessions on HIV & AIDS should initiate thinking around where the PO currently stands on mainstreaming, where it wants to go and how this vision can be achieved (see examples from Kenya and Ethiopia staff sensitisation sessions).
- ⌘ Participatory baseline training for all staff. This should involve active participation of people living with HIV & AIDS to increase understanding and break down stigma around the disease and those affected by it. Input from

representatives of national AIDS councils (or equivalent) is valuable to learn about prevalent problems and national priorities through the government framework and its strategies to combat the spread of the disease in the country.

- ⌘ Regular follow-up meetings/workshops at which staff are able to select differing issues surrounding the pandemic that they would like to discuss and learn about (e.g. behaviour change, positive living,

VCT, treatment, ARVs etc.). The input/experience of people living with HIV & AIDS, government representatives and other implementing agencies at such forums is critical.

- ✂ Identify a focal person to provide information and support to other staff members. The aim of the role will be to involve greater numbers of staff in taking the HIV & AIDS mainstreaming forward. This could be the RAISA co-ordinator or HIV & AIDS programme manager but, in all cases, all staff should be involved in selecting the person for this role, if s/he is to be effective.
- ✂ Staff volunteer with local partners and organisations to support activities and learn more about HIV & AIDS.
- ✂ Additional points to consider:
  - Language:** is there a common language among all members of staff? If not, consider the use of an interpreter in workshops etc.
  - Gender:** especially in countries where it is generally taboo to talk openly about sex etc., it may be easier to hold meetings/discussions/focus groups in same-sex groups followed by plenary to share and learn from each other.
  - Life skills:** run a life skills 'taster' session, to introduce ideas around knowledge to behaviour change, empowerment, and gendered vulnerabilities.



*Volunteering with a local organisation in Namibia to support their activities and learn more about HIV & AIDS.*

*The purpose of sensitisation is to create a safe and supportive environment in which people can talk about issues surrounding HIV & AIDS openly and think about or discuss these in relation to their own lives.*

## Expected results/outcomes

See also **Table 2**.

- ✂ Staff have a greater understanding of the risks the epidemic poses, both directly and indirectly, in direct relation to them and the function of the office.
- ✂ Staff are confident and comfortable in discussing issues related to HIV & AIDS together.
- ✂ There is a reduction in stigma and discrimination within the PO, with respect and a positive attitude towards care for people living with HIV & AIDS.
- ✂ All staff have the knowledge and confidence to support volunteers, as appropriate to their role, in integrating HIV & AIDS in their placements.
- ✂ A comprehensive range of appropriate resources, up-to-date information and condoms are readily available for staff, volunteers (and partners).
- ✂ Staff understand the implications of HIV & AIDS as a development issue that is linked to all aspects of the country's development, at all levels of society.
- ✂ Support for staff is available to improve their knowledge and experience around HIV & AIDS.

## 😊 Tools/approaches

- ✂ Look for ways to initiate **informal discussion** outside the office based on issues that have come up in these sessions.
- ✂ Stage **advocacy**/awareness-raising events (e.g. on World AIDS Day (1 December), International Volunteering Day (5 December) or International Women's Day (8 March)).
- ✂ Form **partnerships** with and encourage staff to support local AIDS service organisations (ASOs), NGOs and community-based organisations (CBOs) to develop staff learning and experience (e.g. involvement in organisational assessment or review with these organisations, supporting their advocacy events, participating in coalition/co-ordination/networking meetings, supporting governance activities as advisers or trustees). (Kenya, Namibia and Malawi POs have examples of this type of partnership.)
- ✂ **Research** the current status of the epidemic on a local, national and regional basis (this may have been done/is planned as part of the country strategic plan or CSP).

What are some of the main factors driving the epidemic? Identify key sources of information/statistics reflecting trends or changes in the epidemic – conduct regular reviews/updates of these i.e. national prevalence statistics by group/region, major donor/government public or sexual reproductive health initiatives, condom distribution, access to voluntary counselling and testing (VCT) etc. All staff should be involved in data collection and informed of the resultant learning.

- ⌘ Carry out an **assessment of the organisation/office vulnerability**. What impact could HIV & AIDS have on the organisation both now and in the future? Examples might be the loss of staff or a drop in productivity. What steps can be taken to alleviate the threat? Policies to support staff infected, a funeral fund and the introduction of flexi-time are all possible steps.



*Posters on your wall will show visitors to the office that you are taking action against HIV & AIDS.*

#### ⌘ **What does a sensitised office look like?**

**(Quiz)** Using a set of questions can help indicate the current level of sensitisation and where the gaps are. This could be done anonymously; however, to encourage openness and greater communication around HIV & AIDS amongst staff, a participatory form such as a quiz might be preferable. In this way, the staff can assess themselves as a whole and identify their own training needs (the gender audit quiz from the country-level planning toolkit could be adapted for this).

- ⌘ **Focus-group discussion** to assess knowledge and attitudes towards sensitisation (and HIV in general), and explore possible focus areas. One of the things that should come out in focus-group discussions is whether staff think of HIV & AIDS as an issue that is still 'out there', and does not affect them (see VSO Malawi *Toolkit for Integrating HIV & AIDS*).

- ⌘ **'Condom or HIV & AIDS corner'** – set up an appropriate area of the PO where condoms and information can be available to all members of staff, volunteers and partners (if feasible). This should include information about VCT and where/how to contact a trained counsellor, as well as country-specific/relevant information about prevention, care, behaviour change, gender etc.
- ⌘ Have **posters** on display to show visitors to the office that VSO is taking action against HIV & AIDS.
- ⌘ Invest in **HIV & AIDS badges** for staff and workshop participants. Conduct competitions for volunteers and partners around HIV & AIDS activities/issues; hold art shows, photo competitions, drama events.
- ⌘ Have the **workplace policy** displayed on the wall in all the relevant languages.
- ⌘ Have a **budget** for HIV & AIDS mainstreaming activities.

### Useful resources

- ⌘ Case studies/models
  - VSO China, staff session on HIV & AIDS.
  - VSO Ethiopia, staff brainstorm; 'Stop start continue' staff training report.
  - VSO Kenya, staff contribution plan; staff trainings session report.
  - VSO Namibia, Peter Busse's session from staff workshop.
  - VSO Papua New Guinea, country research/statistics.
- ⌘ Concern Universal, *Strategy for Mainstreaming HIV/AIDS into Concern Universal's Programme Work in Malawi*, April 2003.
- ⌘ Oxfam, *Lessons Learned in Mainstreaming HIV/AIDS, Flyer 3: HIV/AIDS Awareness Among Staff*, September 2001.
- ⌘ Bridges of Hope ([www.bridgesofhope.info/links.htm](http://www.bridgesofhope.info/links.htm)).
- ⌘ VSO Kenya, List for sensitisation.
- ⌘ VSO Malawi, *Toolkit for Integrating HIV & AIDS*.
- ⌘ VSO Nigeria, 'Land of agree and disagree' activity – staff sensitisation session.



## Stage 2: Workplace policy

**Definition** An effective workplace policy is central to a mainstreamed programme office and should balance the needs of the staff and the organisation. Employees should feel supported personally, while the organisation must also be able to function and achieve its objectives.

### Rationale

A workplace policy on HIV & AIDS promotes the values of the organisation. It informs staff of their rights and responsibilities (particularly with regard to discrimination and confidentiality), and provides guidance in dealing with HIV & AIDS on a day-to-day basis. The policy should support the activities of the PO and, at the same time, should mitigate the risks of HIV transmission and the impact of HIV & AIDS on staff and their dependants.

HIV & AIDS presents a risk to all VSO staff and volunteers in most of the countries that the organisation works. The strategic commitment to HIV & AIDS, as set out in *Focus for Change*, applies as much to staff and volunteers as to partners and wider society. The existing corporate policies provide a guiding framework for country programme offices to develop locally appropriate policy implementation plans. Loss of staff and volunteers as an asset will severely curtail the organisation's ability to operate successfully and meet its goals.

At the 2003 VSO Staff Conference HIV & AIDS session, developing workplace policies was raised as a major challenge facing the organisation. Few staff were conversant with the existing policies for volunteers and staff, and parts of these were considered to be inadequate or difficult to administer. In particular, despite VSO's commitment to GIPA, there was a lack of involvement of people living with HIV & AIDS in the development of staff policies. Confidentiality was a major concern and there was need for greater clarity around the provision of ARV drugs to staff and volunteers, particularly where availability

or ethical conflicts are an obstacle. Overall it was agreed that the organisation needed to put its own house in order before it could support partners to develop their own policies. A revision of the VSO policy was therefore approved and is currently underway. The new more inclusive policy is due to be launched in early 2005.

### Implementation

Workplace policies vary in approach and detail, but most include the same or similar general policy issues, summarised here. VSO has a central policy, and programme offices need to ensure their own local implementation taking into account local cultural, operational and legal considerations. **The policy should include:**

- ✘ create a supportive environment for staff living with or affected by HIV & AIDS
- ✘ be non-discriminatory and reduce stigma in the workplace
- ✘ clarify measures to ensure confidentiality
- ✘ provide for VCT with pre and post-test counselling available to staff but not mandatory
- ✘ train and educate with the aim of preventing any (further) infections among staff members
- ✘ specify access to treatment for HIV-positive members of staff and dependents (anti-retroviral therapy or ART, treatment for opportunistic infections, etc.)
- ✘ make reasonable accommodation for sick leave, compassionate leave, or time off to enable a staff member to care for a sick spouse or relative
- ✘ budget for the implementation of the policy, staff training, treatment and funeral expenses
- ✘ reflect gender sensitivity
- ✘ put in place systems to reduce susceptibility of staff and volunteers to HIV infection and reduce their vulnerability to the impact of HIV & AIDS
- ✘ reflect ownership by local staff and senior management buy-in
- ✘ manage and mitigate the impact of HIV & AIDS on the organisation's ability to function.


There is a number of key issues requiring research, careful consideration and discussion in developing a workplace policy on HIV & AIDS. These are highlighted in **Table 3**.



**Table 3: Key issues for consideration in an HIV & AIDS workplace policy**

|                        |  |
|------------------------|--|
| <b>Beneficiaries</b>   | <ul style="list-style-type: none"> <li>- What are the difficulties in providing the same terms/benefits to both staff and volunteers (e.g. access to confidential and reliable counselling, testing and/or treatment centres)?</li> <li>- Which dependants will be eligible under the policy and how does this compare with other organisations?</li> </ul>  |
| <b>Gender</b>          | <ul style="list-style-type: none"> <li>- How does the policy address the differing vulnerability to the impacts of HIV &amp; AIDS of male and female staff?</li> <li>- How will gender issues/inequalities be highlighted and addressed in awareness, prevention, treatment and care aspects of the policy (e.g. PTCT (parent-to-child-transmission), traditional female care-giving role etc.)?</li> <li>- How will the policy actively encourage and support men in fully participating in awareness, prevention, treatment and care-giving roles?</li> </ul>  |
| <b>GIPA</b>            | <ul style="list-style-type: none"> <li>- How will people living with HIV &amp; AIDS be involved in policy development? This is essential in giving policy developers a grounded understanding of the reality of living with HIV &amp; AIDS and will ensure that the final policy is closer to meeting the needs of people living with HIV &amp; AIDS. Additionally it helps to reduce stigma as the 'them' and 'us' barrier begins to be broken down.</li> </ul>   |
| <b>Confidentiality</b> | <ul style="list-style-type: none"> <li>- The right to privacy <i>versus</i> the support to disclose where appropriate is an issue. Is confidentiality really guaranteed? How pervasive are stigma and discrimination within the organisation? How are benefits to be taken advantage of by members of staff who don't want to disclose their status?</li> <li>- How can VSO provide confidential counselling for people who want to be tested, or who test positive?</li> <li>- What measures are needed to ensure confidential access to counselling, VCT, treatment (e.g. how will invoices be managed confidentially)?</li> </ul>   |
| <b>Evaluation</b>      | <ul style="list-style-type: none"> <li>- How can effective policy implementation be monitored and evaluated whilst maintaining confidentiality? How can the impact of the policy on staff and volunteers be assessed?</li> </ul>   |
| <b>Treatment</b>       | <ul style="list-style-type: none"> <li>- What can staff be offered in terms of management of ill health for themselves and eligible dependents (e.g. compassionate or sick-leave entitlements, access to and cost of treatment, home-based care (HBC), redundancy and on-going treatment post-employment/contract)?</li> <li>- Can ART be provided (i.e. considering the cost, continuity of supply, quality of drug management, continuity post employment)?</li> <li>- How can illness/leave resulting from HIV &amp; AIDS be accommodated (e.g. job sharing, role covers/secondments, redeployment of work, flexible working hours, working from home, multi-skills training for staff)?</li> <li>- Who is eligible for post-exposure prophylaxis (PEP) and how can they be accessed confidentially (e.g. those who have experienced occupational injury, rape, consensual unprotected sex)?</li> </ul> |
| <b>Cost</b>            | <ul style="list-style-type: none"> <li>- What costs will be incurred in implementing the policy? How will these be budgeted for?</li> </ul>  |
| <b>Inclusiveness</b>   | <ul style="list-style-type: none"> <li>- Should HIV &amp; AIDS be incorporated with other critical illnesses in the existing policies, to avoid stigma (e.g. the International HIV &amp; AIDS Alliance has a two-part workplace policy: the first part directly related to non-discrimination, stigma reduction, awareness building, confidentiality and support mechanisms; the second is a general medical and critical illness benefits policy for treatment and care)?</li> <li>- What are the realities of working with staff and volunteers who are HIV-positive? How effectively are we able to respond?</li> </ul>   |

**Expected results/  
outcomes**

- 
- See also **Table 2.**
- ⌘ The content of workplace policies is clearly relevant and understandable to staff and volunteers and has been effectively communicated to all.
  - ⌘ Clear guidelines on confidentiality and access to confidential VCT and treatment services are reflected in policy documents.
  - ⌘ All necessary resource requirements are in place to support policy implementation.
  - ⌘ Workplace policies have been fully discussed and endorsed by the RPM/VSO.
  - ⌘ Policy documents take into account all local legal requirements and best practice.
  - ⌘ Adherence to the GIPA principle is clearly evident in policy development.
  - ⌘ The plan/policy has been implemented.

## ☺ Tools/Approaches

The following guidance is for organisations developing new policies. VSO has its own policy but these guidelines can be used for implementation and supporting partners with policy development.

- ✂ Carry out a **situational analysis** to gather information on the organisation's experience of HIV & AIDS to date during programme development and partnership assessment.
- ✂ Hold a series of **focus-group discussions** or a longer workshop, involving people living with HIV & AIDS and other stakeholders, to brainstorm the effects of HIV & AIDS in the workplace – either potentially or from experience (organisational vulnerability). Take into account the sorts of **key issues** outlined in **Table 3**.
- ✂ Encourage both staff and volunteers to get **policies** from other local and international organisations (i.e. DFID, other donors, other volunteer-sending agencies, non-governmental organisations (NGOs) etc.) and to read and critically review existing VSO policies.
- ✂ Remember to seek **input from** people living with HIV & AIDS, especially partner representatives, RVs and serving volunteers who have made their HIV-positive status known to VSO.
- ✂ Check **language and accessibility** of the policy for all staff and volunteers and partners.
- ✂ Hold a **launch event** to initiate the policy, ensure that its content is widely known and understood among staff and volunteers, and advocate good practice among partner organisations.

*A workplace policy on HIV & AIDS promotes the values of the organisation. It informs staff of their rights and responsibilities (particularly with regard to discrimination and confidentiality), and provides guidance in dealing with HIV & AIDS on a day-to-day basis.*

## Useful resources

- ✂ CAFOD HIV workplace policy.
- ✂ Oxfam, *Lessons Learned in Mainstreaming HIV/AIDS, Flyer 4: Workplace Policy on HIV/AIDS*, September, 2001.
- ✂ The UK Consortium on AIDS and International Development, *Working Positively: A Guide for NGOs Managing HIV/AIDS in the Workplace*, December 2003. Case studies of workplace policies that are either in place or in the process of being designed and implemented, providing an overview of the stages taken by each organisation in designing and implementing their workplace policies and highlighting different approaches and characteristics.
- ✂ VSO Namibia, Sample policy.
- ✂ VSO, *Focus for Change*.



*HIV & AIDS present a risk to all VSO staff and volunteers in most of the countries that the organisation works. The strategic commitment to HIV & AIDS, as set out in "Focus for Change", applies as much to staff and volunteers as to partners and wider society.*



## Stage 3: Programme mainstreaming

**Definition** Programme mainstreaming entails addressing HIV & AIDS in both the internal and external domains. Internally, it refers to an attitude and level of consciousness such that staff are able to articulate how and when HIV & AIDS comes into play and how any given situation may be relevant to, or adversely impact on, those already affected by HIV & AIDS. Externally the emphasis is on integrating HIV & AIDS into the PO's objectives and programmes, through aligning HIV & AIDS prevention and mitigation strategies with all other core activities.

### Rationale

The purpose of programme mainstreaming is to mitigate the internal and external impact of the HIV & AIDS pandemic on all aspects of programme and operational management through planning, implementation and monitoring and evaluation which is developed with HIV & AIDS in mind. Consequently, prevention and care efforts reach more vulnerable people, and development goals are 'insured' against the adverse affects of the pandemic. By identifying and developing specific objectives around HIV & AIDS during the partnership development/assessment stage, VSO engenders initial partner commitment and a platform for the volunteer role in integrating HIV & AIDS, the first steps towards partner mainstreaming.

On an internal level, the office anticipates how the local epidemic might impact on its capacity to function and meet its goals. Programme mainstreaming involves taking precautions and making preparations to overcome these threats. This will in turn reduce the costs associated with the impacts of HIV & AIDS on the workplace. Through greater consciousness and understanding, staff will be able to support and motivate

volunteers and partners in finding appropriate entry points for integrating HIV & AIDS at organisational or community level. All PO staff build on their own knowledge and awareness and are also protected by workplace policy. Through on-going learning and life-skills training, staff members are better placed to protect themselves and their dependants from infection. Finally, stigma is reduced in the workplace and externally due to a more open and communicative organisational culture with a strong stance on discrimination through a positive and mutually supportive relationship with PLWHA and AIDS networks, and open recruitment messages and procedures.

For programmes that have HIV & AIDS as one of their programme areas, the direct HIV & AIDS work they are involved in may contribute to the external element of programme mainstreaming; however, strategic planning and programme development in the other programme areas should highlight opportunities and strategies to promote mainstreaming HIV & AIDS and gender. In countries where HIV & AIDS has been chosen as a cross-cutting theme, the aim is to bring HIV & AIDS mainstreaming into all three programme area plans. Identification of appropriate strategies for mainstreaming will start from the process of forming the CSP and programme area plan (PAP). The initial contextual analysis should highlight the issues and impact of HIV & AIDS in relation to each programme area and will thus be reflected in the programme area objectives, partnership development and later placement detailing.



*Volunteers in China are working with student teachers to raise their awareness of HIV & AIDS and support them in integrating it into their teaching.*

## What mainstreaming is not



Establishing direct placements (e.g. volunteers working in service provision/capacity-building roles with HIV & AIDS NGOs and AIDS service organisations).



Incorporating AIDS-related statistics in a secondary school maths lesson (this is an integration activity).



The PO choosing HIV & AIDS as a programme area (this constitutes direct AIDS work).



PO staff attending training workshop on HIV & AIDS then going back to business as usual.



Static: it is an evolving process.



An add-on.

## Implementation

### Internal mainstreaming:


- ✘ All staff training to incorporate the mainstreaming approach (i.e. programme management, M&E, procurement, logistics, recruitment). Specific training in gender and life skills.
- ✘ Staff visits/exchanges (national/regional) to other organisations and conferences.
- ✘ Identification, recording and sharing of best practice through policy guidelines, staff training, exchanges/workshops, collaboration/shared activities with other VSO POs or local/international partners. Developing and disseminating resources from these.
- ✘ Development of M&E tools/process to measure the impact of PO mainstreaming on planned objectives/outcomes. The potential negative impact of programme interventions in relation to HIV & AIDS, particularly the risks of stigma, discrimination and gender inequality, should be encapsulated in the M&E design/tools.

### External mainstreaming:

- ✘ Ensure the CSP and on-going development of PAPs are based on qualitative in-country analysis and reflect a holistic approach to the integration of HIV & AIDS.
- ✘ Review and modify existing programmes as necessary, in line with the problems and priorities set out in the national government HIV & AIDS framework (the National AIDS Council or equivalent). The review process should highlight and address any potential negative impact, in relation to HIV & AIDS, of existing programme interventions. Ensure the involvement of PLWHA and other HIV & AIDS-implementing organisations in on-going programme design and development.
- ✘ Within the parameters of the CSP, develop partnerships with organisations working directly in the field of HIV & AIDS. Develop processes to assist other programme partners to identify their needs/vulnerability in respect of HIV & AIDS and appropriate objectives and entry points for VSO to assist in addressing these weaknesses/threats.
- ✘ Ensure all programme planning and reviews take into account the local context and realities of working on the ground through the active participation of volunteers, PLWHA and other implementing partners.
- ✘ Use advocacy to reduce stigma and raise the profile of HIV & AIDS and gender issues in the community/society.
- ✘ Ensure the language, presentation, availability and dissemination of documentation or information in relation to the programme and/or HIV & AIDS does not discriminate against, or perpetuate stereotypes of, those affected or infected by HIV & AIDS (i.e. be aware of the role of women, ability of those affected to access information, the 'image' of people living with HIV & AIDS).

## Expected results/outcomes

See also **Table 2** above.

- 
- ✂ HIV & AIDS is integrated in all programme area objectives.
  - ✂ A participatory process is being used to assist partners to identify their needs/vulnerability in respect of HIV & AIDS and potential entry points for VSO to support them with integration activities.
  - ✂ Key issues and the cause-effect relationships around HIV & AIDS are fully internalised among staff and work plans and objectives reflect this and are monitored through the appraisal system.
  - ✂ A body of knowledge, tools and resources is established in the office to support the integration of HIV & AIDS in all programme areas, with on-going development/sourcing of new material.
  - ✂ The VSO office is conversant with the risks that the HIV & AIDS pandemic poses to its operations and have strategies in place to mitigate the potential impact.
  - ✂ The staff are proactive in tackling stigma in the wider community.

## ☺ Tools/approaches

All approaches outlined under **Stages 1 and 2** would also be applicable here.

*The purpose of programme mainstreaming is to mitigate the internal and external impact of the HIV & AIDS pandemic on all aspects of programme and operational management through planning, implementation and monitoring and evaluation which is developed with HIV & AIDS in mind.*

## Useful resources

### ✂ Case studies/models

- VSO Bangladesh, 'why map' cause and effect HIV & AIDS programme area plan (low-prevalence country).
- VSO Bangladesh, organisational assessment for HIV & AIDS.
- VSO China, partnership chart from staff workshop.
- VSO Kenya, sector maps from workshop on impact of gender on each sector.
- VSO Kenya, 'What does a mainstreamed PO look like?', staff HIV & AIDS session.
- ✂ Concern Universal, *Strategy for Mainstreaming HIV/AIDS into Concern Universal's Programme Work in Malawi*, April 2003.
- ✂ Elsey, Helen, and Kutengule, Prisca, *HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies*, HEARD, January 2003.  
Section 9 is an excellent example of a framework to guide thinking on external mainstreaming in the education and agriculture sectors.
- ✂ Holden, Sue, *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenges of HIV/AIDS*, Oxfam in association with ActionAid and Save the Children UK, 2003.
- ✂ Manning, R., *The Impact of HIV & AIDS on Civil Society*, HEARD, October 2002 (toolkit section).
- ✂ Oxfam, *Lessons Learned in Mainstreaming HIV/AIDS, Flyer 2: Practical Outcomes from HIV/AIDS Mainstreaming*, September 2001.
- ✂ Oxfam, *Lessons Learned in Mainstreaming HIV/AIDS, Flyer 7: Modifying an Existing Programme*, September 2001.
- ✂ Oxfam, *Learning to Survive: How Education for All Would Protect Millions of Young People*, [http://www.oxfam.org/eng/pdfs/doc\\_GCE\\_educ\\_survive.pdf](http://www.oxfam.org/eng/pdfs/doc_GCE_educ_survive.pdf)
- ✂ The Southern African AIDS Training (SAT) Programme, *Mainstreaming Gender in the Response to AIDS in Southern Africa*, available from the SAT office, email: [info@sat.org.zw](mailto:info@sat.org.zw).  
This manual is an excellent resource for cross-cutting gender into HIV & AIDS programmes.



## Stage 4: Volunteer sensitisation

**Definition** Volunteer sensitisation refers to:

- ⌘ reducing the susceptibility of volunteers to HIV infection by imparting information about transmission of the virus and social risks
- ⌘ encouraging the volunteer to initiate HIV & AIDS integration activities in their placement through an increased understanding of the status of the epidemic in the country and promoting a holistic approach through mainstreaming
- ⌘ ensuring that volunteers understand HIV & AIDS and development as an issue and their role within it.

### Rationale

Volunteer sensitisation addresses the need to orientate and protect volunteers against HIV infection or support them to manage their status if they are already HIV-positive. At the same time, it enables volunteers to make the most effective contribution towards their own and partner organisations' development goals, through tackling the priority issues in relation to HIV & AIDS and assisting to mitigate any potential negative impact that HIV & AIDS may have on the organisation.

### Implementation

⌘ Most volunteers and many partners have little or no development understanding/experience. They may misinterpret or only superficially understand the tools and terminology used in the field (e.g. 'gender' is often taken to mean simply 'women', empowerment etc.). Learning around HIV & AIDS is further complicated by a whole myriad of specialist terms and acronyms (e.g. MSM, PLWHA, PTCT, OVC, VCT, ARV). In designing



*Youth delegates from Malawi and Zambia who attended the VSO-RAISA "Orphans & vulnerable children: Taking action, building support" regional conference performed their play called "Child Abuse" which they wrote based on personal experience.*

training programmes, materials and resources, it is critical to ensure that volunteers and partners have a very clear understanding of the principles and theories that underpin work with HIV & AIDS and its relationship to broader development issues. Current themes in development could be the focus of newsletters or workshops, with detailed analysis/discussion in relation to HIV & AIDS, to provide volunteers and partners with a comprehensive theoretical grounding and practical tools to support their learning.

- ⌘ Careful consideration is needed in sensitising staff and volunteers to appropriate language to use when talking about HIV & AIDS. Terms such as 'victim', 'sufferer' and 'patient' are judgemental and easily interpreted as discriminatory.
- ⌘ The role that volunteers play in supporting the integration of HIV & AIDS activities within their organisations/communities can potentially put them in sensitive and difficult situations. As outsiders, they may find that people welcome the opportunity to discuss personal and sexual issues that are of concern. Conversely, many of the sensitive issues incumbent in raising awareness and understanding about HIV & AIDS – such as sexual relations, contraception and gender inequalities – may be met with suspicion or rejection. In either case, it is essential that the in-country training programme incorporates life-skills training to equip them with basic listening, responding and pastoral support skills.

⌘ Many volunteers will feel unable or ill-equipped to get involved in some of the more sensitive areas of work around HIV & AIDS; for instance, condom demonstrations and distribution, or talking about sexual practices, sexual relations or caring for/supporting the terminally ill. Also, in many cases, the volunteer would not be the appropriate person to take on these roles. It is important to highlight both to staff and volunteers that their role as development workers is helping partners and communities understand HIV & AIDS and its impact on all aspects of development. This might be through challenging stigma and discrimination by supporting the development of appropriate policies and procedures, by improving the infrastructure and systems to support people infected and affected by HIV & AIDS or by promoting positive attitudes towards gender relations. In all cases, practical, realistic and locally appropriate training and resources will be needed, involving people living with HIV & AIDS, longer-serving experienced volunteers and other experienced implementing partners, to enable staff and new volunteers to think clearly about the impact of their work in the light of HIV & AIDS.

## Expected results/outcomes

See also **Table 2** above.

- ⌘ Volunteers are better protected against HIV transmission. They have accurate knowledge about modes of transmission and prevention and country-specific risks and prevalence issues.
- ⌘ Volunteers are confident and motivated to assist with HIV & AIDS integration work in their organisation/community.
- ⌘ Volunteers have a clear understanding of their role in the context of HIV & AIDS and other development issues.
- ⌘ There is a significant reduction in fear and stigma among and/or towards volunteers.
- ⌘ Volunteers are fully conversant with their rights and responsibilities under VSO's HIV & AIDS policies.

*Volunteer sensitisation addresses the need to orientate and protect volunteers against HIV infection or support them to manage their status if they are already HIV-positive.*

## ☺ Tools/approaches

- ⌘ **Pre-departure packs** are distributed (e.g. HIV & AIDS briefing pack).
- ⌘ **A participatory identification is made of objectives and indicators** with partners during placement development, so that volunteers find an enabling environment for the integration of HIV & AIDS activities and are not broaching the subject with their colleagues for the first time. A participatory approach is taken to the on-going review of objectives, involving volunteers, colleagues and beneficiaries.
- ⌘ Volunteers examine **workplace policy** to see how it is relevant to them and contribute to its evolution.
- ⌘ **In-country training** for new volunteers includes:
  - an overview of the epidemic in country and the PO's position (see example from Papua New Guinea)
  - a session on gender, with a focus on country-specific as well as general gender issues, and illustration of how these interact with HIV & AIDS
  - the involvement by PLWHA in developing and delivering training
  - the introduction of life-skills training.
- ⌘ **On-going training** is given in country through volunteer conferences, volunteers and partner workshops, information updates regarding the local/national/regional trends of the pandemic.
- ⌘ Regular newsletters are circulated to volunteers with up-to-date information, relevant articles and news of other volunteer/partner initiatives (national/international) that are have been successful or unsuccessful. A special focus issue is incorporated on a subject such as gender, life skills, literacy, men and HIV & AIDS.
- ⌘ A **resource centre** is set up in the PO.
- ⌘ There is an increased involvement/role of the Volunteer Committee in HIV & AIDS activities. Volunteer support networks are co-ordinated (or at least there is awareness that they exist). Provision is made for more remote volunteers or those without access to email/telephone.
- ⌘ **Mentoring** between volunteers and/or partner organisations to support HIV & AIDS activities is considered.

✂ **Exit interviews** should review the relevance/value of HIV & AIDS preparation and how to take learning on HIV & AIDS forward when the volunteers return to their home country – global education. This may have particular relevance for the Southern volunteering programme.

✂ **Programme and partnership reviews** include assessment of the volunteer's role in achieving agreed objectives around HIV & AIDS mainstreaming.

## Useful resources

### ✂ Case studies

Papua New Guinea ICT, Malawi ICT and employers' workshop HIV & AIDS session guides.

✂ VSO, vision document, *Power of the Word – Language of HIV & AIDS*

✂ Pre-departure training modules ('Preparing for change', 'Volunteers and development', 'Health workshop' and 'Skills for working in development').

✂ Country-specific HIV & AIDS briefing resource packs where these have been developed (RAISA countries, VSO Ghana, Nigeria and others).

✂ 'Learning from development' pack.

✂ Peace Corps, *HIV & AIDS Integrating Prevention and Care into Your Sector*, July 2004.

*Careful consideration is needed in sensitising staff and volunteers to appropriate language to use when talking about HIV & AIDS. Terms such as 'victim', 'sufferer' and 'patient' are judgemental and easily interpreted as discriminatory.*



## Stage 5: Partner and volunteer integration activities

**Definition** Volunteer and partner integration activities are the range of tools, actions and projects that volunteers are involved in sourcing and implementing with their partner organisations and colleagues to address issues around HIV & AIDS, which might otherwise not be addressed.

### Rationale

The purpose of the volunteer role in carrying out integration activities is to strengthen the overall response to the fight against HIV & AIDS. The initial focus is on raising awareness and promoting accurate understanding about HIV & AIDS, thereby creating an enabling environment in which the subject of HIV & AIDS can be openly addressed.

Volunteers are well placed to reach a diverse number of people at decision-making (policy) and community levels. In some cases, as outsiders, volunteers may be better placed to address subjects that would usually be considered taboo by their colleagues and communities. However, caution is needed and volunteers need to be very familiar with local customs, power relations and sensibilities before approaching sensitive topics; they should have discussed the matter with their partners. They should always be working hand-in-hand with a colleague or community member. Integration activities can range from awareness raising or initiating discussion and facilitating better understanding, to strengthening the infrastructure or service provision supporting those infected or affected by HIV & AIDS to supporting partners to consider the impact of HIV & AIDS on their organisation and their work (examples are given under the tools/approaches section of this stage). Experience from Southern Africa suggests that volunteers are often more confident and able to locate an appropriate entry point if they



wait for about six months before embarking on HIV & AIDS integration activities with their colleagues.

Partner and volunteer integration activities represent an integral part of both partner and programme level objectives and are the primary tool through which the VSO corporate commitment to mainstreaming HIV & AIDS can be achieved (other tools include funding, technical support and advocacy). The PO has an enabling and supporting role in achieving these objectives, through the provision of ideas, resources, materials, on-going training for volunteers and partners, facilitating access to funding, development of M&E tools and practices and providing pastoral support for volunteers.



*One of the Body Maps made during a Memory Work workshop with six partner organisations of VSO-RAISA South Africa.*

## Implementation

- ⌘ Introduce VSO values and principles around HIV & AIDS with partner representatives (and beneficiaries if possible). Then use a participatory approach to identify needs and determine appropriate placement objectives and potential strategies/entry points in relation to integration activities.
  - ⌘ Facilitate a meeting with partner and volunteers about objectives and strategies/entry points for HIV & AIDS integration activities (e.g. at ICT, partner/placement reviews).
  - ⌘ Develop toolkits around integration (see the work of VSO Malawi, China and Ethiopia).
  - ⌘ Train volunteers in the use of participatory approaches and the use of these to develop ideas for integration activities.
- ⌘ Encourage sharing of integration activities among volunteers (via conferences, workshops, newsletters, etc.).
  - ⌘ Develop baseline survey questionnaires, and focus-group or interview formats, for volunteers to use before initiating integration activities.

- ⌘ Develop a practical M&E system/tools to be used by the PO at different stages of programme implementation (i.e. national/regional/partner level indicators). Where possible, refer to existing indicators/means of verification being used by partners/government/donors to reduce the burden of data collection and analysis for PO staff.
- ⌘ Hold sector-specific workshops for volunteers and partners to maintain motivation and scale up integration activities.
- ⌘ Support sector-specific networking and resource development.
- ⌘ Volunteers and partners should be encouraged to conduct a baseline survey before introducing or supporting an integration activity, especially if the activity is based on attitudinal, knowledge, perception or behavioural change. Without this baseline data it will be extremely difficult for the volunteer/partner/PO to determine any measure of impact/success of the activity.
- ⌘ Volunteers may express or experience a range of emotions in relation to their role in integrating HIV & AIDS. Initially, they may feel under-qualified or feel that the issue is not relevant to their situation. Those with demanding placements may feel they are already under significant pressure without adding to their workload by supporting integration activities. Some may feel that other issues should take precedence over HIV & AIDS. Gaining partner commitment during partnership development/assessment meetings, setting clear objectives, writing accurate and in-depth placement descriptions, and including HIV & AIDS in all M&E tools and practices should militate against these eventualities to some extent. Feedback to volunteers and partners through effective M&E and participatory partnership/placement reviews is also essential in alleviating AIDS fatigue (i.e. the feeling that nothing makes any difference/changes) and encouraging on-going commitment from those involved.
- ⌘ The PO should have a very clear stance on what it expects from volunteers in terms of commitment to HIV & AIDS. For example, VSO Ethiopia explicitly states that the PO expects a level of commitment from all volunteers. If a volunteer doesn't see the relevance of the issue to her or his placement, s/he will be expected to justify this perception. In low-prevalence countries, the PO may simply offer support to volunteers who do want to take HIV & AIDS integration work on-board. It is important that these expectations are communicated consistently by all VSO staff, for example through national partners, training and skills teams.

## Expected results/outcomes

See also **Table 2** above.

- ✂ Partner organisations are responsive to identifying problems/issues that they need to address in respect of HIV & AIDS with potential entry points through which the volunteer placement could support them in integrating HIV & AIDS.
- ✂ Resources and forums are in place to support volunteers, colleagues and partner organisations in integrating HIV & AIDS.
- ✂ There is an increased level of partner participation in HIV & AIDS integration and other related activities.

## 😊 Tools/approaches

**PO tools** for supporting integration activities:

- ✂ Resource centre and/or resource directory of other sources of information (e.g. UNAIDS, Peace Corps, National AIDS Council or equivalent).
- ✂ Sector-specific materials on, for instance, livelihoods, disabilities.
- ✂ Small grants fund or other funding sources; Funding Directory.
- ✂ Up-to-date information-sharing networks, directory of relevant implementing agencies or Internet sites for other directories.
- ✂ Other volunteers and colleagues through, for example, buddying or mentoring schemes, local exchange visits between partners, Volunteer Committee/networks.
- ✂ Focal HIV & AIDS representatives amongst volunteers.
- ✂ Newsletters and quarterly HIV & AIDS information packs.
- ✂ Volunteer and partner testimonies on the integration of HIV & AIDS at ICT, employers' workshops, sector workshops, conferences.

*The purpose of the volunteer role in carrying out integration activities is to strengthen the overall response to the fight against HIV & AIDS.*

## Suggested integration activities:

### ✂ Information Education and Communication (IEC)/prevention:

- Wearing red ribbons or HIV & AIDS T-shirts to work.
- Putting up HIV & AIDS posters in the workplace/classroom.
- Distributing/providing information leaflets about HIV & AIDS. It is important that information is available in local language and avoids the use of symbols/diagrams that might have limited understanding in the local context, such as '+', '=', '→'.
- Initiating discussions about HIV & AIDS, condom availability, etc. with colleagues, friends, community members, parents, etc.
- Organising World AIDS Day/AIDS Awareness Week activities.
- Holding condom demonstrations for men and women, and organising access to/distribution of condoms.
- Organising workshops to raise awareness among members of staff/community members. (It is important that local ASOs are involved in the facilitation.)
- Integrating HIV & AIDS into curriculum, appropriate lesson plans/learning materials (e.g. in science, maths, English). Due to national education guidelines/restrictions, it will be important to get senior management/staff support to integration proposals.
- Setting up a resources centre/information corner/condom corner.
- Working with young people on gender and relationships (see the Zambia gender manuals).

### ✂ Reducing stigma:

- Inviting PLWHA or people from ASOs as guest speakers (to staff meetings/clubs/schools).
- Organising visits (with staff/students) to speak to PLWHA.
- Adopting a non-discriminatory attitude towards PLWHA directly (e.g. working with or in contact with) and indirectly (e.g. talking to others about PLWHA).
- Exploring behaviour change methodologies to develop HIV & AIDS interventions.

### ✂ Behaviour change:

- Challenging gender stereotypes and behaviour/remarks that increase the vulnerability of women.
- Initiating or joining in discussions/debates around gender, human rights, diversity, etc.
- Advocating for/supporting the development and implementation of work-based policies and protocols that reflect a positive attitude to the needs of PLWHA.

- Teaching life skills (e.g. Sharper, VSO Zambia, or other adaptations from Stepping Stones).
- Promoting VCT/supporting/accompanying colleagues/friends/students who want to get tested.

#### ⌘ **Service provision/infrastructure:**

- Setting up/extending the availability of VCT and counselling services.
- Increasing/improving the availability of accurate information on local services, for example those providing PTCT, SRH (sexual reproductive health) services, VCT, ARVs.
- Introducing outreach services from health institutions in areas such as VCT, SRH, dental care (link with diagnosis of HIV).
- Improving access to credit for families affected by HIV & AIDS.
- Setting up/improving access to income-generating opportunities and training for families affected by HIV & AIDS.
- Increasing/improving access to food/agricultural inputs for vulnerable households affected by HIV & AIDS, in other words female/child/grandparent-headed households.

#### ⌘ **Care in the community:**

- Initiating activities around HBC, such as regular visits to people who are sick in the local community, sourcing or delivering of food parcels/HBC kits.
- Developing/disseminating information about positive living, for example nutrition or treatment advice/information, setting up demonstration vegetable gardens/permaculture plots in hospitals/clinics/schools (see Peace Corps).
- Support local activities around OVC (orphans and vulnerable children) such as a memory book programme (see SAfAIDS).



*A youth delegate from Zambia shared her personal Hero Book at the VSO-RAISA "Orphans & vulnerable children: Taking action, building support" regional conference.*

## **Key points to remember in integrating HIV & AIDS:**

- ⌘ How can you be sure that those most disadvantaged by/vulnerable to HIV & AIDS will benefit? (Are they able to attend/be involved/understand/avoid being stigmatised?)
- ⌘ In what way has local experience/learning been applied to the planned activity? (Has this approach/activity been used by others and what were the results?)
- ⌘ How have gender inequalities/potential negative impacts of the activity, been addressed?
- ⌘ How have colleagues, community members, beneficiaries/stakeholders been involved in the planning and execution of the event/activity?
- ⌘ How will the activities/expected changes be sustained?
- ⌘ To what extent are men and women living with HIV & AIDS involved in activities?

## **Useful resources**

### ⌘ **Case studies/models**

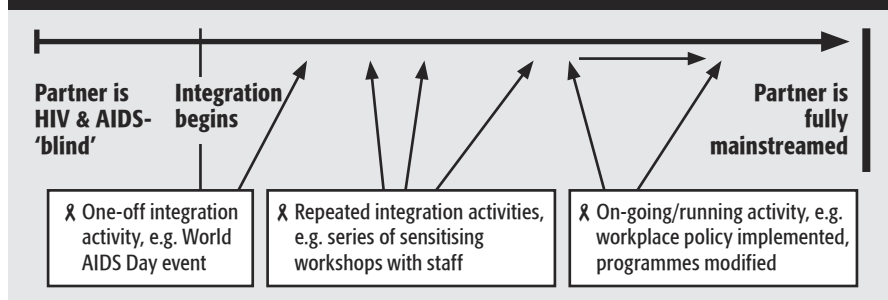
- VSO China, HIV and education integration pack
- VSO Ethiopia, HIV & AIDS mainstreaming pack
- VSO Malawi, *Integrating HIV & AIDS: A Volunteer Toolkit for Implementation and Measuring Change*
- VSO Namibia, HIV & AIDS mainstreaming conference for volunteers and partners
- VSO Nigeria, example of significant change story – Peter Brown
- VSO Zambia, gender manuals for working with girls and boys
- Diversity briefing sheets for each country
- ⌘ Peace Corps, *HIV & AIDS Integrating Prevention and Care into Your Sector*, July 2004.
- ⌘ Robertson, L. 'VSO-RAISA Experiences of Mainstreaming HIV & AIDS Through Volunteer Development Workers', presentation given for VSO-RAISA at ICASA, September 2003.
- ⌘ Wilkins, M. and Vasani, D., *Mainstreaming HIV/AIDS: Looking Beyond Awareness*, Voluntary Service Overseas, 2002.



## Stage 6: Partner mainstreaming

**Definition** Partner mainstreaming evolves, as part of a continuum, from initial integration activities supported by VSO and volunteers, to a point of positive commitment to join the battle against HIV & AIDS on the internal and external fronts.

**Figure 3: Integration–mainstreaming continuum**



### Rationale

The purpose of partner mainstreaming of HIV & AIDS is one of the central tenets of any development work: sustainability. Internally this means reducing the vulnerability of the organisation or its staff (and students, in the case of a school, college or university) to infection or the adverse affects of HIV & AIDS. At the same time the organisation's ability to function effectively must be ensured, through mitigating against staff losses, reduced productivity, diminishing skills base, loss of institutional knowledge or memory, depleted morale and diminishing financial resources. Externally, the organisation will be aiming to align HIV & AIDS into its core business, and bring HIV & AIDS prevention and/or care into its programme objectives. This is necessary for the long-term achievement of the organisation's goals (HIV-related and others). It is also an essential component of VSO's

achievement of its goals relating to HIV & AIDS in the long term. Partner mainstreaming is the ultimate objective of the mainstreaming process in the external domain.

The key words in partner mainstreaming are **ownership, sustainability** and **facilitation**. In contrast to volunteer and partner integration activities (Stage 5), mainstreaming HIV & AIDS work emphasises partner initiation at all stages of the process, based on specific objectives, with the volunteer's role shifting to one of catalyst/mentor and facilitator. Ideally all work in relation to HIV & AIDS should be sustainable in terms of skills, finances and motivation by the time the volunteer leaves although realistically continuity of funding is often a constraint.

The PO role will concentrate on managing the expectations of both partners and volunteers. Constructive groundwork with the partner organisation is needed to identify realistic HIV & AIDS objectives and create an enabling environment in which the volunteer can facilitate discussion/action around HIV & AIDS. Objectives should relate to both the internal and external domains of the partner organisation and consideration given to possible strategies and potential intervention points for the volunteer. Technical support from the PO can be provided through in-country training and employers' workshops, on-going training for volunteers and partners, local partner exchanges, local and regional conferences, provision of materials and resource development and support with networking and fundraising.

In visual terms, the organisation moves itself to the central position of the mainstreaming model (see **Figure 3**). The particular needs and activities of each organisation will be different, but the broad stages are staff sensitisation; the development of workplace policies; mainstreaming HIV & AIDS into programmes, objectives and M&E practices; and developing a set of processes and activities through which the impacts of HIV & AIDS on the organisation are minimised.

One of the greatest challenges to partners who are mainstreaming is the need to start from the very beginning of the partnership process to make sure HIV & AIDS is given priority in all negotiations with partners, whatever the nature of VSO's development intervention with them, from the earliest stage. This might be through international or national volunteer placements, short-term placements and youth programmes etc. This is a particular challenge in low-prevalence countries.

VSO does not expect partner mainstreaming to occur across the board; however, there is an expectation that all partnerships will embrace and support VSO's values and coun-

try-specific aims and objectives. In some countries this may include a commitment to the integration of HIV & AIDS in all partnerships with the long-term aim of evolving into mainstreaming. In turn, the PO commitment is to support and assist its partners to strengthen their capacity and leave a legacy of skills, which enable them to work effectively in delivering services and offering technical support to others. Partner mainstreaming of HIV & AIDS (or of any other cross-cutting theme) will only take place where there is a receptive and positive attitude amongst the management/decision-makers. The presence of volunteers or other staff who have been involved in integration activities, particularly where there is clear evidence of their impact, may increase that fertility. Partners working in high-prevalence areas or professions are more likely to be familiar with the need for and benefits of mainstreaming, resulting in more encouragement and political will to make mainstreaming possible. In some low-prevalence countries, where the potential for a human and developmental disaster has been recognised, co-ordinated efforts at ministerial and grass-roots levels have been central to keeping epidemic levels of infection at bay (e.g. Vanuatu, a country where after only one confirmed positive diagnosis the government committed itself to a national response). These must be maintained, and lessons drawn from them that can be replicated elsewhere.

## Implementation

- ⌘ All the activities, tools and approaches, which have taken place in the earlier stages of the mainstreaming process are integral to this stage.
- ⌘ Key activities:
  - Promoting on-going and relevant training for partners on HIV & AIDS.
  - Setting specific, realistic and measurable placement objectives around HIV & AIDS.
  - Using a participatory approach in identifying objectives related to HIV & AIDS involving senior management, colleagues and beneficiaries.
  - Conducting participatory reviews with senior management and colleagues from the partner organisation, the volunteer and beneficiaries to determine progress, measure achievement and if necessary redefine/extend objectives and the future role for VSO in supporting the organisation. This will also provide an opportunity to explore the possibilities for scaling up/replicating projects elsewhere.
  - Providing training for volunteers, colleagues and partner representatives in project planning and management, proposal writing, participatory processes and activities, and facilitation.

- Facilitating sector-specific training focused on mainstreaming for volunteers and partners.
- Supporting partners and where appropriate, volunteers, in learning visits, exchanges and attendance at national/international conferences if available.
- ⌘ Key volunteer activities:
  - Discussing and developing placement objectives, strategies and potential entry points for integrating HIV & AIDS with the partner organisation on arrival at their placement.
  - Learning about (through self-briefing) and understanding the local context of the epidemic and its effects and other development issues and implications.
  - Facilitating networking and partnerships with key organisations (e.g. faith-based organisations, CBOs, VCT centres, schools, churches). This contributes to learning, resource mobilisation (in terms of skills, influence/outreach, knowledge, materials), participation, and sharing good practice without reinventing the wheel.
  - Assisting partner organisation in setting and redefining indicators to measure the impact of planned interventions.

## Expected results/outcomes

See also **Table 2** above.

- ⌘ Partner organisations are able to articulate their own needs/weaknesses/vulnerability in respect of HIV & AIDS and the role that they want VSO to play in supporting them.
- ⌘ Partner organisations with a clear long-term strategy, realistic policies and procedures in place and a diversified base for funding/technical assistance.
- ⌘ Comprehensive training, resources, technical support and experience of best practice is readily available for partner organisations.
- ⌘ Partner organisations and staff are fully conversant with the prevailing issues and country-specific risks in relation to the HIV & AIDS pandemic. They have accurate knowledge about modes of transmission, prevention and behaviour change.
- ⌘ Partner organisations and staff demonstrate a positive attitude towards people living with HIV & AIDS and are proactive in combating stigma.
- ⌘ Partner organisations and staff are conversant with risks that the HIV & AIDS pandemic poses to operations and have strategies in place to mitigate the potential impact.
- ⌘ The risks and potential impact of HIV & AIDS are mitigated for an increased number of vulnerable and disadvantaged people who might otherwise have not been reached.

## ⌘ Scaling up

Mainstreaming HIV & AIDS presents a double challenge in that the pandemic requires:

- new solutions
- solutions which can be replicated (copied, scaled up, integrated, mainstreamed).

There are obvious constraints to mainstreaming, such as the organisation's readiness to address the issue and limitations to the volunteer's time, credibility, disposition and drive. However, three factors have been identified which determine the scope for volunteers to 'do something useful' on HIV & AIDS (adapted from Section 4.3 of *Building Capacity in the Times of HIV & AIDS* by Joanne Harnmeijer).

**These are as follows:**

- 1 Opportunities spotted and taken up. Generally, the closer the opportunity is to the organisation's core business and interests of the senior management and staff, the greater the likelihood of it being successful.
- 2 The skill to strategise opportunities and make them part of a larger intervention. This means that even one-off interventions need to complement work already being done and be designed with a view to replication.
- 3 The skill to see things in a larger context and thus network people, organisations and projects for the sake of scaling up the intervention or becoming involved in interventions initiated by others.

## ⌘ Defining a mainstreamed partner organisation

What does a mainstreamed partner look like? There is no definitive answer to this question. **Table 4** provides a framework for partners and/or the PO in monitoring and evaluating their progress towards mainstreaming. It has been adapted from Joanne Harnmeijer's *Building Capacity in the Times of HIV & AIDS*, Section 6.3, Table 7. The 'Expected results/outcomes' section in this stage of the present work also provides some guidance on assessing what a mainstreamed partner looks like.

## Useful resources

### ⌘ Case studies/models

Partnership interventions chart- China

Partnership assessment tool for HIV & AIDS - Bangladesh

⌘ Harnmeijer, Joanne, *Building Capacity in the Times of HIV & AIDS: A Review Based on Case studies in VSO's RAISA Programme in Southern Africa*, VSO.

⌘ Holden, Sue, *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenges of HIV/AIDS*, Oxfam in association with ActionAid and Save the Children UK, 2003.

⌘ Mullins, D., *Mainstreaming HIV/AIDS into Development Work: What It Can Look Like*, Oxfam, December 2002.

⌘ Robertson, L., 'VSO-RAISA Experiences of Mainstreaming HIV & AIDS Through Volunteer Development Workers', presentation given for VSO-RAISA at ICASA, September 2003.

⌘ Wilkins, M. and Vasani, D., *Mainstreaming HIV/AIDS: Looking Beyond Awareness*, Voluntary Service Overseas, 2002.



*Volunteer Development Workers working hand-in-hand with their colleagues.*

*The purpose of partner mainstreaming of HIV & AIDS is one of the central tenets of any development work: sustainability.*

**Table 4: Monitoring and self-evaluation questions for partner organisations**

| Dimensions                                | Partner organisation  | How has the volunteer been instrumental in helping the organisation in each dimension? |
|---|---|--|
| <b>Capability</b>                         | - How has the partner organisation found ways to deal with/adjust to the epidemic?  |  |
| <b>Sustainability, chances of success</b> | - In what way has the partner organisation done the above so that it is congruent with its core business?   |  |
| <b>Stigma and denial</b>                  | - How does the partner organisation within its own institutional set-up and/or in its core business effectively deal with stigma and denial?  |  |
| <b>Capacity</b>                           | - In what ways has the partner organisation created multiplier mechanisms (e.g. sharing models of good practice, horizontal learning)?  |  |
| <b>Innovations/positioning</b>            | - What evidence is there that the partner organisation keeps in phase with the epidemic and proactively positions itself (e.g. through strategic planning, monitoring, internal evaluation, and acting on these)? |  |



This manual has been written for VSO staff, volunteers and partners in order to act as a guide to the principles and stages of HIV & AIDS mainstreaming and provide practical advice for implementation within all VSO offices.

The guide addresses the different challenges of working in both areas of high and low prevalence and provides resources and examples from many of our VSO programmes.

It is hoped that through the use of the guide VSO can mainstream HIV & AIDS through all our programmes, approaches and policies to ensure that the organisations work contributes to the mitigation of the impact of HIV & AIDS on the people we work with.



## VSO CONTACTS

**VSO United Kingdom**  
317 Putney Bridge Road  
London SW15 2PN

**Tel: +44 (0)20 8780 7200**  
**Email: [hiv@vso.org.uk](mailto:hiv@vso.org.uk)**  
**[www.vso.org.uk](http://www.vso.org.uk)**

**VSO Netherlands**  
**[www.vso.nl](http://www.vso.nl)**

**VSO Canada**  
**[www.vsocan.org](http://www.vsocan.org)**

