Mainstreaming HIV/AIDS into Development: What it can look like.

Summary

This article is useful for all organisations that work in areas with high or increasing rates of HIV/AIDS. It gives pragmatic guidance on three aspects of mainstreaming; HIV/AIDS in the workplace, mainstreaming HIV/AIDS into strategy and planning, and making links with focused interventions in HIV/AIDS.

Mainstreaming HIV/AIDS involves bringing the issues surrounding the pandemic into all strategic planning, and into day-to-day operations inside an organization, in its programmes, and in its relationships with others. The article explains how organisations should anticipate and plan for likely problems arising from deaths and unexpected illness to avoid or minimise the impacts of HIV/AIDS, why organisations should review and modify their overall strategies, programme planning and implementation, and the importance of the impact of HIV/AIDS being addressed on a sector-wide basis.

It also describes the benefits of mutually supporting partnerships between organisations and HIV/AIDS specialists. Mainstreaming HIV/AIDS needs to be a long term, systematic process with a high level of commitment from senior managers and staff.

HIV/AIDS is an issue that every organisation in the Southern African region must address directly, both out of enlightened self-interest, and out of concern for those at risk or already affected. Over the last few years, there has been increasing talk within governments, multi- and bilateral organisations, and development organisations of "mainstreaming AIDS" into all sectors, and of "taking a multisectoral approach to AIDS." This has seldom been accompanied by practical guidance on what a 'multisectoral approach' entails, or what an organisation that 'mainstreams AIDS' might look like.

People use the term 'AIDS mainstreaming' in different ways, so some clarity on what it involves is needed. 'Mainstreaming' HIV and AIDS involves bringing the issues into all strategic planning, and into day-to-day operations inside the organisation and in its relationships with others. This article outlines three broad aspects of mainstreaming, including:

1. HIV and AIDS in the workplace;

2. mainstreaming HIV and AIDS into strategy and programming; and

3. links with focused interventions on HIV and AIDS.

These are accompanied by a few examples of what it might look like in practice; many more exist, others can be developed. The vision could change over time, based upon experiences and new ideas, but it is imperative that those involved in the process become clearer about the intended results.

This article takes the perspective of development and humanitarian organisations that have not traditionally been involved in HIV and AIDS work. However, many of the issues are relevant for AIDS support organisations, governments, and the private sector.

1. HIV and AIDS in the Workplace

Employees of all organisations in Southern Africa are at risk of HIV, or are already HIV positive, or are affected by illness and death of others. These personal impacts in turn severely reduce the ability of the organisation to perform efficiently, effectively, and to meet objectives. This is true regardless of the type of work the organisation does; whether it is a government department, community-based organisation, international development agency, small business or corporation. Common impacts include greater absenteeism, reduced productivity, increased financial costs, higher staff turnover, lower morale, and falling levels of experience and quality. Unexpected illness and death strikes many

organisations as a crisis; a proactive organisation anticipates and plans for likely problems, and can better avoid or minimise the impacts.

The objective of mainstreaming HIV and AIDS in the workplace is to enhance the ability of an organisation and its staff to anticipate, minimise, and cope with illness and death associated with the pandemic. This entails the need to understand and balance the interests of the staff and of the organisation.

Box 1 outlines some specific responses that might be seen in an organisation that has addressed HIV and AIDS in its internal policies and practices. [1] Much of the work on HIV and AIDS in the workplace focuses primarily on education and on staff health. These are indeed crucial aspects, but organisations must go further to anticipate financial impacts, influences on workforce planning, and on the quality of their work. All of these should be addressed through planning and performance management.

Box 1: Addressing HIV and AIDS in the Workplace

Staff awareness:
- understand basics of HIV transmission, risk situations, risk behaviours, progression from HIV to AIDS, living positively, etc. These fall within the broader context of changing overall organisational culture, partly through attention to individual attitudes and skills.

Staff health policies
- promote HIV education, prevention, management of ill health, confidential HIV testing; in line with national legal framework and good practice guides (SADC Code on HIV/AIDS and Employment, and the ILO Code of practice on HIV/AIDS in the world of work)

Performance management system:
- candidates made aware of organisational commitment to HIV/AIDS issues, and assessed on their understanding of the issues
- job objectives and reporting reflect HIV/AIDS – related aspects of the job

Budgets and financial planning
- cost implications projected over 5 to 10 years
- budgets address HIV / AIDS in terms of:
- internal workplace: staff illness, health and life insurance, temporary cover for absent employees, additional recruitment processes, etc
- programmes in all sectors
- programmes budgets for focused HIV/AIDS interventions

Human resources workforce planning
- human resource implications projected over 5 to 10 years
- anticipate employee absenteeism, illness & death, demand on employee benefits, staff turnover, recruitment time and costs

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2. Mainstreaming HIV and AIDS into Strategy and Programming

A second aspect of mainstreaming involves the organisation's strategy and programming. Regardless of the work the organisation undertakes, some clients are affected by illness and death associated with HIV. Others are at risk, and some will eventually contract HIV themselves, or become directly affected by the illness and death of others. Given the dynamics of the epidemic, numbers of those affected are certain to increase.

In areas with high rates of HIV and AIDS, organisational ability to effectively and efficiently achieve goals is at risk. Activities in communities are left undone due to illnesses and funerals, key community members become ill or spend time in caring for others, and household composition changes – with women, youth, and the elderly assuming even greater burdens. The increasing load of illness and death in communities, and the resulting changes in roles, responsibilities and assets of affected families, mean that the organisation's operations may become less relevant to or accessible by affected people.

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[1] There is a great range of information and guidance on addressing on HIV/AIDS in the workplace. See ILO, 'An ILO code of practice on HIV/AIDS and the world of work,' Geneva, June 2001.

However, development work can help reduce vulnerability of at-risk or affected people. It can support HIV prevention efforts, while also facilitating and enabling care, treatment, and support for those affected by HIV and AIDS. Economic and social development helps affected people to mitigate impacts of illness and death, and increases their options.

All organisations in all sectors need to take steps to ensure their core business is relevant to the changes in societies and families brought about by HIV and AIDS. This aspect of mainstreaming seeks to strengthen the organisation's core business, without changing the focus to health care. This may entail modifications to the organisation's overall strategy, and to its detailed programme planning and implementation.

It is also important to note that development and humanitarian programmes and staff can have negative impacts, in that they can unintentionally provide the environments within which HIV is easily transmitted. For example, road-building activities can greatly increase mobility, allowing greater contact among people. Income generation can provide people with more disposable money, often linked to selling trips away from their families. Further, development and humanitarian staff tend to be fairly mobile, are often away from their families, and generally have greater access to money and to desired products than people in the communities where they work. All of these can set the scene for higher numbers of sexual partners. This is not to say that development and humanitarian efforts should be abandoned; rather, these potentially negative impacts should be acknowledged and addressed.

2.1 General strategy and programming: Basic analysis of the context of HIV/AIDS in society leads to some standard responses, regardless of the type of work being undertaken. Indicators in Box 2 might be seen in any organisation that actively addresses HIV and AIDS.

Box 2: Addressing HIV and AIDS in General Strategy and Programming

Strategic analysis:
- integrate analysis of HIV/AIDS in relation to organisational mission and vision –don't just respond to today's issues, but project 5 to 10 years into the future

Programme design:
- **project cycle:** HIV/AIDS addressed at all stages of the cycle in all programmes, in terms of risks and opportunities
- **target groups:** special attention to youth, elderly, women
- **project objectives:** formulated together with new target groups, with particular attention to those affected by chronic illness and death of young adults
- **types of interventions**: may change as target groups and objectives change
- **ways of working / methodologies:** bear in mind constraints – for example, some find it hard to participate in groups or community meetings

Complementary partnerships:
- established among development / humanitarian programmes, and HIV/AIDS specialists

Monitoring & impact analysis
- explicitly and routinely assess relevance of activities to those affected by HIV and AIDS

Support to partner organisations
- encourage partners to address HIV/AIDS in their workplaces and in their programmes
- provide necessary funding, links to technical support

Advocacy with the sector
- encourage others doing similar work, or work in same sector, to address HIV/AIDS (government, NGOs, private sector)

Multilateral, international, bilateral agencies, donors
- agree to support increasing management costs, experimental activities related to HIV/AIDS

2.2 Sector-specific programming: AIDS is possibly the most critical management issue affecting the capacity of entire sectors, and should be addressed on a systematic, sector-wide basis. The particular responses may vary in each sector. For example, an agricultural organisation should retain its focus on its core business, but determine how to support agricultural development in ways that are relevant to people affected by HIV and AIDS, while bearing in mind that the agency itself is affected internally by illness and death.

A small taste of possible indicators in three sectors follows. Various organisations have developed detailed toolkits to support analysis in particular sectors or for specific professions.[2]

Box 3: Addressing HIV and AIDS in Specific Sectors

Agriculture [3]
- emphasis on labour-saving technologies
- clear attention to nutritional value of agricultural production
- extension methodologies specifically seek to identify and reach individuals and families affected by chronic illness and death of adults who might otherwise be excluded

Humanitarian response [4]
- design refugee camp layout to reduce physical risks for women and girls
- distribute essential goods in ways that minimise sexual dependence of women and children upon others
- in quick-onset emergencies, ensure identification and symptomatic treatment of sexually transmitted diseases

Education [5]
- integrate attention to HIV and AIDS in all curriculae
- address particular difficulties of orphans
- plan for high workforce attrition among teachers, teacher trainers, managers, staff

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3. Links with Focused HIV/AIDS Interventions

A third broad component often referred to under the term 'mainstreaming' involves direct support to focused HIV/AIDS interventions. This can involve HIV prevention, care and treatment, or supporting those living with HIV or affected by the illness and death of others.

Some feel that running such HIV and AIDS specific activities, while essential, are not 'mainstreaming,' and instead refer to these initiatives as 'focused interventions.' In any case, the relationship between HIV/AIDS focused interventions, and work in other sectors, is fundamental to mainstreaming. Just as HIV prevention and care are mutually supporting, so can socio-economic development support prevention, while helping people to mitigate the impacts of illness and death; successful prevention and care in turn facilitate development.

Development organisations can start up their own parallel activities in HIV/AIDS work, though this can bring high opportunity costs. Management and financial resources may be diverted from what has been the core business, and quality of all work can suffer.

Alternatively, an organisation may form active partnerships with HIV/AIDS specialists who provide these services. Such mutually supporting relationships build on the strengths of all, and ensure that complementary services are offered. Such partnerships can help minimise the opportunity costs that undermine efforts of a single organisation to do everything.

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[2] For example, the Health Economics and HIV/AIDS Research Division (HEARD) at University of Natal, Durban, has developed a series of 28 sectoral AIDS Briefs, as well as several AIDS Toolkits for government. See www.und.ac.za/und/heard/index.html.

[3] contact: Marcela Villarreal, FAO's HIV/AIDS focal point, marcela.villarreal@fao.org; www.fao.org
[4] contact: Dr L. Kuppens, kuppensl@who.ch; the Inter-Agency Standing Committee, Sub-working Group on HIV/AIDS in Complex Emergencies is developing standards on HIV in emergency situations.
[5] contact: Peter Badcock-Walters, Research Associate in Education, HEARD, peterbw@eastcoast.co.za

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Box 4: Links among Development and AIDS Specialists

Formal agreements among specialists
- memorandum of understanding outlining complementary services in a community (no funding involved) with local specialists to provide services in HIV prevention, care, treatment and support in communities where Oxfam operates
- direct financial support to local specialists / service providers

Side-by-side programmes in same organisation
- management and technical capacity built in two teams in one organization
- active efforts to minimize opportunity costs, ensure quality & management support

District structures
- encourage, participate in, fund formal structures that bring together development and health professionals to facilitate joint planning, monitoring (eg District AIDS Coordination Committees in Malawi)

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4. Developing a Systematic Process of Mainstreaming HIV/AIDS

One of the major constraints to 'mainstreaming' is that even those who would truly like to do it, simply don't know where to start. Discussion on the above indicators should help people decide what they would like to achieve. It then becomes easier to develop a process for how to undertake mainstreaming. One of the key principles should be to design a systematic process that anticipates issues, as opposed to the common, ad hoc reaction to problems as they occur.

Oxfam GB's experience to date is that mainstreaming HIV and AIDS is a long-term process, involving a series of activities, in which the whole is more than the sum of the parts. We are learning together with others. At the same time, we are seeking to influence people who have not previously dealt with HIV and AIDS, and get them to understand that illness and death due to the pandemic are indeed fundamentally important to whatever they do, be it agriculture, education, humanitarian response, or other work. This entails a combination of attitude change and skills development, linked to a new approach to resource planning and allocation.

The process of mainstreaming HIV and AIDS should therefore include different ways of working. It is basically a capacity building approach, over a long term, to help modify the way organizations work. It demands a combination of types of work:

- **advocacy** to convince decision-makers that AIDS is relevant and that they can do something about it;

- **technical support** including training to strengthen specific knowledge and skills;

- **financial support** to enable organisations to undertake all of the above, and to allow for both the direct and indirect costs involved both in mainstreaming, and in responding to illness and death that do occur.

The lessons from Oxfam Malawi, combined with those from the Joint Oxfams HIV/AIDS Programme in South Africa, indicate that we need to bring together two basic elements: get organisations to buy in to the process, then provide a simple, structured series of activities aimed at achieving clear, practical outputs.

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Box 5: Some key steps in mainstreaming process

Getting formal buy-in from staff, partners:

- Oxfam staff awareness workshop (1 day): all managers and staff

- Partner staff awareness workshop (1 day): all managers and staff

- Formal agreement to engage in systematic mainstreaming (at end of more detailed 2 – 3 day workshop outlining key steps in the process)

- Agree main indicators, build into monitoring system

Systematic support and monitoring:

Some activities might include, for example:

- Internal staff awareness: identify HIV/AIDS focal person in each office; monthly staff discussions on various personal or professional HIV/AIDS issues identified by staff; make condoms available in offices; put up information posters in offices

- Internal audit of potential impacts of HIV/AIDS within the organisation (2 - 4 days)

- Review of workplace implications, good practice, legal framework, and policies (2 days); with follow-up activities culminating in:

    - Agreed workplace policy on staff health

    - Modified financial / budgeting process

    - HR workforce planning

- Research into the district level epidemic: impacts and responses (2 weeks)

- Modification of existing programme (logical framework and operational plan) (5 days) *or* design of new programme / project

- Formal agreements with complementary agencies (eg ASOs)

- Development of advocacy strategy

- Monitoring !

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Conclusion

There is no single correct approach to mainstreaming HIV/AIDS, but analyzing it in terms of various components can be helpful. However it is actually undertaken, the actual process is long-term, requires high commitment from senior managers and staff, and clearly involves more than a couple of workshops. Oxfam GB and partners in Southern Africa are continuing to develop their learning on HIV and AIDS in development, and are keen to share ideas and learn from others.

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