Generic Training Guide on HIV & AIDS Mainstreaming

ACORD - HIV & AIDS Support and Advocacy Programme
GENERIC TRAINING GUIDE ON HIV and AIDS MAINSTREAMING

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ACORD - HASAP
# Table of Contents

List of Acronyms and Abbreviations ................................................................................. 7  
Acknowledgement ............................................................................................................... 9  
Foreword ..................................................................................................................................... 11  
Introduction to the Guide .................................................................................................. 15

**Module 1:**

| Session I: | Introductions, Expectations, Workshop Objectives and Norms .................................. 25  
| Session II: | Building an Understanding of HIV and AIDS .......................................................... 29
| Session III: | The Global Response .................................................................................................. 33  
| Session IV: | Introduction to HIV and AIDS Mainstreaming .............................................................. 37

**Module 2:**

| Session I: | Why HIV and AIDS is a Development Issue ................................................................ 45  
| Session II: | The Rights Based Approach .......................................................................................... 51
| Session III: | HIV and AIDS, Human Rights & Development .......................................................... 55  
| Session IV: | Adopting the Rights Based Approach ........................................................................... 59

**Module 3:**

| Session I: | Internal HIV and AIDS Mainstreaming ........................................................................ 67  
| Session II: | Developing an HIV and AIDS Workplace Policy .......................................................... 71
| Session III: | External HIV and AIDS Mainstreaming Session Overview: ........................................ 77  
| Session IV: | Measuring HIV and AIDS Competence ........................................................................ 83

**Module 4:**

| Session I: | The Concept of Participation ......................................................................................... 91  
| Session II: | Networking: A Tool for HIV and AIDS Advocacy .......................................................... 95
| Session III: | Accountability (Monitoring and Evaluation) ................................................................. 101  
| Session IV: | Action Planning, Evaluation, and Closing ..................................................................... 105

**Annexes**

| Annex 1: | Exercises ......................................................................................................................... 109  
| Annex 2: | Handouts ....................................................................................................................... 125
| Useful Resources ................................................................................................................... 139
# List of Acronyms and Abbreviations

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

About HASAP

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

Acknowledgement

The development of the framework and concepts in this guide are a product of a series of experience sharing workshops on HIV and AIDS mainstreaming organized by HASAP in collaboration with ACORD programs. The guidelines have therefore been a joint effort from many people who contributed their time, skills and expertise to shape the outcome of these guidelines.

Invaluable support was provided by a number of people who reviewed and edited the draft versions and they include; STRONGO Consultants: Ms Judith Bakirya and Mr Martin Oiko, HASAP team: Dennis Nduhura, Program Manager, Ellen Bajenja, Program Support Officer and Angela Hadjipateras, Research and Advocacy Officer.

Staff in all ACORD programs and specifically in Tanzania, Eritrea, Northern Uganda and Sudan who contributed case studies, proof read the draft and provided ideas for improving the guidelines are hereby acknowledged.

Other contributions from persons and organisations including UNAIDS, SAFAIDS, the AIDS Consortium, for important definitions and illustrations and Ms Sue Holden, for a number of useful definitions are also gratefully acknowledged.
Foreword

HIV and AIDS have continued to be a threat to organisations and communities despite successes in prevention. A number of organisations have devoted resources to fight HIV and AIDS by addressing its causes and effects, both through their community work and within their workplace. Although such efforts have generated some positive results, experience has proved that HIV and AIDS require multi-dimensional approaches applied in a sustained manner by all organisations, whether engaged in direct HIV and AIDS work or not. Thus, organisations need to adapt their policies and practice to reduce the organisation’s and communities’ susceptibility to HIV infection and vulnerability to the impacts of AIDS, also known as HIV and AIDS mainstreaming.

HIV and AIDS Support and Advocacy Programme (HASAP), which provides the overall strategic leadership and coordination of HIV and AIDS activities in ACORD has taken a bold initiative to design this Generic Training Guide on HIV and AIDS mainstreaming. This Guide provides a first step in helping organisations to put in place policies/strategies for internal and external HIV and AIDS mainstreaming. It incorporates four concepts in HIV and AIDS mainstreaming: HIV and AIDS as a development issue, human rights, Internal and External mainstreaming, partnerships and participation. This Training Guide is an introductory manual on HIV and AIDS mainstreaming based on varied experiences, context and even approaches, and can be adjusted to meet varying needs in different situations. Their application can be flexible to accommodate unique situations.

I am very pleased with the special effort by HASAP to provide technical support to organisations in and outside the ACORD family in mainstreaming HIV/AIDS. As we plan to address HIV and AIDS, we need to keep in mind that HIV and AIDS affects human beings. We must give each person living with HIV/AIDS at the workplace and in the community a human face and remember that their needs cannot wait any longer. A person affected or infected by HIV and AIDS needs care and support, information and treatment now and forever. These needs must be met in order for the person to remain healthy and productive.

I extend my sincere appreciation to our partners both in and outside Uganda who assisted in different ways, in this highly participatory process, to draft the Guide. The same appreciation is extended to the government sectors, local governments, CSOs, the private sector, communities from whom useful experiences were drawn.

Comments are welcome from each of you to improve it. The challenge remains with respective organisations to ensure that the Guide is put to use.

Dennis Nduhura
Programme Manager, ACORD HASAP
Summary of Modules and Sessions

1. **Reviewing HIV & AIDS**
   - Understanding HIV & AIDS
   - The Global Response to HIV & AIDS
   - HIV & AIDS, Human Rights and Development
   - Introduction to HIV & AIDS Mainstreaming

2. **HIV & AIDS as a Development Issue**
   - Why HIV & AIDS is a Development Issue
   - The Rights Based Approach
   - HIV & AIDS, Human Rights and Development
   - Adopting the Rights Based approach to HIV & AIDS Mainstreaming

3. **HIV & AIDS Mainstreaming**
   - Internal HIV & AIDS Mainstreaming
   - Developing an HIV & AIDS Work Place Policy
   - External HIV & AIDS Mainstreaming
   - Measuring HIV & AIDS Competence in Organisations

4. **Participation, Networking, Monitoring & Evaluation**
   - The concept of participation
   - Networking: A tool for HIV & AIDS Advocacy
   - Action Planning
   - Accountability, Monitoring & Evaluation

*Generic Training Guide on HIV and AIDS Mainstreaming*
Introduction to the Guide

About the Guide
This guide is part of ACORD’s effort to strengthen its capacity and that of its partners in mainstreaming HIV and AIDS in development programs. It is designed for use mainly, but not exclusively, by development programs. The framework and concepts in the guide originate from a dissemination workshop on HIV and AIDS mainstreaming held in Dar –es Salaam Tanzania in 2003 and ideas gathered from the ACORD Tanzania team.

Whereas some of the ACORD programmes and their partners have worked on HIV and AIDS issues as add-on activities to their work, others have had stand alone projects and a few have made attempts to mainstream HIV and AIDS. Most programmes usually consider the three approaches as mainstreaming. This guide provides clarity on the three approaches to working on HIV and AIDS and, equipping beginners, on a step-by-step basis, with a practical “how to” advise on understanding and being able to mainstream HIV and AIDS in their core business. The commonly raised question: “How to actually do it” by the non-HIV and AIDS specific actors - has to be answered. As confessed by one actor: “I often read literature on mainstreaming HIV and AIDS but how to practically translate it into practice is still a mystery to me.” Conservationist.

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. It refers to processes of “modifying operational practices to address environmental challenges.” ACORD HASAP defines mainstreaming as: “putting at the centre, the core issue - HIV and AIDS - in all development work.”

Why Mainstream HIV and AIDS into development work?
The rationale for mainstreaming HIV and AIDS into development programmes is based on the pandemic’s complex dynamics and effects on the overall development process. Poverty, gender inequality, social disruption and conflicts present pre-disposing factors which fuel the spread of the pandemic. Therefore development programs addressing these issues inevitably need to take serious consideration of HIV and AIDS as a cause or consequence.

Making a commitment to mainstreaming
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. ACORD HASAP’s work of mainstreaming HIV and AIDS puts major emphasis on:
• involving an organisation’s leadership, staff and families in all aspects of prevention, cure, etc.
• building strong partnerships across communities served by any organisation.
• encouraging existing and emerging networks.
• increasing the participation of marginalized people.

The Training Target
The guide is for trainers in development work. These can be organizations or individuals that facilitate other organizations to effectively respond to HIV and AIDS using the mainstreaming approach. Participants for the training should have:
• knowledge of participatory training techniques;
• experience in any development projects;
• an interest in involving themselves in long term collaboration with development projects;
• a conceptual openness and motivation to learn and apply new approaches.
• experience and knowledge of HIV and AIDS issues is desirable but not compulsory. Workshops should have between 20-30 participants to enable each of them to effectively participate in practical activities, understand and apply the different methods.

Layout of the Guide
The guidelines consist of five modules, each of which has components presented as sessions. The modules are:

i. Setting the workshop scene and reviewing HIV and AIDS.
ii. HIV and AIDS as Development Issue.
iii. Internal Mainstreaming.
iv. External Mainstreaming.
v. Participation and Networking.

Sessions have been laid out in a consistent manner as follows:

Session 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 session which can be used to introduce the session to participants before the objectives are highlighted.

Session Objectives: show what the participants will be able to do at the end of each session; every effort should be made to ensure that methods selected are geared towards helping participants “to do” what is proposed in the objectives.

Preparation: proposes what the facilitators should do to ensure they have the necessary materials in place, that methods have been reviewed, and that they understand the
content well. It is at this point that facilitators should determine appropriate timing of the various sections of the session.

**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:** provide a summary of what participants should know; caution should however be exercised to ensure that participants don’t depend on the learning points but gain more concrete understanding of session objectives from experiential learning - through shared discussions and other methods.

**Note:** Materials and methods have been deliberately excluded in each session to avoid repetition. On reading though the whole session (particularly the section on preparation), facilitators should be able to determine and put in place appropriate methods and materials for use.

**How to Use the Guide**

This is a working guide! It is not a handbook of notes for HIV and AIDS mainstreaming. A handbook of notes is provided separately. These participatory guidelines have been structured for you – facilitators - to work with participants through sharing and learning from each other’s experiences, using exercises, role plays demonstrations, reflections, case studies etc. to reach practical approaches to mainstreaming HIV and AIDS within organisations and programmes.

Facilitators are encouraged to use flexible and relevant methods tailored to the nature and level of the target group. For example, proposed exercises or case studies can be replaced by those which are suitable to the target, timing and placement of the workshop. To avoid possible monotony, warm-ups and games have been left to the choice and convenience of the facilitator.

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

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

Aim:
To develop practical approaches to mainstreaming HIV and AIDS with a focus on development programmes.

Objectives:

By the end of the workshop, participants will have:

i. Reached a consensus on what HIV and AIDS mainstreaming means in practice.
ii. Shared and analysed experiences of internal and external mainstreaming HIV and AIDS.
iii. Identified strategies and approaches to internal and external mainstreaming of HIV and AIDS within programmes within the context of programme design, planning, implementation, monitoring and Evaluation.

Preparation for Training
It is assumed that you have had some experience in organising and managing training activities. This section will therefore be limited to a few guidelines which will serve as reminders to you.

Preparatory Meeting
We propose that you carry out a preparatory meeting to discuss how you will approach and facilitate each session. It is important that you meet a few days before the workshop, say three days, to plan for suitable methods, materials, warm-ups, etc. for delivery of each session. During the meeting, you should agree on appropriate timing for each session and an operational workshop schedule/duration.

You should use the preparatory meeting to, among others, allocate sessions and within-session roles to each facilitator, develop a schedule for the workshop, a checklist of materials/activities to be prepared/carried out by who and by when, identify a person to take notes of the workshop proceedings and those to write the report.

Knowledge of Trainees
It is advisable for you to review the background of each trainee; it is expected that you or the person at the centre of organising the workshop will have information about each trainee. Such information would have been captured using questionnaires (sent with invitation letters and returned with acceptance) to show the employer organisations, employment positions, experience on participatory methods and HIV and AIDS, experience on HIV and AIDS mainstreaming and other skills participants may bring to the workshop. We wish to emphasise that lack of knowledge about each workshop participant can be a real hindrance to a successful preparatory process and the workshop conduct in general.
Training Methodology:

The guide presents a variety of training methods; a few examples are listed below:

Presentations:
These have been suggested for use by facilitators to introduce sessions and subsections of sessions. They are useful for getting new ideas to participants, linking a new session to a previous one, concluding a session etc. Caution should be exercised not to prolong presentations because they may undermine the participatory element.

Question and Answer:
This method is proposed to assist facilitators to involve participants in the thinking process – particularly to define important concepts, introduce discussions, process group activity exercises, role plays, case studies etc to reach a consensus. Facilitators are advised to prepare questions in advance in specific situations to be able to achieve desired objectives. In most sessions, questions have been prepared for the facilitators – these may change depending on the needs of the facilitators.

Lectures/Lectureettes:
As with presentations, facilitators can use lectures whenever appropriate. However, due to the need to involve participants in developing concepts, definitions, and consensus on a number of issues, it advised that facilitators use this method sparingly.

Role Plays:
The guide has a number of case studies, role plays etc. We advise that you use the evening before the role play session to prepare and “rehearse” the case study to ensure that it achieves the desired objective. Where there is need to have a presentation by a visitor to recite an experience, he/she should be given advance information (in good time) including the category/type of participants, the objectives of the session. Brief him/her before a presentation is made on what you want to achieve.

Discussions:
This is one of the popular methods that is proposed for use in the module; if used well, facilitators can use discussions at every opportunity to seek individual opinions and contributions to reach desired objectives. Depending on the trainers’ skills to facilitator discussions, a number of benefits can be attained; for example, the facilitator can lead participants to reach and own conclusions, definitions, etc. Discussions can also be used to evaluate levels of participants appreciation or understanding of (or even disagreement with) certain concepts. It is during discussions that participants can freely ask questions and get answers from one another.
Group Activities:

Exercises:
Exercises have been used in the module to check participants’ understanding of a particular concept or to have them participate in solving a problem. To get the most out of this method, trainers should not use it as a test but an opportunity for each person to make a contribution - even if it is a group exercise. Whatever the responses, the facilitator should show respect and make adjustments in a tactful manner to ensure that participants are left encouraged to contribute in future exercises i.e. as facilitators we don’t get anybody embarrassed!!

Session Management
Every effort should be made to ensure that participants leave the workshop with working skills on internal and external HIV and AIDS mainstreaming. Your efforts in facilitating other modules (I, II and V) should be directed at strengthening participants’ understanding and application of module III and IV. This can be achieved by preparing tasks that are not limited to definitions only but emphasise practical activities that challenge participants to practice HIV and AIDS internal and external mainstreaming. Timely preparation will be one of your major tools for developing suitable, practical and innovative tasks.

Action Plans
Prepare an appropriate questionnaire 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 and staff – it could be a presentation to a staff meeting or organising a one day workshop to present key ideas of the workshop! We recommend that action plans be thought out after the AIDS Competence exercise.

Workshop Schedule
We have deliberately left the schedule out to encourage your training team to attend the planning meeting and to think through the process in a flexible manner. Please try, as much as possible, to give sufficient time and resources to cover all the proposed sessions.

The workshop schedule (content and timing) will therefore depend on your preparations. It is estimated that sessions provided could be conducted in four to five days - assuming that not more than one hour is spent on either opening or closing ceremonies. Plan for warm-ups to refresh participants after, say, a long plenary activity. Keep other warm-ups on standby for “just-in-case” moments like after lunch.

Start each day (except the first) to review, as a kind of evaluation, what was learnt during the previous day. You should design suitable but varying approaches to do so. Address administrative concerns after each morning’s review.

Good luck!!!
Module 1:
Setting The Workshop Scene and Reviewing HIV and AIDS
Introduction

The module on setting the scene is vital for building rapport among participants, providing an explanation of the background to the workshop, their expectations and developing a common understanding of HIV and AIDS. To break the ice, a few exercises have been included in the module; however facilitators can get other locally developed exercises to set the scene for the workshop.

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 module provides information on basic facts about HIV and AIDS, its relationship with STDs and a discussion on its impact on development. Building the knowledge base is vital if HIV and AIDS are to be effectively addressed by development workers.

The module also covers different concepts of mainstreaming, integration and HIV and AIDS direct work. It provides information to development 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, the sector they are working in and their 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.

Objectives of the Module

At the end of this Module, participants and facilitators will have:
  i. known more about each other, their differences and experiences;
  ii. reviewed each others’ expectations and identified those which can or cannot be met during the workshop;
  iii. agreed on working norms for the workshop.

Components

The components of this module include:
  i. Participants’ introductions.
  ii. Participants’ concerns and expectations.
  iii. Workshop overview and objectives.
  iv. Building an understanding of HIV and AIDS.
Session I: Introductions, Expectations, Workshop Objectives and Norms

Session Overview:

This session is for participants to know each other. Facilitators will know participants as well as the whole team getting comfortable with one another. 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.

3. Write the Introduction Questions below on a slide/flip chart.

4. Write the question: What do I expect to achieve from this workshop? on a flip chart for participants to use to state their expectations.

5. Prepare copies of objectives and schedule of the workshop for each participant. Objectives may also be prepared on a slide/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 will be able to:

i. introduce another participant to the group by name.
ii. list at least five participants’ expectations for the workshop.
iii. list the norms for the workshop
iv. describe the workshop purpose and
v. list the objectives of the workshop.
Facilitation:

1.0 Participants’ Introductions:

1.1 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.

1.2 Present prepared Introduction Questions to participants to ask their partners.

1.3 Inform participants that they need to introduce their partner within one minute so they should give precise responses. (Note to Trainer: 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.)

1.4 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:

i. What is your name?
ii. Do you have past experience in participatory methodologies (HIV and AIDS activities)?
iii. Name two good things that happened to you during the past year.

2.0 Participants’ Expectations:

2.1 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.

2.2 Put up a flip chart/slide containing the question: What do I expect to achieve from this workshop? Explain the question to participants.

2.3 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.

2.4 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.

2.5 Allow them five minutes to discuss their expectations. 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.

2.6 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.

2.7 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.

3.0 Workshop Norms:

3.1 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 therefore, is to agree on ground rules for each member to work within. Ask one member to lead the team in suggesting norms for the workshop as he/she writes them on the flip chart.

3.2 Introduce the norms you prepared earlier and tell participants that in addition to their suggestions, there are additional norms.

3.3 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.
Session II: Building an Understanding of HIV and AIDS

Session Overview:

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. Trainers 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).

Preparation:

1. Study basic information on HIV and AIDS, learning points provided at the end of the session and other 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:

   - i) What is HIV?
   - ii) What is AIDS?
   - iii) What is the difference between HIV and AIDS?
   - iv) How is HIV passed from one person to another?
   - v) What are the common misconceptions about HIV and AIDS?

3. Use your knowledge of participants (prior to the workshop) to determine how to “introduce” basic HIV and AIDS knowledge. If participants are already knowledgeable, use an approach that helps them to review their understanding of basic facts; you may start from section 3.0 in Facilitation.

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.

Objectives:

i. What is your name?
ii. Do you have past experience in participatory methodologies (HIV and AIDS activities)?
iii. Name two good things that happened to you during the past year.
Facilitation:

1.0 Definition of HIV

1.1 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.

1.2 Record their responses and discuss them to reach the meaning of the abbreviation. Conclude the definition by summarising as follows:

- HIV - Human Immunodeficiency Virus

2.0 Definition of AIDS

2.1 Ask participants to state what each letter stands for in the abbreviation AIDS.

2.2 Record their responses on the flip chart and discuss them to reach a common understanding. Display the following prepared definition:

- AIDS - Acquired Immune Deficiency Syndrom

2.3 Ask participants the difference between HIV and AIDS; record the responses. 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 system.

3.0 Effect of HIV on the Human Immune System:

3.1 Present a bottle filled with water and wrapped in a piece of paper with only the edge of the bottle visible. Ask participants to relate what has been discussed to the covered bottle.

3.2 Record their responses and discuss them to develop effects of HIV on the human body as follows:

- The covered bottle full of water 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.

3.3 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.

4.0 Exercise 1: Some commonly held beliefs and prejudices about HIV and AIDS

The purpose of the 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.

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

Exercise on Commonly Held Beliefs and Prejudices:

- Write some commonly held beliefs and prejudices associated with the HIV and AIDS pandemic on pieces of paper and fold them.
- Place them in the box in the centre of the room.
- Write three cards: TRUE/ FALSE AND DEBATABLE and post them at different corners of the room. The corners will be refereed to as camps.
- Ask participants to pick, read and move to a camp where they think the statement falls.
- 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.
- Ask each group to write what falls in their camp and why and collect the papers.

4.1 Briefly discuss group/camp presentations.

4.2 Present and discuss a prepared slide/flip chart of common misconceptions and prejudices to summarise and achieve the objective of the exercise.

4.3 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.
5.0 Session Evaluation:

5.1 Review the session by asking participants questions that check their achievement of each of the session objectives e.g. What is the difference between HIV and AIDS?

5.0 Learning Points:

1. HIV stands for Human Immunodeficiency Virus (a virus is a small germ). 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 spread through:
   i. sexual intercourse - (without using a condom) with someone who is infected - this is the most common way HIV spreads from person to person.
   ii. a pregnant woman to unborn baby - while the baby is in the womb, when the baby is being born or during breast feeding;
   iii. blood - blood transfusion or sharing of needles, razor blades or other instruments used for circumcision, ear piercing, tattooing etc.

4. HIV is NOT spread by:
   Shaking hands, hugging, eating together, sharing cups or utensils, sharing clothes, towels, bed sheets, sharing a toilet, saliva, sweat, urine, faeces (human waste) kissing and mosquito bites.
Session III: The Global Response

Session Overview:
This session introduces participants to the HIV and AIDS pandemic updates/status as well as information on the global responses on prevention, treatment, care and impact mitigation. It addresses the effect of the pandemic on participants’ areas of work. A key attribute of this session is to make available to participants, global, continental and national statistical evidence – 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 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. For each level of facilitation, prepare questions for participants to respond as required.

4. On slides or power point, prepare suitable questions for discussion.

5. The Trainers Handbook has a number of responses but require to be updated from time to time.

Objectives:

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

i. describe the status of the pandemic at global, national and local levels.

ii. describe current responses on prevention, care, treatment and impact mitigation at local, national and global levels.

iii. ably analyze the impact of the pandemic on the local communities, nations and globally within programs and the work places.

Facilitation:

1.0 Global Status of HIV and AIDS

1.1 Make a ten-minute presentation of the HIV and AIDS global pandemic status. Use current statistics to support your presentation.
1.2 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.

1.3 Use participants’ responses to identify and emphasise age levels affected by HIV and AIDS.

1.4 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.

1.5 Share with participants examples of ongoing global responses for instance the Joint United Nations Programme on HIV/AIDS, Civil Society Efforts, the Corporate Sector, the Global Fund and Workplace and Programme-based strategies. Discuss the ARV treatment, the ABC 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.

2.0 Impact of the pandemic on Local Communities

2.1 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. Ask participants to give examples of vulnerable social categories: like women, the youth, the disabled persons, etc.

2.2 Evaluate achievement of the session objectives with the following questions:

i. What is the current global status of HIV and AIDS?
ii. What is the national status?
iii. What is the current debate on responses to prevention, care, treatment and impact mitigation at local, national and global levels?
iv. What is the impact of the pandemic on the local communities, nations, globally, within programs and the work places?
3.0 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 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.
Session IV: Introduction to HIV and AIDS Mainstreaming

Session Overview:

This session 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 discuss its challenges.

Preparation:

1. Read, understand and be able to discuss the definitions, types, levels and challenges of mainstreaming.

3. 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.

4. 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.

5. Prepare sufficient copies for each participant of Handout 3. Review each reference to be able to give brief explanations.

Objectives:

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

i. Define: mainstreaming, integration and HIV and AIDS direct work.

ii. Identify different ways, levels and examples of mainstreaming.

iii. 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 and AIDS mainstreaming?
Facilitation:

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

1.1 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.

1.2 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.

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**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.
2.0 Group Activity:

Case Study on a Humanitarian Programme

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

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

Facilitation:

2.1 Divide participants into groups of five.

2.2 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.

2.3 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.

2.4 Guide the participants to identify characteristics of different approaches to mainstreaming.

2.5 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.
3.0 What HIV AND AIDS mainstreaming is NOT

3.1 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)

4.0 Session Review

4.1 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.

4.2 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.

5.0 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.
MODULE 2:
HIV and AIDS as a Development Issue
(Facts, Issues and Trends)
Introduction

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

The Rights Based Approach is defined and linked to its application to development interventions. Participants are guided to understand ways of using the RBA in HIV and AIDS mainstreaming i.e. helping various social groups to make a contribution to its prevention and mitigation rather than maintaining a position of silent recipients.

The Module consists of the following sessions:
1. Why HIV and AIDS are a Development Issue.
2. The Rights Based Approach.
3. HIV and AIDS, Human Rights and Development.
4. Adopting the Rights Based Approach to HIV and AIDS Mainstreaming.

Aim

The aim of this module is to enable participants to appreciate the Rights Based approach as an approach that actively involves affected individuals, families and communities in processes of responding to their HIV and AIDS related needs.

Objectives

i. Define RBA and describe its relevance to HIV and AIDS mainstreaming;
ii. Identify linkages between human/women’s rights, HIV and AIDS, and development;
iii. Identify elements of the RBA and review their application in their work.
iv. Describe the rationale for adopting the RBA in HIV and AIDS mainstreaming in their development work.

Components

The module has the following components:

i. HIV and AIDS as a development issue.
ii. Definition and rationale for the RBA.
iii. The link between Human rights, HIV and AIDS and development.
iv. Implications of adopting the RBA and
v. Elements of the Rights based approach (participation, empowerment, accountability and non-discrimination.)
Session I: Why HIV and AIDS is a Development Issue

Session Overview:
This session leads participants to appreciate that HIV and AIDS is both a health and development problem. Participants will reflect on their activities households, workplaces, communities etc. to identify how HIV and AIDS have affected people’s health and development. They will classify identified problems/issues as development or health related; they should be guided to appreciate that health affects development. This session should also be used to link HIV and AIDS to the work environment/communities in which participants work.

Preparation:

1. Participants should understand how HIV and AIDS affect development; prepare and present relevant examples of actual experiences and practices that show the linkage between HIV and AIDS and development.

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 development.

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.

Objectives:

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

i. list 5 effects of HIV and AIDS pandemic in their local context and the sectors they fall.

ii. identify how the HIV and AIDS pandemic is both a health and a development issue.

Key Questions:

i. What are the effects of the HIV and AIDS pandemic in your area, homes and workplaces?

ii. Which sectors do the different effects fall?

iii. What is the linkage between HIV and AIDS and development?
6. Facilitators should aim at assisting participants to understand that 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 economically poor/disadvantaged communities are vulnerable to HIV and AIDS and the latter tend to impoverish poor communities.

**Facilitation:**

1.0 HIV and AIDS – A development Issue:

1.1 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.* 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 development issue. It should be linked to the three questions prepared for participants to understand HIV and AIDS as a development problem.

1.2 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 development issue. It should be linked to the three questions prepared for participants to understand HIV and AIDS as a development issue.

**Relationship between HIV and AIDS and development**

“Looking at HIV and AIDS as a single issue means that you may overlook other important factors. For example, if I only look at AIDS as an economic issue, I may think that people do not use condoms because they cannot afford them, and may be unaware of the social and cultural objections to condom use even when they are provided free. A focus on a single aspect of AIDS means only seeing part of the picture with the result that projects are likely to be only partially successful. AIDS as a development issue means that one looks at the whole picture or context in which people live and make decisions about sex and relationships.”

1.3 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.
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

1.4 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, Education, Health and Employment.

1.5 Ask participants why, giving examples, the HIV and AIDS pandemic is perceived as development issue; let the discussion run for about 5 minutes as you record key responses on the flip chart. Introduce the case study as typical development intervention that has a direct relationship with HIV and AIDS.

2.0 Group Exercise: Case study on a Road Reconstruction Project

The objective of the Case Study (or Role Play) is to strengthen participants’ understanding of the linkage between HIV and development. An alternative role play is provided as Handout 3.

The Road Construction Project

In one country the government signed a contract with a construction company for the completion of the 120-km murram road joining two main trading canters on the highway to the capital city. The construction project will run for two years. The construction company has established a camp at one of the trading canters along the highway. The camp will be home to over 500 skilled and unskilled workers who will be employed during the two years.

Question 1: What development is likely to result from the establishment of this camp?

2.1 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.

2.2 Guide the plenary session by addressing questions/issues that may arise during the presentations. Some of the responses for each question may include:
What development is likely to result from the establishment of this camp?

- Business will be vibrant for local enterprises - where the 500 workers will spend their money.
- Different service-rendering (providers) like bars, hotels, restaurants, shops, community welfare centres will emerge.
- Rental houses will be introduced for temporal immigrants.
- Increase in job opportunities; more persons will be attracted to the trading centre.
- Increase in incomes and standard of life.
- Social service providers will come to the village to work in schools, clinics, dancing halls etc
- Social networks and mixing up of different social groups

How might this development aggravate the spread of HIV?

- Increased incidence of casual sex.
- Introduction of new behaviour, peer influence and other cultures.
- Increased risk of exposure to HIV infection.
- Increased occurrence of risky activities like improper condom disposal.

2.3 Conclude the discussion by emphasising that development projects may affect the lives of the targeted community in different ways and could lead to the spread of HIV and AIDS unless the latter is addressed at all stages of project planning, monitoring, supervision and evaluation. It is also important that governments, civil society organisations and the private sector work jointly with communities they interact with to ensure that their activities do not exploit/ignore community vulnerability to start or increase the spread of HIV and AIDS.

3.0 Millennium Development Goals:

3.1 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 Globals Fund and PEPFAR among others, are working to reduce the pandemic’s negative effects on development.

3.2 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.

3.3 Engage participants in a discussion on how HIV and AIDS can affect the achievement of millennium development goals.

4.4 Summarise the session by asking the following questions:

i. How has the HIV and AIDS pandemic affected your community?
ii. What Sectors have been affected?
iii. Why is the HIV and AIDS pandemic both a health and a development issue?
Learning Points:

1. HIV and AIDS is a development issue because it reduces productivity due to illness and death; persons who are sick cannot work and produce. At household level, when a member of the family is suffering from AIDS, family savings are diverted to buy drugs and to provide care for him or her. Members of the family have to spend more time caring for the sick; that implies reduced activity in the gardens/offices and therefore reduced productivity.

2. All sectors of production: farming, industry, government workers etc. are threatened by HIV and AIDS. Workers in those sectors who are suffering from AIDS take time off for treatment or bed rest; this has a direct effect on productivity and development.

3. Community development programmes have been affected by HIV and AIDS in various ways; for example, some programmes are implemented without considering the implications of their activities or output on various sections of the community. A development programme could indirectly promote the spread of HIV and AIDS or undermine the condition of community members suffering from AIDS.

4. The reduction in a country’s population due to death resulting from HIV and AIDS has a direct effect on development because both skilled and unskilled labour is lost through long illness or death. Resources used for training skilled persons, youths and adults are lost too - this has a significant effect on development.

5. Many countries are using significant amounts of resources to educate their people on HIV and AIDS in order to reduce its spread; those resources could have been used on other development projects in various sectors.
Session II: The Rights Based Approach

Session Overview:

This session introduces participants to the Rights Based Approach, its relevance in HIV and AIDS mainstreaming and development in general. Based on their workplace experiences, participants will discuss the need for adopting this approach while mainstreaming HIV and AIDS.

Preparation:

1. Prepare, on a flip chart/slide, definitions of the Rights Based Approach; study and be able to explain the various definitions of RBA as given by different organisations.

2. Write down five elements of the RBA; prepare to explain each of them with examples.

3. Study the ACORD Tanzania Case Study - Exercise 5 - on the application of the RBA in Tanzania and prepare to link it to the RBA. Make sufficient copies by use by groups. In addition prepare the question provided in the exercise on flip chart/slide for introducing the exercise.

4. Prepare suitable questions on a slide for concluding the session:

Facilitation:

1.0 Definition of the Rights Based Approach

1.1 Introduce the RBA as one of the important development concepts that is useful in HIV and AIDS mainstreaming. RBA originates from the need to observe the rights of various categories of vulnerable persons particularly women, children, the disabled, youth etc. in dealing with issues of development and HIV and AIDS. For example, Guideline No. 5 of the UN on HIV and AIDS states that: States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV and AIDS and people with disabilities from discrimination both in public and the private sector, ensure privacy and confidentiality and ethics in research involving human subjects....
1.2 Explain that the RBA has been adopted by many organizations and it is not a new approach; many organizations have in the past adopted many of its elements in their development work. However, it is of recent that the approach has been given due attention by many organizations.

1.3 Explain that in this session groups will reflect on their own projects as they define RBA and discuss its relevance to HIV and AIDS mainstreaming.

1.4 Ask participants to define the Rights Based Approach according to their understanding. Record and discuss their contributions.

1.5 Present definitions from different organizations and ask participants to identify common aspects in the definitions presented.

1.6 Ask participants to state and explain the key elements of the RBA. Guide participants to reach suitable examples of the application of the elements.

2.0 Group Activity - Application of the Rights Based Approach in HIV and AIDS Mainstreaming:

The purpose of the group exercise is to use a case study (Exercise 5) from ACORD Tanzania to demonstrate the application of the RBA in HIV and AIDS mainstreaming.

2.1 Divide participants into groups for discussions using the case study on GAGs from the ACORD Tanzania case study on mainstreaming.

2.2 Ask participants to share the outcomes of their discussions and record the common and divergent views for further discussions. Allow participants to give their views on their understanding of the RBA after the plenary discussions.

2.3 Then ask participants why there is need or the rationale for adopting this approach to their work particularly when mainstreaming HIV and AIDS.

2.4 Conclude the session by checking participants’ understanding of the key aspects of the session with the following questions:

i. What is the RBA?
ii. What is the relevance of RBA in HIV and AIDS mainstreaming?

3.0 Learning Points:

1. The Rights Based Approach is a social requirement supported by various authorities and governments, that stipulates the enacting of laws to protect the rights of vulnerable groups including people living with HIV and AIDS from discriminative tendencies by other members of the community. The RBA protects women, children, disabled persons, etc. from tendencies that deny them access to social necessities, justice etc.
2. RBA is an important concept in HIV and AIDS mainstreaming because it is a social and, in some cases, legal requirement to address HIV and AIDS issues in specific circumstances e.g. persons should have a right to access antiretroviral treatment without payment.

3. Mainstreaming HIV and AIDS therefore requires adopting some of the elements of the RBA to support or defend arguments for implementing it within organisations and communities.
Session III: HIV and AIDS, Human Rights & Development

Session Overview:
In this session, participants will establish the links between Human rights, development and HIV and AIDS. The session also establishes the relationship between HIV and AIDS, women’s rights and development. Participants will appreciate that addressing development needs in the community will require mainstreaming HIV and AIDS into programs within the context of human/women’s rights.

Preparation:

1. Write on slides or flip charts statements that show the linkage between: human rights and development, human rights and HIV and AIDS, women’s rights and HIV and AIDS and women’s right and development.

3. Make copies of the Case Study (Exercise 6) including questions for each group. Have a copy of the question on the flip chart/slide for introducing the Case Study.

4. Prepare possible responses for discussion in addition to what the participants will contribute.

5. Prepare questions to conclude the session on a slide/flip chart allowing space for participants’ responses.

Facilitation:

1.0 Relationship between HIV and AIDS, Human Rights and Development

1.1 Ask participants to identify links between HIV and AIDS, human rights and development. Participants should be given the opportunity to share their experiences of the three concepts within the context of their own work.

Objectives:

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

i. Establish the links between human rights, HIV and AIDS and development.

ii. Link the spread of HIV and AIDS to women’s rights and development.
2.0 Case Study: ACORD Karagwe

The purpose of the Case Study is to give participants an experience of women’s rights violations created by customary and other beliefs about the place of women in the community. These beliefs have a direct effect on women’s ability to participate in decision making on development issues, sexual matters and therefore, HIV and AIDS.

2.1 Divide participants into groups to discuss the case study on ACORD Karagwe. Allow them 15 minutes to discuss the Case Study and to write their responses to the two questions provided. They should hang the responses on the wall for the rest to view and share their findings.

Questions:

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

Possible responses:

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.
- Women have no voice in the community and are therefore excluded in the community development processes. Their needs are therefore not addressed.

2.2 Ask participants about their views on the exercise. Allow 5 minutes for discussions.

2.3 Conclude the session by asking the following questions:

1. What human rights are women’s rights?
2. Which women’s rights, if not addressed, tend to promote the spread of HIV?
3. Which human rights are linked to the spread of HIV and AIDS in the community?
4. Which human rights are directly linked to development?

2.4 Summarise the session by emphasising that development programmes should incorporate in their planning, implementation, monitoring and supervision, distinct components of women’s rights and the prevention or mitigation of effects of HIV and AIDS. Distribute Handout 08 on the “Link between Human rights and HIV and AIDS and the associated common beliefs”
3.0 Learning Points

1. HIV and AIDS are closely linked to human rights and development because some sections of the community, particularly women, contract HIV due to cultural, social and physical pressures associated with gender.

2. Lack of certain human and development rights like the right to inherit family property (land), right to make reproductive health decisions, the right to education for girls, the right to negotiate their economic needs in development processes etc. inhibits women from resisting social conditions and economic pressures that make them vulnerable to HIV.

3. In planning and implementing development projects, consideration should be made of how the project addresses women's rights to access development benefits and to minimise the spread of HIV and AIDS.
Session IV: Adopting the Rights Based Approach

Session Overview:

This session introduces participants to the rationale for adopting the Rights Based Approach with emphasis on methodologies, elements and implications. Participants are guided to use experiences in their own workplaces to appreciate the importance of using the RBA in HIV and AIDS mainstreaming.

Preparation:

1. Prepare three flip charts/slides for each of the following: Elements of the RBA, Methodologies for adopting the RBA and Implications of using the RBA in HIV and AIDS.

2. The session will require presentations; read well and understand both the elements of the RBA and methodologies for adopting it – using suitable examples.

3. Read and understand how the ACORD tools are applied to ensure that you can quickly and easily demonstrate their use.

4. Appropriate literature (in addition to elements and methodologies) to strengthen participants’ understanding of RBA should be reproduced for circulation to each participant.

Facilitation:

1.0 Elements of the Rights Based Approach

1.1 Introduce the session by telling participants that different methodologies can be used to adopt the RBA. Introduce participants to some of the tools currently in use by ACORD like the Stepping Stones and the Social Exclusion Analysis.

Objectives:

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

i. Name the elements/ methodologies that may be used to adopt the Rights Based Approach.

ii. Describe possible challenges of using the RBA in HIV and AIDS

iii. Identify the implications of using the Rights Based Approach in HIV and AIDS work.
1.2 Ask participants who have used either of the methodologies to share experiences and to mention some of the approaches they used; these may include the Stepping-stones and the Social Exclusion Analysis.

1.3 Inform participants that all approaches have implications which need to be addressed if the RBA is to be effectively adopted. Ask participants to name some of the implications of using the RBAs in HIV and AIDS work, discuss them and introduce the following additional implications:

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

1.4 Introduce participants to the elements and methodologies of the RBA and give a brief explanation of each.

- **ACCOUNTABILITY:** The focus is raising levels of accountability in the development process by identifying the claim holders (and their entitlements) and corresponding duty holders (and their obligations)

- **EMPOWERMENT:** The RBAs provide for strategies for empowerment over charitable responses. In this case they focus on beneficiaries as the owners of rights and the directors of development, they emphasize the human person as the centre of the development process (directly, through their advocates and through organizations of civil society), “the goal is to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.”

- **PARTICIPATION:** RBAs require a high level of participation including communities, civil society, the excluded minority groups, indigenous people among others. Participation needs to be fully understood. Its not mere presence of the beneficiaries for development meetings. “RBAs give due attention to issues of accessibility, including access to development processes, institutions, information and redress or complaints mechanisms. This implies that development must be situated within reach of partners and beneficiaries. “Development also emphasizes the use of
process oriented methodologies and techniques as opposed to rapid or quick fixes and imported technical models that may not be applicable in the people’s context.

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

1.5 Ask participants’ to describe experiences where they have applied the elements in their own work. (This will further prove to them that they too have in the past utilized some of the elements in their own work)

1.6 Explain that the each of the elements will be analyzed further in the course of the training.

**2.0 Group Activity:**

2.1 Having provided the introductory information on the RBA, divide participants into groups and ask them to discuss the rationale for adopting RBA in their work. After they have presented their ideas, introduce and discuss the following points:

**The Rationale for Adopting the RBA:**

**The rights based approach:**
- minimises discrimination by ensuring that all members of the community enjoy the same dignity and rights regardless of their gender, language, birth or social rights, wealth, political opinion etc.
- creates processes for changing prejudices and stereotypes;
- empowers the community to make their own choices, advocate for themselves and exercise control over their lives.
- encourages participation of the vulnerable categories to address their needs.
- enables a deeper and broader analysis of the underlying causes and addressing structural inequalities.

**3.0 Conclusion:**

3.1 Conclude the session with a discussion on the elements of RBA relating them to HIV and AIDS mainstreaming.

3.2 Distribute literature on the Rights based approach.
5.2 Learning Points:

1. Elements of the RBA include Accountability, Empowerment, Participation and Non-discrimination. When applied, these elements are used to ensure that various categories of the community are catered for in a particular intervention.

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

3. In introducing or applying the RBA in HIV and AIDS mainstreaming, like in any other social intervention, a number of challenges have to be identified and addressed such as threat to political ideologies, lack of established laws to protect rights of some categories of the society, failure to predict and deal with likely outcomes.
Module 3: HIV and AIDS Mainstreaming
Introduction

This module 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.

ACORD strongly advocates for personal or individual understanding and appreciation of the need to mainstream HIV and AIDS before adopting it in programs and operations. 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 module covers the following sessions:

i. Internal HIV and AIDS mainstreaming.
ii. Developing an HIV and AIDS workplace policy.
iii. External HIV and AIDS mainstreaming.
iv. Measuring HIV and AIDS competence.

Aim

The Aim of the Module 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

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

i. define and apply concepts of mainstreaming, integration and HIV and AIDS direct work;
ii. describe the importance of HIV and AIDS related stigma and discrimination, causes and responses;
iii. use suitable tools to measure HIV and AIDS competence within organisations.
iv. explain and participate in practical approaches to mainstreaming HIV and AIDS.

Components

i. Internal Mainstreaming.
ii. Developing an HIV and AIDS workplace policy.
iii. External HIV and AIDS Mainstreaming.
iv. Measuring HIV and AIDS Competence
Session I: Internal HIV and AIDS Mainstreaming

Session Overview:

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.

3. Arrange an appropriate method to help you to lead participants to reach suitable definitions of key elements provided in the session objectives.

4. 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.

5. 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.

6. 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.

7. Prepare the five steps and the three key questions of HIV/AIDS mainstreaming on a flip chart;

Facilitation:

1.0 Definition of HIV and AIDS Internal Mainstreaming:

1.1 Introduce the session by asking participants to recall the definition of HIV and AIDS internal mainstreaming. Present the following definition on a slide or flip chart:

Key Questions:

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

i. Define Internal Mainstreaming of HIV and AIDS in Organisations.

ii. Define Stigma and discrimination.

iii. Identify causes, forms and effects of HIV and AIDS related stigma and discrimination.

iv. Examine the need for addressing HIV and AIDS in organisations.
1.2 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.

1.3 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 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.

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### 2.0 Case Study Exercise: Impact of HIV and AIDS on organizations

2.1 Introduce Exercise 8: Case Study on Micro-credit Program (or any other appropriate 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.

2.2 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).

**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.

2.3 Divide the participants into groups to answer the questions. Allow 15 minutes for discussions and 5 minutes for them to write on flip charts.

2.4 Facilitate the plenary session to give each group a chance to present their responses.

2.5 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.
2.6 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 and dignity etc.

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

**3.0 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 stigma 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.
Session II:
Developing an HIV and AIDS Workplace Policy

Session Overview:

This session equips participants with skills on developing the 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.

Preparation:

1. Read the definitions provided and additional information to get familiar with the process of developing a workplace policy, raising awareness of the policy and rolling out the workplace policy.

3. 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)*

4. 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.

5. 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’ contributions.

Objectives:

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

i. Define a workplace policy.

ii. Develop aims and objectives of a workplace policy on HIV and AIDS.

iii. Identify components of a workplace policy.

iv. State steps for developing an HIV and AIDS workplace policy.
Facilitation:

1.0 Definition of the Workplace Policy:

1.1 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.

1.2 Link the definition of policy to the HIV and AIDS workplace policy by asking them to define the latter. Present a definition of the HIV and AIDS workplace policy on a slide/flipchart paper as follows:

An HIV and AIDS workplace 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 WORKPLACE POLICY that addresses HIV and AIDS

1.3 Ask participants to distinguish between a law and a policy; briefly record their contributions on the flip chart. Introduce the following distinction for discussion:

The main aspects of the HIV and AIDS workplace policy are:
- Encouraging prevention of HIV among staff and their families.
- Promoting and preserving the human rights of staff living with HIV or AIDS.

The workplace policy addresses HIV and AIDS related stigma and discrimination by:
- Including stigma and discrimination as one of the key principles in the policy.
- Including a section on how to address stigma and discrimination when it arises, for instance grievance handling mechanisms for workers who discriminate against people living with HIV.

Source: SAfAIDS: Steps in developing a WORKPLACE POLICY that addresses HIV and AIDS
2.0 Aims and Objectives of an HIV and AIDS workplace policy:

2.1 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 workplace policy. Record their responses on flip chart paper.

2.2 Present the following general Policy Aims and objectives:

**General Policy Aims and Objectives are to:**

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

3.0 Developing a workplace policy on HIV and AIDS

3.1 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:**

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

Website: www.aidsconsortium.org.uk  
*(ACORD Recommendation's Paper 2004)*
3.2 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.

3.3 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.

4.0 Ensuring that the Policy is effectively enforced:

4.1 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:

- Review the implications of the work place policy on other organizational policies like insurance, health, and personnel among others.

- Use expert advice to harmonize the different policies.

- Develop a work place programme basing on the policy strategies included in the policy. The programme should be clearly developed indicating the following: overall goal and specific objectives, strategies, activities and indicators (N.B. these can be presented in a log frame)

- Compute costs for each of the activities basing on the number of beneficiaries indicated in the policy (all staff permanent and temporary, staff and spouse, staff, spouse and dependants).

- Establish possible partners in implementing the policy for instance the AIDS Service Organizations providing education, VCT and ARVs services.

- Review the funding situation to establish the available resources within the organization that can be used to implement some of the aspects of the policy. Some of the strategies may have limited financial implications or in partnership with AIDS Service Organizations in the area. These can be implemented even before the policy has been fully funded.

- Develop a fund raising strategy for the policy indicating plans for raising funds for the policy implementation process.

- Clear implementation and 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.

(Developed from ACORD’s process for developing the organization’s policy)
4.2 Conclude the discussion by providing an explanation on how a work place policy can help to address stigma and discrimination at the work place.

5.0 Session Review

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

6.0 Learning Points:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.
Session III:
External HIV and AIDS Mainstreaming

Session Overview:
This session 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.
3. Prepare a model of the project cycle of a familiar project for demonstrating the sequences followed from problem identification through to evaluation.
4. 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.
5. Produce sufficient copies of the steps of carrying out external HIV and AIDS mainstreaming.
6. Write suitable questions on a slide or flip chart for concluding the session.

Facilitation:

1.0 External Mainstreaming and the Project Cycle:
1.1 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:

1.2 Discuss the concept of external mainstreaming briefly - distinguishing it from internal mainstreaming. Inform participants that the process of

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

i. Define external HIV and AIDS mainstreaming.
ii. Describe the steps taken to carry out external HIV and AIDS mainstreaming.
iii. Practice using the road map for external HIV and AIDS mainstreaming.

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.
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.

1.3 Present a definition of the Project cycle as:

1.4 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.

1.5 Link the project cycle to the practical steps (Road Map to HIV and AIDS mainstreaming indicated below and on the slide/flip chart paper)
2.0 **Group Exercise (Exercise 8: Case Study on Micro credit Programme) to apply the Road Map**

2.1 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.

2.2 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.

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

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:

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

Involves the assessment of the scope and scale of the local HIV and AIDS pandemic in the area.

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

Step III: Planning and prioritising

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

Step IV: Implementation

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

Step V: Monitoring and Evaluation

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

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

2.3 Ask participants to use experiences in their programmes to practice the road map. 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.

2.4 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.

2.5 Conclude the exercise with a discussion on the challenges and strengths of mainstreaming HIV and AIDS in Programs basing on participants’ experiences.

2.6 Summarise the session with the following questions:

i. What is HIV and AIDS external mainstreaming?
ii. What are the steps for HIV and AIDS external mainstreaming?
iii. For each step, what are the key questions to be answered by an organisation?

3.0 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 identification through to evaluation.
Session IV: Measuring HIV and AIDS Competence

Session Overview:
This session 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.
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.

Facilitation:
1.0 Definition of HIV and AIDS competence:
1.1 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 define of AIDS competence.

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

i. Define AIDS competence.
ii. Describe the conditions for building an HIV and AIDS competent community.
iii. Practice gauging AIDS competence using the UNAIDS competence framework.

AIDS competence means that we in families, communities, organizations and in policy making:
- Acknowledge the reality of HIV and AIDS.
- Act from strength to build our capacity to respond.
- Reduce vulnerabilities and risks
- Learn and share with others and
- Live out our full potential.

From: UNAIDS 2002
1.2 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.

1.3 Circulate the definition to all participants and explain the rationale for AIDS competence among communities including the following:

**Conditions for building an HIV/ AIDS competent community:**

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

2.0 **Group Activity: UNAIDS FRAMEWORK for Gauging Competence**

2.1 Introduce participants to the UNAIDS FRAMEWORK for measuring competence *(Handout 5)* and explain how it is used. (A NOVIB framework can be used)

2.2 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.

2.3 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:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Level</th>
<th>Explanation</th>
</tr>
</thead>
</table>

2.4 Ask each group to draw a graph indicating the competence.

2.5 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.

2.6 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.

2.7 Inform participants that there are a number of other assessment tools which can be used like the NOVIB Organisational Assessment Framework.
3.0 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.
Module 4: Participation, Networking, Monitoring & Evaluation
Introduction

The Module 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 module also covers networking between organisations - which is important for influencing policy changes. Networking also helps organisations to share resources, experiences etc.

Accountability as a means to monitor and evaluate mainstreaming efforts is included in the module. Input and output indicators are discussed. Finally the module provides a session for participants to carry out action planning, workshop evaluation and activities that will lead to the close of the workshop.

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.

Objectives

The objectives of the module are to:

i. Describe and be able to 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.

The module consists of the following sessions:

i. The Concept of participation.
iii. Accountability (Monitoring and Evaluation)
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.
Session I:  The Concept of Participation

Session Overview:
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.

3. Read and be able to conduct and process Exercise 8: Accord Mwanza Urban Livelihoods Programme. Prepare copies for group use.

4. Make enough copies of Handouts 6 and 7 for each participant to receive a copy.

5. Prepare the three questions provided at the end of the session to help you to summarise the session.

Facilitation:
1.0 The Concept of Participation:

1.1 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.

1.2 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.
1.3 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)

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

2.0 **Case Study: ACORD Mwanza Urban livelihoods program.**

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.

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

2.2 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.

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.

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?

2.3 Following the discussion circulate and explain the slide with the levels of participation.

Levels of participation

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving relief</td>
<td>This is where the beneficiaries are unable to help themselves and have to depend on relief from organizations.</td>
</tr>
<tr>
<td>Participation for benefits</td>
<td>Community plays a passive role in decision making. The participation of the community only lasts as long as the program/project is running.</td>
</tr>
<tr>
<td>Implement action prescribed by others</td>
<td>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.</td>
</tr>
<tr>
<td>Problem consultation</td>
<td>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.</td>
</tr>
<tr>
<td>Empowerment and ownership</td>
<td>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.</td>
</tr>
</tbody>
</table>
2.4 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?*

2.5 Present the desired requirements for effective participation.

**Desired requirements for effective participation**

2.6 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?*

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

3.0 **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.
Session II: Networking: A Tool for HIV and AIDS Advocacy

Session Overview:

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.

3. Read the Trainers Manual to acquaint yourself with the definition and use of the word networking; be able to link it to networking.

4. 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.

6. 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.

7. Write questions to summarise the session and to check achievement of session objectives.

Objectives:

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

i. Define networking and how it relates to advocacy.

ii. Describe the process of planning for advocacy.

iii. Use relevant tools for advocacy.

iv. Describe the importance of networking in relation to advocacy on HIV and AIDS.
Facilitation:

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

1.0 Case Study Exercise: Definition and Application of Networking.

(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)

1.1 Ask participants to define the word NETWORKING. 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.*

1.2 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.

1.3 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.

1.4 In plenary ask participants to describe the process they went through to decide on which agencies to work with.

1.5 Ask participants if they have had a similar experience in their work situations.

2.0 Definition of Advocacy

2.1 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 be presenting the following definition:

2.2 Ask one participants to share their experience on networking: covering

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**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.
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 of only the basics of advocacy.

3.0 Why advocate?

3.1 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.

4.0 How to advocate:

4.1 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.

4.2 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:
- Creating a link between the practical and operational work with advocacy.
- Building capacity of civil society groups and alliances.
- Lobbying and influencing decision makers directly.
- Conducting campaigns.
- Promoting the participation of the categories directly affected.
- Conducting research, documentation and sharing of information.
- Building strong networks and coalitions.

5.0 Key Elements:

5.1 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.
5.2 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).*

5.3 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.

5.4 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.

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

<table>
<thead>
<tr>
<th>Planning for advocacy requires a systematic approach using the following elements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✜ Having clear objectives WHY we need something changed.</td>
</tr>
<tr>
<td>✜ <strong>WHAT</strong> needs to be changed; is it a policy or practice being targeted for change?</td>
</tr>
<tr>
<td>✜ <strong>WHO</strong> will be involved and what their roles will be.</td>
</tr>
<tr>
<td>✜ <strong>HOW</strong> will we effect the change?</td>
</tr>
<tr>
<td>✜ <strong>WITH</strong> whom will we work to achieve the change?</td>
</tr>
</tbody>
</table>

5.5 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. Building relationships, coordination and networking are crucial elements for creating a foundation for advocacy. In the field of mainstreaming HIV AND AIDS, where experiences and good practices are still scarce, it is even more important not to work in isolation.

2. 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.

3. 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?

4. 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.
Session III: Accountability (Monitoring and Evaluation)

Session Overview:

This session 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 development process 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.


Facilitation:

1.0 Monitoring and Evaluation – Definitions:

1.1 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.

Objectives:

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

i. identify inputs, activities and outputs for progress monitoring of HIV and AIDS internal and external mainstreaming;

ii. develop appropriate outcome and impact indicators for monitoring and evaluating HIV and AIDS mainstreaming;

iii. Identify possible mechanisms for including the beneficiaries in the monitoring and evaluation processes.
1.2 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:

1.3 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.

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### 2.0 Progress and Impact Monitoring:

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

2.2 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?”

**Progress monitoring:** focuses on the direct responsibility of the program including the following:

a) the implementation process,
b) use of resources for implementation and
c) outputs/results.

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

**Impact monitoring:** examines

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

(Source: Gender sensitive participatory approaches: Training manual for local experts)
3.0 Input, Process and Output Indicators:

3.1 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.

2.2 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.

2.3 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.

4.0 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.
Session IV:
Action Planning, Evaluation, and Closing

Session Overview:

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 on 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.

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.

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.
1.2 State that as the workshop comes to a close, some time 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.”

1.3 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.

1.4 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.

1.5 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.

1.6 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.

2.0 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)
Annexes
Annex 1: Exercises
EXERCISE 1:
Some Commonly Held Beliefs and Prejudices About HIV and AIDS

- 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

- HIV does not cause AIDS( [True or false ]. (Explain that there are currently debates by nutritionists that poor nutrition rather than HIV causes AIDS).

- 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.

- Unprotected sex always leads to HIV infection [False] Unprotected sex with an infected person leads to infection.

- The condom does not provide full proof protection against HIV infection [True] If the condom is not effectively used.

- Advocating for use of condoms increases promiscuity [False] Condoms are provided as an alternative last resort method for avoiding HIV infection.

- 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.

- If one is HIV positive then he/she is useless [False] HIV positive people are strong and productive.

- ARVs cure AIDS [False] ARVs life extending drugs and not a cure to AIDS.

- It is not easy for parents to talk to their children about HIV/AIDS and reproductive health [True] it is however important to establish communication because it is vital for their protection against infection.

- One can have HIV without having AIDS [True]

- If I discovered I had the HIV virus I would commit suicide [Debatable] It depends on ones ability to live with the knowledge.

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 analyzing 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.

⊙ Choose participants to take up the different roles in the skit.
⊙ Participants should be attentive and follow the conversations.
⊙ Present questions for discussions in-groups.
⊙ Ask participants what they have learnt from the exercise.
⊙ 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 battlefront 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**

1. Why have the people refused condoms as an option for survival?

- They believe that it is a sign of unfaithfulness.
- Reduces on the money CSW can earn from their contacts
- Complacency about life
- 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:**

- Women have no powers to decide on whether to have sex or not
- Alcoholic influences
- Poverty
- Complacency
- 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.*
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 neighboring 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 center 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 behavior 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 analyze the causes and effect of the pandemic on household.

In the mean time 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 described above?
   
   • Better results from funded initiatives
   • Greater impact of funded initiatives
   • More coordinated and effective funding procedures that avoid duplication
   • More involvement of beneficiaries (participatory)
   • 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
   
   ⊗ Internal vis-à-vis external mainstreaming
   ⊗ Building partnerships
   ⊗ Development of monitoring indicators for mainstreamed activities.
   ⊗ Involvement of PLWAs.
   ⊗ Building effective networks
   ⊗ Funding for HIV/AIDS mainstreamed programmes
   ⊗ Varying conceptual understanding of mainstreaming
   ⊗ Resource constraints

3. What conditions would need to be satisfied for effective mainstreaming at the different levels?

   • Ensure high level of political support
   • Collective action in partnerships and networks
   • High level of advocacy
   • Effective dissemination of lessons and best practices for reference
EXERCISE 5:
Causes, Effects and Forms of HIV/AIDS Related Stigma

- Distribute at least three cards to each participant
- Ask them to write their thoughts on each of the following:
  a) causes of stigma
  b) forms of stigma
  c) effect of stigma.
- 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.
- Initiate a discussion based on participants’ responses.
- Wind up the discussion by informing participants that, Stigma and discrimination is a major issue to be addressed in the fight against HIV and AIDS and therefore has a separate tool kit to help actors understand it and develop responses in their work.
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;

- Women accessed credit services to help them improve their petty trade. More women are joining groups in order to access credit services.
- The community is aware that it is wrong to abuse women either physically or sexually.
- Village committee is enlightened on their roles in to rule fairly and openly against physical or sexual abuse.
- GAGs lobbied city authority on issues such as gender –based violence and sexual abuse. This resulted in local legal structures at ward level.
- 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

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

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:

- Credit has to be given to only those in organized groups but the households affected by HIV/AIDS a stigmatized and marginalized from the existing groups.
- Group security is mandatory yet most HIV/AIDS affected households barely have any resources for saving.
- The credit has a high interest which may not be easily paid by households affected by HIV/AIDS.
- 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.

Questions
1. 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.

2. 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 raise in all the presentation

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.
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?
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:

- Very high death rate among the able bodied adults
- School drop out rate is very high
- More productive time is spent on caring for the sick and less time on food production and therefore there is an ensuing food crisis.
- 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.
- Households have very low incomes
- Widows are homeless due to loss of their property to relatives of the spouses.
- High population of homeless and destitute children /orphans.

Question:

1. As a development agency working in this community, what steps will take to alleviate the numerous problems mentioned?

2. Who can you work with in this initiative?
Annex 2: Handouts
HANDOUT 01: 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 internal. 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.
HANDOUT 02:  
Examples of Mainstreaming at Different Levels


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’

- Be prepared by the country
- Focus on faster and broad based economic growth
- Reflect a comprehensive understanding of poverty and its determinants
- Assist in choosing public actions that have the highest poverty impact
- 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.

HANDOUT 03:
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.
8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT.

Source: Summarized from www.un.org/milleniumgoals/
HANDOUT 04:
Human Rights and HIV/AIDS: Common Beliefs

- **Liberty and security**
  - Found a family? *(PLWAs should not marry or have children)*
  - Work *(An HIV positive employee is no longer productive)*
  - Social security and assistance *(It is shameful for a family to have an HIV/AIDS member so PWLAs are often abandoned and neglected)*
  - Freedom of movement and association *(AN HIV/AIDS person cannot easily associate in the community)*
  - Education *(it is useless to educate children living with HIV/AIDS after all they will die)*
  - Freedom from inhuman treatment *(PHLWAs are often isolated and ridiculed. Statements like, “that one is a living dead” are often used to describe them)*
  - Protection by law *(limited protection by the law for infected employees)*
  - Life *(A terminally ill patient living with HIV/AIDS is left to die in order to save on the high medical costs)*
  - Good health *(PLWAs are often neglected in hospitals and homes and left in very unhealthy surroundings)*
  - correct information *(there is limited access to proper information on HIV/AIDS and the current treatments available)*
  - Participation *(PLWAs are often left out of leadership positions because they are too weak to participate or they will die soon.)*
  - Protection from infection *(there are some vulnerable categories of the population like women whose subordinate position puts them at risk of infection. There is no law to guarantee protection.)*
### HANDOUT 05: UNAIDS Framework for assessing HIV/AIDS competence

<table>
<thead>
<tr>
<th>Acknowledgement and recognition</th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>We know the basic facts about HIV/AIDS, how it spreads and its effects</td>
<td>We recognize that HIV/AIDS is affecting us as a group/community and we discuss it amongst ourselves. Some of us get tested</td>
<td>We acknowledge openly our concerns and challenges of HIV/AIDS. We seek others for mutual support and learning.</td>
<td>We go for testing consciously. We recognise our own strength to deal with the challenges and anticipate a better future</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>We don’t involve those affected by the problem</td>
<td>We cooperate with some people who are useful to resolve common issues</td>
<td>We in our separate groups meet to resolve common issues (e.g. PLWAs, youth, women)</td>
<td>Separate groups share common goals and define each member’s contribution</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care and prevention</th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>We relay externally provided messages about care and prevention</td>
<td>We look after those who are unable to care themselves (sick, elderly). We discuss the need to change behaviour</td>
<td>We take action because we need to and we have a process to care for others long term</td>
<td>As a community we initiate care and prevention activities, and work in partnership with external services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to treatment</th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other than existing medicines treatment is not available to us</td>
<td>Some of us get access to treatment for infections but not ARVs</td>
<td>We know how and where to access ARVs</td>
<td>ARV drugs are available to all who need them, are successfully procured and effectively used</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify and address vulnerability</th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are aware of the general factors of vulnerability and the risks affecting us</td>
<td>We have identified our area of vulnerability and risk e.g. using mapping as a tool</td>
<td>We have a clear approach to address vulnerability and risk, and we have assessed the impact of the approach</td>
<td>We implement our approach using accessible resources and capacities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 BASIC</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are addressing vulnerability in other aspects of the life of our group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning and transfer</td>
<td>We learn from our actions</td>
<td>We share learning from our successes but not our mistakes. We adopt good practice from outside</td>
<td>We are willing to try out and adopt what works elsewhere. We share willingly with those who ask.</td>
<td>We learn, share and apply what we learn regularly, and seek people with relevant experience to help us.</td>
<td>We continuously learn how we can respond better to HIV/AIDS and share it with those we think will benefit</td>
</tr>
<tr>
<td>Measuring change</td>
<td>We are changing because we think it is right thing to do but do not measure the</td>
<td>We begin consciously to self measure</td>
<td>We occasionally measure our own group’s change and set targets for improvement</td>
<td>We measure our change continuously and can demonstrate measurable improvement</td>
<td>We invite other ideas about how to measure change and share learning and results</td>
</tr>
<tr>
<td>Adapting our response</td>
<td>We see no need to adapt because we are doing something useful</td>
<td>We are changing our response as a result of external influence and groups</td>
<td>We are aware of the change around us and we take the decision to adapt because we need to.</td>
<td>We recognize that we continually need to adapt.</td>
<td>We see implications for the future and adapt to meet them</td>
</tr>
<tr>
<td>Ways of working</td>
<td>We wait for others to tell us what to do and provide the resources to do so.</td>
<td>We work as individuals attempting to control the situation, even when we feel helpless</td>
<td>We work as teams to solve problems as we recognise them. If someone needs help we share what we can.</td>
<td>We find our own solutions and access help to others where we can.</td>
<td>We believe in our own and others’ capacities to succeed. We share ways of working that help others to succeed.</td>
</tr>
<tr>
<td>Mobilizing resources</td>
<td>We know what we want to achieve but don’t have the means to do it</td>
<td>We can demonstrate some progress by our own resources</td>
<td>We have prepared project proposals and identified sources of support</td>
<td>We access resources to address the problem of our community because others want to support us.</td>
<td>We use our own resources, access other resources to achieve more and have planned for the future</td>
</tr>
</tbody>
</table>

Adapted from the UNAIDS framework for assessing HIV/AIDS competence
### HANDOUT 06: Levels of participation

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving relief</td>
<td>This is where the beneficiaries are unable to help themselves and have to depend on relief from organizations.</td>
</tr>
<tr>
<td>Participation for benefits</td>
<td>Community plays a passive role in decision making. The participation of the community only lasts as long as the program/project is running.</td>
</tr>
<tr>
<td>Implement action prescribed by others</td>
<td>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.</td>
</tr>
<tr>
<td>Problem consultation</td>
<td>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.</td>
</tr>
<tr>
<td>Empowerment and ownership</td>
<td>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.</td>
</tr>
</tbody>
</table>
HANDOUT 07:
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 parities 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
HANDOUT 08: 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 tacking 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 09: 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 10:**
Basic Monitoring and evaluation chart (Example)

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicator</th>
<th>Info. Source</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td>Provide employees within the organization with HIV/AIDS prevention skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Circulate HIV/AIDS information charts and booklets to all offices/departments in the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>outputs</strong></td>
<td>100 posters and 80 booklets designed and circulated</td>
<td>All departments charts on HIV/AIDS displayed in their offices Have booklets on HIV/AIDS</td>
<td>Discussions with staff, observation, and record of supplies circulated.</td>
</tr>
</tbody>
</table>

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


3. **City Alliance, UNDP, AMICALL, World Bank**: Local Government Responses to HIV/AIDS: A handbook to support local government authorities in addressing HIV/ADS at the municipal level. ([UrbanAIDS@worldbank.org](http://UrbanAIDS@worldbank.org)).

4. **German Development Service**: Gender Sensitive Participatory Approaches: Trainers’ manual for Local experts.


6. **International HIV/AIDS Alliance**: 100 Ways to energize groups: Games to use in workshops, meetings and the community ([www.aidsalliance.org](http://www.aidsalliance.org)).


8. **Oxfam/ Action Aid and Save the Children U.K**: AIDS on the Agenda: Adapting development and humanitarian Programmes to meet the challenge of HIV/AIDS. ([www.oxfam.org.uk](http://www.oxfam.org.uk)).

9. **Social and Economic program (WWF)**: Participatory monitoring and evaluation: A practical Handbook to successful ICDPS.

10. **Sue Holden**: Looking at AIDS as a Development issue: An exploration with ACTIONAID Uganda.


12. **The Policy project**: Policy Occasional papers The art of policy formulation: Experiences from Africa in Developing National HIV/AIDS policies. ([www.tfgi.com](http://www.tfgi.com)).


16. **Voluntary Services Overseas**: Mainstreaming Handbook for VSO offices (hiv@vso.org.uk).

17. [www.un.org/milleniumgoals/]
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