

HIV/AIDS AND ENVIRONMENT: A TRAINING GUIDE FOR CONSERVATION ORGANIZATIONS

June 2013



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ABBREVIATIONS

ABC	Abstain, Be faithful and use Condom
ABCG	Africa Biodiversity Collaborative Group
ACORD	Agency for Cooperation and Research in Development
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-RetroViral
HIV	Human Immunodeficiency Virus
ICT	Information, Communication Technology
NGOs	Non-Governmental Organizations
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
WWF	World Wildlife Fund Inc.

CHAPTER 1: INTRODUCTION

About the Training Guide

This training guide is part of ABCG's effort to strengthen its capacity and that of its partners in mainstreaming HIV and AIDS in conservation programs. It is designed for use mainly by conservation organizations. The framework and concepts in the guide originate from a ***Manual on HIV & Environment: A manual for conservation organizations on impacts and responses*** developed by WWF and ABCG. This guide provides an understanding on how to mainstream HIV & AIDS in conservation organizations.

What is mainstreaming?

The word "mainstreaming" has been adopted by various actors in development - at International, national and local levels to address issues including gender, HIV and AIDS, ICT among others. Mains a streaming is about change that starts at the individual level where it must be internalized by the people in the institution. The process of change is from vertical to horizontal process, from a lack of action towards a push, demand and request for support, to integration based on increasing ownership. It is about growing organization consciousness and culture towards integrating HIV & AIDS"(OXFAM 2002).

Why Mainstream HIV and AIDS into conservation?

The rationale for mainstreaming HIV and AIDS into conservation organizations is based on the pandemic's complex dynamics and effects on the overall development process. According to ACORD-HASAP (2005) and Oglethorpe, *et al.* 2013 (in press), poverty, gender inequality, social disruption and conflicts present pre-disposing factors which fuel the spread of the pandemic. Therefore, conservation organizations and programs addressing these issues inevitably need to take serious consideration of HIV and AIDS as a cause or consequence.

Why the Guide

This training guide is intended to build organisational commitment to reduce the spread of HIV and AIDS and its effects. It aims at creating an HIV and AIDS *competent community* in which programs are implemented in an HIV and AIDS sensitive manner. Mainstreaming entails use of approaches that enable effective participation of the community under consideration. Mainstreaming is also responding to HIV in development sectors where the impact of HIV may not otherwise be addressed and "retaining one's core business but modifying it to be relevant to the people at risk, affected by, or living with HIV (OXFAM 2002).

In mainstreaming HIV and AIDS, the main emphasis is put on:-

1. involving an organisation's leadership, staff and families in all aspects of prevention, cure, policy, etc.
2. building strong partnerships across communities served by an organisation.
3. encouraging existing and emerging networks.

4. increasing the participation of marginalized people

The Training Target

The guide is for trainers in conservation organizations, programs and projects. These can be organizations or individuals that facilitate other individuals or organizations to effectively respond to HIV and AIDS using the mainstreaming approach.

This training guide is designed primarily for:

- Human resource staff in government and non-governmental conservation organizations
- Project leaders and senior staff in natural resource management, conservation, environment and protected area agencies and NGOs
- HIV/AIDS peer leaders and champions in the conservation sector
- Community leaders working on natural resource management programs
- Staff of academic institutions training conservation workers
- Private sector nature tourism operators
- Staff of international conservation organizations.

Layout of the Guide

The training guide consists of thirteen Sections or Chapters, each of which has components presented as sessions or sub-chapters. The Sessions are:

- 1) Introduction
- 2) Setting the Scene
- 3) Reviewing HIV and AIDS
- 4) Global status, impacts and responses
- 5) Introduction to HIV & AIDS mainstreaming
- 6) HIV & AIDS and Conservation Linkages
- 7) HIV and AIDS Mainstreaming in Conservation Sector
- 8) Developing HIV & AIDS Workplace Policy
- 9) External HIV & AIDS mainstreaming
- 10) Measuring HIV & AIDS Competence
- 11) Participation and Networking
- 12) Accountability, Monitoring and Evaluation
- 13) Action planning

The sessions have been laid out in a consistent manner as follows:

Title: is provided at the head of each session.

Proposed duration: this will depend on the methods selected by facilitators, type and length of warm up activities, level and experience of trainees.

Session Overview: summarises the wider aim of the session and what participants will gain from it. To the facilitators, it provides a summary of the chapter which can be used to introduce the topic to participants before the objectives are highlighted.

Session Objectives: show what the participants will be able to do at the end of each session. Facilitators should determine appropriate method and timing of the various sections of the chapter to be relevant to the target audience.

Facilitation: Provides topical areas (divided into numbered sections and subsections) to be covered as proposed actions; the actions are flexible steps which are left to the discretion of the facilitator depending on the methods and materials used; for example, a warm up can be slotted into the steps. Definitions, summaries, case studies etc. have been highlighted and labelled in characteristic tables/boxes for easy reference.

Learning Points: The learning points provide a summary of what participants should know. Additional reference material on the learning points should be obtained from the HIV-AIDS and Conservation Manual for in depth understanding of the subject matter under discussion.

How to use the Guide

This is a training guide and not a manual. It is not a handbook of notes for HIV-AIDS and Conservation mainstreaming. A Manual which acts as a reference handbook on HIV and AIDS Conservation for Conservation Organizations is provided separately.

The guidelines have been structured for use by facilitators to work with participants through sharing and learning from each other's experiences, using exercises, role plays, demonstrations, reflections, case studies, storytelling to reach practical approaches to mainstreaming HIV and AIDS within conservation organisations, programs and projects.

Facilitators should use relevant methods tailored to each target group. Facilitators can use exercises; case studies or role plays that are relevant to the target group, timing and location of the training workshop.

Facilitators should adequately prepare themselves before starting the workshop to ensure that all study materials and hand outs specified in the training guide are available in advance.

Aims and Objectives

Aim: The training guide aims to develop practical approaches to mainstreaming HIV and AIDS with a focus on conservation organizations, programs and projects.

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

- 1) Understood the nature of HIV and AIDS.
- 2) Shared and analysed linkages of HIV-AIDS and the environment;
- 3) Provided experiences of internal and external mainstreaming HIV and AIDS.
- 4) Identified strategies and approaches to internal and external mainstreaming of HIV and AIDS in conservation organizations, programs and projects.
- 5) Developed an HIV & AIDS workplace policy and a plan for implementation, monitoring and evaluation.

Preparation for Training

This section provides guidelines on organizing a successful training session.

Preparatory Meeting

A preparatory meeting with key individuals is required to discuss the approach, methods, and other logistics at least three days before the workshop. One product of this meeting should be a workshop agenda specifying approximate timing for each session, roles and responsibilities for lead people that will take in the various sessions. For example, it should be clear who will be the rapporteur and who will write the report. The training schedule should also be agreed upon during this preparatory meeting.

Understanding base knowledge of Trainees

Before the training starts, the Facilitator should circulate a questionnaire to each participant to get an understanding of their base knowledge on the subject matter. This background knowledge should be reviewed beforehand. This will assist the Facilitator to prepare beyond the base knowledge of each trainee and meet their expectations.

The questionnaires should be sent with invitation letters and returned with acceptance. Some basic information could be the employer organisations, employment positions, HIV & AIDS, experience and knowledge on HIV-AIDS & conservation linkages; internal and external mainstreaming, expectations and other skills participants may bring to the workshop.

Choosing the right training Methods:

The guide presents a variety of training methods; some of these are indicated below:

Presentations and lectures:

The facilitator can make presentations to either introduce or conclude a session. Presentations and lectures are useful for introducing new ideas to participants and linking a new session to a previous one.

Question and Answer (Q&A):

Questions and answers have been chosen to keep the sessions live and to assist facilitators to keep participants actively in the thinking process. Where questions have been prepared for the facilitators, these may be changed depending on the level of knowledge and understanding of the participants on the one hand and needs of the facilitators on other hand.

Discussions:

Facilitators can use discussions to probe and seek opinions and contributions from participants, evaluate levels of participants' appreciation or understanding of certain concepts and encourage participants to ask questions and get answers from one another.

Role plays, case studies and storytelling:

Role plays, case studies and storytelling can be used to illustrate and emphasize some points in this guide. However, the facilitators should choose and rehearse the role plays, case studies and stories to use beforehand.

Exercises:

Exercises have been used in the guide to check participants' understanding of a particular concept or to have them participate in solving a problem. Facilitators should use group exercise to encourage individual participation. However, the exercises should not be aimed at demoralising participation or embarrassing participants.

Session Management

The facilitators are encouraged to prepare well in advance before each session. Advance planning and preparations will instil confidence in facilitators to deliver sessions timely and professionally. The session management should include reviews, recaps, warm-ups to ensure that participants are following the sessions.

Daily reviews and evaluation

Facilitators should start each day with a review of the previous day (of course expect for the first day). The review should be done by one of the participants chosen a day before the review day. The review refreshes participants' memories and reminds them of previous day's session coverage. On the last day, the facilitator should evaluate the entire workshop using the same questionnaire that was sent to the participants prior to the workshop. The results from this last evaluation will assist the facilitators to understand if the participants have understood the contents of the sessions by comparing to the original questionnaires.

Action Plans '*From awareness to action*'

This training guide is meant to develop participants into doers. Once aware, participants should develop action plans for implementation when they are back to their respective locations. The facilitators should prepare an appropriate sample of an action plan to guide participants to develop practical action plans. This should be limited to simple activities that will help them to provide guidance or to market the concept of mainstreaming within management, families, staff and surrounding community when they are back at their locations. For example, it could be a presentation to a staff meeting, HIV-AIDS and conservation awareness campaign or organising a one day workshop to present key issues from the workshop.

Chapter 2: Setting the Scene

Session 1 on setting the scene assist to build rapport among participants. The workshop organizers should provide an explanation of the background to the workshop and their expectations.

2.1 Objectives of the Module

At the end of this session, participants and facilitators will have:

- a. Known the background to the workshop including objectives;
- b. Known more about each other, their differences and experiences;
- c. Reviewed each other's' expectations and identified those which can or cannot be met during the workshop;
- d. Agreed on working norms for the workshop (dos and don'ts)

2.2 Components

The components of this session include:

- a. Background information to the workshop, logistics and opening
- b. Participants' introductions.
- c. Participants' concerns and expectations.
- d. Workshop overview and objectives.

2.2.1 Background information to the workshop, opening remarks

This sub session is for workshop organizers to spell out the background to the workshop. It is also a time when formal opening of the workshop by Senior Management or an invited Guest of Honour can be done. Most workshops will start with an opening prayer led by one of the participants. Sometimes, immediately after opening, some Guest of Honours would leave the workshop venue. Normally, the organizers would organize a group photograph with the Guest of Honour.

Preparation

1. Prepare high table for the official opening
2. Write the opening speech for the Senior Management or Guest of Honour and provide it to him/her at least a day in advance before the workshop
3. Chose the person to pray at least 30 minutes before the workshop starts
4. Identify a Photographer to take pictures

Objectives

By the end of this session, participants should be able to:-

- 1) Know background information to the workshop;
- 2) Interact with and know the Guest of Honour

2.2.2: Introductions, Expectations, Workshop Objectives and Norms

This session is for participants to know each other. Facilitators will know participants as well as the whole team getting comfortable with one other. Participants will present what they expect to get out of the workshop. Facilitators should use workshop objectives and schedule to help participants to focus on what the workshop is intended to achieve. Once the social environment has been set, the team will agree on the norms that will govern the workshop.

Preparation:

1. Arrange sufficient stick-on cards for each participant to write the name and special attributes of a colleague.
2. Write the *Introduction Questions* below on a slide/flip chart.
3. Write the question: *What do I expect to achieve from this workshop?* on a flip chart for participants to use to state their expectations.
4. Prepare copies of objectives and schedule of the workshop for each participant.
5. Objectives may also be prepared on a power point projector / slide projector or flip chart for use in a presentation/ explanation session.
6. Write workshop norms on a flip chart; you will present them in addition to participants' contributions.

Objectives:

By the end of this session, participants should be able to:

1. introduce another participant to the group by name.
2. list at least five participants' expectations from the workshop.
3. list the norms for the workshop
4. describe the workshop purpose and
5. list the objectives of the workshop.

2.2.3 Facilitation: Participant's Introductions:

1. Explain to the participants that the purpose of the exercise is to get them to know each other. They will work in pairs and introduce each other to the rest of the group. Give a card to each participant to write his/her partner's information.
2. Present prepared *Introduction Questions* to participants to ask their partners.
3. Inform participants that they need to introduce their partner within one minute so they should give precise responses. (**Note to Facilitator:** if each participant, out of say 25, takes two minutes, this part of the session will take more than one hour of your time!! You need to aim at a maximum of 2 minutes for each participant.)
4. Allow participants up to 40 minutes to introduce each other and to share bits of fun if necessary. Conclude this part of the session by having facilitators introduce themselves.

Introduction Questions:

- a. What is your name?
- b. Do you have past experience in HIV and AIDS activities
- c. Name two good things that happened to you during the past year
- d. What was your worst experience during the past one year.
- e. Etc.

2.2.4 Facilitation: Participants' Expectations:

1. Introduce the second part of the session by informing participants that it is important for them to know each other's expectations in order to work towards achieving the team's common objectives for the workshop. Inform them that during the session, the objectives of the workshop and the timetable will be introduced.
2. Put up a flip chart/slide containing the question: *What do I expect to achieve from this workshop?* Explain the question to participants.
3. Distribute cards to each participant and ask them to write their expectations using marker pens. Have them stick their cards on the wall where they can see and read them.
4. Ask one person to lead by reading expectations, finding similar views and summarising them. Another person should record the statements agreed upon by the participants.
5. Allow them five minutes to discuss their expectations.



A Co-facilitator could take over at this point.

6. Introduce and explain the purpose and objectives of the workshop on a flip chart/slide. Compare workshop objectives and participant's expectations and indicate those which may be achieved; explain why some expectations may not be possible to address during this particular workshop.

7. Distribute the workshop schedule and go through each session briefly; link relevant sessions to the workshop objectives wherever possible. Explain that sessions may last a longer or shorter time depending on the importance attached and how they will be participating. Ask them to comment on the workshop schedule and adjust where/if necessary.

8. Conclude this part of the session by emphasising the need for commitment from each member of the team. Link this to the next part of the session by introducing the need for ground rules for the workshop.

2.2.5 Workshop Norms:

1. Inform participants that every team requires working norms/rules to achieve its objectives smoothly and within the planned time. The purpose of this part of the session is to agree workshop norms. Ask one member to lead the team in suggesting norms for the workshop as he/she writes them on the flip chart or chalk board.
2. Introduce the norms you prepared earlier and tell participants that in addition to their suggestions, there are additional norms.
3. Lead a discussion of the proposed norms to agree on the most appropriate ones; make changes where necessary. Post the norms in a visible place for reference throughout the workshop. Conclude by emphasizing that respect for agreed norms is everyone's responsibility.



A co-facilitator could introduce the next part of the session

Chapter 3: Reviewing HIV and AIDS

The session on understanding HIV and AIDS is designed to meet information needs of participants with varying levels of knowledge and experience in working on HIV and AIDS. The session provides information on basic facts about HIV and AIDS, its relationship with Sexually Transmitted Diseases (STDs) or Sexually Transmitted Infections (STIs) and a discussion on its impact on development. Building the knowledge base is vital if HIV and AIDS are to be effectively addressed by conservation staffs who are not health workers.

The session also covers different concepts of mainstreaming, integration and HIV and AIDS. It provides information to conservation staff, champions and actors who may have never heard about HIV and AIDS mainstreaming, or may not have a clear understanding of what it means and therefore do not know how to adapt it to their own situations.

Facilitators can, therefore, use a wide range of methods in this module depending on the trainees' level of awareness, their background and experience in working on HIV and AIDS. For example, it may not be necessary to cover "definitions of HIV and AIDS and how it's transmitted" if trainees already have basic knowledge. The questionnaire that was sent to the participants prior to attending the workshop becomes handy here.

This session refreshes participants' understanding of basic information on HIV and AIDS. The difference between HIV and AIDS, how HIV is passed from one person to another and common myths on how it is spread are reviewed. Facilitators should use this session to introduce HIV and AIDS to participants (if they have limited knowledge about it) and to check participants' level of awareness of basic facts (if they have had some exposure to it).

Objectives

- a) *The nature of HIV/AIDS, after this lesson, participants should be able to differentiate between HIV and AIDS and comprehend whether or not it is curable. They should also be able to explain how the HI virus operates once a person is infected and identify the symptoms associated with the progression of HIV/AIDS.*
- b) *Transmission of the HI virus. after this lesson participants should be able to identify bodily fluids that carry the HI virus. They should also be able to recognise how HIV is transmitted and how it is not transmitted.*

Preparation:

1. Study basic information on HIV and AIDS, learning points provided at the end of the session, and other recent literature to be able to introduce the session and to process participants' contributions.
2. Write *Key Questions on HIV and AIDS*, given below, and their answers on separate flip charts for use during the facilitation process:
3. Use your knowledge of participants (using questionnaire issued prior to the workshop) to determine how to "introduce" basic HIV and AIDS knowledge. If participants are already

Key Questions on HIV-AIDS

1. What is HIV?
2. What is AIDS?
3. What is the difference between HIV and AIDS?
4. How is HIV passed from one person to another? and,
5. What are the common conceptions about HIV and AIDS?

knowledgeable, use an approach that helps them to review their understanding of basic facts.

4. Write *Commonly Held Beliefs and Prejudices about HIV and AIDS Exercise 1 (Annex 1)* on the flip chart/slide for the group activity (*explanations provided in each case are for your use, do not include them*).
5. Prepare suitable questions for concluding the session; the questions should evaluate achievement of session objectives as provided above.

Facilitation:

3.1 Definition of HIV

1. Introduce the session by highlighting the importance of everyone starting from a common understanding of HIV and AIDS. Write the “HIV” abbreviation on a flip chart and ask participants to explain what each letter stands for.
2. Record their responses and discuss them to reach the meaning of the abbreviation.
3. Conclude the definition by summarising as follows:

HIV - Human Immunodeficiency Virus

3.2. Definition of AIDS

1. Ask participants to state what each letter stands for in the abbreviation AIDS.
2. Record their responses on the flip chart and discuss them to reach a common understanding.
3. Display the following prepared definition:

AIDS - Acquired Immune Deficiency Syndrome

3.3 Difference between HIV & AIDS

1. Ask participants the difference between HIV and AIDS; record the responses.
2. Present and explain the following definition of HIV and AIDS.

HIV is the virus that affects the immune system and AIDS is a condition (sickness) of the body that results from the effect of HIV on the human immune

3.4 Effect of HIV on the Human Immune System

1. Tell a story of a hippo which has its whole body immersed in water expect for the nostrils and mouth. Ask participants if by seeing the nostrils and mouth of the hippo they can really say they have seen a hippo. Let them discuss. Ask participants to relate what has been discussed to the hippo's nostrils and mouth.
2. Alternatively, the facilitator should show participants a photograph of a hippo immersed in water provided in the Annex.
3. Record their responses and discuss them to develop effects of HIV on the human body as follows:
4. Ask participants to share their knowledge of common symptoms/conditions seen on a person with AIDS. Emphasise that many persons infected by HIV may not show the symptoms for a very long time; persons who are taking antiretroviral treatment may not show any symptoms.

The Story of Hippo's nostrils and mouth & HIV-AIDS

The hippo's nostrils and mouth means that only a small part of the HIV and AIDS pandemic can be seen, many people infected with HIV cannot show the symptoms until they have AIDS.

The big part of the hippo is covered in water meaning that many infected people cannot be detected from the onset.

3.5 Exercise 1: Commonly held beliefs and prejudices about HIV and AIDS

1. The purpose of this exercise is to assist participants to share their experiences of how they and the community around them (including their work-places) interpret HIV and the AIDS pandemic. The facilitator should allow more time to participants to generate as many truths and untruths about HIV and AIDS as possible.
2. This exercise can also be used to reach a common understanding of HIV and AIDS by participants who have some exposure to HIV and AIDS and those who are being introduced to it for the first time. Participants should share their experiences at home, workplace and society about common misconceptions and prejudices about HIV and AIDS. Such experiences will provide a good foundation to build on when considering HIV and AIDS mainstreaming.

Exercise on Commonly Held Beliefs and Prejudices:

1. Write some commonly held beliefs and prejudices associated with the HIV and AIDS pandemic on pieces of paper and fold them.
2. Place them in the box in the centre of the room.
3. Write three cards: TRUE/ FALSE AND DEBATABLE and post them at different corners of the room.
4. The corners will be referred to as camps.
5. Ask participants to pick, read and move to a camp where they think the statement falls.
6. When all participants have gone to their camps, ask each of them to read the statement and explain why they think it belongs to that camp. Participants should discuss and decide where the statement should be.
7. Ask each group to write what falls in their camp and why and collect the papers.

(Exercise 1 in the Annex will give you appropriate responses in brackets to help you in the discussions)

3. Briefly discuss group/camp presentations.
4. Present and discuss a prepared slide/flip chart of common misconceptions and prejudices to summarise and achieve the objective of the exercise.
5. Conclude the session by emphasizing the differences between HIV and AIDS and that a larger part of the infection cannot be seen - particularly if one is on antiretroviral drugs. Explain that there are varying interpretations on HIV and AIDS issues without straight forward answers because such interpretations are due to peoples' attitudes, views and beliefs.

3.6 Session review

Review the session by asking participants questions that check their achievement of each of the session objectives e.g.

1. What is HIV?
2. What is AIDS?
3. What is the difference between HIV and AIDS?
4. What is the effect of HIV on the Human Immune System?
5. What are the commonly held beliefs and prejudices about HIV & AIDS?

3.7 Learning Points:

1. *HIV stands for Human Immunodeficiency Virus (a virus is a minute germ which cannot be seen by the naked eye). HIV is a virus.*
2. *AIDS refers to a condition of a person who is suffering from different illnesses after he or she is infected with the HIV virus.*
3. *HIV is mainly spread through:*
 - a. *sexual intercourse - (without using a condom) with someone who is infected this is the most common way HIV spreads from person to person.*
 - b. *a pregnant woman to unborn baby - while the baby is in the womb, when the baby is being born or during breast feeding;*
 - c. *blood - blood transfusion or sharing of needles, razor blades or other instruments used for circumcision, ear piercing, tattooing etc.*
4. *People who are also infected with STDs or STIs have a high chance of contracting the HIV virus if they have unprotected sex.*
5. *HIV is NOT spread by:*
 - a) *Shaking hands,*
 - b) *hugging,*
 - c) *eating together,*
 - d) *sharing cups or utensils,*
 - e) *sharing clothes, towels, bed sheets,*
 - f) *sharing a toilet,*
 - g) *saliva,*
 - h) *sweat,*
 - i) *urine,*
 - j) *faeces (human waste)*
 - k) *kissing*
 - l) *mosquito bites*

Chapter 4: The Global Status, Impact and Response

This chapter introduces participants to the HIV and AIDS pandemic updates/status as well as information on the global responses on prevention, treatment and care and impact mitigation.

It addresses the effect of the pandemic on participants' areas of work. The facilitator make available to participants, global, continental and national statistical evidence in order to get participants appreciate the gravity of the effects of HIV and AIDS. Facilitators should use the statistics in a comparative manner to show that local organisations and communities need to work together to halt HIV and its effects from getting worse.

Preparation:

1. Read and understand the current global, national and local trends to enable you to present and facilitate discussions about the pandemic status. Use recent figures to back up your presentation of each level.
2. Prepare the global responses using the most recent UNAIDS pandemic Updates which can be accessed from the UNAIDS web site: www.unaids.org
3. The facilitator should also refer to the *Manual on HIV & AIDS and Conservation*, Chapter 2 which is provided as part of this training manual. The Manual contains some statistics on global status of the pandemic.
4. For each level of facilitation, prepare questions for participants to respond as required.
5. On slides or power point, prepare suitable questions for discussion. For example, which are the hardest hit areas in the world? Why these areas are worst affected?
6. The Manual on HIV-AIDS and Conservation has a number of responses which the facilitator can indicate to the participants.

Objectives:

By the end of the session participants will be able to:

1. describe the status of the pandemic at global, national and local levels.
2. describe current responses on prevention, care, treatment and impact mitigation at local, national and global levels.
3. ably analyse the impact of the pandemic on the local communities, nations and globally within programs and the work places.

Facilitation:

4.1 Global Status of HIV and AIDS

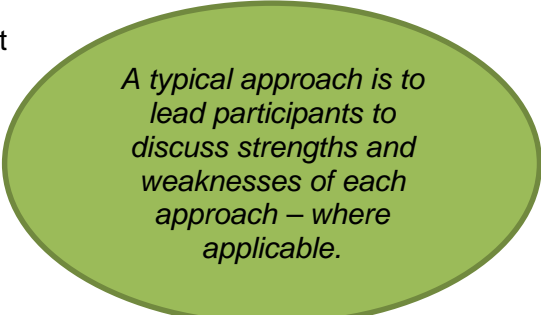
1. Make a ten-minute presentation of the HIV and AIDS global pandemic status. Use current statistics to support your presentation.
2. Following the presentation, ask participants what they think could be the implications of the statistics presented. Discuss their responses to emphasise the increasing gravity of the pandemic if something is not done by everybody.
3. Use participants' responses to identify and emphasise age levels affected by HIV and AIDS.
4. Ask participants to suggest what should be done to avert the trend – discuss briefly on some of the approaches being used. Explain that HIV and AIDS should be treated

as an issue in all areas of life i.e. in households, workplaces, community programmes, etc.

5. Share with participant's examples of on-going global responses for instance the Joint United Nations Programme on HIV/AIDS, Civil Society, Faith Based Organizations, Corporate Sector, the Global Fund on HIV & AIDS and Workplace and Programme-based strategies.
6. Discuss the ARV treatment, the ABC (Abstain, Be faithful and use a Condom) approach, care of orphans and vulnerable children, stigma and discrimination among other issues. This should help you to strengthen your point on the need for interventions from all fronts to reduce the spread of HIV and AIDS and to mitigate its effects among those who already have it.

4.2 Impact of the pandemic on Local Communities

1. Make a presentation of the impact of HIV and AIDS at national level; bring the presentation down to the effect of the pandemic on local communities and within programmes– putting emphasis on its impact on vulnerable groups/categories of the community.
2. Ask participants to give examples of vulnerable social categories: like women, the youth, the disabled persons, etc.



A typical approach is to lead participants to discuss strengths and weaknesses of each approach – where applicable.

4.3 Session review

Review the achievement of the session objectives with the following questions:

Review / recap questions

- 1) What is the current global status of HIV and AIDS?
- 2) What is the national status in your country?
- 3) What is the current debate on responses to prevention, care, treatment and impact mitigation at local, national and global levels?
- 4) What is the impact of the pandemic on the local communities, nations, globally, within programs and the work places?

4.4 Learning Points

1. *The pandemic is not static, rather it continually and gradually evolves and, therefore, there is need to keep track of the updates in order to develop effective responses.*
2. *The pandemic varies in different contexts and regions. It is location specific and not the same everywhere. The varying context has to be considered in the development of responses.*
3. *In any region there are vast population groups less likely to be reached by either surveillance or other services due to social and political prejudices.*

Chapter 5: Introduction to HIV and AIDS Mainstreaming

This chapter helps participants to share experiences on the different responses to HIV and AIDS, according to their own programmes/organisations. They will trace the origin and definition of mainstreaming and its current use in development work. Participants will also review the rationale for mainstreaming HIV and AIDS in development work, how it is done and discusses its challenges.

Preparation

1. Read, understand and be able to discuss the definitions, types, levels and challenges of mainstreaming.
2. Write the *Key Questions* provided below on a slide/flip chart. The question and answer method is one way of reaching definitions and discussions; facilitators can use other methods to help participants to achieve session objectives.
3. Prepare copies for the group *Exercise 2 Annex 1: Case Study on Humanitarian Programme*. Write the questions on slide/flip chart for your use during the introduction of the exercise.
4. Prepare sufficient copies for each participant of *Handout 3*. Review each reference to be able to give brief explanations.

Facilitation

5.1 Definitions: mainstreaming, integration & HIV and AIDS direct work:

1. Introduce the session by linking it to the previous session: i.e. that HIV and AIDS is a global concern which has called for various interventions. Ask participants to suggest the interventions they are familiar with and discuss each of them. Introduce prepared questions (one at a time) according to their order and ask participants to respond to each of them. Use prepared definitions on slides/flip chart to reach a common understanding.

Note to Facilitator: Participants may provide good/correct responses to the questions; there is no need to go over the prepared definition again, instead, the facilitator could enrich the participants' definitions by asking for examples and good practices.

Objectives:

By the end of the session, participants will be able to:

- 1) Define: mainstreaming, integration and HIV and AIDS direct work.
- 2) Identify different ways, levels and examples of mainstreaming.
- 3) Identify challenges to HIV and AIDS mainstreaming.

Key Questions:

- i. What is direct work on HIV and AIDS?
- ii. What is mainstreaming?
- iii. What is integration?
- iv. What is HIV and AIDS mainstreaming?
- v. What are the different levels and examples of mainstreaming?
- vi. What are the challenges faced in HIV

Direct Work on AIDS: is focused on AIDS prevention or care and support for the infected.

Integrated AIDS work: is implemented along with direct prevention, care treatment or support but with the difference that the work is implemented in conjunction with and linked to other projects or within wider projects.

Mainstreaming AIDS: has two aspects - internal and external:

External mainstreaming: refers to adapting development and humanitarian programmes to take into account susceptibility to HIV and AIDS infection.

Internal mainstreaming: refers to changing organizational policy and practice to reduce the organization's susceptibility to HIV infection and its vulnerability to the pandemic's impact.

Source: Sue: AIDS on the Agenda: Adapting development and Humanitarian programs to meet the Challenges of HIV and AIDS.

Present prepared definitions on slides/flip chart and ask participants to identify where their work on HIV and AIDS falls among the three concepts: mainstreaming, integration and HIV and AIDS direct work. Link the definition of mainstreaming with its current use in development jargon e.g. *gender mainstreaming*. Explain that it is one approach used to respond to the effects of the HIV and AIDS pandemic within organizations or in programmes.

Group Activity: Case Study on Humanitarian Programme (20 Minutes)

The objective of the Case Study is to assist participants to distinguish between different types of mainstreaming, their application and challenges. A proper understanding of questions that constitute the exercise should be established by explaining each question before the group session.

Questions for Case Study

- a) Identify the different approaches to HIV and AIDS in this community? HIV direct work, Integration and Mainstreaming.
- b) Identify the differences in the approaches by the different organizations operating in the community.
- c) Describe where the two types of mainstreaming (Internal and external) are presented in the case study.
- d) What are the advantages and disadvantages of the different approaches adopted by the organizations?
- e) What challenges are likely to be faced during (i) internal and (ii) external mainstreaming?

Facilitation:

- 1) Divide participants into groups of five.

- 2) Display the slide/flip chart containing the questions and explain them before the group activity. Give each group a copy of the Case Study and questions. Allow up to 20 minutes for the group exercise then call the groups back for a plenary session.
- 3) Present and explain mainstreaming as manifested at different levels using scenarios presented in the Case Study. Explain to participants that mainstreaming is often evident at different levels in different initiatives; use familiar examples.
- 4) Guide the participants to identify characteristics of different approaches to mainstreaming.
- 5) Discuss challenges identified by groups and then present common challenges to mainstreaming prepared on a slide/flip chart - citing specific examples for both internal and external mainstreaming.

5.2 What HIV AND AIDS mainstreaming is NOT

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

- It is NOT simply providing support for a Health Ministry's programme.
 - It is NOT trying to take over specialist health-related functions.
 - It is NOT changing core functions and responsibilities (instead it is viewing them from a different perspective and refocusing them).
 - It is NOT business as usual – some things must change.
- (Smart, 2002; reported in ACORD, 2005)

5.3 Chapter Review

1. To check achievement of session objectives, use an appropriate method to have participants answer the key questions used earlier – you can use a game, say a paper ball, which can be tossed from one participant to another while they are standing in a circle.
2. Conclude the session by referring participants to various efforts being made to mainstream HIV and AIDS globally and in different countries – *Handout 3*. Distribute *Handout 3* to participants and inform them to explore further reference provided in the handout.

5.4 Learning Points

- 1) There are a number of interventions to address the HIV and AIDS pandemic; the main ones are: HIV and AIDS direct work, Integration and mainstreaming.

- 2) Most of the interventions on HIV and AIDS are carrying out direct work on AIDS and Integrated AIDS work. These two approaches, though good, are limited in scope and may present some disadvantages.
- 3) HIV and AIDS internal and external mainstreaming provide some advantages that address the pandemic in a more holistic way i.e. HIV and AIDS in the workplace and within the communities covered by an organisation. These approaches combine the need for addressing HIV and AIDS as both a development and a health issue.
- 4) There are however some challenges which should be known and managed by persons who wish to include HIV and AIDS internal and external mainstreaming in their organisations or programmes

Chapter 6: HIV-AIDS and Conservation Linkages

This chapter presents basic information on the link between the HIV and AIDS pandemic and conservation of natural resources. It helps participants to appreciate the close relationship between conservation staff, champions, local communities and poor and/or vulnerable communities/groups to HIV and AIDS. The chapter highlights the often ignored short and long term effects of conservation programs on the promotion of conditions conducive for the spread or increase of HIV and AIDS incidence among conservation staff and target communities.

6.1 Aim

The aim of this session is to enable participants to understand and appreciate linkages between HIV & AIDS and Conservation.

Objectives

- 1) Identify and describe the linkages between HIV-AIDS and conservation;
- 2) Identify and discuss factors which make the conservation sector vulnerable to HIV & AIDS
- 3) Analyse impacts of HIV & AIDS on conservation organisations and natural resources.

6.2 Components

The module has the following components:

1. Why HIV and AIDS is a Conservation Issue.
2. Impacts of HIV & AIDS on Conservation
3. Link conservation issues into the Millennium Development Goals (MDGs)

6.2.1 Why HIV and AIDS is a Conservation Issue- the linkages

This session leads participants to appreciate that HIV and AIDS is both a health and conservation problem. Participants will reflect on their activities households, workplaces, communities etc. to identify how HIV and AIDS have affected people's health and conservation.

Participants will classify identified problems/issues as conservation or health related. Participants should be guided to appreciate that health affects conservation and development in general. This session should also be used to link HIV and AIDS to the work environment / communities in which participants work, and the conditions under which the conservation community work.

Preparation:

- 1) Participants should understand how HIV and AIDS affect conservation; prepare and present relevant examples of actual experiences and practices that show the linkage between HIV and AIDS and conservation.
- 2) Prepare the following *Key Questions* on a flip chart. For each question, prepare possible responses (for your use) that will help you to discuss and reach learning points with participants. You should ask participants to give real life examples of the effects of HIV and AIDS; this will help them to appreciate the effect of the pandemic on conservation.
- 3) Make sufficient copies of *Exercise 1* for the group activity - including the two questions to be discussed by groups. Write the questions on the flipchart/slide to help you to introduce the exercise. Some explanations have been provided for you (below each question) - in addition to your own.
- 4) Prepare sufficient copies of the **Millennium Development Goals Handout 4** for each participant; read and be able to explain and emphasise the goals as part of the international effort.
- 5) Facilitators should aim at assisting participants to understand that conservation and development issues cannot be addressed in isolation i.e. without considering the effect of HIV and AIDS; neither can HIV and AIDS be addressed without helping communities and vulnerable persons improve their economic conditions. Participants should complete this session knowing that the conservation community, especially staffs living in isolated areas away from their families and economically poor/disadvantaged communities are vulnerable to HIV and AIDS.

Objectives:

By the end of the session participants will be able to:

1. List at-least five effects of HIV and AIDS pandemic in their local context and the sectors they fall.
2. Identify how the HIV and AIDS pandemic is both a health and a conservation issue.

Key Questions:

- 1) What are the effects of the HIV and AIDS pandemic in your area, homes and workplaces?
- 2) Which sectors do the different effects fall?
- 3) What is the linkage between HIV and AIDS and conservation?

Facilitation:

6.2.2 HIV and AIDS – A Conservation Issue:

1. Introduce the session by linking it to the previous one – *e.g. once a person has developed AIDS he/she could become ill, unable to work and will need assistance from family/community members. Sometimes she/he seeks medical help, and uses traditional medicine to heal opportunistic infections. When he/she dies, firewood is used to prepare food for people converging at the funeral; the body is put in a coffin made from wood. All these are impacts on the pandemic on natural resources.*
2. Tell participants the importance of understanding the effect of AIDS on the productivity of persons and their caretakers. Ask one of the participants to read out a quotation given below. This quotation will help the trainer to further introduce HIV and AIDS as a conservation issue. It should be linked to the three questions prepared for participants to understand HIV and AIDS as a conservation problem.

“Fishing communities in parts of Africa have higher HIV infection rates. Fishermen often land fish in markets away from home where cash in the pocket is easily spent on alcohol and transactional sex with women who often have no other means of feeding their families (Gordon 2005, Torell 2007). Similarly loggers spread HIV in remote communities, like in the Congo Basin where new logging roads have opened. Women trading natural resources such as fish, charcoal and firewood are also more at risk if they travel away from home overnight.”

3. Display the flip chart containing the first question: (What are the effects of the HIV and AIDS pandemic in your area, homes and workplaces?) and ask participants to mention some of the effects of the HIV and AIDS pandemic which are evident in their homes, communities and workplaces. Write their responses below the question.
4. Some of the effects that may be mentioned include:
 - *loss of manpower in households*
 - *reduced production in households*
 - *reduced income in households*
 - *strain on the available resources in households*
 - *increased orphan population*
 - *increased dependence*
 - *increased number of patients in hospitals*
 - *loss of income by households*
5. Based on their responses, introduce the second flip chart and ask participants which sectors the different effects fall. Write the sectors below the question. Some of their responses may include the following sectors: *Agriculture, Fishing, Forestry, Wildlife, Education, Health and Employment.*
6. Ask participants why, giving examples, the HIV and AIDS pandemic is perceived as conservation issue; let the discussion run for about 5 minutes as you record key responses on the flip chart. Introduce the case study as typical conservation intervention that has a direct relationship with HIV and AIDS.

6.2.3 Impacts of HIV & AIDS on Conservation

Preparation:

Prepare enough copies of the Case study on HIV & AIDS Conservation linkages for all participants.

- 1) Divide the participants into manageable groups.
- 2) Ask the participants impacts that they can identify from the given case study.
- 3) Let them list down as many impacts as possible.
- 4) List these on a flip chart and display them on the wall for all to see.

Objective

Identify the impacts of HIV& AIDS on conservation

Questions

How are these impacts related to conservation?

Group Exercise: Case study- Story of a Conservation Organization

Case study: Relationship between HIV and AIDS and conservation

“Conservation staff may run a higher than average job related risk of c, contracting HIV. When staff are stationed far from their families in remote parks or when they are travelling away from home overnight, as are drivers and community conservation workers, they may be more likely to take other sexual partners. As they move through remote conservation areas that lack HIV & AIDS information, or transferred between posts, they also risk transmitting HIV to remote communities. Boredom, loneliness and alcohol can exacerbate the risk.

Such was the case in Kasungu National Park which covers about 2000km² (800 Miles²) of miombo woodland on the Zambian border in Malawi. Park management operated from a main camp and five outlying posts, each of which had a team of game scouts living onsite, away from their families, patrolling sections of the park for a month at a time. On payday, scouts congregated in the main camp to be transported to Kasungu Boma for a day off. When scouts showed up for the ride back, many would have been drinking and some would be accompanied by women they had met in bars.

The consequences unfolded a few years later. Between 2000 and 2006, Kasungu National Park lost 17 middle managers and junior scouts to health related deaths- a staggering 22 percent loss of its workforce. Conservation capacity in Kasungu National Park is now too weak to manage the whole park, and poaching has escalated, leading to the decline of large mammals such as buffalo and elephant. In total Malawi’s Department of National Parks and Wildlife lost 80 park and reserve staff during this period”
Oglethorpe and Mauambeta (2008)

Facilitation-

Impacts of HIV & AIDS on conservation

The objective of the Case Study (or Role Play) is to strengthen participants’ understanding of the impacts of HIV on conservation.

Divide participants into groups and circulate the case study. Allow them 30 minutes to discuss the case study within groups and to record their answers to the questions for discussion during the plenary presentation.

Guide the plenary session by addressing questions/issues that may arise during the discussion.

Print and distribute enough copies of the *Handout 3 in Annex 2*.

6.2.4 Session review

1. What are the impacts on conservation?
2. How did the policy on isolation from families aggravate the spread of HIV?
3. Conclude the discussion by emphasising that conservation development projects may affect the lives of the targeted community in different ways and could lead to the spread of HIV and AIDS. Therefore, it is important to address these linkages through proper planning, monitoring, supervision and evaluation

6.2.5 Millennium Development Goals:

- 1) Introduce participants to the UN millennium development goals by emphasising that: Due to the serious effects of HIV and AIDS on all development efforts, various international initiatives including the UNGASS declaration, the Millennium Development Targets, the WHO initiatives, the Global Fund and PEPFAR among others, are working to reduce the pandemic's negative effects on development in general.
- 2) Circulate the list of the millennium development goals and explain that HIV and AIDS are a major issue which have to be addressed if these goals are to be effectively reached and achieved.
- 3) Engage participants in a discussion on how HIV and AIDS can affect the achievement of millennium development goals.
- 4) Summarise the session by asking the following questions:
 - a) How has the HIV and AIDS pandemic affected your community?
 - b) What Sectors have been affected?
 - c) Why is the HIV and AIDS pandemic both a health and a development issue?

6.3 Learning Points:

1. *HIV and AIDS is a conservation issue because it reduces productivity due to illness and death; persons who are sick cannot work and produce. At household level, when a member of the family is suffering from AIDS, family savings are diverted to buy drugs and to provide care for him or her. Members of the family have to spend more time caring for the sick; that implies reduced activity in the gardens/offices and therefore reduced productivity.*
2. *The conservation sector is also affected by HIV & AIDS. Conservation workers and communities who are suffering from AIDS take time off for treatment or bed rest; this has a direct effect on conservation work.*
3. *Conservation work has been affected by HIV and AIDS in various ways:*
 - a. *The HIV/AIDS epidemic is having serious impacts on biodiversity conservation and natural resource management, particularly in sub-Saharan Africa*
 - b. **Loss of human capacity:** *this seriously affects institutional memory, continuity of programs and operations, and achievement of conservation goals.*
 - c. *Conservation staff are particularly vulnerable if they spend time away from their families, where they are more likely to practice risky behavior.*
 - d. **Loss of investment in training:** *This is particularly serious in Africa, where conservation capacity is already limited.*
 - e. **Loss of staff time:** *There is increased absence from work when staff members care for their family members with AIDS, attend funerals, or are sick themselves.*

- f. **Diversion of conservation funds for AIDS costs:** Many conservation organizations are covering the costs of medical expenses and other costs, reducing funds for conservation work.
- g. **Decline in morale:** Successive bereavement saps morale and enthusiasm from even the most committed employees, slowing productivity.

4. **HIV & AIDS Impacts on communities, natural resource management and land use include:-**

- i. **Increased use of natural resources:** As AIDS-affected rural households lose salary earners and agricultural labor, many are turning to natural resources as a safety net; these uses of natural resources such as bushmeat, firewood and wild foods may not be sustainable and can pose a long-term threat to communities and their wellbeing.
- ii. **Loss of leadership and capacity for community-based natural resource management:** Community-based natural resource management (CBNRM) programs become increasingly vulnerable as communities lose leadership and capacity, and HIV/AIDS-related issues such as caring for the sick or adapting family livelihoods take priority over participation.
- iii. **Loss of traditional knowledge:** The middle generation is most active in land and resource management; if these adults die prematurely; their traditional knowledge of natural resource management and local farming systems is often lost.
- iv. **Impacts on women:** Women are particularly affected by AIDS, and many natural resources managed by women are in higher demand because of AIDS, such as wild foods and fuel wood. As poverty deepens in AIDS-affected households, women may be forced into prostitution, and are often powerless to negotiate safe sex.
- v. **HIV spread through natural resource extraction:** Occupations such as fishing, logging and trade of natural resources which take men and women away from home often result in higher HIV infection rates.
- vi. **Changes in farming practices:** When agricultural labor is lost and household incomes decline, households often farm more extensively with fewer inputs. This can result in more environmentally damaging techniques including increased use of fire.
- vii. **Land tenure and land grabbing:** In some societies, when the male head of the household dies, the widow and children cannot inherit his land. Land-grabbing results in loss of livelihood base for the immediate surviving family members, and sometimes subsequent land use is not sustainable.
- viii. **Future security and conflict** may also be affected, as children orphaned by AIDS grow up with little indigenous knowledge, weak attachment to the land and resources, and poor education. There is a high risk of over-exploitation of resources. Having a large proportion of young adults in the population with no sound livelihood base can threaten peace and security, with the risk of civil unrest.

5. *A conservation development programme could indirectly promote the spread of HIV and AIDS or undermine the condition of community members suffering from AIDS.*

Chapter 7: HIV & AIDS Mainstreaming in conservation sector

This chapter presents the “how-to” skills in mainstreaming; how to measure an organization’s readiness to respond to HIV and AIDS impact on its internal mechanisms and programmes.

Since much of the information to be provided in this module has been subjected to various views and understanding, the facilitator should give participants every opportunity to debate their views and experiences to reach a consensus.

According to ACORD (2005) personal or individual understanding and appreciation of the need to mainstream HIV and AIDS before adopting it in programs and operations is critical to the success of HIV&AIDS mainstreaming activities. It is only after understanding HIV and AIDS mainstreaming at a personal level that it can be effectively adapted into programmes and institutions at different levels.

The section covers the following topics:

1. Internal HIV and AIDS mainstreaming.
2. Developing an HIV and AIDS workplace policy.
3. External HIV and AIDS mainstreaming.
4. Measuring HIV and AIDS competence.

7.1 Aim

The aim of the sessions is to help participants gain an understanding of the different approaches to addressing the HIV and AIDS pandemic and practical skills in mainstreaming HIV and AIDS in their activities and work places.

Objectives

7.2 Components

1. Internal Mainstreaming.
2. Developing an HIV and AIDS workplace policy.
3. External HIV and AIDS Mainstreaming.
4. Measuring HIV and AIDS Competence
5. Actions that can be done by the conservation sector

Objectives

By the end of the sessions, participants should be able to:

1. define and apply concepts of mainstreaming, integration and HIV and AIDS direct work;
2. describe the importance of HIV and AIDS related stigma and discrimination, causes and responses;
3. use suitable tools to measure HIV and AIDS competence within organisations.
1. explain and participate in practical approaches to mainstreaming HIV and AIDS.
2. discuss actions that can be done to mitigate the impact of the pandemic by the conservation sector.

7.2.1 Internal HIV and AIDS Mainstreaming

This session deepens participants' understanding of Internal Mainstreaming: the meaning, causes, forms and effects of stigma and discrimination in their organisations and the need to address HIV and AIDS in the organisations.

Preparation

- 1) Read notes provided in the Handbook on HIV and AIDS internal mainstreaming.
- 2) Arrange an appropriate method to help you to lead participants to reach suitable definitions of key elements provided in the session objectives.
- 3) Prepare any of the following: a case study of an organisation (*Exercise 8*), a testimony from someone living with HIV and AIDS or a video on AIDS at the workplace.
- 4) It is important to prepare appropriate questions to process the case study, testimony or video to be able address the five objectives of the session.
- 5) The method chosen e.g. a testimony, a video or case study should help to demonstrate the presence, causes, forms and effects of stigma and discrimination and therefore the need for HIV and AIDS mainstreaming.
- 6) Prepare the five steps and the three key questions of HIV/AIDS mainstreaming on a flip chart;

Key Questions:

By the end of the session, participants will be able to:

1. Define Internal Mainstreaming of HIV and AIDS in Organisations.
2. Define Stigma and discrimination.
3. Identify causes, forms and effects of HIV and AIDS related stigma and discrimination.
4. Examine the need for addressing HIV and AIDS in organisations

Facilitation:

7.2.2 Definition of HIV and AIDS Internal Mainstreaming:

- 1) Introduce the session by asking participants to recall the definition of HIV and AIDS internal mainstreaming.
- 2) Present the following definition on a slide or flip chart:
- 3) Explain to participants that the process of mainstreaming in organizations requires commitment from management and staff, including a deeper analysis of the programme being implemented.

Definition of HIV and AIDS Internal Mainstreaming:

Internal mainstreaming refers to changing organizational policy and practice in order to reduce the organization's susceptibility to HIV infection and its vulnerability to the pandemic's impact.

Source: Putting AIDS on the Agenda: Sue Holden 2003

- 4) Explain further the meaning of *commitment in this particular context* – to emphasise management devotion to provide time, money, personnel, a conducive environment for staff to freely take time to discuss HIV and AIDS issues at all levels of the organization or project management.

Note to Facilitators: It is important at this point to give participants an opportunity to briefly discuss the implications of commitment in their own organisations, including freedom of expression etc. that are important for laying a foundation for HIV and AIDS internal mainstreaming. Give this portion of the session at least 5 minutes.

Case Study Exercise: Impact of HIV and AIDS on Conservations

1. Introduce *Exercise 8: Case Study or any experience in your locality*) to participants by informing them that its purpose is to help them define stigma and discrimination, identify causes, forms and effects of HIV and AIDS related stigma and discrimination and, to understand how HIV and AIDS related stigma affects persons in the work place. Explain that the exercise will also help them to examine the need for and importance of addressing HIV and AIDS in organisations.
2. Display the questions prepared on flip chart/slide and review them with participants to ensure that each question is clear.

1. What is stigma and discrimination?
2. What are the causes, forms and effects of HIV and AIDS related discrimination?
3. How does HIV and AIDS affect your organization operations? (increased absenteeism, increased death among the work force, increased costs of occupational benefits, higher costs of recruitment, training and retraining, reduced efficiency and output).
4. If NO: What is the potential effect of HIV and AIDS on your organization employers/ employees?
5. Are there any solutions in place to address the effects? (staff redeployment, recruitment of volunteer staff, double training for specific posts).
6. Why is it necessary to address these challenges? (if workers are stigmatized it will be difficult to control the spread of the pandemic, eventually the organization will realize serious losses in terms of manpower and overall production).
7. Why is internal mainstreaming necessary? (to address the effects mentioned above and to create a stigma-free environment).

(Adopted from ACORD, 2005)

Note to Facilitators: *It is recommended that the above questions should not be used on their own; they should be used together with a practical experience e.g. a role play, a case study, a testimony or a video which has all the attributes being presented in the questions.*

3. Divide the participants into groups to answer the questions. Allow 15 minutes for discussions and 5 minutes for them to write on flip charts.
4. Facilitate the plenary session to give each group a chance to present their responses.
5. Lead participants to agree on suitable answers to the questions and introduce and explain the following standard definitions:

Definition of Stigma:

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

Adopted from: HASAP Newsletter

Definition of Discrimination:

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

Adopted from: HASAP Newsletter Issue 3

Some of the responses on causes, forms and effect include the following:

Causes: morality, lack of knowledge, fear of the disease, poverty, poor health care, government policies, gender inequalities.

Forms: self-stigma, felt stigma and enacted stigma.

Effects: anger, denial.

6. Some of the rights that are violated by HIV and AIDS related stigma and discrimination within the workplace:

Right to: Information, promotion, recruitment for a higher job in rank, career advancement, treatment, benefits, freedom of association, equality

7. Conclude the exercise by emphasising the need to address stigma and discrimination within the work place to create a supportive environment for both the infected and affected employees.

7.3 Learning Points:

- 1) HIV and AIDS, besides causing disease and death, present individuals in the community and workplace who are suspected to be infected by HIV with uncomfortable challenges like stigma and discrimination.
- 2) Persons who are affected by stigma and discrimination tend to suffer accelerated effects of AIDS leading to low productivity and more illness.
- 3) The community: both at the workplace and society (including homesteads) have an important role to play in either increasing or minimising the effects of sigma and discrimination.
- 4) HIV Internal mainstreaming helps an organisation to address and alleviate the causes, forms and effects of stigma and discrimination. By extension, mainstreaming HIV and AIDS into community and household activities will minimise the causes, forms and effects of stigma and discrimination.
- 5) Conservation organizations can take action to protect our staff, the communities we work with, and the natural resources and biodiversity we aim to conserve. We can't stop the HIV/AIDS epidemic, but we can play an important role in reducing its impacts (Oglethorpe 2013, in press).

- a) **Develop a workplace HIV/AIDS policy**
 - b) **Overcome stigma and avoid discrimination:** promote open discussion about HIV/AIDS and treat employees fairly.
 - c) **Promote HIV/AIDS awareness and prevention:** ensure that all staff members understand how HIV is and is not transmitted, and how to prevent transmission.
 - d) **Encourage voluntary counseling and testing:** Encourage employees to have voluntary HIV tests, with pre- and post-counseling so they understand the nature of the test and its implications.
 - e) **Promote wellness programs:** Work with the health sector to promote wellness programs at work; this may be extended to staff's family members.
 - f) **Transfer affected staff to less labor-intensive positions**
 - g) **Post staff near their families:** Whenever possible, post staff with their families so they are less likely to practice risky behavior.
 - h) **Encourage staff to make wills:** In many countries, existence of a will enables surviving family members to inherit property more easily and allocate any pension and/or benefits.
 - i) **Try to maintain institutional memory** by documenting important decisions and keeping proper records
 - j) **Integrate HIV/AIDS in funding proposals:** Some donors are willing to cover the costs of integrating HIV/AIDS into conservation programs.
 - k) **Mainstream HIV/AIDS into all organizational activities:**
- 6) **Conservation organizations should adapt innovative training strategies to reduce risk of HIV transmission (Oglethorpe 2013, in press) such as:-**
- a) Incorporate awareness and prevention at the start of courses and part of all orientation programs in training institutions, and supply condoms. When sending employees away from home, provide training on HIV/AIDS prevention and provide condoms.
 - b) **Use innovative training approaches and more short courses:** Adapt training approaches to reduce HIV transmission during training: e.g. distance learning, web training, and e-learning. If possible, increase the number of people who receive training in order to create a broad skill base in staff who may have to take on new responsibilities. Train junior staff in leadership skills, and mentor them when they first take them on.
 - c) **Rebuild community conservation capacity:** Provide training and mentoring to rebuild community conservation and natural resource management skills lost due to AIDS. Include groups such as orphans, youth, elderly, women and men, with appropriate activities given people's changing circumstances.

- d) **Integrate HIV/AIDS in training curricula:** Incorporate HIV/AIDS aspects in training curricula for natural resource managers, including changes in natural resource use due to the disease and mitigation strategies. Host special short courses on AIDS and the environment.

- e) **Promote HIV/AIDS prevention, treatment and care at training institutions:** Use signs, displays, posters, articles and prevention materials to foster awareness, tackle stigma, provide testing, give counseling and offer care to students, staff, faculty and neighboring local communities through college health clinics. Provide condoms discreetly throughout training facilities.

Chapter 8: Developing an HIV and AIDS Workplace Policy

This session equips participants with skills on developing a workplace policy, how it is rolled out and how the strategies stipulated in the organization's policy are implemented. In effect, participants should be informed from the onset that development of a policy is one of the first important steps in HIV and AIDS internal mainstreaming process. The session also introduces participants to processes of raising awareness about the policy within the organization; a process which requires funding and management.

Inform the participants that workplace policies help both employers and employees in conservation organizations. They set a foundation for HIV/AIDS awareness, prevention and care programs; provide a framework for practices within the organization; express standards of behavior expected of all employees; inform employees of what assistance is available through work; ensure confidentiality; guide supervisors and managers on how to manage HIV/AIDS issues; and can help mainstream HIV/AIDS into conservation activities (Oglethorpe, *et al* 2013 in press).

Preparation:

1. Read the definitions provided and additional information to get familiar with the process of developing a work place policy, raising awareness of the policy and rolling out the work place policy.
2. Prepare appropriate methods to assist you to help participants to define a workplace policy, propose its objectives and components. *(Note: some flexible methods have been provided for you in the Facilitation steps, but you are free to use other approaches)*
3. It is necessary for participants to distinguish between a law and a policy during the definitions – prepare a question and an explanation to that effect.
4. Depending on the amount of time available, facilitators can use a group exercise, a discussion or a brainstorm to suggest suitable steps for developing a workplace policy. In addition prepare and have suitable steps written on a slide/flip chart to fill any gaps on participants' contribution

Objectives:

By the end of the session participants will be able to:

- 1) Define a work place policy.
- 2) Develop aims and objectives of a work place policy on HIV and AIDS.
- 3) Identify components of a work place policy.
- 4) State steps for developing an HIV and AIDS workplace policy.

Facilitation-

8.1 Definition of a Workplace Policy:

1. Ask participants to define a policy. Record their definitions; introduce and discuss the following definition:

A policy is: A plan of action or statement of ideals proposed by an organization on a specific issue.

2. Link the definition of policy to the HIV and AIDS work place policy by asking them to define the latter. Present a definition of the HIV and AIDS work place policy on a slide/ flipchart paper as follows:
3. Ask participants to distinguish between a law and a policy; briefly record their contributions on the flip chart. Introduce the following distinction for discussion

An HIV and AIDS work place policy is:

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

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

4. Display the Main Aspects of the Workplace Policy on a flip chart and lead a discussion of each item.
5. Print enough copies of *Handout 5* and distribute to the participants.

8.2 Main aspects of the HIV and AIDS work place policy

Display the main aspects of a HIV & AIDS work place policy on a flip chart or slide:-

1. **General statement** - an introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:
The reason why the organization has an HIV/AIDS policy,
A statement about how the policy relates to other company policies
Policy compliance with national and local laws and trade agreements
2. **Policy framework and general principles:** The policy establishes some general principles as the basis for specific provisions:
3. **Specific provisions :** The policy should include provisions in the following areas:
The protection of the rights of those affected by HIV/AIDS
Prevention through information, education and training
Care and support for workers and their families.
Stigma, discrimination and rights
Confidentiality
4. **Implementation and monitoring:** There should be commitment to implement and monitor the policy by both management and employees.
5. **Budget and finance: Organizations should establish and allocate a budget for HIV & AIDS activities**

(Source: ILOAIDS: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_121313.pdf)

8.3 Aims and Objectives of an HIV and AIDS work place policy:

Initiate discussions on the aims and objectives of an HIV workplace policy by informing participants that it is important for a policy to have aims and objectives. Ask them to brainstorm on suitable aims and objectives for a work place policy. Record their responses on flip chart paper.

Present the following general Policy Aims and objectives:

General Policy Aims and Objectives are to:

1. Create a supportive environment of care, compassion and understanding for employees with HIV or related illnesses.
2. Ensure equal treatment for all employees irrespective of the known or imagined HIV status.
3. Provide employees with information necessary to increase their awareness of the issues related to HIV infection and AIDS.
4. Ensure that organizations provide prevention, care and support services to staff.
5. Reduce the impact of the pandemic on employees, their families and the organization.
6. Promote shared confidentiality

(ACORD Recommendation's Paper 2004)

8.4 Steps in developing a workplace policy on HIV and AIDS

1. Ask participants to brainstorm on possible steps taken to develop a workplace policy; note them down and discuss briefly to link to the prepared process.

How to develop a work policy:

- a) Identify a committee to lead the process.
- b) Contact an organization or individual with experience in development of the policy.
- c) Conduct a situation analysis to determine the risk factors and behaviour likely to expose employees to infection.
- d) Conduct consultations between management and entire staff either using individual, group interviews or a workshop.
- e) Draft policy and circulate it for comments and feedback and draw the final policy.

Website: www.aidsconsortium.org.uk
(ACORD Recommendation's Paper 2004)

2. Introduce participants to the written process of developing a work place policy on HIV and AIDS; facilitate a discussion to reinforce their understanding of the steps. Allow time for questions and clarifications.
3. Inform participants that it is important to involve an expert in the situation analysis, consultations and drafting of the policy. Briefly discuss the advantages of using an expert (Refer to ACORD's experience in the UK HIV and AIDS Consortium, Working Positively: *Guide to NGOs for developing work place policies on the AIDS consortium*).

8.5 Implementing and enforcing the Policy

1. Ask participants to think about some of the processes to undertake to ensure that the policy is effectively enforced within their organizations.

Some of the responses may include the following:

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

- g) Develop a fund raising strategy for the policy indicating plans for raising funds for the policy implementation process.
 - h) Clear implementation and fundraising strategies are necessary for effective monitoring of the policy implementation process. A focal person could be identified to coordinate the formulation, dissemination and implementation of the policy.
(Adopted from ACORD's process for developing an organization's policy)
2. Conclude the discussion by providing an explanation on how a work place policy can help to address stigma and discrimination at the work place.

8.6 Session Review

Review achievement of the four learning objectives using a suitable method; depending on time available, a question and answer method could be quickly used.

8.7 Learning Points:

- 1) *A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact.*
 - a. *It makes an explicit commitment to organizational action*
 - b. *Ensures consistency with appropriate national laws*
 - c. *Lays down a standard of behaviour for all employees (whether infected or not)*
 - d. *Gives guidance to supervisors and managers*
 - e. *Helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing*
 - f. *Helps to stop the spread of the virus through prevention programmes assists an enterprise to plan for HIV/AIDS and manage its impact, so ultimately saving money*
- 2) *The key components of the workplace policy include: prevention of HIV and AIDS among staff and their families, promoting and preserving human rights, addressing HIV and AIDS related stigma and discrimination.*
- 3) *In order to develop a workplace policy, a committee should be appointed to lead the process and the key steps. Some of the important steps include: learning from experienced organisations, conducting a situation analysis to determine the risk factors and behaviours likely to expose employees to infection, carrying out consultations between management and the entire staff, drafting the policy, circulating it for comments and feedback from staff and drawing the final policy.*
- 4) *Due to the amount of technical work and time required, it is important to involve an expert in the situation analysis, consultations and drafting of the policy. One of the advantages of using an expert is that he will be considered neutral and independent of management influence.*
- 5) *A number of processes have to be undertaken by the organisation to develop a working HIV and AIDS workplace policy; these processes are many and require a lot of time patience and effective contribution by each member of the organisation.*
- 6) *A focal person could be identified among staff to coordinate the process of policy formulation, dissemination and implementation. Care should be exercised not to use a person who is very committed to carry out the activities of a focal person.*

Chapter 9: External HIV and AIDS Mainstreaming

This chapter will strengthen participants' understanding of external mainstreaming and the practical steps for mainstreaming HIV and AIDS in programme work.

Preparation:

- 1) Write a definition of external mainstreaming on a slide or flip chart.
- 2) Prepare a model of the project cycle of a familiar project for demonstrating the sequences followed from problem identification through to evaluation.
- 3) Study the group *Exercise 8: Case Study on Microcredit Programme* provided to be able to explain and discuss relevant steps/ decision-making processes and give satisfactory explanations in each step.
- 4) Produce sufficient copies of the steps of carrying out external HIV and AIDS mainstreaming.
- 5) Write suitable questions on a slide or flip chart for concluding the session.

Objectives:

By the end of the session, participants will be able to:

- a) Define external HIV and AIDS mainstreaming.
- b) Describe the steps taken to carry out external HIV and AIDS mainstreaming.
- c) Practice using the road map for external HIV and AIDS mainstreaming

Facilitation:

9.1 External mainstreaming and the Project Cycle:

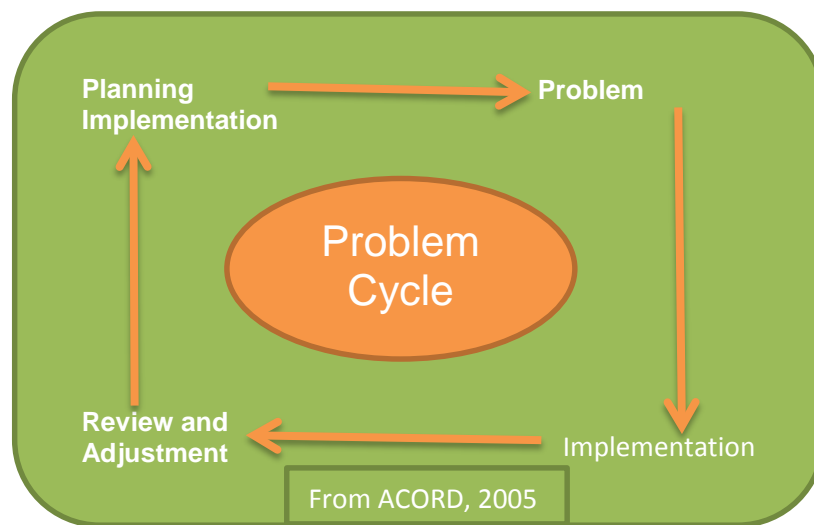
- 1) Introduce the session by asking participants to recall the definition of HIV and AIDS external mainstreaming; present the definition on a slide or news print paper as follows:

Definition of External Mainstreaming:
External mainstreaming refers to adapting development and humanitarian programmes in order to take into account susceptibility to HIV and AIDS infection.
(From ACORD, 2005)

- 2) Discuss the concept of external mainstreaming briefly – distinguishing it from internal mainstreaming. Inform participants that the process of mainstreaming in programmes requires a deeper analysis of the programme being implemented.

The project cycle is a sequence of events from the start to completion of a project. A typical sequence involves the following steps: Problem Identification, prioritisation, design, implementation, monitoring and evaluation
(From ACORD, 2005)

- 3) Present a definition of the Project cycle as:



- 4) Lead participants through the cycle and inform them that HIV and AIDS mainstreaming has to be considered at each of these stages. Depending on the level of participants, facilitate a discussion on what should be considered during say: situation analysis, problem identification, prioritisation, project identification, design, implementation, monitoring and evaluation in relation to HIV and AIDS external mainstreaming.
- 5) Link the project cycle to the practical steps (Road Map to HIV and AIDS mainstreaming indicated below and on the slide/flip chart paper)

9.2 The Road Map in External Mainstreaming

Group Exercise (*Exercise 8: Case Study on Micro credit Programme*) to apply the Road Map

1. Divide participants into groups. Using the Case Study provided for Exercise 10, allow participants 60 minutes to practice applying the road map. Although some items may not be easily applied to the group assignment, the practice, presentations and discussions will provide some useful experiences. Distribute photocopies of the road map exercise to each participant and lead them through each item.
2. While participants are in groups, listen in and give the necessary support to ensure that each step is discussed exhaustively. Allow 30 minutes for presentations and discussions of group findings.

9.2.1 Step I: Taking a decision to mainstream HIV and AIDS (secure “buy in”)

- a) This involves a process of taking a decision to address HIV and AIDS within programmes basing on how much we feel vulnerable, susceptible or affected by the pandemic. The following questions can be used to guide our review:
- i. How vulnerable and susceptible is staff to HIV and AIDS?
 - ii. Is HIV and AIDS a danger or potential danger to the achievement of our objectives?
 - iii. Do our activities contribute to aggravating the spread of the pandemic?
 - iv. Do we have enough information on the magnitude of the problem either through testimonies or updates of the status?
 - v. Do we have any responses to date?
 - vi. How much more are we capable of doing?

9.2.2 Step II: Situation analysis

- a) Involves the assessment of the scope and scale of the local HIV and AIDS pandemic in the area.
- b) Analyse the geographical and demographic conditions of the programme area.
- c) Analyse the target groups in the programme area in relation to their needs, susceptibility and vulnerability to HIV and AIDS.
- d) Establish the social and economic consequences of the pandemic on the community and how they are related to the program.
- e) Identify existing gaps in the programme in relation to addressing the HIV and AIDS issues.
- f) How is HIV and AIDS impacting on the organization's work? Review current responses to the HIV and AIDS pandemic.

9.2.3 Step III: Planning and prioritising

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

9.2.4 Step IV: Implementation

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

9.2.5 Step V: Monitoring and Evaluation

- a) Development and implementation of tools that will be used to gauge the programmes success and coverage as well as identifying key lessons from the process.
- b) Identifying the questions in relation to HIV and AIDS that need to be answered in monitoring and evaluating the programme.
- c) Are there indicators and targets set for outputs and outcomes on HIV and AIDS issues?
- d) Identifying where the information related to HIV and AIDS issues will be accessed.
- e) Refer to set indicators of the project to analyse what has been achieved so far.

(After ACORD, 2005)

Note to Facilitators: Some of the steps will be dealt with in greater detail in the course of the training.

6. Ask participants to use experiences in their programmes to practice the road map.
7. Participants should present outcomes from their group discussions; they should give examples from their own work. Allow 30 minutes for in-group discussions before plenary presentations.

8. Discuss the similarities and differences in the outcomes of the discussions and point out major issues raised in all the presentation. Ask participants to reflect on the road map and what their views are on external mainstreaming.
9. Conclude the exercise with a discussion on the challenges and strengths of mainstreaming HIV and AIDS in Programs basing on participants' experiences.
10. Summarise the session with the following questions:
 - 1) What is HIV and AIDS external mainstreaming?
 - 2) What are the steps for HIV and AIDS external mainstreaming?
 - 3) For each step, what are the key questions to be answered by an organisation?

9.3 Learning Points:

- 1) External mainstreaming is closely linked to the project cycle i.e. HIV and AIDS is considered during problem identification, through to implementation, monitoring and supervision and evaluation. Although it may not be possible to assess the exact impact of HIV and AIDS external mainstreaming on project outcomes, its benefits can be felt by project beneficiaries and workers in a short time.
- 2) Planning for HIV and AIDS external mainstreaming involves following a step-by step road map of guidelines that are closely linked the project cycle.
- 3) HIV and AIDS external mainstreaming should take into consideration not only the flow of the project inputs and outputs but also the categories of project beneficiaries that include women, men, children and other vulnerable groups. The HIV and AIDS impact on each category should be assessed at various levels i.e. from project
- 4) Conservation organizations can work with communities on external mainstreaming to take an action on HIV & AIDS issues, these include:-
 - a) **Improve community health:** Improve community access to healthcare, including HIV and AIDS services and information (this is usually done in partnership with the health sector) and improving sanitation to reduce risk of opportunistic infection in people living with AIDS.
 - b) **Support management of medicinal plants:** Enhanced management of wild stocks of medicinal plants, promoting sound harvesting techniques, improving the extraction of active ingredients; and cultivating medicinal plants domestically when feasible.
 - c) **Ensure food security and nutrition:** promote kitchen gardens and use of nutritious crops, promoting non-labor-intensive methods that young and old people can use, as well as those in the early stages of the disease. Promote sustainable use of nutritious wild foods.
 - d) **Promote access to microfinance:** seek opportunities for small loan programs for distribution in local communities.
 - e) **Conserve indigenous knowledge:** document indigenous knowledge of local land and resource use. If there is no older generation, mentor the youth and help them apply the knowledge.

- f) **Seek alternatives to unsustainable resource use:** Work with communities, especially those located close to national parks and protected areas, to promote biodiversity conservation awareness and find appropriate economic, protein, nutritional, and medicinal alternatives.
- g) **Develop sustainable natural resource-based micro-enterprises:** Seek opportunities with low labor requirements to relieve environmental pressures and support AIDS-affected communities (e.g., honey production, agroforestry, ecotourism).
- h) **Establish community funds to promote alternative livelihoods:** provide microfinance for communities to tackle HIV/AIDS, develop small-scale enterprises and develop demonstration projects.
- i) **Empower women:** support women's leadership and strengthen their capacity for resource management by promoting women's groups and providing training. Arrange access to microfinance for women so the household can better withstand shocks and develop microenterprises. Improve access to family planning and peer support. Support education of girls and women. Strengthen women's rights to land and other essential resources
- j) **Support survivors so they can stay on their land:** encourage adults to write wills when appropriate, so widows and children can inherit the property and land. Promote education for all children – including girls and AIDS orphans – so they can have better opportunities when they get older.
(Adopted from Oglethorpe, 2005)

Chapter 10: Measuring HIV and AIDS Competence

This chapter helps participants to understand the concept of HIV and AIDS competence and to apply it to their organisations. A UNAIDS Competence Framework will be used to practice measuring organisational responses to HIV and AIDS. Participants will be guided to think reflectively about how the assessment tool will actually work in their organisations.

Preparation:

- 1) Prepare a written definition of *AIDS Competence* on a slide or flip chart.
- 2) Write the *Conditions for Developing HIV and AIDS Competence* on a flip chart and prepare sufficient copies for participants.
- 3) Make sufficient copies of *Handout 6* (UNAIDS Framework for assessing HIV and AIDS competence).
- 4) Prepare for participants to practice measuring HIV and AIDS competence – as a means to evaluate an achievement of session objectives. This may require time to be budgeted for.

Objectives:

By the end of the session, participants will be able to:

- 1) Define AIDS competence.
- 2) Describe the conditions for building an HIV and AIDS competent community.
- 3) Practice gauging AIDS competence using the UNAIDS competence framework.
(Adopted from ACORD, 2005)

Facilitation:

10.1 Definition of HIV and AIDS competence:

- 1) Introduce the concept of HIV and AIDS competence by asking participants to describe the processes that they underwent in their programs/ organizations to develop responses to HIV and AIDS pandemic. Ask them definition of AIDS competence.

AIDS competence means that we in families, communities, organizations and in policy making:

- 1) Acknowledge the reality of HIV and AIDS.
- 2) Act from strength to build our capacity to respond.
- 3) Reduce vulnerabilities and risks
- 4) Learn and share with others and
- 5) Live out our full potential.

From: UNAIDS 2002

- 2) Present a written definition on a slide or flip chart paper and ask participants to identify possible issues within the definition based on their daily experiences in the communities they live in and at their workplace
- 3) Circulate the definition to all participants and explain the rationale for AIDS competence among communities including the following:

10.2 Conditions for building an HIV/ AIDS competent community:

- 1) The community needs to move from passive recipients to active participants in the development of responses to the pandemic.
- 2) Representation of all categories in the community since it is not a homogeneous entity and each group is affected differently.
- 3) Strong partnership since the HIV and AIDS pandemic is multi-dimensional and needs similar responses.
- 4) Institutions should have an internal structure that supports the AIDS competence

10.3 Group Activity: UNAIDS FRAMEWORK for Gauging Competence

- 1) Introduce participants to the UNAIDS FRAMEWORK for measuring competence (*Handout 5*) and explain how it is used. (A NOVIB framework can be used)
- 2) Divide participants into groups of five and provide a copy of the framework for gauging one selected programme. Alternatively participants can be grouped according to their organizations to enable them to use actual experiences to measure the level of competence. Lead them through the instructions to the exercise.
- 3) Demonstrate how *variables, levels and explanations* indicated on the table are entered. Provide an explanation for each of the levels you choose for the different variables shown on the framework. The table below should be used to show how the assessment can be summarised:

Variable	Level	Explanation
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- 1) Ask each group to draw a graph indicating the competence.
- 2) Allow 20 minutes for presentations and 10 minutes for plenary discussions. Inform participants that the results of this exercise could be used to develop plans for improving an organization's level of HIV and AIDS competence.
- 3) Ask participants what lessons they have learned in the assessment exercise if they have to apply the tools back in their workplaces. Record the lessons for reference.
- 4) Inform participants that there are a number of other assessment tools which can be used like the NOVIB Organisational Assessment Framework.

10.4 Learning Points

- 1) It is important for project workers to know levels of AIDS competence within the communities they work. Knowing how to measure levels of AIDS competence is a good start in planning for HIV and AIDS mainstreaming.
- 2) Understanding the conditions for building an HIV and AIDS competent community is a necessary prerequisite for mainstreaming because it emphasises representation of all categories, strong partnerships and existence of strong structures that support AIDS competence.

- 3) A framework for gauging HIV and AIDS competence uses simple variables, levels and explanations that can be used by the organisation and its stakeholders when planning to carry out mainstreaming.

Chapter 11: Participation and Networking

The section addresses the need for involving various beneficiaries and stakeholders in the process of HIV and AIDS mainstreaming, both internal and external. This is important to ensure that their input is incorporated right at the planning stage through to evaluation. The section also covers networking between organisations - which is important for influencing policy changes. Networking also helps organisations to share resources and experiences, reduce competition and maximize impact. Accountability as a means to monitor and evaluate mainstreaming efforts is included in the section. Input and output indicators are discussed. Finally the section provides a session for participants to carry out action planning, workshop evaluation and activities that will lead to the close of the workshop.

11.1 Aim

The aim of the module is to strengthen participants' appreciation of the need for beneficiary participation, networking within partners and accountability as important components of HIV and AIDS mainstreaming.

The section consists of the following sessions:

- i. The Concept of participation.
- ii. Networking: a Tool for HIV and AIDS Advocacy.
- iii. Accountability (Monitoring and Evaluation)
- iv. Action Planning, Evaluation, and Closing

11.2 Components

The module covers the following components:

- i. Levels and desired requirements for participation.
- ii. Planning for Advocacy.
- iii. Networking as a tool for advocacy.
- iv. Indicators for Monitoring and Evaluation.

Objectives

The objectives of this section are to:

- i. Describe and assess levels of participation and the desired requirements (for participation) in the different communities they work with in order to ensure that the latter are brought on board to contribute to HIV and AIDS mainstreaming.
- ii. Apply the concept of networking to advocacy – specifically for HIV and AIDS mainstreaming.
- iii. Use simple skills to plan for and carry out monitoring and evaluation in HIV and AIDS mainstreaming.

11.2.1: The Concept of Participation

This session will help participants to identify and understand the different levels of participation in their work and also emphasise the need to empower communities to effectively engage in the development process as active partners. Participants will acknowledge that HIV and AIDS mainstreaming is not possible in communities which are not participating in making decision about interventions concerning them.

Preparation:

1. Write a definition of participation on a flip chart or slide. Study and internalise the concept of participation; you should have sufficient illustrations for the participants link it to mainstreaming.
2. Read and be able to conduct and process *Exercise 8: Accord Mwanza Urban Livelihoods Programme*. Prepare copies for group use.
3. Make enough copies of *Handouts 6 and 7* for each participant to receive a copy.
4. Prepare the three questions provided at the end of the session to help you to summarise the session.

Objectives:

By the end of the session, participants will be able to:

- 1) Describe the concept of participation.
- 2) Identify and describe the 5 levels of participation.
- 3) Describe desired requirements for participation in a community.

Facilitation:

The Concept of Participation:

1. Introduce the session by informing participants that participation is an important and essential concept in development work. It should be considered in every development intervention to identify who must participate at what level, how etc.
2. Ask participants to describe their own understanding of participation. Record their responses and lead them, using questions, to identify similarities and differences in their responses.
3. Present and explain the definitions of participation and ask participants to comment and add on to the definitions. It is important to emphasise the need to put participation within the context of the needs of individual projects but with the requirement that good participation ensures that beneficiaries and implementers are involved at all stages of project development, implementation, monitoring and evaluation.

Definition of Participation:

Participation is what happens when members of a community themselves become part of the process of change. They become aware of the problems, begin to feel responsible for the change they desire and begin to do something. (LWH: Communicating for development: A practical guide) "Participation is about power to take decisions; an organised effort on the part of women, men and marginalised groups to increase control over resources, structures and organisations" (Gender sensitive participatory approaches; Training manual for local experts)

(From ACORD, 2005)

4. Choose a few participants to share their experiences of how participation has been incorporated to their projects and possible challenges they have faced.

Case Study: ACORD Mwanza Urban livelihoods program.

- 1) The purpose of the Case Study (*Exercise 8*) is to give participants an opportunity to review a typical example of how collective efforts can be put to work to involve communities in activities of various partners operating within their midst. Participants will reflect on their own operations and be able to gauge the level of participation by communities in their projects.

Case Study of ACORD, Tanzania
When ACORD Tanzania first started working with the shanty communities in Mwanza city, it was clear the whilst the quantity and variety of local groups, CBOs and NGOs were impressive, most were dominated by one or two specific groups of people, and in particular men from the Sukuma tribe – pastoralists who had traditionally lived in the Mwanza region. Some groups in the community were marginalized from participating in the local structures or even voicing their concerns: people from the Kurya and Chaga tribes, women, young men and vulnerable groups like female or child headed households and PLHAs. People saw this as causing a host of problems within the community. It made certain tribes feel marginalized, it reinforced negative cultural stereotypes of women, it did not allow unemployed youth an opportunity to improve their circumstances and it further reinforced the vulnerability of female headed households, PLHAs etc.

- 2) Divide participants into discussion groups and distribute the Case Study: ACORD Mwanza Urban livelihoods program.

In order to increase participation of different groups in the community, the ACORD Mwanza team encouraged a host of community meetings and discussions at different times and in different areas, inviting as wide a variety of people as possible. The picture that emerged was encouraging. People began to request help to form community initiatives/ groups to reach mutual goals. A special focus of ACORD Tanzania was PLHAs.

(From ACORD, 2005)

- 3) Give clear instructions to participants to read and understand the case study – relating it to their practical situations. Go through the questions to help them to understand what they are expected to do. Allow 20 minutes for group activity and 5 minutes for a plenary discussion.

Questions:

- i. What could be the outcome if effective participation is encouraged in this community?
- ii. What advantages for program implementers result from encouraging participation by all sectors in the community?

- 4) Following the discussion.
- 5) Circulate and explain the slide with the levels of participation.

Levels of participation (Adopted from ACORD, 2005)

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

6) After presenting the above levels of participation, lead participants to respond to the following questions:

- i. What levels of participation can be identified in the Case Study from the Mwanza Urban Livelihood Programme?*
- ii. What level of participation do they use in their programs and how effective has it been?*
- iii. What is the highest level of participation and how can it be achieved?*
- iv. How can communities be empowered in development?*

7) Present the desired requirements for effective participation.

Desired requirements for effective participation

Summarise the session by asking participants to provide answers to the following questions:

- i. What is participation?
- ii. What are the 5 levels of participation?
- iii. What are the requirements for participation in a community?

1. Desire to understand and appreciate the constituency.
2. Facilitate processes for enabling communities understand and internalize their situations through sensitization and awareness.
3. Spend ample time within the community.
4. Develop a degree of trust and respect for the constituency.
5. Effective and democratic representation of all categories in the community in all stages including planning, implementation, monitoring and evaluation as well as decision making.
6. All parties have the capacity (time, skills and decision making power).
7. Accountability and smooth communication among all actors.
8. Flexibility in planning and implementation of activities.
9. Power to effect change.
(Adopted from ACORD, 2005)

Learning Points

1. *Participation is when members of a community get involved in the decision making of all process; it is about a community (women, men, youth, the disabled and other marginalised groups) having power to control resources, structures and organisations.*
2. *There are various levels of participation in a typical developing community: desire for relief, benefits, implementation prescribed by others, consultation, empowerment and ownership. The sooner a community reaches the last stage (empowerment and ownership) the better it is for HIV and AIDS mainstreaming.*
3. *A number of requirements for effective community participation need to be met: understanding and appreciating the community, sensitization and awareness raising, working with and within the community, trust and respect, democratic representation of all categories in the community in all stages including planning, implementation, monitoring and evaluation as well as decision making, capacity building, accountability and smooth communication among all actors.*

11.2.2: Networking: tool for HIV and AIDS Advocacy and scale up

The session presents an overview of networking as a tool for advocacy on HIV and AIDS, through empowerment of the infected and affected communities, as the owners of rights as well as the key players in the alleviation of the pandemic effects and impact on communities. The session is therefore meant to provide facilitators with skills in introducing a process of building the people's capacity and capabilities to change their own lives improve their communities and influence their destinies. Experiences on networking are shared and important advocacy tools introduced. Using a typical situation exercise, participants are challenged to solve a problem through thinking of ways and means to work with partners.

Preparation:

- 1) Prepare a suitable warm up exercise or use the one given below to refresh participants.
- 2) Read about networking and relate it advocacy work
- 3) Prepare sufficient copies of *Handout 8: What is Advocacy?* - for each participant to take a copy. 5. Develop suitable questions to help you to reach responses for items (i) and (ii) of the session objectives.

Objectives:

By the end of the session, participants will be able to:

- 1) Define networking and how it relates to advocacy.
- 2) Describe the process of planning for advocacy.
- 3) Use relevant tools for advocacy.
- 4) Describe the importance of networking in relation to advocacy on HIV and AIDS.
(Adopted from ACORD, 2005)

- 4) Prepare copies of the Case Study (*Exercise 9*) and its questions for the group exercise; read the case study and questions carefully and prepare an outline of expected responses to support you in discussing participants' outputs.
- 5) Write questions to summarise the session and to check achievement of session objectives.

Facilitation:

Introduce the session with a warm up exercise preferably led by one of the participants.

Case Study / Exercise: Definition and Application of Networking.

1. Having provided the above background, focus the rest of the session on networking as a tool for advocacy on HIV and AIDS using the Case Study below.
2. Ask participants to define the word *NETWORKING*.
3. Explain to them that: *networking occurs when organisations having similar interests come together and agree on common strategies for solving common problems or*

addressing common needs. Organisations that network meet regularly to discuss their individual/joint progress on agreed strategies. It is common that organisations may get together (network) in order to advocate on a common cause; such a cause may involve pushing for or influencing government/social policy for the good of a particular category of the society. Networking therefore serves as one of the important tools for advocacy in HIV and AIDS mainstreaming.

4. Introduce participants to the Case Study (*Exercise 9*) with a short discussion on networking. Emphasis should be made on helping each participant to be comfortable with the concept of networking. Participants should be guided to understand the need for using the Case Study to reflect on their workplaces or similar situations to answer the two questions.
5. Divide the participants into groups to discuss the questions that follow the Case Study exercise. Circulate the case study and request each group to record their discussions for presentation during the plenary.
6. In plenary ask participants to describe the process they went through to decide on which agencies to work with.
7. Ask participants if they have had a similar experience in their work situations.

Definition of Advocacy

- 1) Ask participants to explain what they understand by the term advocacy. Write their contributions on the flip chart. Allow participants to discuss their views for 5 minutes then conclude by presenting the following definition:
- 2) Ask one participant to share their experience on networking: covering the rationale, process, achievements and challenges. Then explain to the participants that the session will cover networking in the context of HIV and AIDS advocacy work. Inform them that advocacy is a wide concept that would require a longer time to be effectively tackled; the session will cover only the basics of advocacy.

What is advocacy?

Advocacy is used to describe a set of activities that are geared toward a wide social change.

Advocacy is primarily about changing institutional policies and practices, attitudes and decisions that are having a negative impact on marginalized communities or individuals

Why advocate?

- 3) Present the above question to participants on a flip chart and ask for their responses. Record their responses and lead a discussion to generate appropriate examples. Your discussion should emphasise, among others, that: Advocacy strategies aim at producing changes that favour the socially disadvantaged and excluded categories by tackling the root causes of inequality, injustice and oppression.

How to advocate:

- 4) Allow participants two to three minutes to reflect on how advocacy has been carried out by various organisations or individuals under certain circumstances: it could be political, human rights etc. Ask persons with experiences to relate them to the rest of the participants. You should aim at strengthening participants' contributions to reach clearer perceptions of how advocacy is carried out.
- 5) Present the following prepared points on How to Advocate and summarise the discussion to make clarifications of the application of advocacy in organisations.

How to Advocate

Engaging in advocacy means the following:

1. Creating a link between the practical and operational work with advocacy.
 2. Building capacity of civil society groups and alliances.
 3. Lobbying and influencing decision makers directly.
 4. Conducting campaigns.
 5. Promoting the participation of the categories directly affected.
 6. Conducting research, documentation and sharing of information.
 7. Building strong networks and coalitions.
- (From ACORD, 2005)

Key Elements of Advocacy:

1. Inform participants that planning for advocacy requires a systematic approach. Using their experiences and what they have done in the past during a planning process, ask participants to suggest key questions they would ask themselves in order to plan for, say, an advocacy project. Record their experiences while highlighting key words that may have a close link to the elements of advocacy.
2. Summarise the discussion by making a presentation of the prepared elements. *(Note: this presentation may not be necessary if participants have contributed all the key elements).*
3. Inform participants that every assignment or project requires specific tools. Advocacy too requires particular tools. Some of the tools have been applied before, during and after the implementation of a project to ensure its start, implementation, completion and the required impact. Think of suitable examples that are relevant to the experiences of participants to lead them suggest suitable tools for advocacy.

4. Then ask them to propose tools that could be used for carrying out advocacy. As you record them, ask for suitable examples to strengthen their understanding on how the tools could be applied.

5. If all the tools have not been covered, present and explain the following prepared list:

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

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

(From ACORD, 2005)

6. Use the following questions to summarise the session:

1. What is networking?
2. Why may organisations come together to network?
3. What is advocacy?
4. What is the relationship between advocacy and networking?
5. How do we plan for advocacy?
6. What are the essential tools for use in advocacy?
7. Why is networking important in the fight against HIV and AIDS?

Learning Points:

1. *Advocacy is important both inside an institution and outside when working with partners, beneficiaries and other agencies. But above all it is important to know how to carry out advocacy – hence a need for effective capacity building of all stakeholders.*
2. *Within an organization and in a partnership, planning for advocacy requires a systematic approach. Some of the important elements for effective planning of advocacy include providing answers to: **WHAT** needs to be changed? **WHO** will be involved?, **HOW** will the change be effected? and **WITH** whom will we work to achieve the change?*
3. *Networking is important in fighting HIV and AIDS because various efforts and interventions used by different partners and communities are pooled together to create a common front to apply required pressure to achieve a common goal*
4. **Advocate for action:** *Look for opportunities to advocate for more action among the wildlife conservation community. For example, a resolution on HIV/AIDS was passed at the 2004 World Conservation Congress in an effort to scale up the response. It requested that the International Union for the Conservation of Nature (IUCN) highlight the disease and the problems it causes, promote solutions, and take action. However, in 2013, a huge amount of work remains to be done. Advocate for more action!*
5. **Encourage champions to speak out about HIV/AIDS:** *Support peer champions who often need reinforcement to effectively influence others. Develop national and international networks of champions to help to spread the word and stimulate action and maintain their activities over the long haul.*

6. **Pilot new approaches to reduce conservation impacts:** *Try out promising ideas; we are still learning about best approaches and where to focus most effectively. Document results!*
7. **Share experiences and best practices:** *Communicate with other organizations what does and doesn't work regarding the linkages between HIV/AIDS and conservation. Share interest and coping strategies through on-line resources such as www.abcg.org.*
8. **Collaborate with other sectors:** *Work with the health, development, agriculture and labor sectors. The conservation community cannot and should not fight this battle alone; we need to take part in a multisectoral approach on HIV/AIDS. Therefore, building relationships, coordination and networking are crucial elements for creating a foundation for advocacy. In the field of mainstreaming HIV AND AIDS in conservation organizations, where experiences and good practices are still scarce, it is even more important not to work in isolation.*
9. **Advocate for better policies and strategies:** *Advocate for better policies where appropriate, such as inheritance policies for land and resource rights.*
10. **Encourage donors to fund integrated HIV/AIDS activities in conservation programs:** *Express interest in undertaking integrated programs; encourage donors to fund multisectoral approaches to HIV/AIDS.*

(Adopted from Oglethorpe, et al 2013)

Chapter 12.0 Accountability Monitoring and Evaluation

This Chapter helps participants to raise the awareness of participants on the need for accountability in development process and specifically on mainstreaming HIV and AIDS. Participants will review the main elements of monitoring and evaluation and to determine how they can be applied in HIV and AIDS mainstreamed programs. Participants will also discuss input, outcome and impact indicators for use in HIV and AIDS mainstreaming at various levels. Facilitators will emphasise that HIV and AIDS monitoring and evaluation are important aspects of accountability in conservation organizations and program development processes and they can be effectively done if they are participatory.

Preparation:

1. Prepare suitable questions to lead participants to the definitions of monitoring and evaluation; write the definitions provided on a flip chart.
2. Using a familiar organisation/community, prepare appropriate input and output indicators that can be measured during progress monitoring of HIV and AIDS monitoring.
3. Reproduce copies of Handouts 9 and 10 for each participant.
4. Develop outcome and impact indicators for monitoring and evaluating HIV and AIDS mainstreaming.

Objectives:

By the end of the session, participants will be able to:

1. Identify inputs, activities and outputs for progress monitoring of HIV and AIDS internal and external mainstreaming;
2. Develop appropriate outcome and impact indicators for monitoring and evaluating HIV and AIDS mainstreaming;
3. Identify possible mechanisms for including the beneficiaries in the monitoring and evaluation processes

Facilitation:

12.1 Monitoring and Evaluation – Definitions:

- 1) Introduce the session with a presentation of the importance of monitoring and evaluation; involve participants by asking for their views on why they think monitoring and evaluation is important in their activities/programmes.
- 2) Ask participants to describe monitoring and evaluation; record responses on a flip chart and discuss the different definitions presented to reach a consensus. Present a summary description of the two terms on slides or flip chart as given below:
- 3) Inform participants that M&E are interrelated activities, which consist of on-going processes in any programme, for ensuring effective implementation of mainstreamed programs.

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

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

12.2 Progress and Impact Monitoring:

- 1) Initiate discussions on progress monitoring and impact monitoring. Record their contributions discuss them – highlighting examples. Then present the definition below:

Pr **Impact monitoring:** examines
re: a) expected and unexpected changes at
different levels including;
b) the target group at grassroots level,
Sc c) affected groups, institutions and the general
environment

Source: Gender sensitive participatory
approaches: Training manual for local experts

Reported in ACORD, 2005

- 2) Ask participants why it is necessary to mainstream HIV and AIDS issues in monitoring and evaluation. Record their contributions and add that: Monitoring the activities and effects of HIV and AIDS mainstreaming is crucial to enable institutional learning and use of scarce resources in an efficient and accountable way. As part of quality management, monitoring should be performed on a regular basis covering all major components of a programme to answer “are we doing the right thing and are we doing it right?”

12.3 Input, Process and Output Indicators:

1. Initiate a discussion by emphasising that although it is important to monitor the progress of HIV and AIDS mainstreaming, it is not possible to evaluate the impact of mainstreaming due to other factors that could have contributed to the positive (or negative) responses – in the long run. It is however possible to measure inputs, processes, and outputs to HIV and AIDS by determining corresponding indicators at the planning stage.
2. Basing on the experiences of participants with monitoring and evaluation in their core activities ask them to suggest possible input, process and output indicators that could be used in HIV and AIDS mainstreaming.
3. Summarise the session by emphasising that it is important to analyse and document lessons learned from M&E of HIV and AIDS mainstreaming. It is also important to motivate others who are at a less advanced stage to use lessons learned to improve their approach; all this can be done if proper M&E is carried out on a regular basis.

12.4 Learning Points:

- 1) *Like in any programme, monitoring and evaluation of HIV AND AIDS mainstreaming is an integral part of its management.*
- 2) *Although HIV and AIDS mainstreaming is a relatively new concept, using an integrated approach is proposed i.e. using existing mechanisms and making sure HIV and AIDS is integrated rather than developing a separate M&E system of mainstreaming HIV and AIDS.*

- 3) *Suitable indicators should be developed at the planning stage to ensure that programme or organizations activities are HIV and AIDS-sensitive at all stages.*
- 4) *Although the impact of HIV and AIDS mainstreaming is not easy to ascertain during the long run, short term effects can be measured e.g. level of community awareness and openness about HIV and AIDS, consumption of condoms as a result of regular HIV and AIDS sensitization etc.*
- 5) *The participation of the beneficiaries in the monitoring and evaluation processes is vital for ensuring sustainability and ownership of the outcomes of the strategies.*

Chapter 13.0 : Action Planning, Evaluation, and Closing

This session checks participants' achievement of workshop objectives and helps them to develop action plans for each participant to apply back in their workplaces/programmes.

Participants will write their own question based what they have understood well or what they have some doubt with the objective of sharing the question with other participants and facilitators. It is important that the questions are recorded together with corresponding issues that help to show the success (or failure) of the workshop to achieve its objectives. Each participant will then complete the action plan questionnaire to implement in their workplaces.

Preparation:

The Question Box

1. Make a box with a hole in the top that is big enough for participants to drop written questions into it. Provide paper and pens.
2. Prepare, in outline, key learning points sampled from each session, but closely linked to the workshop objectives – to help you to wrap up the workshop.

Objectives:

- By the end of the session, participants will be able to:
- i. Restate lessons learned in the course of the workshop
 - ii. Facilitate others in solving problems/ answering questions.
 - iii. Develop workshop action plans.

3. You need to produce sufficient copies of the action plans for participants to complete as a commitment to apply what they have learned back at their workplaces.

Facilitation:

1. Summarize the main items of the workshop covered up to this point. Remind the participants that the group has spent some very intense days together discussing a subject that can often be very difficult for people to address. They have discussed how HIV and AIDS is transmitted and ways to prevent it, gender and its influence on HIV and AIDS, and living with HIV and AIDS. They have talked about ways to counsel people affected by AIDS, how to bring the messages of compassion and care to our communities, and how to effect change with regard to HIV and AIDS.
2. State that as the workshop comes to a close sometime has been set aside for everyone to reflect on the past days. Ask the participants to *“Think about all the sessions, what they have learned anything that they are unclear or still have questions about.”*
3. Ask participants to write any questions they might have on a sheet of paper. The questions should be written anonymously (i.e. without the participant’s name). Explain that the questions will be put in a box and will be answered by fellow participants. Pass the box around.
4. When all participants have finished, have them divide themselves into two groups, explaining that one team will act as facilitators (instructors), the others as participants (trainees). Have each instructor draw one question from the box.
 5. The instructors should take turns asking their questions. Each trainee should answer one question. If the instructor does not agree with the answer given by the trainee, s/he can ask for further clarification, additional opinions from the other trainees, or correct the answer. If an instructor corrects a trainee’s answer, s/he should be sure that the other instructors agree with his correction.
 6. After the first set of questions drawn from the box have been answered; reverse the roles of the two groups. Those who were instructors, become trainees and those who were trainees become the instructors and draw the remaining questions from the box. Repeat the process until all the questions have been answered.

Wrap-up

When all the questions have been answered, review any points that were particularly confusing. Remind participants that if they need help or have questions in the future, they can use each other as resources.

(Adapted from

“HEDC 606 Training Methodology Student Materials,” Tulane School of Public Health and Tropical Medicine, 1999

“ACORD, 2005, Guide on HIV & AIDS Mainstreaming; ACORD - HIV & AIDS Support and Advocacy Programme Website: www.acord.org.uk.

Chapter 14: Annexes

Annex 1: Exercises

Exercise 1: Common held beliefs and prejudices about HIV & AIDS.

1. **The origin of AIDS is unknown. (Debatable)** *no one knows the origin of the pandemic) the source of the pandemic is not important what is major now is how to handle the issue now that it is affecting us*
2. **HIV does not cause AIDS([True or false]**. *(Explain that there are currently debates by nutritionists that poor nutrition rather than HIV causes AIDS).*
3. **Prevalence rates in Africa are an indication of the level of promiscuity [False]** *There are many other factors in Africa that expose people to infection not only promiscuity.*
4. **Unprotected sex always leads to HIV infection [False]** *Unprotected sex with an infected person leads to infection.*
5. **The condom does not provide full proof protection against HIV infection [True]** *If the condom is not effectively used.*
6. **Advocating for use of condoms increases promiscuity [False]** *Condoms are provided as an alternative last resort method for avoiding HIV infection.*
7. **An HIV positive woman should not bear children [False]** *HIV positive mothers have a right to reproduction. It is important to present the alternatives to her and leave her to take an informed decision. Besides there are ways of protecting the infection using the PMTCT nivarapin treatment.*
8. **If one is HIV positive then he/she is useless [False}** *HIV positive people are strong and productive.*
9. **ARVs cure AIDS [False]** *ARVs life extending drugs and not a cure to AIDS.*
10. **It is not easy for parents to talk to their children about HIV/AIDS and**
11. **reproductive health [True]** *it is however important to establish communication because it is vital for their protection against infection.*
12. **One can have HIV without having AIDS [True]**
13. **If I discovered I had the HIV virus I would commit suicide [Debatable]** *It depends on ones ability to live with the knowledge*

(Adopted from ACORD, 2005).

N.B Do not distribute this, use it to guide discussions discussion

Exercise 2: Role-play on HIV/AIDS as a development issue

This role-play focuses on analysing the underlying causes of HIV/AIDS transmission. It provides participants with the opportunity of reviewing the underlying social, cultural and economic causes of the spread of the pandemic.

- a) Choose participants to take up the different roles in the skit.
- b) Participants should be attentive and follow the conversations.
- c) Present questions for discussions in-groups.
- d) Ask participants what they have learnt from the exercise.
- e) Record their responses for discussion.

Health Worker

Attention ladies and gentlemen I am here today to discuss with you one of the major problems facing us in this community. I am sure you have all heard about the killer HIV / AIDS that has claimed the lives of many of our friends and relatives. The young and old, rich and poor, male female have all fallen prey of this dreaded pandemic.

People

Yes it is terrible we have all been affected. It crawls silently like a monster devouring its prey whether night or day. We will all perish.

Health worker

No, not at all!! There is an answer to this. We can protect ourselves from the scary pandemic by abstaining, using condoms or sticking faithfully to our partners.

People

Yes we have heard of the three ways of preventing HIV/AIDS, but we are not sure if the condom is safe. Some of us women cannot control the use of these condoms.

Male

How do I tell my wife/ girlfriend that we use a condom? She will question my faithfulness.

Married woman

How do I stop my husband from having sex with me even if I know he has concubines? He will throw me out of the home and where do I go; I have no job. He takes care of all my needs.

Commercial sex worker

How do I tell my client to use a condom if he is going to pay me more money if we do not use it, I have no other job; this the way I survive.

Youth in the army

Ah! Condom use! I am mortal and one day I will surely die. With this war, I may die at the battlefield and besides the condom affects my sexual pleasures so why bother.

Health Worker

No, you need to have a hope and a future because you are the major providers in your homes you are important to the community and the country. So abstain, use condoms or have only one sexual partner.

People

No we already have a huge financial burden caused by the pandemic, orphans to care for, and patients to nurse. Food, clothing, for our families how do we then think about spending on condoms?

We will just wait for our turn to come because all of us are in danger.

Questions

- a) Why have the people refused condoms as an option for survival?
- b) They believe that it is a sign of unfaithfulness.
- c) Reduces on the money CSW can earn from their contacts
- d) Complacency about life

- e) They lack the funds to buy the condoms

2. Why does the high level of awareness not necessarily lead to behavior change?

There are other factors that determine whether people change behaviour or not these include:

- a) Women have no powers to decide on whether to have sex or not
- b) Alcoholic influences
- c) Poverty
- d) Complacency
- e) Ask participants what they have learnt from the exercise.

Source: **Sue Holden**: *Looking at AIDS as a Development issue: An exploration with ACTION AID Uganda; Reported in ACORD, 2005.*

Exercise 3: Case Study on a Humanitarian Program

In the year 1977 country Z experienced a serious racial conflict that resulted in a war which displaced millions of inhabitants in the eastern region of the country. The displaced were temporarily resettled in refugee camps in the western region of the neighbouring country in a drought stricken region where access to water and food supplies and other basic needs are limited. STLI a non-government organization operating in the country in partnership with UNHCR provided humanitarian assistance including water sources, shelter, clothing and food supplies for the displaced population.

Besides the problem of poverty, food scarcity and breakdown of cultural values and norms in the host community resulting from the mixing of tribes, the host community also had a serious HIV/AIDS pandemic for the last ten years and many of the households either had ill relatives or had lost them. UNHCR through Save the Lives Initiatives (STLI) implemented a health programme to respond to some of the needs of the HIV/AIDS affected families by providing VCT services, treatment of opportunistic infections, condom distribution among others. Over the years the pandemic showed no signs of decreasing as evidenced from records of the VCT centre in the community.

The infection was higher among women of the reproductive age group. Discussions with the community indicated that women who are the main care providers and food producers in the community do not have any source of income nor any opportunity of accessing information and services on HIV/AIDS. Women's Development Organization (WDO), a micro finance organization initiated a savings and credit programme to alleviate the poverty problems in the community with a focus on women who are the main food producers in the community. Funds were provided through women's organized savings and credit groups. WIDO utilized the same groups to raise the awareness of the women to HIV/AIDS issues and the ABC model of behaviour change. In addition the programme linked with UNHCR to provide condoms in the community.

Over time it was observed that there was no major improvement in households benefiting from the micro credit and cases of domestic violence seemed to be on the rise. Discussions with different members of the community indicated that some of the initiatives funded were not viable and others, proceeds were taken away by spouses which caused conflicts in households.

WDO agreed to assess the activities to be funded to ensure that they do not aggravate situations of conflict and probably which could have an association with the spread of the pandemic in the community. The program also began addressing issues of gender and production in community funded groups. Currently besides providing credit, communities are facilitated to analyse the causes and effect of the pandemic on household.

In the meantime the organizations discovered that some of their community workers and other staff were also affected by the pandemic. Some had ill patients and others expressed fear of being infected. To alleviate their problems, the three organizations initiated activities to sensitize their employees on HIV/AIDS. Each introduced monthly sessions on HIV/AIDS. They linked with the Ministry of health to access some of the care treatment services available for their infected staff.

Questions:

- 1) Identify the different approaches to HIV/AIDS in this community? **HIV direct work, Mainstreaming and Coordination**
- 2) Identify the differences in the approaches by the different organizations operating in the community?
- 3) Describe the types of mainstreaming presented in the case study. **Internal and external**
- 4) What are their advantages and disadvantages of the different approaches adopted by the organizations?

Exercise 4: Benefits and Challenges to HIV and AIDS Mainstreaming:

- 1) What could be the benefits of mainstreaming HIV/AIDS at the different levels?
 - a) Better results from funded initiatives
 - b) Greater impact of funded initiatives
 - c) More coordinated and effective funding procedures that avoid duplication
 - d) More involvement of beneficiaries (participatory)
 - e) More commitment of employees on the part of internal mainstreaming for international NGO

- 2) What are the challenges?

At all levels the need to secure political commitment and support, leadership and consensus on mainstreaming HIV/AIDS is paramount. Without these the process becomes mere rhetoric with limited action. Some of the challenges which may be mentioned include

 - a) Internal visa vis external mainstreaming
 - b) Building partnerships
 - c) Development of monitoring indicators for mainstreamed activities.
 - d) Involvement of PLWAs.
 - e) Building effective networks
 - f) Funding for HIV/AIDS mainstreamed programmes
 - g) Varying conceptual understanding of mainstreaming
 - h) Resource constraints

- 3) What conditions would need to be satisfied for effective mainstreaming at the different levels?
 - a) Ensure high level of political support
 - b) Collective action in partnerships and networks
 - c) High level of advocacy
 - d) Effective dissemination of lessons and best practices for reference

(Adopted from ACORD, 2005)

Exercise 5: Causes, Effects and Forms of HIV/AIDS Related Stigma

- 1) Distribute at least three cards to each participant
- 2) Ask them to write their thoughts on each of the following:
 - a) causes of stigma
 - b) forms of stigma
 - c) effect of stigma.
- 3) Ask them to stick their answers on the wall in form of a tree with the forms as the main trunk, effects for the branches and causes as the roots.
- 4) Initiate a discussion based on participants' responses.
- 5) Wind up the discussion by informing participants that, Stigma and discrimination is a major issue to be addressed in the fight against HIV and IADS and therefore has a separate tool kit to help actors understand it and develop responses in their work.

(Source: ACORD, 2005)

Exercise 6: Case Study: ACORD Tanzania's Gender Action Group (GAGs)

GAGs are composed of both men and women and are on the belief that women have something valuable to offer in community discussions and development in general, but they need a special forum or platform to demonstrate their potential.

The GAG is a community initiative in Mwanza, Tanzania, ACORD's area of operation. Their major role is promotion of women's participation in the cycle of learning, action and reflection in their community to ensure those women's strength and rights are properly acknowledged.

Many GAGs also took on an advocacy role in their communities, to try to address some of the traditional cultural beliefs that have dominated women. People were encouraged to understand why they perceived women as second class citizens. They discussed local proverbs that expressed men's superiority and the fact that men saw it as their right to make decisions on behalf of women. ACORD Tanzania. Trained GAG members in community sensitization and mobilization, and provided information on issues such as reducing gender based violence and enforcing sexual health rights to reduce HIV. Many GAGs also raised awareness of women's legal rights and encouraged women to apply for their property or inheritance rights. Within a period of 3 years 30 GAGs were formed within the shantytowns and their success is passed on by word of mouth. Through the GAGs;

- a) Women accessed credit services to help them improve their petty trade. More women are joining groups in order to access credit services.
- b) The community is aware that it is wrong to abuse women either physically or sexually.
- c) Village committee is enlightened on their roles in to rule fairly and openly against physical or sexual abuse.
- d) GAGs lobbied city authority on issues such as gender –based violence and sexual abuse. This resulted in local legal structures at ward level.
- e) Men and women are beginning to see the need to communicate with their spouses rather than use of violence. Men consider women's rights as fundamental pillars for their participation in the community development process.

Questions

1. From the case study, identify situations indicating the following concept
 - Community / beneficiaries claiming for accountability for their rights
 - Beneficiaries empowered to be able to access services.
 - Increased participation by different categories of the population in at every stage of the development process.
 - Work linked to existing laws in the area or country
2. What are the advantages of using the approach to development that ACORD used in communities in Mwanza?

Possible responses

- 1) Encourages ownership and commitment to projects initiated
- 2) Encourages involvement of all categories of the population and therefore programs get higher impact.
- 3) Effective use of the resources available.
- 4) Programs initiated are less likely to be rejected since they are based on community's need.

(Source: ACORD, 2005)

Exercise 7: Case study: ACORD Karagwe

After five years of ACORD's work in Karagwe; Tanzania, it was evident that some impact had been made on the challenges faced by the population. However some major fundamental blocks that hampered the community development had not been addressed. It was realized by ACORD Tanzania that addressing the structural issues would bring about the necessary environment in which people might develop the skills to influence the provision of services and information that could in turn reduce the spread impact of HIV/AIDS.

During the meetings organized by ACORD, Women and girls talked of the need to change local culture, as it is out dated. Girls rarely attended school because they had to provide labour in their households. Women have no rights to negotiate either in the household or at higher levels because they are seen as the property of men. This means they cannot inherit property, own land or advocate their needs in public. Because of their position in the household, women are unable to negotiate their sexual rights either in or out of marriage. In marriage this means they must be available to the man at all times and are unable to negotiate safer sex, unmarried women often find they are coerced into sex. This was a worrying matter given the rising prevalence rates of the HIV/AIDS pandemic.

In community meetings only the married women and those who were economically improved were invited. The unmarried women were undervalued and not respected and widows were considered a burden in their deceased husband's families. They were forced to marry in laws in the families to maintain the property and land. Women's survival therefore depended on men.

Questions

1. Identify the human rights and development issues presented in the case study.
2. How are they linked to the HIV/AIDS pandemic?

Human rights issues

Women's right to negotiate either in households or communities

Right to reproductive health decisions

Right to education for girls.

Women's right to inherit property, own land or advocate their needs in public

Development issues

Lack of land for production

Widows considered a burden in households

No voice in the community and therefore are excluded in the community development processes. Their needs are therefore not addressed.

(Source: ACORD, 2005)

Exercise 8: Case study on Micro-credit program

In community X in one developing country in Sub Saharan Africa, a national development organization is implementing a micro project aimed at improving the socio economic status of the community. This community has experienced a pressing economic insecurity characterized by limited employment for most adults, limited land for agricultural production, poor roads and a high population in households affected by the HIV/AIDS pandemic or living with HIV and AIDS. Many of these households barely have enough to live on since their reserves were depleted on providing care and treatment for their ailing relatives or caring for the survived orphans and widows.

- a) The policy for the organization's credit program has a number of conditions that do not favour the HIV/AIDS affected households including the following:
- b) Credit has to be given to only those in organized groups but the households affected by HIV/AIDS are stigmatized and marginalized from the existing groups.
- c) Group security is mandatory yet most HIV/AIDS affected households barely have any resources for saving
- d) The credit has a high interest which may not be easily paid by households affected by HIV/AIDS
- e) Households benefiting from the project should have a given standard of financial skills, which are acquired in-group training sessions. People living with or having AIDS are unable to participate in these training sessions due to stigma and discrimination.

All these conditions made it difficult for the affected households within the community to access the credit. Due to the fact that a high number of people were already affected by the HIV/AIDS problem, the project services reached a limited number and the estimated target was not reached.

Question

How is the policy of the credit program likely to aggravate the spread of the pandemic in this community?

- By not addressing the problem of HIV/AIDS related stigma and discrimination could lead to intended spread as PLWA feel unfairly treated.
- The greater percentages of the households are affected by HIV/AIDS and therefore the economic situation is likely to worsen. Poverty is a cause and consequence of the HIV/AIDS pandemic.
- Using the road map to mainstreaming HIV/AIDS in development work, suggest ways in which this project can address the problem of exclusion of the HIV/AIDS affected households in this community.
- Participants present the outcomes from their group discussions can also raise examples from their own work if there are any.
- Discuss the similarities and differences in the outcomes of the discussions and point out the major issues raised in all the presentations
- Ask participants to reflect on the road map and what their views are on external Mainstreaming
- Conclude the exercise with some of the challenges and strengths of mainstreaming HIV/AIDS in Programs.

Source: ACORD, 2005

Exercise 9: ACORD Mwanza Urban livelihoods program

When ACORD Tanzania first started working with the shanty communities in Mwanza city, it was clear the whilst the quantity and variety of local groups, CBOs and NGOs were impressive, most were dominated by one or two specific groups of people, and in particular men from the Sukuma tribe- pastoralists who had traditionally lived in the Mwanza region.

Some groups in the community were marginalized from participating in the local structures or even voicing their concerns: people from the Kurya and Chaga tribes, women, young men and vulnerable groups like female or child headed households and PLHAs. People saw this as causing a host of problems within the community. It made certain tribes feel marginalized, it reinforced negative cultural stereotypes of women, it did not allow unemployed youth an opportunity to improve their circumstances and it further reinforced the vulnerability of female headed households, PLHAs etc.

In order to increase participation of different groups in the community, the ACORD Mwanza team encouraged a host of community meetings and discussions at different times and in different areas, inviting as wide a variety of people as possible. The picture that emerged was encouraging. People began to request help to form community initiatives/ groups to reach mutual goals. A special focus of ACORD Tanzania was PLHAs.

Question

1. What could be the outcome if effective participation is encouraged in this community?
2. What advantages for program implementers result from encouraging participation by all sectors in the community?

(Source: ACORD, 2005)

Exercise 10: Case study

In one agricultural dependent community, the HIV/AIDS pandemic reached pandemic proportion, with over 40% adults living with HIV/AIDS and a prevalence rate of 15%. The community is faced with a web of challenges associated with the pandemic including;

- 1) Very high death rate among the able bodied adults
- 2) School dropout rate is very high
- 3) More productive time is spent on caring for the sick and less time on food production and therefore there is an ensuing food crisis.
- 4) Health providers are overwhelmed with the rising number of patients to be hospitalized, doctors and nurses are faced with recurrent trauma associated with the high death rates.
- 5) Households have very low incomes
- 6) Widows are homeless due to loss of their property to relatives of the spouses.
- 7) High population of homeless and destitute children /orphans.

Question:

- a) As a development agency working in this community, what steps will you take to alleviate the numerous problems mentioned?
- b) Who can you work with in this initiative?

(Source: ACORD, 2005)

Annex 2: Hand-outs

Hand out 1: HIV & AIDS Definitions

AIDS Work: work directly focused on AIDS prevention or care and support for that infected work which is distinct and separate.

Integrated AIDS Work: AIDS work, which is implemented along with or as part of development and humanitarian work. The focus is still on direct prevention, care treatment or support but with the difference that the work is implemented in conjunction with and linked to other projects or within wider projects.

Mainstreaming AIDS: has two aspects including internal and external. External mainstreaming refers to adapting development and humanitarian programmes in order to take into account susceptibility to HIV/AIDS infection.

Internal mainstreaming: refers to changing organizational policy and practice in order to reduce the organization's susceptibility to HIV infection and its vulnerability to the pandemic's impact.

Source: *Sue: AIDS on the Agenda: Adapting development and Humanitarian programs to meet the Challenges of HIV/AIDS.*

Hand out 2: Examples of Mainstreaming at Different Levels

Global level: Examples of internal mainstreaming by international organizations: Reference to the AIDS Consortium on AIDS and International Development publication: Working Positively: A guide for NGOs managing HIV/AIDS in the work place.

National level. Refer to selected examples of countries' PRSPs and their HIV/AIDS content. Reference to the UNAIDS AIDS, Poverty reduction and Debt Relief: A tool kit for mainstreaming HIV/AIDS Programmes into development Instruments.

PRSP

Poverty Reduction Strategic Papers (PRSPs) are documents that are intended to specify the issues and approaches to poverty reduction in many developing countries, most immediately in the countries receiving debt relief under the enhanced Highly Indebted and Problematic countries.

An effective PRSP would meet the following conditions'

- a) Be prepared by the country
- b) Focus on faster and broad based economic growth
- c) Reflect a comprehensive understanding of poverty and its determinants
- d) Assist in choosing public actions that have the highest poverty impact
- e) Establish outcome indicators that are set and monitored using participatory processes.

Due to failure of meeting all the conditions by countries that are highly indebted, an interim PRSP was introduced. By 2001 only three countries (Burkina Faso, Uganda and Tanzania) had satisfactorily completed the PRSP and 29 had Interim PRSPs (Cameroon, Benin, Central Africa republic, Chad, Gambia, Ghana, Madagascar, Mali, Mozambique, Rwanda, Niger, Senegal, Tanzania, Zambia, Guinea, Guinea Bissau, Kenya, Sao Tome, Principe, Malawi)

Sub National level:

Reference to Sue Holden's Putting AIDS on the AGENDA: best practices in mainstreaming HIV/AIDS in on going implementation of programmes.

Source: *UNAIDS: Mainstreaming HIV/AIDS: A conceptual framework and Implementing principles.*

Handout 3: Linkages of HIV& AIDS and Conservation

[HIV AIDS and the Environment Impacts of AIDS and Ways to Reduce Them.pdf](#)

This is a summary from the Manual on HIV & AIDS and Conservation which aims to raise awareness of the linkages between HIV/AIDS and the environment, and provide guidance to conservation organizations on actions they can take to reduce the impacts on their organizations, the local communities they partner with, and the environment.

1. The Problem

The HIV/AIDS epidemic is having serious impacts on biodiversity conservation and natural resource management, particularly in sub-Saharan Africa.

Impacts on conservation organizations include:

- **Loss of human capacity:** this seriously affects institutional memory, continuity of programs and operations, and achievement of conservation goals. Conservation staff are particularly vulnerable if they spend time away from their families, where they are more likely to practice risky behavior.
- **Loss of investment in training:** This is particularly serious in Africa, where conservation capacity is already limited.
- **Loss of staff time:** There is increased absence from work when staff members care for their family members with AIDS, attend funerals, or are sick themselves.
- **Diversions of conservation funds for AIDS costs:** Many conservation organizations are covering the costs of medical expenses and other costs, reducing funds for conservation work.
- **Decline in morale:** Successive bereavement saps morale and enthusiasm from even the most committed employees, slowing productivity.

Impacts on communities, natural resource management and land use include:

- **Increased use of natural resources:** As AIDS-affected rural households lose salary earners and agricultural labor, many are turning to natural resources as a safety net; these uses of natural resources such as bushmeat, firewood and wild foods may not be sustainable and can pose a long-term threat to communities and their wellbeing.
- **Loss of leadership and capacity for community-based natural resource management:** Community-based natural resource management (CBNRM) programs become increasingly vulnerable as communities lose leadership and capacity, and HIV/AIDS-related issues such as caring for the sick or adapting family livelihoods take priority over participation.
- **Loss of traditional knowledge:** The middle generation is most active in land and resource management; if these adults die prematurely, their traditional knowledge of natural resource management and local farming systems is often lost.
- **Impacts on women:** Women are particularly affected by AIDS, and many natural resources managed by women are in higher demand because of AIDS, such as wild foods and fuelwood. As poverty deepens in AIDS-affected households, women may be forced into prostitution, and are often powerless to negotiate safe sex.
- **HIV spread through natural resource extraction:** Occupations such as fishing, logging and trade of natural resources which take men and women away from home often result in higher HIV infection rates.
- **Changes in farming practices:** When agricultural labor is lost and household incomes decline, households often farm more extensively with fewer inputs. This can result in more environmentally damaging techniques including increased use of fire.
- **Land tenure and land grabbing:** In some societies, when the male head of the household dies, the widow and children cannot inherit his land. Land-grabbing results in loss of livelihood base for the immediate surviving family members, and sometimes subsequent land use is not sustainable.
- **Future security and conflict** may also be affected, as children orphaned by AIDS grow up with little indigenous knowledge, weak attachment to the land and resources, and poor education. There is a high risk of over-exploitation of resources. Having a large proportion of

young adults in the population with no sound livelihood base can threaten peace and security, with the risk of civil unrest.

2. What Can be Done to Reduce Impacts?

Conservation organizations can take action to protect our staff, the communities we work with, and the natural resources and biodiversity we aim to conserve. We can't stop the HIV/AIDS epidemic, but we can play an important role in reducing its impacts.

2.1 Actions in the workplace include:

- **Develop a workplace HIV/AIDS policy:** Workplace policies help both employers and employees in conservation organizations. They set a foundation for HIV/AIDS awareness, prevention and care programs; provide a framework for practices within the organization; express standards of behavior expected of all employees; inform employees of what assistance is available through work; ensure confidentiality; guide supervisors and managers on how to manage HIV/AIDS issues; and can help mainstream HIV/AIDS into conservation activities.
- **Overcome stigma and avoid discrimination:** promote open discussion about HIV/AIDS and treat employees fairly.
- **Promote HIV/AIDS awareness and prevention:** ensure that all staff members understand how HIV is and is not transmitted, and how to prevent transmission. This is often done through a peer education system. Develop a condom distribution system in the workplace, including in field sites and vehicles. Include rubber gloves in first aid kits.
- **Encourage voluntary counseling and testing:** Encourage employees to have HIV tests, with pre- and post-counseling so they understand the nature of the test and its implications. People are more likely to have tests if they can have access to treatment if needed. It is important that tests are voluntary.
- **Promote wellness programs:** Work with the health sector to promote wellness programs at work; this may be extended to staff's family members.
- **Transfer affected staff to less labor-intensive positions:** When staff whose jobs involve physical exertion develop early stages of AIDS and are less able to work, transition them to less labor-intensive positions such as desk jobs or part-time jobs if possible.
- **Post staff near their families:** Whenever possible, post staff with their families so they are less likely to practice risky behavior.
- **Encourage staff to make wills:** In many countries, existence of a will enables surviving family members to inherit property more easily and allocate any pension and/or benefits.
- **Try to maintain institutional memory:** Document important decisions, meetings, management systems, research and monitoring results and ensure that more than one staff member has good working knowledge of plans, programs, projects, systems, donor relations, etc, to reduce the impact of losing a key staff member.
- **Integrate HIV/AIDS in funding proposals:** Some donors are willing to cover the costs of integrating HIV/AIDS into conservation programs.
- **Mainstream HIV/AIDS into all organizational activities:** HIV/AIDS needs to be addressed on all fronts, ranging from awareness, prevention, treatment and wellness, to staff housing, work assignments and training, to working with local communities on CBNRM, design of conservation programs and activities, and land policy initiatives. Undertake an assessment of existing and likely future impacts, and develop a strategy for action.

2.2 Training strategies

- **Adapt conservation training programs to reduce risk of HIV transmission:** Incorporate awareness and prevention at the start of courses and part of all orientation programs in training institutions, and supply condoms. When sending employees away from home, provide training on HIV/AIDS prevention and provide condoms.
- **Use innovative training approaches and more short courses:** Adapt training approaches to reduce HIV transmission during training: e.g. distance learning, web training, and e-learning. If possible, increase the number of people who receive training in order to create a broad skill base in staff who may have to take on new responsibilities. Train junior staff in leadership skills, and mentor them when they first take them on.
- **Rebuild community conservation capacity:** Provide training and mentoring to rebuild community conservation and natural resource management skills lost due to AIDS. Include groups such as orphans, youth, elderly, women and men, with appropriate activities given people's changing circumstances.
- **Integrate HIV/AIDS in training curricula:** Incorporate HIV/AIDS aspects in training curricula for natural resource managers, including changes in natural resource use due to the disease and mitigation strategies. Host special short courses on AIDS and the environment..
- **Promote HIV/AIDS prevention, treatment and care at training institutions:** Use signs, displays, posters, articles and prevention materials to foster awareness, tackle stigma, provide testing, give counseling and offer care to students, staff, faculty and neighboring local communities through college health clinics. Provide condoms discreetly throughout training facilities.

2.3 Community action

- **Improve community health:** Improve community access to healthcare, including HIV and AIDS services and information (this is usually done in partnership with the health sector). Improve water supplies, sanitation and hygiene to reduce risk of opportunistic infection in people living with AIDS; and improve indoor air quality through improved energy practices to reduce acute respiratory diseases.
- **Support management of medicinal plants:** Enhanced management of wild stocks of medicinal plants, promoting sound harvesting techniques, improving the extraction of active ingredients; and cultivating medicinal plants domestically when feasible.
- **Ensure food security and nutrition:** promote kitchen gardens and use of nutritious crops, promoting non-labor-intensive methods that young and old people can use, as well as those in the early stages of the disease. Promote sustainable use of nutritious wild foods.
- **Promote access to microfinance:** seek opportunities for small loan programs for distribution in local communities.
- **Conserve indigenous knowledge:** Document indigenous knowledge of local land and resource use. If there is no older generation, mentor the youth and help them apply the knowledge.
- **Seek alternatives to unsustainable resource use:** Work with communities, especially those located close to national parks and protected areas, to promote biodiversity conservation awareness and find appropriate economic, protein, nutritional, and medicinal alternatives.
- **Develop sustainable natural resource-based micro-enterprises:** Seek opportunities with low labor requirements to relieve environmental pressures and support AIDS-affected communities (e.g., honey production, agroforestry, ecotourism).

- **Establish community funds to promote alternative livelihoods:** Provide microfinance for communities to tackle HIV/AIDS, develop small-scale enterprises and develop demonstration projects.
- **Empower women:** Support women's leadership and strengthen their capacity for resource management by promoting women's groups and providing training. Arrange access to microfinance for women so the household can better withstand shocks and develop microenterprises. Improve access to family planning and peer support. Support education of girls and women. Strengthen women's rights to land and other essential resources.
- **Support survivors so they can stay on their land:** Encourage adults to write wills when appropriate, so widows and children can inherit the property and land. Promote education for all children – including girls and AIDS orphans – so they can have better opportunities when they get older.

2.4 Scaling up responses

- **Advocate for action:** Look for opportunities to advocate for more action among the wildlife conservation community. For example, a resolution on HIV/AIDS was passed at the 2004 World Conservation Congress in an effort to scale up the response. It requested that the International Union for the Conservation of Nature (IUCN) highlight the disease and the problems it causes, promote solutions, and take action. However, in 2013, a huge amount of work remains to be done. Advocate for more action!
- **Encourage champions to speak out about HIV/AIDS:** Support peer champions who often need reinforcement to effectively influence others. Develop national and international networks of champions to help to spread the word and stimulate action and maintain their activities over the long haul.
- **Pilot new approaches to reduce conservation impacts:** Try out promising ideas; we are still learning about best approaches and where to focus most effectively. Document results!
- **Share experiences and best practices:** Communicate with other organizations what does and doesn't work regarding the linkages between HIV/AIDS and conservation. Share interest and coping strategies through on-line resources such as www.abcg.org.
- **Collaborate with other sectors:** Work with the health, development, agriculture and labor sectors. The conservation community cannot and should not fight this battle alone; we need to take part in a multisectoral approach on HIV/AIDS.
- **Advocate for better policies and strategies:** Advocate for better policies where appropriate, such as inheritance policies for land and resource rights.
- **Encourage donors to fund integrated HIV/AIDS activities in conservation programs**
- Express interest in undertaking integrated programs; encourage donors to fund multisectoral approaches to HIV/AIDS.
- **Conclusion:** The conservation community cannot rely solely on the health sector for solutions to HIV/AIDS: it needs to engage actively with partners in a multisectoral approach to reduce impacts. This includes measures to try to maintain our capacity, reduce transmission in the areas where we work, and reduce impacts on natural resources and land use. We cannot afford to ignore HIV/AIDS in these parts of the world if we are to achieve our long-term conservation goals. And experience has shown that the sooner action is taken, the more effective it is.

Hand out 4: The millennium development goals

1. Eradication of extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/AIDS, malaria and other diseases.
- 7. Ensure environmental sustainability y.**
8. Develop a global partnership for development.

Source: Summarized from www.un.org/millenniumgoals/

Handout 5: Framework of a Workplace policy on HIV&AIDS

Why have a policy?

A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It: makes an explicit commitment to corporate action

- a) ensures consistency with appropriate national laws
- b) lays down a standard of behaviour for all employees (whether infected or not)
- c) gives guidance to supervisors and managers
- d) helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing
- e) helps to stop the spread of the virus through prevention programmes
- f) assists an enterprise to plan for HIV/AIDS and manage its impact, so ultimately saving money.

It provides the basis for putting in place a **comprehensive workplace programme**, combining prevention, care and the protection of rights. Depending on the particular situation, it may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be a short statement of principle.

The *ILO Code of Practice on HIV/AIDS and the world of work* provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. It is complemented by an education and training manual. These encourage a consistent approach to HIV/AIDS, based on ten key principles, while being flexible enough to address the different needs of individual workplaces.

Policies should be shaped by local needs and conditions - no single policy is relevant to all situations - but the components below can usefully be included. Language you may like to consider and adapt is shown in lighter (yellow) panels. Please insert 'Ministry', 'department', 'hospital' or other word as appropriate if your workplace isn't a private sector company.

The policy

1. GENERAL STATEMENT

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:

- i. The reason why the company has an HIV/AIDS policy
- ii. A statement about how the policy relates to other company policies
- iii. Policy compliance with national and local laws and trade agreements

Sample language

Company or public sector workplace X recognises the seriousness of the HIV/AIDS epidemic and its impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV/AIDS [*where relevant - otherwise insert 'existing laws on discrimination, working conditions, and safety and health'*] and with the ILO Code of Practice on HIV/AIDS and the world of work.

2. POLICY FRAMEWORK AND GENERAL PRINCIPLES

The policy establishes some general principles as the basis for specific provisions:

Sample language

Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognises that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.

3. SPECIFIC PROVISIONS

The policy should include provisions in the following areas:

- 1) *The protection of the rights of those affected by HIV/AIDS*
- 2) *Prevention through information, education and training*
- 3) *Care and support for workers and their families.*
- 1) *Stigma, discrimination and rights*

No rights - from confidentiality to access to benefits - should be affected by an individual's HIV status, real or suspected. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

1) *The protection of the rights of those affected by HIV/AIDS*

Sample language

1. *Rights of employees who are HIV-positive.* HIV-positive employees will be protected against discrimination, victimisation or harassment. Normal company disciplinary and grievance procedures shall apply equally to all employees, as will the provision of information and education about HIV and AIDS.
2. *Employment opportunities and termination of employment.* No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. *[A collective agreement could spell out the grounds for dismissal].*
3. *Testing.* Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling (VCT) for all employees.
4. *Epidemiological testing.* Testing programmes for epidemiological purposes will be subject to appropriate consultation with recognised employee representatives and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with accepted international standards on pre-and post-test counselling, informed consent, confidentiality and support.
5. *Confidentiality.* The Company recognises the sensitive issues that surround HIV/AIDS and undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his or her status to management, the Company will keep the identity of such person confidential. However in line with the Company philosophy on the virus, the employee will be encouraged to be open about his or her HIV status.

2) *Awareness-raising and education*

In the absence of a vaccine or cure, information and education are vital components of an AIDS prevention programme. Because the spread of the disease can be limited by informed and responsible behaviour, practical measures such as condom distribution are also important means of supporting behaviour change within the workplace community.

Sample language

1. Appropriate awareness and education programmes will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against infection by HIV. Some of these will include the families of employees and the local community.
2. The company recognises the importance of involving employees and their representatives in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.
3. Practical measures to support behaviour change and risk management will include the treatment of sexually transmitted infections (STIs) and TB *[or - where impossible - referral to STI and TB treatment services in the community]*, sterile needle and syringe exchange programmes *[if relevant to the local situation]*, and the distribution of male and female condoms.
4. Training shall be arranged for key staff including managers, supervisors, and personnel officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.

5. Reasonable time off will be given for participation in education and training.

3) Care and support for workers and their families

It is in the interest of both enterprise and employees if infected individuals are assisted to remain at work as long as possible.

Sample language

- 1) *The promotion of employees' well-being.* The Company will treat employees who are infected or affected by HIV/AIDS with empathy and care. The Company will provide all reasonable assistance which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effect.
- 2) *Work performance and reasonable accommodation.* It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation in the workplace for those infected with HIV. Employees may continue to work as long as they are able to perform their duties safely and in accordance with accepted performance standards. If an employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedure on poor performance/ ill health.
- 3) *Benefits.* Employees living with HIV/AIDS will be treated no less favourably than staff with any other serious illness/condition in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.
- 4) *Healthcare [this paragraph will need to be amended according to the size of the company and resources available for medical care].* The occupational health service will offer the broadest range of services to prevent and
- 5) manage HIV/AIDS, including the provision of anti-retroviral drugs (ARVs), treatment for relief of HIV-related symptoms and for opportunistic infections (especially TB), reproductive and sexual health services, and advice on healthy living including nutritional counselling and stress reduction. The dependents of employees will also be eligible for medical treatment. Appropriate support and counselling services will be made available to employees.
- 6) *Possible alternative Healthcare.* This Company will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups if required. Reasonable time off will be given for counselling and treatment.

4. IMPLEMENTATION AND MONITORING

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

Sample language

- 1) Company X has established an HIV/AIDS committee [*or responsible officer, in a smaller workplace*] to coordinate and implement the HIV/AIDS policy and programme. The committee consists of employees representing all constituents of the company, including general management [*spell out constituents, e.g. staff committee, medical service, human resource department etc.*]. The committee/ responsible officer will report regularly to the executive board
- 2) In order to plan and evaluate its HIV/AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data and regular risk and impact assessment studies. The studies will include knowledge, attitudes and behaviour/ practices (KAB/P). Studies will be carried out in consultation and with the consent of employees and their representatives, and in conditions of complete confidentiality.
- 3) This policy, and related information on HIV and AIDS, will be communicated to all Company X employees and the wider public using the full range of communication methods available to the company and its network of contacts.
- 4) This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.

Budget and finance

Companies should make every effort to establish a budget for HIV/AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work

together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV/AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance to conduct surveys may be sought through UNAIDS.

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Handout 6 : UNAIDS For assessing HIV/AIDS competence

	1 BASIC	2	3	4	5 HIGH
<i>Acknowledgement and recognition</i>	<i>We know the basic facts about HIV/AIDS, how it spreads and its effects</i>	<i>We recognize that HIV/AIDS is more than a health problem alone</i>	<i>We recognize that HIV/AIDS is affecting us as a group/community and we discuss it amongst ourselves. Some of us get tested.</i>	<i>We acknowledge openly our concerns and challenges of HIV/AIDS. We seek others for mutual support and learning</i>	<i>We go for testing consciously. We recognise our own strength to deal with the challenges and anticipate a better future</i>
<i>Inclusion</i>	<i>We don't involve those affected by the problem</i>	<i>We cooperate with some people who are useful to resolve common issues</i>	<i>We in our separate groups meet to resolve common issues (E.G PLWAs), youth, women)</i>	<i>Separate groups share common goals and define each member's contribution</i>	<i>Because we work together on HIV&AIDS we can address and resolve challenges facing us</i>
<i>Care and prevention</i>	<i>We relay externally provided messages about care and prevention</i>	<i>We look after those who are unable to care themselves (Sick, elderly). We discuss the need to change behaviour</i>	<i>We take action because we need to and we have a process to care of others long term</i>	<i>As a community we and initiate care and prevention activities, and work in partnership with external services</i>	<i>Through care we see changes in behaviour, which improve the quality of life for all</i>
<i>Access to treatment</i>	<i>Other than existing medicines treatment is not available to us</i>	<i>Some of us get access to treatment</i>	<i>We can get treatment for infections but not ARVs</i>	<i>We know how and where to access ARVs</i>	<i>ARV drugs are available to all who need them, are successfully procured and effectively used</i>
<i>Identify and address vulnerability</i>	<i>We are aware of the general factors of vulnerability and the risks affecting us</i>	<i>We have identified our areas of vulnerability and risks e.g. using mapping as a tool</i>	<i>We have a clear approach to address vulnerability and risk, and we have assessed the impact of the approach</i>	<i>We implement our approach using accessible resources and capacities</i>	<i>We are addressing vulnerability in other aspects of the life of our group</i>
<i>Learning and transfer</i>	<i>We learn from our actions</i>	<i>We share learning from our successes but not our mistakes. We adopt good practice from outside.</i>	<i>We are willing to try out and adopt what works elsewhere. We share willingly with those who ask</i>	<i>We learn, share and apply what we learn regularly, and seek people with relevant experience to help us</i>	<i>We continuously learn how we can respond better to HIV/AIDS and share it with those we think will benefit</i>
<i>Measuring change</i>	<i>We are changing because we think it is right thing to do but do not measure the change</i>	<i>We begin consciously to self-measure</i>	<i>We occasionally measure our own group's change and set targets for improvement</i>	<i>We measure our change continuously and can demonstrate measurable improvement</i>	<i>We invite other ideas about how to measure change and share learning and results</i>

<i>Adapting our response</i>	<i>We see no need to adapt because we are doing something useful</i>	<i>We are changing our response as a result of external influence and groups</i>	<i>We are aware of the change around us and we take the decision to adapt because we need to</i>	<i>We recognize that we continually need to adapt</i>	<i>We see implications for the future and adapt to meet them</i>
<i>Ways of working</i>	<i>We wait for others to tell us what to do and provide the resources to do so</i>	<i>We work as individuals attempting to control the situation, even when we feel helpless</i>	<i>We work as teams to solve problems as we recognise them. If someone needs help we share what we can</i>	<i>We find our own solutions and access help to others where we can</i>	<i>We believe in our own and others' capabilities to succeed. We share ways of working that help others to succeed.</i>
<i>Mobilizing resources</i>	<i>We know what we want to achieve but don't have the means to do it.</i>	<i>We can demonstrate some progress by our own resources</i>	<i>We have prepared project proposals and identified sources of support</i>	<i>We access sources to address the problem of our community because others want to support us</i>	<i>We use our own resources, access other resources to achieve more and have planned for the future</i>

Hand out 7: Levels of participation

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

(Source: ACORD, 2005)

Hand out 8: Desired Requirements for Effective Participation

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

(Source: ACORD, 2005)

Handout 9: What is advocacy?

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

Why advocate?

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

How do we advocate?

Engaging in advocacy means the following:

- a) Create a link between the practical and operational work with advocacy
- b) Build capacity of civil society groups and alliances
- c) Lobbying and influencing decision makers directly
- d) Conducting campaigns
- e) Promoting the participation of the categories directly affected
- f) Conducting research, documentation and sharing of information
- g) Building and strengthening strong networks and coalitions

Key Elements

Planning for advocacy requires a systematic approach as follows:

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

Advocacy tools

- Research and documentation / publications
- Building strong networks and coalitions
- Lobbying and influencing
- Conducting public campaigns
- Working with the media
- Sharing in conferences and workshops

Use of any one or combination of the tools for effective advocacy is dependent on the nature of the problem,

Handout 10: Steps for developing monitoring and evaluation tools

STEP I:

Determine the purpose for the monitoring and evaluation system. Assuming that all staff are well acquainted with M and E.

- Why do we need to monitor and evaluate our work?
- Do we already have an M and E we would be scaling up or not?

Step II:

Form an M&E committee or team with representation from all stakeholders.

- Who should be included in monitoring and evaluation processes and why?

STEP III:

Identify and review the program's goal, objectives and beneficiaries

STEP IV:

Identify measurable outcomes:

These are usually thought through and laid out in the project document.

STEP V:

Develop or select indicators for the outcomes:

- What can tell us that a situation has improved?
- What information do we need to take a decision?

STEP VI:

Select sources and collect data:

- What methods can we use to collect data for monitoring and evaluation?
- How can we determine sources of this data?

STEP VII:

Compare the findings to the base line earlier gathered. Provide explanations for the variance in the two documents.

STEP VIII:

Record achievements and challenges and establish way forward for un realized targets.

STEP IX:

Use information acquired through the M and E to improve program work and experience sharing.

Handout 11: Basic Monitoring and evaluation chart (Example)

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Source: Adapted from *Local Government Responses to HIV/AIDS: A handbook to support local government authorities in addressing HIV/ADS at the municipal level.*

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