MAINSTREAMING HIV AND AIDS IN SECTORS & PROGRAMMES

An Implementation Guide for National Responses

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AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
BCC	Behavioral Change Communication
BDP	Bureau for Development Policy
CBO	Community Based Organization
CSO	Civil Society Organization
DRI	District Response Initiative
FAO	Food and Agriculture Organization
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
LGA	Local Government Authority
MAP	Multi-Country HIV/AIDS Programme
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoH	Ministry of Health
MPF	Ministry of Planning and Finance
MTP	Medium-Term Plan
MTEF	Medium Term Expenditure Framework
NAA	National AIDS Authority
NAC	National AIDS Commission
NAF	National AIDS Framework
NEPAD	New Partnership for Africa's Development

NGO	Non-Governmental Organization
NSF	National Strategic Framework
NSP	National Strategic Plan
UN – OHRLLS	United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States
PRA	Participatory Rapid Appraisal
PRSP	Poverty Reduction Strategy Paper
SEAHIV	South East Asia HIV and Development Programme
SRA	Situation and Response Analysis
SPP	Strategic Planning Process
TOR	Terms of Reference
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WB	The World Bank
WHO	World Health Organization
WFP	World Food Programme

What sets AIDS apart as a growing global concern is its unprecedented impact on development. The economic and social impacts of AIDS are not uniform across countries nor within societies, yet wherever it strikes, AIDS affects individuals, communities and sectors, relentlessly eroding human capacity, productivity and prospects.

The 2001 UNGASS Declaration of Commitment enjoins countries to integrate AIDS responses into their development frameworks at national, sectoral and local levels. To achieve this, key stakeholders are to engage in a process of mainstreaming HIV and AIDS for multisectoral action in order to scale up AIDS responses. Effective AIDS responses are premised on strong interactive links between national development instruments, National Action Frameworks for HIV and AIDS, and sector plans. This integrated development and governance approach also provides a sound basis for countries to achieve the interrelated targets of the Millennium Declaration.

Substantially increased global financial resources available for HIV and AIDS multisectoral action provide a unique opportunity to accelerate country level responses to the epidemic. But a major challenge facing countries is to ensure that sufficient technical resources are available to strengthen capacity for effective implementation of the national response. A further challenge is how to coordinate and harmonise multi-stakeholder efforts that aim to achieve sustainable joint results. The adoption of the Three Ones principles bolsters efforts to address these challenges, ensuring collective harmonisation and alignment with national policies and strategies.

The UNAIDS Secretariat, UNDP and the World Bank collaboratively are developing a series on mainstreaming documents that promote advocacy, share lessons learned and provide tools for undertaking mainstreaming. This guide responds to the urgent need for a practical resource tool to support implementation of these principles in countries. It is a result of the growing international experience and consensus around what mainstreaming HIV and AIDS entails. It has been developed in response to demand on how to mainstream HIV and AIDS from designers and practitioners, National AIDS Authorities, and both public and private sectors.

What is new about this guide? The guide serves as a resource to enable immediate and practical action to implement National Action Frameworks for HIV and AIDS. It provides a unified approach which implementing stakeholders can use in close collaboration with National AIDS Authorities, with overall responsibility for monitoring national results.

The guide is presented in two complementary parts: Part I presents the essential concepts and lessons of mainstreaming, while Part II offers a simple step by step approach to mainstreaming AIDS-related strategies and activities into sectors and programmes.

The sector and programme focus gives a more targeted scope for implementation, making the guide useful to a wide range of stakeholders, including: line ministries, development programmes, decentralised institutions, local government and civil society organizations. Importantly, the guide offers a link to the upstream and downstream dimensions of multisectoral responses, where sector and programme mainstreaming effectively contributes to the re-formulation of National AIDS Frameworks and national development strategies, including PRSs. We welcome inputs and suggestions from users for continued refinement based on additional lessons learned through using this guide and the related documents.
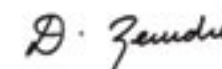
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PART 1

Essentials of Sector and Programmes Mainstreaming

1.1 Essentials of sector and programme mainstreaming

As the HIV and AIDS epidemic unfolds, it increasingly poses complex development challenges for countries. Mainstreaming HIV and AIDS into national development processes remains a key approach to addressing both the direct and indirect causes of the growing epidemic. By ensuring the integration of planning, resource and programming issues, mainstreaming enables a multisectoral and multi-stakeholder response.

The critical relationship between sector mainstreaming and mainstreaming in national development processes is represented in Figure 1 below. The close interdependence of the two processes usually involves interaction between the same national actors, planning authorities and development partners. Countries should undertake mainstreaming at the sectoral level as a way of establishing a multisectoral, multi-level response that is also responsive to larger national development goals. However, the key is to understand sector mainstreaming as implementation action, where individual sectors and institutions commit to specific activities to achieve joint outcomes for the national AIDS and development responses.
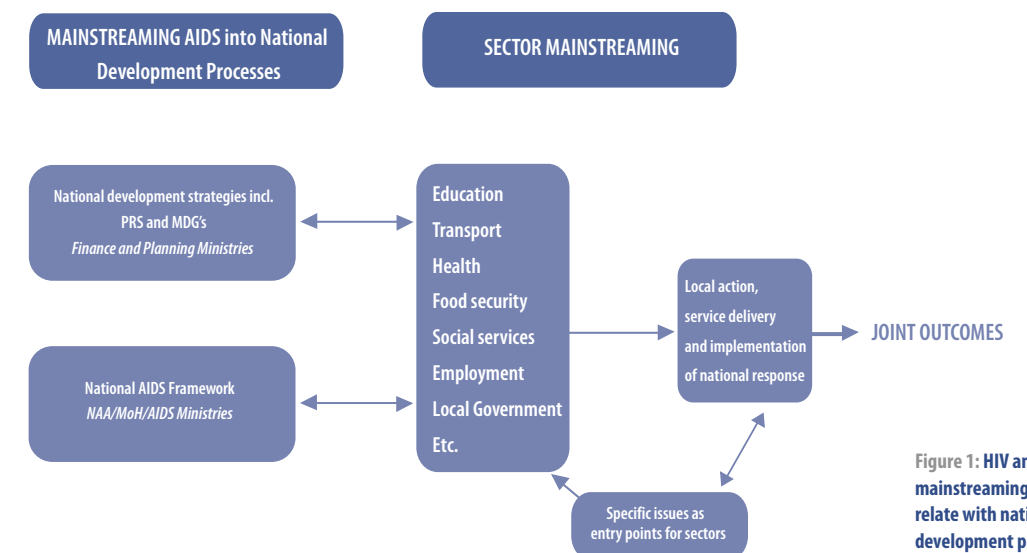

Figure 1: HIV and AIDS mainstreaming inter-relate with national development process

The national HIV and AIDS response is an essential component of a country's national development strategy. To achieve agreed upon joint outcomes, all key stakeholders need to work collaboratively to define strategies and priorities for implementation.

This guide serves as a tool to implement national HIV and AIDS priorities within the wider national development context which include achieving the targets set for the Millennium Development Goals (MDGs), United Nations General Assembly Special Session (UNGASS) and other internationally agreed upon development goals.

1.2 Purpose of the guide

This guide aims to stimulate much-needed action and promote a programmatic approach to mainstreaming HIV and AIDS in sectors so that sectoral programmes incorporate HIV and AIDS relevant actions in their regular functions and annual institutional budget cycles. This step by step process guide is primarily directed at national policy makers, development planners and HIV and AIDS focal points in sector ministries and local governments. In addition, it is a useful capacity development resource for private sector business and trade unions and not-for-profit sector, such as NGOs and community groups.

The guide is useful in strengthening the knowledge and capacity for implementing the National AIDS Framework where sector responsibilities for implementation have been defined.[1] It is also useful in the following situations where:

❏ Resources are allocated for specific sectors to mainstream HIV and AIDS concerns but the sectoral implementation strategies have not been defined

❏ Sectoral and local government strategies have been developed but responsibilities are not yet defined

❏ Sectoral strategies and accountabilities have been defined but there is a need to mobilize resources for their implementation

❏ The National AIDS Framework calls for a multi-sectoral response but key sectoral entry points, strategies, roles and responsibilities have yet to be defined

Multisectoral action for HIV and AIDS responses are gaining recognition as central to reversing the epidemic and a body of literature, documents and tools have been developed

[1]. Although the National Action Framework for HIV and AIDS should be used as a frame of reference for mainstreaming efforts, in some instances these frameworks may require revision to reflect a broader and deeper conceptualisation of HIV and AIDS. In particular, it may be necessary to shift the NAF from a narrow focus on AIDS work towards a broader focus on mainstreaming HIV and AIDS.

around mainstreaming. [2] This 'how to' guide complements the existing documents and tools by providing a synthesis of the practical experiences in mainstreaming gained over the years by different sectors in countries. This guide stimulates active sectoral participation while anchoring HIV and AIDS concerns within the mandatory functions of sectors and programmes. While the focus is on HIV and AIDS, the approaches and methods offered can easily be adapted for mainstreaming other cross-cutting concerns, particularly gender and poverty.

The guide does not address specific thematic HIV and AIDS issues directly, such as how to roll out Antiretroviral Treatment (ART), impact mitigation projects, or Behavioural Change Communication programmes. Instead, it locates mainstreaming in a multisectoral development context that outlines what individual sectors (including the health sector), institutions and programmes can do to achieve HIV and AIDS and development priorities.

1.3 Mainstreaming HIV and AIDS defined

UNAIDS has recently proposed the following working definition of mainstreaming AIDS:

> **Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.**

Mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community. It is essentially a process whereby a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectoral policies, decisions and actions might influence the longer-term development of the epidemic and the sector.

To respond effectively to the epidemic, it requires exceptional responses that demonstrate timeliness, scale, inclusiveness, partnerships, innovation and responsiveness. In other words, to stay on top of the rapidly evolving epidemics, actions need to be incorporated into sectors' normal operations while simultaneously continue seeking innovations and extending new partnerships. Mainstreaming HIV and AIDS is a collective and

[2]. UNAIDS and UNDP have jointly compiled these resources in a user-friendly CD-ROM, also available on: www.unaids.org and www.undp.org

iterative process of learning, engagement, action, experimentation and reflection. The National AIDS Authorities must take on and strengthen their critical coordination role in mainstreaming.

1.4 Addressing the direct and indirect causes of HIV and AIDS

A critical feature of mainstreaming is to take account of an organization's mission, mandate and comparative advantages and relate these to the direct and indirect aspects of the epidemic. Many HIV and AIDS responses to date address the direct causes and impacts of the epidemics. For example, changing risky behaviours associated with HIV transmission, providing treatment and care or on other immediate and measurable impacts of the epidemic. Mainstreaming HIV and AIDS includes these direct efforts but also critically addresses the underlying causes of vulnerability to HIV infection and the longer term consequences of AIDS.

Not all organizations are expected to take on the same tasks and responsibilities. Rather, mainstreaming means integrating HIV and AIDS into functions relevant to the core mandate of each sector and entity. Thus, mainstreaming in practical terms may differ between education and agriculture, mining and the media. However, there are certain strategies and actions which are common to different sectors reducing vulnerabilities to HIV infection and mitigating impacts of AIDS.

Lessons learned and knowledge gained from countries in the past two decades have shown that the underlying causes of vulnerability to HIV infection and impacts of AIDS are systemic and structural as well as influenced by societal values and cultural norms. To turn the tide of the growing epidemics, responses must go beyond the direct to confront and respond to the indirect factors that perpetuate vulnerability to HIV infections. Table 1 provides examples of some of the key indirect factors and suggestions of possible responses.

TABLE 1. **KEY FACTORS FOR HIV VULNERABILITIES AND POSSIBLE RESPONSES**

HIV Vulnerability Factors	Possible Responses
Fear, denial, stigma and discrimination	Provide awareness education in schools and workplaces and promote understanding through media-based advocacy campaigns and community out-reach efforts.
Gender inequality and power differentials	Involve both men and women to ensure equal access to education, employment and protection of human rights in addition to promoting an enabling environment for negotiation of safe sex with partners.
Poverty and livelihood insecurity	Take actions at local and national levels especially for remote or poor areas, by mobilizing and promoting local talent and resources to alleviate hunger and reduce unemployment through sustainable means.
Migration and displacement	Implement policies and programmes to enable access to healthcare and workers' protection, especially for migrant workers, both domestic and foreign, while ensuring safe workplaces.
Social-cultural norms, values and practices	Place HIV and AIDS issues in social, economic and security context of a society. Proactively engage people living with and affected by HIV and AIDS to help the society understand which norms and behaviours are potential factors to increase the risks of contracting the virus. This is region-specific and depends on the religions and values of each community.
National legislative and policy environment	Enact national laws which support mainstreaming efforts at all levels. Workplace policies and community-based awareness and treatment support by programmes should be supported by legislation to ensure their effective implementation. Engage politicians to take a leadership role on HIV and AIDS, based on the national commitment to UNGASS and MDGs in considering HIV and AIDS as a national priority, given its threat to national security and a crisis with international implications.

HIV and AIDS are perpetuated by a vicious cycle as the factors that enhance vulnerability to HIV infection are themselves aggravated by HIV and AIDS. Breaking this vicious cycle requires exceptional actions. The pro-active involvement of people living with or affected by HIV and AIDS is essential to maintain this exceptionality and keep a clear focus on the 'why' of mainstreaming to effectively overcome the negative impact of the epidemics.

1.5 Definition of sector and programme

Sectors and programmes are context specific. Sectors are often conceived as a sociological, economic, or political subdivisions of a given society. A country's division of ministries influences the definition of a sector in that particular country. The Ministry of Agriculture of one country, for example, represents the agricultural sector whereas in another country, the Ministry of Agriculture and Rural Development covers dual functions within the agriculture sector of that country.

Sectors can be public, private or both. Some sectors, such as mining, are operated in certain countries predominantly by the private sector. Mainstreaming in such a context would require engaging both the Ministry of Mining for policy level actions as well as engaging the private operators of the mines for maximum effectiveness. For the purposes of this guide, 'sector' refers to the main categories of government ministries covering local governments, NGOs and the private sector.

An organization may encompass more than one sector. In addition, mainstreaming in a sector may involve different levels of an organization. For example, the different departments of an organization or ministry cover different tasks, target groups or other operational divisions. An organization needs to consider the relevance and priority in deciding whether to mainstream the entire sector or selected segments within the sector.

A programme, on the other hand, can be defined as a group of projects or services intended to meet a defined public or private need. Programmes may cover a single or multiple sectors. For example, a water and sanitation programme would involve several sectors and institutions.

Mainstreaming HIV and AIDS into sectors often begins through programmes. These programmes may be governmental, ministerial, run by multi-sectoral agencies or donor-initiated. They may belong to a private business, a community or other charitable groups. Youth, transportation, environmental, resettlement, employment-creation programmes, depending on the context, can be useful entry points to begin mainstreaming into sectors.

2.1 Why mainstreaming as action

Mainstreaming as action is an essential approach for expanding, scaling up and implementing multisectoral responses to HIV and AIDS. The health sector remains key, but non-health sectors are also to take action on HIV and AIDS based on one National Action Framework. This is more obvious in countries affected by a severe epidemic, but it is equally paramount in countries that have a relatively low, yet growing, HIV prevalence. Even for countries with low HIV prevalence, mainstreaming is crucial for addressing vulnerabilities to HIV infections in order to avert potential negative impacts. Early mainstreaming actions may help stem the surge of HIV epidemics and reduce the likelihood that concentrated epidemics will become generalized. Moreover, because HIV and AIDS is closely linked with other development concerns such as poverty, gender inequality and institutional exclusion, mainstreaming HIV and AIDS in low prevalence settings provides additional support to the national development process. It also provides experience on how to integrate other pressing, cross-cutting and multisectoral issues which affect development in many countries.

The implementation of multisectoral National Action Frameworks is often weak.[3] The mainstreaming process facilitates multisectoral actions. It is a good starting point to engage sectors that ought to but have as yet not participated in the overall national HIV and AIDS responses.

Multisectoral action requires harmonisation and coordination, which can be a challenge to the existing governmental and international organizations. Mainstreaming, however, enhances the articulation of sector goals, accountabilities and resources. This articulation builds stronger alignment around one National AIDS Action Framework and one monitoring and evaluation system, coordinated by one National AIDS Authority, as expressed under the 'Three Ones' principle.

The need to maintain multisectoral action for HIV and AIDS cannot be overstated. For example, great strides have been made with regard to access to antiretroviral drug treatment. Unfortunately, as of 2005, only 12% of those who need treatment received it. This fact underscores the reality that actions and efforts are required from multiple sectors and communities to scale up the treatment coverage.

[3.] Supporting National HIV and AIDS Responses: An Implementation Approach, UNDP Bureau for Development Policy – HIV and AIDS Group, April 2004

What mainstreaming HIV and AIDS would entail in practice varies depending on country, community or sector-specific factors, such as:

❏ The size, trend and stage of the epidemic

❏ The specific factors that actually facilitate the spread of HIV, such as stigma or poverty

❏ How HIV and AIDS manifests itself and where the impacts of the epidemic are felt most

❏ The capacity of sectors – public, private, non-profit or voluntary organizations and Local Government Authorities (LGAs) – as well as communities and households to respond to HIV and AIDS, and their resilience

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BOX 1   **IMPACT OF THE HIV AND AIDS EPIDEMIC ON LOCAL GOVERNMENT AUTHORITY**

Local governments are finding it increasingly challenging to conduct their core business of service delivery in what is in many countries a crisis environment as a result of HIV and AIDS (among other factors). Increasing demands for services (health, welfare, cemetery lands, etc.) are being coupled with declining economic growth (through loss of productivity, declining investment) and increasing poverty and vulnerability among those losing income-earning household members and/or gaining additional dependents. The functioning of local governments, as workplaces, is also being challenged by loss of staff due to AIDS.

While it is not appropriate to expect all LGAs to roll out extensive HIV and AIDS programmes, in general they can play an important role in identifying local needs, mainstreaming HIV and AIDS activities within LGA departments, and coordinating local responses (i.e., facilitating partnerships). The fight against HIV and AIDS requires good governance in its most basic form: inclusive and accountable priority setting and managing partnerships for effective service delivery at the local level.

Source: World Bank website: http://www.worldbank.org/urban/hivaids/urbancontext.htm

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There are different levels of mainstreaming: global, regional, national, sectoral and sub-national. There are various instruments and organizations or institutions for mainstreaming at each of the levels. Refer to **Table 2** for examples of levels and related organizations and instruments. As noted earlier, building linkages between sector mainstreaming, national development and regional efforts would ensure more sustainable and effective outcomes.

Level	Instruments	Organizations and Institutions
Global	❏ Millennium Development Goals ❏ United Nations General Assembly Special Session on HIV and AIDS	❏ United Nations and other international development organizations ❏ Multinational companies
Regional	❏ New Partnership for African Development ❏ South East Asia Memorandum of Under-standing for joint action to reduce HIV vulnerability related to population move-ment 2004-2009 ❏ Caribbean Partnership to respond to the HIV epidemic	❏ Regional development institutions ❏ Association of South East Asia Nations ❏ Caribbean Community/CARICOM and Pan Caribbean Partnership Against AIDS/PANCAP
National	❏ Poverty Reduction Strategies ❏ Medium Term Expenditure Framework ❏ National Development Plans	❏ Ministries of Finance and Planning, Justice, ❏ National NGOs, including faith-based organizations ❏ National employers and labour organizations
Sectoral	❏ Sectoral plans and programmes ❏ Sector Wide Approaches	❏ Ministries, private companies and civil society organizations working in the respective sectors (agriculture and rural development, construction, education, health, industry, maritime industry, mining, labour, transport and others)
Sub-national, local community	❏ Development projects and programmes ❏ Local development strategies	❏ Local government (urban and rural) ❏ Small companies ❏ Local NGOs or community based organizations

2.2 Guiding principles for mainstreaming HIV and AIDS

There are six principles emerging based on the consolidation of international experiences in mainstreaming HIV and AIDS. These principles are useful in guiding mainstreaming efforts within sectors and organizations but should not be taken to be exclusive of others that may emerge.

PRINCIPLE 1: A clearly defined and focused entry point or theme for main-streaming HIV and AIDS must be identified in order to ensure adequate buy-in and maintain the critical focus necessary to make an impact within a specific target sector.

PRINCIPLE 2: National Action Frameworks for HIV and AIDS or their equivalent should be used as the frame of reference for setting national development strategies, priorities and sector accountabilities. Mainstreaming efforts should be located within existing institutional structures, support one AIDS authority and one national monitoring and evaluation system consistent with the principles of the Three Ones.

PRINCIPLE 3: Advocacy, continuous education and capacity-building are required to place people in a better position to undertake mainstreaming. Mainstreaming cannot be expected to develop on its own.

PRINCIPLE 4: A distinction must be made between two domains in main-streaming: the internal domain or workplace, where institutional policies, staff risks and vulnerabilities are addressed; and the external domain, where HIV and AIDS interventions are undertaken in support of local or national strategic efforts based on the sector's or organization's mandate and capacities.

PRINCIPLE 5: Strategic partnerships based upon comparative advantages, cost effectiveness and collaboration must be developed for effective implementation.

PRINCIPLE 6: Exceptional action must be maintained throughout, at the sec-toral, national and international levels, to ensure that HIV and AIDS responses remain relevant and effective as the epidemic evolves.

AN EXAMPLE OF MAINSTREAMING THAT SUCCESSFULLY EMPLOYED ALL SIX OF THESE PRINCIPLES IS THE MILITARY IN CAMBODIA

PRINCIPLE 1:
A clearly defined and focused entry point. The military in Cambodia was identified as a high-risk population. It is easy and socially acceptable in Cambodia for men to go in groups to brothels, and the low cost of such activities meant that poorly paid military men could afford this form of entertainment. In 1995, the HIV prevalence rate was 5.9% in the military, rising to 7% in 1997.

PRINCIPLE 2:
National Action Frameworks or their counterparts should be used as a frame of reference. The Ministry of National Defense cooperated with national HIV and AIDS policies and later, the National AIDS Authority (NAA), which was established in 1999.

PRINCIPLE 3:
Advocacy, sensitisation and capacity building are required. Commanders were brought on board through pre-training sensitisation sessions and special training programmes outlining the threat of HIV and AIDS to the safety of their troops. A system of peer education was implemented, where the peer educators were responsible for implementing education.

PRINCIPLE 4:
The internal and external domains should be addressed. The internal domain was addressed, and the military's AIDS problem was seen as a threat to the community because 61% of married military men reported having sex with entertainment workers in 1996. Further, the peer educators were recognized as resource persons by both the military and the community.

PRINCIPLE 5:
Strategic partnerships must be developed. The Ministry of National Defence collaborated with NGOs (such as Family Health International) and international agencies (WHO) as well as the Ministry of Health to develop, collect, and disseminate materials.

PRINCIPLE 6:
Exceptional actions. The Peer Education Network was established because low rates of literacy and the remoteness of many military stations called for a special response. By the year 2000, the Ministry of National Defence had established HIV and AIDS Prevention committees throughout the Royal Cambodian Armed Forces. HIV and AIDS prevention has become a routine part of military life, yet it continues to expand, presenting itself as a model to the Indonesian military, to the Lao People's Democratic Republic and to India.

2.3 Internal and external dimensions of mainstreaming

There are two interlinked dimensions of mainstreaming: internal and external. For these two dimensions, the process involves engaging with two sets of issues concurrently:

Internal
- Identifying and responding to factors – individual, organizational and societal – that are likely to increase vulnerability to HIV infection for sector staff, immediate family members and community
- Recognising and pre-empting, reversing or mitigating likely impacts of HIV and AIDS on staff and on the organization as a whole

External
- Identifying and responding to factors that are likely to increase vulnerability to HIV infection for communities or those considered clients of the sector
- Recognising and pre-empting, reversing or mitigating likely impacts of HIV and AIDS on those considered clients of the sector – and the communities it works with – and on broader sector mandates
- Understanding what the national HIV and AIDS priorities are

Internal mainstreaming is related to HIV and AIDS policies, guidelines and activities for sector employees. A sector often starts with the internal domain especially when the workplace is vulnerable to infection due to work-related situations such as frequent travel or working in remote areas away from family and home.

INTERNAL MAINSTREAMING

Various activities have been developed to address the organization's internal or workplace environment. These often focus on vulnerable groups, risk situations, and identified gaps in current HIV and AIDS activities. These activities mostly consist of preventive education, treatment, care and support. Box 3 below provides examples of internal activities undertaken in a number of workplaces in different countries.

Prevention of HIV infection through IEC/BCC:
- Weekly facilitated discussions or meetings on HIV and AIDS-related topics among staff in departments
- Peer education at the various levels within the organization
- HIV and AIDS/STI material distribution
- Promotion of voluntary counselling and testing (VCT) through one-on-one staff counselling and referrals
- Referral linkage with health facilities for STI management among staff

Prevention of HIV infection through the promotion of ABC (Abstinence, Be faithful and proper use of Condoms)
- Education on abstinence and faithfulness
- Demonstrations of proper female and male condom use for various levels of staff
- Make condom widely available in the workplace and the community

Provision of treatment, care and support to staff and families:
- Provide HIV and AIDS counselling services to employees & their families
- Revise health and workplace insurance to provide for ART
- Establish support groups for HIV-positive employees and their families
- Establish a support fund for affected families and orphans of employees
- Initiate annual/bi-annual/quarterly food and clothing drives to support affected families and orphans of employees

EXTERNAL MAINSTREAMING

The formulation of a sector's or institution's external response should be in line with its mandated services. Sectoral strategies or programmes that are developed should be in line with the priorities and objectives of the national action framework thus contributing not only to the improvement of sector efficiency but also the overall national responses. However, each sector/organization will not necessarily take on the same activities. Rather, a sector is to take on the strategies and objectives of the national action framework which are relevant to the sector within the context of the sector's or organization's comparative advantages. Only by so doing will the sector's actions add value to the overall national efforts.

A sector should address both the internal and external dimensions of mainstreaming although the scope and relative focus will depend on the context and sector mandate. Whilst it has been suggested that internal mainstreaming can be

considered as a productive 'entry gate' for external mainstreaming, experiences with gender mainstreaming in particular have shown that a focus on internal mainstreaming does not automatically result in external mainstreaming efforts. Recent experience with the World Bank Multi Country HIV and AIDS Programmes (MAP) has also shown that sectors at times move very slowly with external mainstreaming. The key is to ensure that mainstreaming HIV and AIDS takes into account the clients of the sector as well as the potential contribution to HIV and AIDS response through its mandated role and functions. *Box 4* provides additional examples of external sectoral efforts in mainstreaming.

- Initiation of sustainable livelihood schemes by poverty reduction sector
- Introduction of early maturing/high protein crops for communities in the agricultural sector
- Provision of scholarships for orphans and vulnerable children in the education sector
- Review and enforcement of the legal framework for prevention and protection against rape and sexual violence by the social and legal sectors
- Revision of land acquisition laws that prevent access by women
- Factoring HIV and AIDS into the national budget and medium-term expenditure by the finance and planning sector

It is crucial to clearly define existing institutional arrangements as to how these are relevant in HIV and AIDS mainstreaming and assign appropriate account-abilities. In essence, sectors need to be made accountable at local, national and international levels by including HIV and AIDS responsibilities as part of sector or institutional performance management.

2.4 Mainstreaming lessons

In 2005, UNAIDS, UNDP and the World Bank have jointly assessed experiences on mainstreaming into sectors and national development instruments. A number of important lessons drawn from HIV and AIDS and other mainstreaming experiences such as that on gender and environment are summarized below.

The first lesson is that there are considerable misconceptions about the term mainstreaming; however understandings of the expected practical outcomes are increasingly converging. There is also a misconception that addressing cross-sectoral issues – HIV and AIDS, gender, environmental sustainability – is usually the sole responsibility of a given ministerial sector. In the case of HIV and AIDS, this is the health sector. However, even within the health sector, it is often only the designated unit responsible for HIV and AIDS that takes action. The assessment showed that other sectors have their respective roles in preventing and mitigating the effects of HIV and AIDS. Box 5 gives an example of the unique comparative advantage and role the agricultural sector has in addressing HIV and AIDS.

The second lesson is that mainstreaming is multi-layered and includes a process of individual and institutional change. This means that mainstreaming is not just a one-time intervention. It is a continuous process that requires commitment to long-term institutional transformation that changes norms, values and systems to bring about new and comprehensive results.

A third important lesson is that sector mainstreaming and mainstreaming of HIV and AIDS into development processes – such as Poverty Reduction Strategies – are closely related and feed into each other. The first is a practical implementation modality for the multisectoral response; the second serves to redirect macro policy frameworks to take account of AIDS, including the financial and human resources effects of the epidemic.

A final lesson is that, to avoid fragmented multisectoral responses, sector and programme mainstreaming requires strong leadership, coordination and tracking of outcomes of multiple sectors, NGOs and international partners by a central authority.

BOX 5 **AN EXAMPLE OF THE ROLE OF THE AGRICULTURAL SECTOR IN ADDRESSING HIV AND AIDS**

Prevention
- Strengthen the resilience of agricultural systems and create reliable income sources. This will reduce responses to hunger and poverty that pose a high risk of HIV infection, such as migration and engaging in commercial sex as survival strategies.
- Review and revise agricultural policies, programmes and practices with regard to their contribution to social capital. This is necessary in prevention and mitigation of HIV and AIDS: for example, increasing social cohesion, raising collective awareness on the linkages between HIV and AIDS and development, and mobilising communities can reduce HIV-risky responses to poverty and destitution.

Care
- Nutrition is a relevant issue for people living with HIV and AIDS (FAO/WHO, 2002). International experts and local activists advocate "nutrition is the first medicine for HIV and AIDS."
- Improving micronutrient intake can strengthen the immune system and thus assist people living with HIV and AIDS to control HIV infection and opportunistic diseases.
- Good nutrition and appropriate meals can help sick people to recover from disease faster and more completely.
- Nutrition is also critical because the HIV pandemic increases the vulnerability of groups that are prone to malnutrition, such as households headed by orphans, women and elders.
- Using medicinal plants can be instrumental in the health care around HIV and AIDS.
- Psychosocial support to people and households affected by HIV and AIDS may be enhanced through projects and approaches that foster the integration of people affected by HIV and AIDS into the dynamics of their communities.

Mitigation
- Implement projects and practices that are responsive to labour shortages and poverty. This is relevant because HIV and AIDS create labour shortages and undermine household economic security due to: (i) disproportionate levels of sickness and death of productive members (ii) need to divert time from agriculture and productive activities towards caring for the sick and orphans, and (iii) continual medical expenses.
- Foster the transmission of agricultural knowledge and skills, thus reversing the long-term and worrying effects of HIV and AIDS on social reproduction systems, particularly among the young.

Source: Plant Diversity, Sustainable Rural Livelihoods and the HIV and AIDS Crisis by Joseph A. Gari, UNDP-SEAHIV and FAO, June 2004, p. 3.

Expected Results of Mainstreaming HIV and AIDS

Another misconception about mainstreaming is that the issue can become invisible or rhetorical rather than actually change practice. Merely referring to the importance of gender mainstreaming, for example, does not result in change in the real life situations of women and girls. Clearly mainstreaming needs to be translated into actions that can show results and which bring about long-term necessary systemic changes.

In summary, mainstreaming requires a dual approach and understanding. On the one hand, the issue needs to become a normal part of operations for individuals and institutions; on the other hand, exceptional action needs to be taken, with constant innovations based on overall lessons learned. Thus, the challenge for sectors is to ensure that addressing HIV and AIDS, in all its manifestations and complexities, becomes integrated in each sector's routine functions, while maintaining space for innovative, transformative and exceptional action.

Mainstreaming outcomes differ from sector to sector and from place to place. On one level, mainstreaming HIV and AIDS results in the epidemic becoming part and parcel of the routine functions and functioning of sectors, providing prevention services, support for people living with AIDS and mitigation of the impact on client communities. Through well organized and concerted mainstreaming action, groundbreaking outcomes can be achieved that can be immediately attributed to the sector.

BOX 6 EXAMPLES OF KEY RESULTS OF MAINSTREAMING HIV AND AIDS	
SHORT-TERM RESULTS (OUTCOMES) →	LONG-TERM RESULTS (IMPACT)
• Increased awareness of HIV and AIDS among staff	• Reduced HIV prevalence among staff
• Referral mechanisms for treatment or pilot projects for infected staff and spouses in place	• Comprehensive treatment regime available to infected staff and spouses
• Policy of non-discrimination on the basis of HIV status adopted	• Staff living with HIV employed at all levels of the organization, including senior posts
• Organizational systems modified to address specific internal aspects of HIV and AIDS	• Organizational systems enabled to respond to internal direct and indirect aspects of HIV and AIDS
• HIV and AIDS focal point and team established • Cross-section of staff trained in mainstreaming	• Staff capacity for mainstreaming HIV and AIDS throughout the organization
• Specific mainstreaming actions costed and budgeted for	• Embedded capacity for financial planning and forecasting for HIV and AIDS
• Targeted support measures in place to address particular aspects of HIV and AIDS (aimed at reducing vulnerability or enhancing coping capabilities)	• Effective support in place, strengthening household/community safety nets and coping capabilities to deal with HIV and AIDS
• Articulation of effects of HIV and AIDS on sector and sector activities on HIV and AIDS	• HIV policies and activities used to change sectoral practices, service provision or products for clients

Effective mainstreaming of HIV and AIDS can result in longer-term institutional strengthening and development: doing what sectors are supposed to do better by addressing the causes and effects of HIV and AIDS. In reality, this may result in a change of the way sectors execute their functions and relate to their employees and clients.

Comprehensive mainstreaming of HIV and AIDS will result in addressing both the direct and indirect (underlying) aspects of the epidemic through establishing well-monitored programmes and activities. In low prevalence countries, addressing the indirect aspects of HIV and AIDS and focusing on vulnerable populations is possibly the most effective strategy for keeping HIV levels low. But changing the course of the epidemic by addressing its underlying aspects is of course an important result for all countries, regardless of HIV prevalence levels.

In the medium to long–term, effective mainstreaming of HIV and AIDS is expected to lead to a different way of functioning. In the short term, a number of key results can be identified in relation to the workplace and mandate in terms of the sector's clients. The scope and success of short-term or long-term results will clearly depend on sector and institutional capacity: where sufficient resources and expertise exist, more in-depth actions may be embarked on early in the mainstreaming process. In other instances, it may be more appropriate to phase in the response by focusing on key priority actions initially, to be expanded in subsequent planning cycles.

Box 6 on page 27 gives examples of key short-term and long-term results at the sector level. These examples are not exhaustive; they are intended to give an indication of how immediate actions with short-term results can, over time, be scaled up and bring about long-term results.

Mainstreaming HIV and AIDS in sectors cannot happen without developing adequate capacity. At the basic level, this means that responsibility and account-abilities must be defined and the needed capacity established for different institutional situations:

- In large organizations it may be possible to employ specialist staff to initiate, facilitate and support the process of mainstreaming HIV and AIDS. This may be a one-off start up event or maintained throughout the life of the programme.

- In smaller organizations or departmental units, it is often appropriate to appoint focal persons. Because focal points tend to be allocated HIV and AIDS responsibilities over and above what they were originally employed to do, it is important that they and their colleagues are clear on their additional role. They also need to be provided with enough time, resources and management support to fulfil their designated function as a focal point. A useful way of ensuring this is including their additional role and responsibilities in their job descriptions and as part of their performance evaluation.

- Establish an HIV and AIDS unit with designated personnel and expertise. This is often essential to promote effective action in larger institutions with decentralized units. Attempts at mainstreaming have often failed as programmes and projects did not have adequate capacity for mainstreaming. Experience suggests that sufficient and appropriate capacity development programmes for staff should accompany all mainstreaming efforts.

It is also important to encourage focal points and their colleagues to develop commitment, motivation and skills to fulfil their roles and tasks. The exact skills and capacities required will of course depend on the nature and depth of mainstreaming efforts in each sector and should be carefully selected to complement existing functions.

It is worth remembering that mainstreaming HIV and AIDS implies that responsibility for actions is located throughout the organization. Even if focal points or specialist posts are created, responsibility for mainstreaming actions does not rest solely or ultimately with them. It is therefore important to ensure that appropriate processes and support as well as accountability mechanisms are in place to build the required capacity and expertise throughout the organization and that institutional ownership and leadership are attained.

4

It might be possible to enter into a partnership agreement with other organizations that have specialised knowledge and expertise on a particular aspect of HIV and AIDS response. Although there may be clear advantages in hiring external expertise especially when internal capacity is low or specific expertise is lacking, an obvious drawback is that this may undermine the institutional ownership of mainstreaming efforts.

As part of capacity building efforts for mainstreaming, UNDP and UNAIDS offer country and regional level expertise and experience as technical support for mainstreaming.

PART 2

Mainstreaming as Action

Introduction

This section is the "how to" part of the guide. It is designed to provide practical steps for mainstreaming HIV and AIDS into sectors and programmes. The process of mainstreaming has been grouped into six distinct but interrelated steps. Each step is designed to be simple, task-oriented, and to provide overall direction for mainstreaming, as well as the necessary resources and tools. The process is not intended to be top-down, but to provide useful suggestions based on mainstreaming experiences in the field.

1.1 The mainstreaming planning and implementation cycle

The mainstreaming steps described below are based on the familiar strategic planning and implementation cycle. It is a simple and useful tool designed to ensure that all stages are included. Most organizations worldwide have some kind of cycle that allows for planning and budgeting as well as time for implementation. In rare cases, some organizations may function on an ad hoc basis or simply follow directives coming from top management down. The mainstreaming planning and implementation cycle shown in Figure 2 distinguishes between five stages of planning and implementation. It is usually an annual cycle and can be entered into at any stage.

Defining common goals & commitment

EXCEPTIONAL ACTION

Evaluation

Preparation of sector HIV/AIDS profile

National policy & planning (e.g. NSF, PRSP, MTEF)

Routine implementation & documentation

Formulation of action plan for mainstreaming

Decentralised planning & implementation

**Figure 2:
Mainstreaming
planning and
implementation cycle**

Although the strategic planning cycle presents mainstreaming HIV and AIDS as a logical progression from stage to stage, in reality it should be an interactive process. The sector profile preparation stage, for instance, informs the formulation of an action plan for mainstreaming HIV and AIDS. However, once the plan is formulated, it is important to revisit the sector profile regularly and allow for new or previously unexamined information and issues to be incorporated.

Mainstreamed action is essentially a recurring function, synchronized with the annual organization planning and budgeting cycle. The five stages in the cycle are used as the basis for guiding mainstreaming steps. The following sections will discuss each of the five steps in detail and propose documents, tools and templates for mainstreaming action and implementation. It is not the intention of this guide to provide an exhaustive list of methodologies , but to provide a number of suggested readings *(Annex 1)* and suggested tools *(Annex 2)* for each step that can encourage innovative approaches to HIV and AIDS mainstreaming and inspire initiative and action.

Sector HIV and AIDS Focal Person or Team

Advocacy for internal Partnerships

Creation of a multidisciplinary HIV and AIDS response team

- Identification of sector/programmes for HIV and AIDS mainstreaming
- Selection of entry points
- Assess available resources (human, tools and documents, funds)
- Mobilizing external resources including the NAA
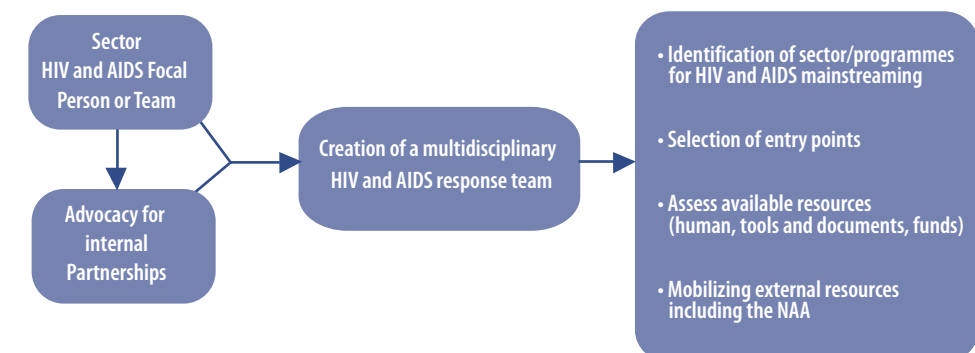
A frequently asked question when discussing mainstreaming HIV and AIDS is where to start. There are four key starting points the sector needs to consider as they move toward mainstreaming HIV and AIDS into their current or planned programme. These include choosing an entry point, defining the sector or programme level, building support within the organization itself for the involvement of all major actors and resource persons, and, finally, assessing available human, technical and financial resources.

2.1 Choosing entry points

An entry point is not easily defined, but for the purposes of mainstreaming we can consider three categories of entry points: existing processes, thematic issues and specific vulnerable populations. It is important to look around for established opportunities in the sector that can be used as entry points.

Existing Processes: The regular planning processes of organizations can be used as a starting point. The development of the national action framework for HIV and AIDS, a sectoral strategic planning process, religious organizations' forums, media events, community programmes, a donor strategic programming cycle, or the preparatory phase of development projects can all be used as entry points to introduce HIV and AIDS mainstreaming. For example, workers in South East Asia

mainstreamed compassionate care and spiritual consolation of people with HIV and AIDS into community forums held by Buddhist monks who were already serving the community. Monks were also encouraged to speak about HIV and AIDS prevention and palliative care in their sermons.[4]

Thematic issues: Poverty reduction, gender, population movement and food security are examples of development issues that provide a good opportunity for HIV and AIDS mainstreaming. How the spread of the virus reduces results in the identified area can be used as an explicit link to start the mainstreaming process. One example is migration, which is often clearly interrelated to HIV transmission. Migration can serve as an entry point to several different sectors, such as transport, infrastructure, labour, borders and security. Typical questions to ask are: what are the impacts of migration on the spread of HIV and AIDS? How are migrant populations vulnerable to HIV infection? What specific dimension can be included in a migration programme that can reduce vulnerability to HIV and AIDS? The use of thematic issues as entry points is extremely helpful in both high and low HIV prevalence settings.

Specific vulnerable populations: These are particularly good entry points in low prevalence settings where the epidemic is still confined to small groups and populations who are often marginalized. Groups such as injecting drug users and commercial sex workers can serve as entry points. The targeted programme can be expanded or mainstreamed into an entire sector or be made much more comprehensive later, addressing the needs of a much greater population and entering other intervention areas.

2.2 Selecting sectors and programmes

As stated above, some entry points offer multiple sectoral opportunities. In some Asian countries, for example, migration has been used as the key entry point. The programme has then been able to involve critical sectors including: agriculture and rural development, construction, energy, the maritime industry, land transportation, labour, and the uniformed services.

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4. Our Families, Our Friends: An Action Guide, UNDP-SEAHIV and UNAIDS-APICT, January 2001.

PRINCIPLES FOR SELECTING SECTORS

Many national HIV and AIDS responses call for nearly all sectors to engage in multisectoral action against the epidemic. However, in low prevalence countries in particular, the question is often asked: why every sector? The following principles assist in selecting sectors effectively:

1) Select sectors with vulnerability – both in terms of their human resources and the impact HIV and AIDS already has or will have on the economy and society through this sector.

2) Identify influential and dynamic sectors – it is best to look for the sector that can bring about accelerated change, e.g., the media, political leaders, etcetera.

3) Look for high-visibility individual champions and advocates. Committed and passionate individuals and groups within a sector are as important as the sector itself.

2.3 Building support within the organization

Often, organizations' and sectors' involvement in the national response is translated into the nomination of a single focal person. This person usually has the responsibility of all HIV and AIDS programmes in the organization, including mainstreaming HIV and AIDS.

Effective mainstreaming of HIV and AIDS within the sector is, however, a task that by nature requires leadership, networking and forming partnerships. It cannot be achieved alone and is usually best carried out by a team. Often in low prevalence settings, priority is not accorded to HIV even when the sector or organization decides to undertake mainstreaming. The focal person often has little influence. It is therefore important to make certain that policy-makers, people living with HIV and AIDS, sectoral development planners, budget officers, human resource officers and gender focal persons are involved in the mainstreaming process as part of a wider team or HIV and AIDS Committee.

These additional sets of players can help to facilitate the sector mainstreaming process in a number of ways:

a. The application of participatory tools in analysing the causes and impacts

b. The drawing of clear linkages between HIV and AIDS and the overall sectoral development process

c. Better integration of strategies and actions into the overall sectoral planning and implementation processes

d. Provision of a framework for costing and budgeting within the sectoral budgetary allocation and estimation of additional resources

2.4 Assessing available resources

Part of the initial process is for the HIV and AIDS team to look at what potential resources already exist and can be used by the sector to support their mainstreaming process. This includes human resources outside the organization, technical tools and basic information on the epidemic and documentation on mainstreaming, as well as financial resources.

a) Human resources

Mainstreaming HIV and AIDS may be a challenging process if this is the first time the sector is involved. In that case, it is highly recommended that the mainstreaming team identify potential partners or allies. Quite often experienced institutions and resources exist in other organizations and can be called upon. This will avoid duplication and will add to cost- and time-effectiveness. There is no need to start from the ground up when experiences and resources already exist. The National AIDS Authority will be the most obvious partner and support. The questions should be raised: Who else is mainstreaming? Who can provide the necessary information, experience, expertise and lessons learned? While the purpose of this guide is to enable readers to "learn by doing," the possibility of hiring national and international consultants or experts should be explored. Assembling adequate resources for this, including terms of reference for consultants, should also be considered as part of getting started.

Mainstreaming in a sector inevitably requires generating a broader support network. International, national and local partners need to be engaged. International partners include UNAIDS, UNDP, the World Bank and other co-sponsors, multi- and bilateral organizations, as well as international NGOs and foundations. National partners include the National AIDS Authority, various ministries or sectors: energy, construction, rural development, poverty reduction, transport, maritime, labour, defense, foreign affairs, etcetera. Local partners may be found in the community, in civil society organizations, among youth and women's organizations, and among religious leaders as well as in organizations of people living with HIV and AIDS.

b) Technical tools and documentation

As noted in this guide, there have been many tools, resources and documents developed for mainstreaming. The National AIDS Authority (NAA) should be the first orientation entity in the country to provide tools or to support sectors in finding the necessary information, documentation and assistance. There may be a documentation centre or an HIV and AIDS documentation section at the MoH where it is possible to find essential information. National resources on HIV and AIDS from inside and outside the sector should be explored. Beside the NAA and other international partners, NGOs and other sectors already working in the field may be good sources of information and support.

The guide suggests a set of tools, documentation and sources needed for each step.

c) Financial resources

Financial considerations must run through the entire planning and implementation process. There must be at least a general understanding of the resources available for internal and external activities in order for realistic and implementable action plans to be developed. Planning without an understanding of funding or with unrealistic expectations is, unfortunately, a common occurrence. There are many examples of sectors and organizations with visions and well-developed action plans that cannot be implemented due to the above-mentioned factors.

It is important not to wait for additional funding before taking steps. Many first steps can be zero cost and this includes collecting documentation, organizing internal teams and meetings, working with the NAA or international organizations.

2

A guiding principle when planning is to start small. Begin with a basic set of activities that can be implemented and documented and which can be easily budgeted for from within the funding currently available. More complex and ambitious activities and programmes can be pursued after confidence and buy-in are gained, capacities are built, and familiarity with planning and implementing responses to HIV and AIDS has grown.

STEP 1: Developing a Shared Goal and Commitment

Mainstreaming Steps

STEP 1: Developing a Shared Goal and Commitment

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┌──────────────────────────┐        ┌──────────────────────────────┐
│ Multidisciplinary HIV and│───────▶│ • Identification of sector/  │
│ AIDS response team       │        │   programmes for HIV and AIDS│
│                          │        │   mainstreaming              │
└──────────────────────────┘        │                              │
            │                        │ • Selection of sector entry  │
Parcipatory Process                  │   points                     │
            │                        │                              │
            ▼                        │ • Assess available resources │
┌──────────────────────────┐        │   (human, tools and          │
│ Sector vision            │        │   documents, funds)          │
│ Institutional commitment │        │                              │
│ COMMON GOAL              │        │ • Mobilizing external        │
└──────────────────────────┘        │   resources including the NAA│
                                     └──────────────────────────────┘
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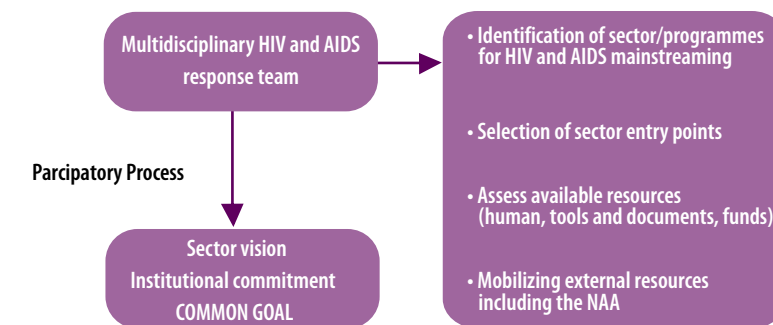
It is important at the beginning of the planning cycle or during implementation that the organization envisions goals and makes an institutional commitment to addressing HIV and AIDS through appropriate sector mainstreaming. Often a country's priorities have been expressed in the National Action Framework (NAF). Throughout the planning and implementation cycle, this vision and commitment will serve as a reference point to assess current and proposed actions as well recognise as emerging opportunities.

A shared vision and institutional commitment to action serves as a critical starting point for mainstreaming HIV and AIDS. For change to happen, one needs change agents, or people who are willing to champion a cause and who can inspire others to become involved. Effective mainstreaming requires that such commitment transcend the level of a few individuals to become an institutional commitment, shared by the sector as a whole. At the same time, institutional commitment needs to become personal commitment for those working in the sector and tasked with the responsibility to execute its mission and mandate. The National Action Framework for HIV and AIDS, as the overarching framework for the national response, should reflect the national vision and priorities for the response to HIV and AIDS. It thus guides sectors in defining a sector-specific vision and commitment.

MALAWI: AN HIV AND AIDS CITY CONSULTATION PROCESS

According to 1998 estimates by the National AIDS Commission of Malawi (NAC), Blantyre City had 69,600 HIV positive adults. It was estimated that by December 2005, the adult HIV infections would reach 105,236, with 7,436 new orphans. In light of these alarming statistics, the City Assembly of Blantyre decided to transform its response to the HIV and AIDS epidemic.

The Urban Management Programme (UMP) provides support to an innovative programme, assisting Blantyre City Assembly and local civic organizations to enhance their capacity to manage HIV and AIDS. UMP has developed an HIV and AIDS City-Consultation process to help mobilise the resources and potential of the Blantyre City Assembly, civic organizations and communities at large and enable them to collaborate in order for innovative and strengthened responses to be instituted.

There are eight key tasks in the process, and these will be facilitated through a partnership between UMP and its regional anchor institution, the Municipal Development Programme, and Blantyre City Assembly.

1. Launch the HIV and AIDS Initiative in Blantyre and mobilisation of stakeholders (January 2003).
2. Implement training for transformational leaders with facilitation support from UNDP (May 2003).
3. Undertake a base line survey of HIV and AIDS and its impacts in Blantyre City Assembly using a participatory rapid urban assessment methodology.
4. On the basis of the survey, implement a city-wide consultative process to develop a common vision on managing HIV and AIDS in the city and to strengthen partnerships to achieve this vision.
5. Nurture citizens' conversations to reinforce the capacity of individuals to better understand the HIV and AIDS epidemic and provide space to debate their concerns with facilitation support from UNDP.
6. Hold an action planning workshop to develop an HIV and AIDS Prevention and Management Strategy for the Blantyre City Assembly.
7. Establish the Blantyre City Assembly Information Corner on HIV and AIDS with support from Southern Africa AIDS Information Dissemination Service (SAfAIDS).
8. Share the experience of Blantyre with other municipalities in Malawi and support the launch of the National Chapter of the Alliance of Mayors Against HIV and AIDS in Malawi with support from Malawi Local Government Association and the secretariat of the Alliance of Mayors Against HIV and AIDS.

Key anticipated outputs from the process include a forum or task team within the city to provide a continuing focus on the epidemic in council decision-making processes, and an increased level of coordination between civil society organizations working in the area of HIV and AIDS at a city level. Additional HIV and AIDS City Consultations are underway in seven cities.

Source: World Bank website: http://www.worldbank.org/urban/hivaids/bestpractice.htm#malawi

The goal and commitment process involves key persons within institutions reaching a common understanding of the overall challenge of HIV and AIDS within the sector. The major objective is for the organization to identify a set of common goals that reflects the organization's core mandates and responsibilities. Sometimes inclusion of resource persons outside of the organization, such as people living with HIV and AIDS or representatives of community organizations, is critical to achieve this. At the end of this exercise, the organization would have identified concrete goals and objectives for future projects.

SHARED GOALS, KEY POINTS:

The team should agree on shared goals for an HIV and AIDS sectoral or organizational response. This can be expressed in terms of an HIV vision or mission statement based on the points below.

1. Determine how HIV and AIDS-related illnesses, deaths and stigma affect the human and institutional capacity of the sector/ government/ministry/region or local government authority to deliver on its stated goals, mandate or core business.
2. Determine what aspects of the sector/government ministry's operations (development efforts) facilitate the spread of HIV.
3. Determine what is the current or future impact of AIDS-related illnesses and deaths on the capacity of staff or target populations to meet their development objectives.
4. Review National HIV and AIDS priority strategies.
5. Discuss what policies, strategies and actions could be implemented to prevent/mitigate these negative impacts.
6. Ensure that all employees throughout the organization share the institutional commitment to mainstreaming HIV and AIDS and that there is a shared sense of ownership of the planned actions.

SUGGESTED READINGS: (See Annex 1)

• **Support to Mainstreaming AIDS in Development: UNAIDS Strategic Note and Action Framework,** UNAIDS, 2004-2005.

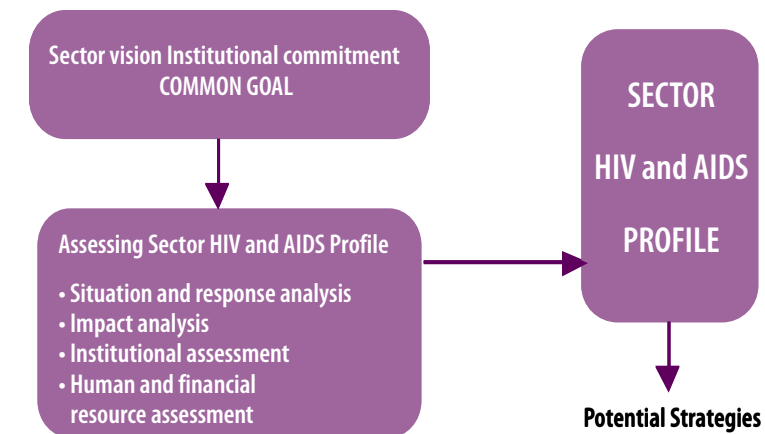• **A Multi Strategy to the expanded response to HIV and AIDS**, UNAIDS and Aus AID, 2001.

SUGGESTED TOOL: (See Annex 2, Suggested Tools for Step 1 pg. 103)
Conversations for generating possibilities and opportunities

STEP 2: Preparing an HIV and AIDS Profile

Mainstreaming Steps

STEP 2: Preparing an HIV and AIDS Profile

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┌─────────────────────────────────┐
│ Sector vision Institutional     │
│ commitment COMMON GOAL          │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐        ┌──────────────┐
│ Assessing Sector HIV and AIDS   │───────▶│   SECTOR     │
│ Profile                         │        │              │
│                                 │        │ HIV and AIDS │
│ • Situation and response        │        │              │
│   analysis                      │        │   PROFILE    │
│ • Impact analysis               │        └──────────────┘
│ • Institutional assessment      │               │
│ • Human and financial           │               ▼
│   resource assessment           │       Potential Strategies
└─────────────────────────────────┘
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A sector profile typically includes an HIV and AIDS situation and response analysis, an assessment of current and anticipated impacts of HIV and AIDS, an institutional assessment, and a human and financial resources assessment. The sector profile can be a short process that can be deepened with each cycle of planning and implementation.

This section provides information on how to conduct a rapid assessment of the effects of HIV and AIDS on the sector or programme as well as the effects that the sector or programme may have on the spread of virus.

For a long time, mainstreaming HIV and AIDS has been thought of in terms of impact assessment. It has often taken the form of lengthy research and studies on how the sector is impacted or how it may impact the spread of HIV and AIDS. This guide stresses that impact assessment is an integral part of mainstreaming HIV and AIDS in a sector or programme and is not an end in itself.

Rapid and brief assessment can be undertaken in the sector in order to quickly move on to planning and implementation. Long-term research can be done later

or during the same assessment process, but it should not delay the process of mainstreaming.

The methods and tools used for sector-specific assessment of the internal and external domains are often the same. However, since these two dimensions of mainstreaming target different populations, this section will address internal and external mainstreaming separately.

THE MINING SECTOR AND HIV AND AIDS

Mining is a key revenue earner in many Least Developed Countries. In Burkina Faso, an estimated 100,000 to 200,000 people work in this sector. One response that particularly serves miners and artisans in the industry was to replace all-male hostels with accommodations for families in a bid to prevent HIV transmission and foster a more stable workforce. It is hoped that such initiatives can reduce the rate of HIV transmission significantly – possibly by as much as 40%.

Source: Hoping and Coping: a Call for Action
The Capacity Challenge of HIV and AIDS in Least Developed Countries, UNDP and UN-OHRLLS

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1. INTERNAL MAINSTREAMING

1.1 Situation and response analysis

Often the situation and response analyses are separated. Yet experience with national strategic planning[5] has shown that this separation might be somewhat artificial. The situation analysis is directly or indirectly linked to the analysis of the response. There-fore, the two should be treated as interactive and largely interdependent.

An HIV and AIDS situation and response analysis for the internal domain needs to focus on the inside of the organization: the employees or staff. It should also reflect the sector's mission, mandate, objectives and core functions in relation to the employees and their overall vulnerability to HIV.

The same principles of assessment apply to both the internal and external do-mains. Yet for the internal domain, there is perhaps no need for extensive epide-miological research and data. It may be approximated from national prevalence rates and trends. It is worthwhile, however, to get 1) a demographic profile of the workforce; 2) their mobility – i.e., how many days staff spend away from home each month, or year; and 3) an understanding of the norms and values driving the workforce e.g., power relations, and gender disparities, sense of self-worth, et cetera. These can be ascertained by collecting information on factors like alcohol consumption, violence and known risk factors. Overall, the objective is to assess what working situations may increase or indeed inhibit staff vulnerability to HIV infection.

ZAMBIA: IMPACT OF AIDS ON THE EDUCATIONAL SECTOR

The HIV and AIDS epidemic is causing considerable turbulence in the educational sector. AIDS among teachers is resulting in increased absenteeism and disruption in the schools. Training costs for teachers (and other education officers) are rising to replace those lost to the epidemic. Public finance funds need to be used to address the manifold impacts of the epidemic. Because an AIDS death of an adult results in the loss of household labour and income, children are often required to leave school and remain at home or go to work to compensate for losses and to avoid schooling costs. For social and cultural reasons, girls are asked to leave school more often than boys to care for sick family members. The loss of one or both parents to AIDS means that children often lose the necessary financial, material and emotional support they need for successful schooling.

Source: The HIV and AIDS Epidemic in Zambia – Where are we now? Where are we going?,
National HIV and AIDS/STI/TB Council and USAID, September 2004

[5.] Supporting National HIV and AIDS Responses: An Implementation Approach, UNDP Bureau For Development Policy – HIV and AIDS Group, April 2004.

INTERNAL SITUATION AND RESPONSE ANALYSIS, KEY POINTS:

The team should conduct a combined situation and response analysis and produce a brief document that outlines the following ten points:

1. Based on national adult prevalence, estimate the HIV prevalence among employees in general and among specific categories of employees, e.g., professional level, gender, age in particular. Which category of employees is most affected? Is a higher prevalence rate related specifically to the nature of their work, e.g., mobility, migration, frequent travel?

2. Determine what behavioural, organizational and environmental factors may enhance or reduce vulnerability to HIV infection among employees and contribute to HIV spread. How do these factors affect groups of employees with disproportionately higher rates of infection?

3. Estimate the consequences of the epidemic on employees and the organization. These consequences might include morbidity and mortality rates due to HIV and AIDS, treatment costs, costs of health insurance and funeral benefits, labour and productivity, stigma and discrimination.

4. Estimate the anticipated impacts of HIV and AIDS in the medium to long-term; these can be based on current trends and national epidemiological projections.

5. Estimate the current and future human capacity erosion in the sector caused by HIV and AIDS.

6. Determine what other factors apart from HIV and AIDS can affect the sectors' human capacity, e.g., out-migration, economic decline, et cetera.

7. Determine the scope, nature and effectiveness of workplace interventions, if any. What is actually done by the sector to reduce staff vulnerability to the infection and to support and care for its HIV–positive employees? What needs to be done in terms of workplace policies, guidelines, etcetera, to protect, support and care for staff?

8. Determine resource allocations and resource use, including financial and human resources for HIV and AIDS-related programmes.

9. Determine the nature and value of existing partnerships or collaboration with other sectors and organizations regarding HIV and AIDS in the internal domain.

10. Establish gaps in the current response and opportunities for improving or scaling up the response.

1.2 Impact assessment

The second component of the HIV and AIDS assessment of the internal domain is the HIV and AIDS impact assessment. To some extent, this may already be reflected in the situation and response analysis; there will be some crossover between the two components.

Assessing the impacts of HIV and AIDS involves noting current impacts and, as much as possible, predicting future impacts based on current trends and lessons learned. A crucial aspect of the impact assessment is a focus on the staff's ability to execute its functions and maintain organizational capability to preserve maximum levels of service provision.

The private sector has been most advanced in developing sophisticated modelling tools and techniques to predict future impacts of HIV and AIDS on their staff and profits, and to calculate cost-effective ways of responding. Such models can be simplified and adapted to suit non-profit organizations and the public sector. Large institutions can develop models that would suit their specific realities and mandates.[6]

For example, UNDP's internal mainstreaming effort, We Care, supports the implementation of UN personnel policy on HIV and AIDS, and promotes a work environment free from stigma and discrimination. The UN Learning Strategy on HIV and AIDS, which develops the knowledge and competence of UN and its staff to support national responses, on the other hand, is an example of addressing internal and external aspects of mainstreaming together.

IDENTIFYING RISKY BEHAVIOURS AND THEIR CAUSES

Often research stops at identifying 'risky behaviours'. For effective programme planning, research needs to go beyond identifying risky behaviours to explaining what factors are influencing or leading to the risky behaviours. Sometimes the factors are sub-cultures of the mobile population. In other cases, it could be the context of the new environment that influences risky behaviours – such as the number of entertainment centres in a port city. Only by addressing these influencing factors can one attempt to make long-term changes in attitudes and behaviours of the population group. This is true for any population, but particularly critical when working with mobile populations.

Source: Multisectoral Responses to Mobile Populations' HIV Vulnerability: Examples from People's Republic of China, Thailand and Viet Nam, UNDP South East Asia HIV and Development Programme, February 2003 http://www.hiv-development.org/text/publications/Multisectoral.pdf

6. An example of a more simplified model for non-profit organizations has been developed by Oxfam GB and is referred to in the list of tools as "cost benefit modelling of organizational impacts of HIV and AIDS". It works on a five-year cycle and combines envisaged impacts related to labour, financial costs and productivity (absenteeism). For a discussion of the model, see Holden (2004), p. 300-302.

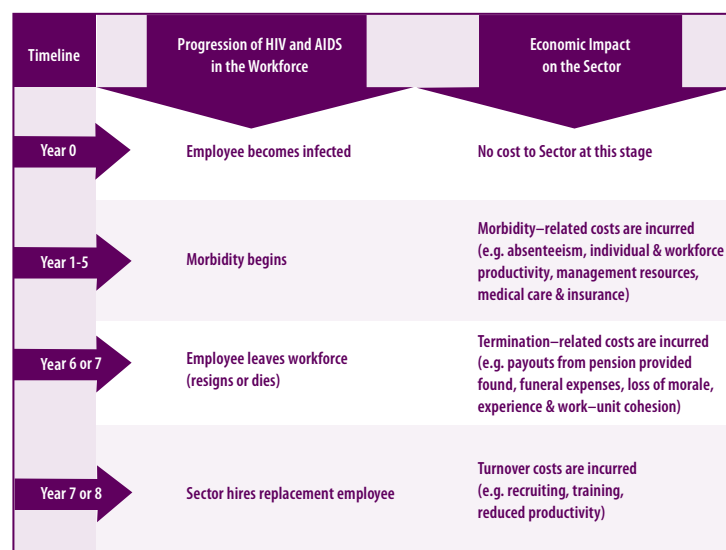*Figure 3* is a useful framework to assess the socio-economic impact of HIV and AIDS on sector overtime.

Source: UNECA

INTERNAL IMPACT ASSESSMENT, KEY POINTS:

The team should conduct an internal impact assessment and produce a summary document that analyses the effect of the epidemic on human capacity, productivity, profit and service delivery of the sector:
NB: Impact assessments do not have to be completed in Step 2.

1. Estimate how HIV and AIDS-related illnesses, deaths and stigma within the sector affect the capacity of the sector to deliver on its stated goals, mandate or core business.

2. Determine the internal workplace procedures, policies and aspects of the sector's development efforts that increase the vulnerability of the employees to HIV infection.

3. Establish the current and future impact of AIDS-related illnesses/deaths on the capacity of staff to meet their development objectives. In low prevalence countries in particular, prepare longer-term scenarios based on extrapolations of current prevalence figures, experiences from higher prevalence countries, other sectors, population models, et cetera.

4. Determine policies, strategies and actions that could be implemented to prevent or mitigate these negative impacts.

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2. EXTERNAL MAINSTREAMING

2.1 HIV and AIDS situation and response analysis

The HIV and AIDS situation and response analysis for the external domain will mostly focus on the client population and the communities to which the sector provides products and services. Similar to the internal domain, it should reflect the sector's mission, mandate, objectives and core functions.

The external domain of a sector may be limited to certain regions in a given country or be quite large, covering the whole country, and sometimes other countries in a region. Whatever the coverage is, the guide recommends that, to achieve maximum impact, the organization start in the places most affected by the epidemic and scale up progressively.

IMPACT OF ROAD CONSTRUCTIONS ON THE SPREAD OF HIV AND AIDS

When roads and bridges are built, they link low- and high-HIV prevalence areas such as villages and cities, respectively. This is true not only domestically but also inter-nationally.

Diverse sectors of mobile populations may interact at certain key points, often involving sedentary community populations. The behaviours and practices of these sectors are dynamic with respect to one another and the sedentary community populations at their points of intersection. These complex interactions can synergistically accelerate the spread of HIV in areas previously isolated from external contacts. From the perspective of the HIV epidemics, stretches of roads joined together are more than just a network. The mobility systems and the road networks being established could contribute to the formation of dynamic hubs that have the potential to connect different epidemics into a larger pandemic, with a possible multiplier effect.

The Mandalay-Muse Highway, constructed in 1997, links Mandalay, Myanmar via Muse to Yunnan, China. An overall increase of HIV prevalence amongst injecting drug users was observed after the completion of the highway. A similar phenomenon was also observed in Guangxi, China, when the highway linking Kunming (Yunnan) to Nanning (Guangxi) was completed. Overall documented HIV cases for Guangxi jumped from 10 to 525 within this short three-year period. The improvement of National Highway One in Viet Nam has also facilitated the increase of HIV cases in the North (Ha Noi and Hai Phong). This rapid increase in HIV prevalence in the North is associated with the improved linkages that characterized the pre-existing high HIV prevalence area in the South, such as Ho Chi Minh City.

**Source: Lee-Nah Hsu, Building an Alliance with Transport Sector in HIV Vulnerability Reduction,
UNDP South East Asia HIV and Development Project, March 2001
http://www.hiv-development.org/text/publications/cambodia_prip.pdf**

Epidemiological HIV and AIDS data is not always available, and additional research or estimates may be required for the sector to understand the nature of the spread of the epidemic in their area of work. However, the NAA, MoH and national statistical and research institutions often have unpublicized data.

EXTERNAL SITUATION AND RESPONSE, KEY POINTS:

The purpose of this section is to summarize existing information normally available from the NAA or other partners.

1. Ascertain the HIV prevalence among the sector's clients, or in associated communities.

2. Determine prevailing norms and values of the community that can increase or reduce the spread of the epidemic.

3. Determine the extent and intensity of population movement.

4. Determine which social groups of stakeholders or communities/regions are more vulnerable and more affected by the epidemic.

5. Analyse how the sector activities increase or reduce these communities' vulnerabilities to infection, e.g., promotion of alcohol, unemployment, et cetera.

6. Determine what factors are contributing to the spread of HIV and enhancing vulnerability to HIV infection among specific groups, including women, youth stakeholders or communities/regions.

7. Estimate the epidemic effect on communities, e.g., morbidity, mortality, health care demands, orphanhood, AIDS-induced poverty, stigma and discrimination, etc.

8. Estimate the anticipated impacts of HIV and AIDS in the medium to long term (based on current trends, epidemiological projections and lessons learned elsewhere).

9. Determine the scope, nature and effectiveness of the region/community response to HIV and AIDS.

10. Determine availability of social services in the target communities, e.g., access to health care – availability, cost, STI clinics, VCT services, home-based care, etc.

11. Analyse the nature and value of existing partnerships or collaboration with other sectors/organizations regarding HIV and AIDS in the external domain.

12. Determine gaps in the current response and opportunities for improving or scaling up the response.

2.2 HIV and AIDS impact assessment

As for the external domain, the sector needs to assess the current and projected impact of HIV and AIDS on the external aspect of its work, based on analysis of current trends and lessons learned. It should examine the sector's ability to execute its functions and its organizational capability to maintain maximum levels of service provision and productivity.

EXAMPLE OF PARTICIPATORY PLANNING

Participatory research is considered a good practice in HIV and AIDS programme planning. Participatory research involves bringing in stakeholders as part of the research team or the study process for design, data collection and interpretation of findings. Programme planners often make the mistake of 'assuming' that they know enough about the target population and develop an AIDS prevention programme with little research. This is a critical mistake when dealing with both cross-cultural populations and people with the same language and national culture. There are 'sub-cultures' that are unique for each population group which are not easily identified by an 'outsider'. In addition, travelling people engage in circumstantial behaviours. For example, young men travelling often have an expectation of having sex with a local person, most often with a sex worker. This is an attitude based on curiosity and novelty, not solely based on physical need. It happens due to the circumstances of being away from home.

Source: Multisectoral Responses to Mobile Populations' HIV Vulnerability: Examples from People's Republic of China, Thailand and Viet Nam, UNDP South East Asia HIV and Development Programme, February 2003, http://www.hiv-development.org/text/publications/Multisectoral.pdf

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EXTERNAL IMPACT ASSESSMENT, KEY POINTS:

For external impact assessment, a summary document should be produced highlighting the points provided below:

1. Analyse how HIV and AIDS-related illnesses, deaths and stigma currently affect the target community and their potential implications for demand for the sector service provision.

2. Estimate the future impact of AIDS-related illnesses and deaths on the sector's ability to have clients and continue its business within the target community (e.g., reduction of household income associated with increases in expenditures will reduce their access to education, food, farmer products etc., impacting the sector service delivery).

3. Estimate how sector and organization activities (development efforts) facilitate the spread of the epidemic and increase population vulnerabilities within the target region/community.

4. Where possible, explore scenario building that can anticipate trends in social and economic determinants.

5. Analyse aspects of the sector/government ministry's external operations.

6. Discuss what policies, strategies and actions could be implemented to prevent or mitigate these negative impacts on the development objectives.

3. INSTITUTIONAL AND FINANCIAL RESOURCE ASSESSMENT

The institutional assessment focuses on how the organization manages itself overall. It entails a review of organizational culture, structures and systems. For HIV and AIDS, an important aspect of the institutional assessment is to understand where the organization is in terms of approaches and leadership style and in what ways it can strategically change its focus, goals and operational structure to address the epidemic.

It is clearly important to review focal points or committees, including existence of structures, their functions, and how these structures relate to the overall management of the organization. Part of this is to look at what authority and influence these structures can have on directing and supporting the sector response to HIV and AIDS and what the reporting arrangements are. Another important element is an assessment of resources and support provided to these structures, which gives a proxy indication of institutional commitment to and engagement in mainstreaming HIV and AIDS.

The smooth flow of funds is critical for sustaining an effective response to the epidemic. The financial resource assessment explores where funds for HIV and AIDS come or may come from, how these funds are disbursed and used, and possible funding gaps. The level of resource allocation, or the extent to which an organization actively pursues external funds from development partners, are indications of institutional commitment for multisectoral HIV and AIDS intervention.

Accountability arrangements and well-organized reporting arrangements are a critical feature of management. Documentation, information flow, and sharing at all levels and between all stakeholders are necessary to record successes and best practices, build institutional memory, and catalogue benchmarks in the response to HIV and AIDS.

Another important issue here is the capacity of the sector to mobilize and collaborate with other partners already working on HIV and AIDS. The sector should take into account that it does not work alone. Other organizations, institutions and community-based organizations have, in one form or another, HIV and AIDS programmes in progress. It is essential for the sector or programme to identify others and work with them, taking into account each other's comparative advantages. This will enhance and reinforce the response in the community, maximize resources, and at the same time avoid duplication of efforts.

Institutional arrangement, key points:

ZAMBIA: AGRICULTURE AND FOOD SECURITY

The chronic illnesses that accompany deterioration of the immune system deplete household assets, reduce labour, and lead to reduced food production. In Zambia, the high prevalence of HIV and AIDS has resulted in a large number of households being unable to meet their own food needs. Several studies in Zambia show that AIDS-affected households are more likely to face food shortages and suffer from malnutrition than other households. Women-headed households are particularly vulnerable. The vulnerability is especially important because women in rural areas are 1.4 times likely to be infected than men, and they constitute the majority of infections. When a family member becomes ill with AIDS-related opportunistic infections, it is usually the woman who cares for the sick person. Women in rural areas are thus faced with competing demands to maintain crop production, care for family members suffering from AIDS, and protect their own health.
Evidence also suggests that good nutrition is important to maintaining a healthy immune system among those who are HIV-positive.

Source: The HIV and AIDS epidemic in Zambia – Where are we now? Where are we going?, National HIV and AIDS/STI/TB Council and USAID, September 2004.

Mobilisation of financial resources depends on a number of interrelated factors, including how large the target population of the sector is, flexibility of use in existing sector resources, and overall national commitment to fighting AIDS. For the educational sector, for example, the target population is very large, including students, parents and communities in which schools function. Mobilising partners and financial resources will be key for this sector to undertake substantive programmes aimed at its wide-ranging 'clients'.

INSTITUTIONAL ARRANGEMENT, KEY POINTS:

This section provides a rapid assessment for institutional capacity and financial resources.

1. Assess the HIV and AIDS committee's terms of reference, objectives and responsibilities.

2. Assess opportunities for integrating HIV and AIDS into regular management meetings.

3. Determine the current level of training in HIV and AIDS-related matters, e.g., in strategic planning, participatory planning techniques, proposal writing, record keeping and reporting, monitoring, etc.

4. Establish relations with other sectors, national institutions and international agencies relevant for HIV and AIDS.

5. Assess both internally and externally available financial resources that can be deployed for HIV and AIDS- related work.

6. Determine personal and management practices that can include performance evaluation on HIV and AIDS work.

4. SECTOR PROFILE WRITE-UP

This section helps pull together the preceding parts of the work undertaken in Step Two. Once the data has been collected and the various analyses undertaken, it is useful to produce a succinct sector profile as a reference document. This is often disseminated and used as an advocacy document within the sector. Many times it is this document that will make the extent of the HIV and AIDS challenge clear to stakeholders and decision-makers. The document also can inspire and show that it is possible to take incremental action to address the epidemic from a sector or programme perspective. At this stage, and before formal action planning, a useful exploration of possibilities and opportunities should be undertaken where strategic options for the sector can be looked at in line with the overall strategic priorities laid down within the National Action Framework.

Anticipating strategies, programmes and actions begins a process of looking forward, whereas the response analysis taken by itself largely looks back. As all possibilities are explored, and as various factors are taken into account, critical intervention areas will begin to emerge as opportunities. These factors include the sector's agreed upon visions for addressing HIV and AIDS, its mandate, its current HIV and AIDS situation, the potential impacts of the epidemic, as well as breakthrough ideas from the team. The gaps or weaknesses in the way the sector or organization has responded to date can be addressed from a strategic standpoint. As these critical intervention areas emerge, more meaningful and effective responses to the epidemic may be formulated for both the internal and external domains.

Examples of broad potential strategies that can emerge during and after the joint assessment of situation and response as well as the impact assessment include: deciding to undertake a community-based approach, expanding partnerships with civil society, providing treatment options for workers, addressing the underlying or indirect causes of the spread of the epidemic, etc.

The profile document will typically consist of a general introduction, a description of the core functions and mandate of the sector or ministry and an outline of their overall sector objectives and strategies. These, of course, also apply when developing a profile for departments, decentralised government institutions

and programmes. The situation and response analyses should be written up as a joint assessment to facilitate an understanding of what can be done and what innovations can be brought in. It is useful to provide a brief description of current partners and potential stakeholders, making a note of their stake in the activities of the sector and what they may be able to provide.

As noted earlier, summary information of the impact of HIV and AIDS on the sector, both internally and externally, will serve as effective motivation to generate action, particularly for management. Therefore, any available data, research and scenario-building models should be included, even if more detailed, longer-term studies and research are planned.

Each profile should also have a summary, which will provide an overview of the key issues such as capacity within the sector, financial resources and strategic intentions.

SUGGESTED READINGS: (See Annex 1)

• **Guide to Strategic Planning Process for a National Response to HIV and AIDS: Introduction, Situation Analysis, Response Analysis,** UNAIDS

• **Supporting National HIV and AIDS Responses: An Implementation Approach,** UNDP, 2004

• **Toolkit to support the mainstreaming of HIV and AIDS: Fundamental Disciplines** UNDP, 2004

• **Africa Scenarios,** UNAIDS

SUGGESTED TOOLS: (See Annex 2, Suggested Tools for Step 2. pg. 105)

Wilbur Four-Quadrant Framework: Mapping HIV and AIDS situation and response; Situation Analysis tool; Response Analysis tool; Predicting the impacts of AIDS on the organization, and analysing the options for responding; Likert's Levels of Organization Development

STEP 3: Formulating an Activities Plan for Mainstreaming

Mainstreaming Steps

STEP 3: Formulating an Activity Plan for Mainstreaming
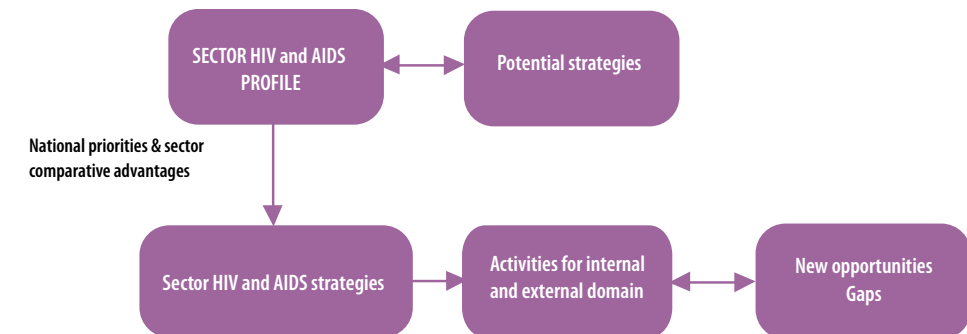
More detailed action planning for implementation can be undertaken based on national priorities and sector comparative advantages, goals and institutional commitment to respond to HIV and AIDS. The established profile, as well as opportunities and gaps identified during the previous steps may also inform more detailed planning.

Before this stage of activity formulation, alignment and institutional linkages with other planning frameworks (such as the NAF and PRSP) are particularly important to ensure that there is policy coherence, consistency, and a resource envelope with respect to programming for HIV and AIDS. Attention also needs to be given to decentralised planning and implementation of actions for mainstreaming HIV and AIDS, such as district development plans found in many countries.

CHALLENGES IN ALIGNING THE MAINSTREAMING PLANNING CYCLE WITH THE NATIONAL PLANNING CYCLES

One clear mainstreaming challenge is aligning mainstreaming processes at the sectoral level vis-à-vis NDP or PRSP. In most cases, these are de-linked from ongoing processes driven by, for example, NAAs. This challenge finds expression in three different ways: (a) there are different actors involved, leading to poor ownership and fragmented implementation, (b) there are different planning and budgeting cycles, leading to the view that mainstreaming is an add-on, with no funding attached and (c) they use different tools and methodologies, often creating confusion in application.

Recent UNDP support experience in Mozambique is showing the way to overcome this issue of alignment:

Identify all the key staff involved in sectoral development planning and implementation processes as the core team of all the committees for HIV and AIDS, Gender, ICT, Environment, etc. Such a team includes senior development planners, HR directors, directors of budgets, and HIV and gender focal points.

- As a team, they share ideas among themselves and develop a shared understanding of all ongoing mainstreaming processes by NAC; develop a strategy for operationalizing the NAF, MPF and mainstreaming into PRSP and sectoral operations, and bi-lateral donor initiatives as well as dealing with specific sectors/ministries, etc., some of which were not known to other members of the team before.

- Revisit sectoral goals/mandates and jointly explore how their achievement may be inhibited by different thematic challenges such as HIV, gender, environment, etc.

- Jointly define expected mainstreaming results.

- Design a process of conducting simple HIV and AIDS assessments, strategy formulation exercises TOGETHER, using all existing plans, reports and studies to deepen the linkages between the different thematic areas as a team, not as individual committees or task forces.

The information gathered is also used as (a) inputs into the PRSP, developed on thematic lines and (b) inputs to begin more direct sectoral engagement for the current planning and budgeting process. In this way, national, sectoral and HIV and AIDS processes have been linked, using the same core group and a set of agreed upon instruments in collaboration with UNIFEM and UNAIDS.

4. ACTIONS FOR INTERNAL AND EXTERNAL MAINSTREAMING

Actions for mainstreaming HIV and AIDS clearly need to be relevant to the sector and appropriate for the sector's HIV and AIDS situation. Thus, to the extent that the scale, nature and consequences of HIV and AIDS vary between sectors like agriculture and education, these sectors should undertake different sets of interventions to ensure that their mainstreaming efforts are effective and responsive to

the overall national priorities. Of course, where there are similarities in the profile of different sectors, similar actions may be adopted, though every effort must be made to avoid duplication. An action plan for mainstreaming HIV and AIDS needs to take into account both the direct and indirect aspects of HIV and AIDS in both the internal and external domains.

AN EFFECTIVE LGA RESPONSE TO HIV AND AIDS SHOULD BE:

- Consistent in what it does with National AIDS Policy and oriented to needs of the local context
- Informed by an understanding of local realities, norms and trends: specifically, the impact of HIV and AIDS on the local community and on municipal functioning, as well as the existing resources and possibilities for responding to HIV and AIDS. Sensitive to the special risks facing women and young people

- Promoted and supported by LGA leadership and a Task Team of LGA and community stakeholders

- Multisectoral, recognizing that the impact of HIV and AIDS and the response require a multi-pronged approach

- Comprehensive in assessing how best to deal with prevention, treatment/care, and impact mitigation

- Two-pronged, with an internal (LGA staff and their families) and external (service delivery and coordination) focus

- Oriented to achieve functional integration of programmes and services addressing HIV and AIDS, both within the LGA (especially integration of health and welfare services) and between the LGA and community agencies working in HIV and AIDS (integration of efforts of different providers)

- Mainstreamed into development programmes of the LGA rather than treated as a stand-alone area of intervention

- Committed to enhance community participation in planning, programme design and implementation. This includes the need to proactively include people infected and affected by HIV and AIDS and their representative organizations in consultation processes

- Committed to address issues related to stigma and discrimination as well as the gender dimensions of the epidemic.

- Oriented to mobilizing and coordinating resources within (business and civil society) and beyond the LGA environment (external funding and support) for responding to HIV and AIDS

- Based on a developmental approach of learning by doing, using monitoring and evaluation systems to strengthen response frameworks over time

Source: Local Government Response to HIV and AIDS: A Handbook, World Bank, http://www.worldbank.org/urban/hivaids/handbook/handbook.pdf

BOX 7 ACTIONS FOR MAINSTREAMING HIV AND AIDS IN THE INTERNAL DOMAIN

Examples of responses to direct aspects of HIV and AIDS:

1. Activities to help employees reduce their vulnerability to HIV infection by providing:
   • HIV and AIDS education for employees to increase knowledge, attitudes and good practices through active and participatory methods
   • Behavioural change communication activities through peer education, personal vulnerability and risk assessment
   • An awareness-raising campaign, including activities to reduce stigma, discrimination, denial and fear with participation of people living with HIV
   • Regular on-going series of discussion sessions for staff on HIV and AIDS-related topics
   • HIV and AIDS/STI materials development and distribution
   • Promotion of basic hygienic and protective methods

2. Create an enabling environment for treatment, care and support to HIV-positive employees
   • Provision of comprehensive Voluntary Counselling and Testing (VCT) services
   • Referral linkage with health facilities for STI management among staff
   • Comprehensive treatment programme for infected employees and their families
   • Provision or revision of health insurance to include AIDS-related treatments (opportunistic infections and ART)
   • Provision of disability and funeral benefits
   • Creation of support groups for infected employees and their families
   • Creation of a support fund for affected families and orphans of employees
   • Development or revision of HIV and AIDS workplace policy and programmes to support and care for HIV and AIDS infected staff.

Examples of responses to indirect aspects of HIV and AIDS:

   • Revision of organization policies and guidelines based on the impact assessment to reduce staff vulnerability to HIV infection
   • Sector reform programmes based on re-skilling and redeployment, rather than retrenchment
   • Affirmative action/inclusive employment practices (i.e., to overcome gender barriers to employment and career advancement)
   • Fair remuneration system (equal pay for equal work and reasonable wage gap between personnel scales)
   • Sexual harassment policy and programme
   • Financial support or benefits (housing, education, etc.) for employees to move with their families to postings

As with the sector HIV and AIDS profile, the number, depth and complexity of proposed actions can be incrementally adjusted over time, as knowledge of the epidemic, resources and capacity to respond increase. Boxes 7 and 8 outline actions for mainstreaming in the internal and external domains respectively. Some of these actions are relatively straightforward, yielding immediate results; other actions are of a more long-term and systemic nature. The examples given are not exhaustive, nor are they sector or programme specific, as this is a generic guide. Institutions will need to determine which actions are appropriate or what other actions need to be developed.

BOX 8 ACTIONS FOR MAINSTREAMING HIV AND AIDS IN THE EXTERNAL DOMAIN

Examples of responses to direct aspects of HIV and AIDS:

   • Provision of behavioural change communication programmes, including peer education, within the target communities
   • Provision of referral service to voluntary counselling and testing centres
   • Provision of referral service to existing treatment and support programmes for infected clients (e.g., for pupils at schools)
   • Support programme for affected populations (e.g., households, orphans, the elderly, etc.)
   • Support programme aimed at reducing AIDS-related stigma and discrimination

Examples of responses to indirect aspects of HIV and AIDS:

   • Support poverty reduction programmes
   • Job creation and sustainable income-generation programmes, especially for vulnerable groups (youth, women, etc.)
   • Skills training
   • Empowerment programmes for women and girls
   • Policy measures aimed at overcoming gender discrimination and gender disadvantages
   • Equitable access to assets (land, housing) and services
   • Cross-subsidisation and redistributive measures (to ensure financial sustainability and continuous access to services for infected and affected populations)

Some activities planned by the sector will require experts, and it is important to keep in mind that resources exist in other institutions and in the country as a

whole. For example, a well-trained person in behavioural change communication programming may not be available within the organization, but may be found through the National AIDS Authority. Launching a condom programme within a community can be contracted with a specialized agency, for example.

The formulation of actions for internal and external mainstreaming may be initiated by a select group of people within the sector or institution. It is, however, important that broader consensus and commitment is gained around the planned actions from the institution and communities it serves. This is so for obvious reasons:

- To ensure that all employees throughout the organization share the institutional commitment to mainstreaming HIV and AIDS and that there is a shared sense of ownership of the planned actions

- To ensure that the proposed actions are relevant and appropriate and to allow for flexible revision where necessary

- To get the highest level of 'buy-in' and encourage active participation of other stakeholders, including community members

SUGGESTED READINGS: (See Annex 1)

• **Guide to Strategic Planning Process for a National Response to HIV and AIDS: Introduction, Situation Analysis, Response Analysis, Strategic Plan Formulation and Resource Mobilisation,** UNAIDS, 1999

SUGGESTED TOOLS: (See Annex 2, Suggested Tools for Step 3. pg. 118)

HIV and AIDS Mainstreaming Action Planning Template; Conversations for Generating Action; Template and example of HIV and AIDS Mainstreaming Plan

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ACTION PLANNING, KEY POINTS:

It is important at this stage of the mainstreaming process that a clear action plan be elaborated by the sector, taking into account implementation modalities and accountabilities. The following need to be considered during this process:

1. Define and agree on a clear set of actions to be undertaken for internal and external mainstreaming.
2. Ensure that the proposed actions are relevant and appropriate and allow for flexible revision where necessary.
3. Obtain the highest level of 'buy-in' within the sector/organization and encourage active participation of other stakeholders including people living with HIV and AIDS, community members, NGOs, etc.
4. Ensure that adequate human and financial resources are available for the implementation of the plan. If the sector plans to mobilize additional resources, a clear plan should be elaborated.
5. Establish implementation arrangements – i.e., issues related to the management and execution of projects and activities, including decentralised planning and implementation.
6. Establish a monitoring and evaluation plan, including key indicators.
7. Involve the NAA and other relevant sectors as much as possible during the whole process.

**STEP 4: Costing
Mainstreaming Activities**

Mainstreaming Steps

STEP 4: Costing Mainstreaming Activities
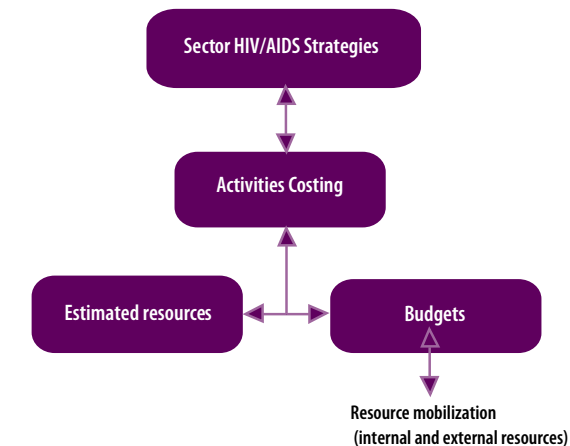
Proposed actions for internal and external mainstreaming need to be properly financed; otherwise the intended results are unlikely to be achieved. Planning without an understanding of funding options often leads to unrealistic expectations. As a result, well-developed action plans may not be implemented. This in itself could be a reason to start small, with relatively simple actions at first, which can be expanded on as resources are mobilised and organizational capabilities to act are enhanced.

Of course, financial constraints are often mentioned as soon as innovative action is suggested. This can immediately foreclose opportunities for action and change. At times, the issue is not so much that there are no funds available, but which actions are prioritised and how existing funds are allocated or reallocated. Resource allocation can be an indication of institutional commitment to mainstreaming HIV and AIDS. It is also worth remembering that HIV and AIDS actions do not always require additional resources, as they need to become part and parcel of routine functions and activities.

As mentioned earlier, some activities may not cost anything if the organization mobilises adequate experts from the NAC or international agencies present in the country.

However, sectors sometimes need to mobilise additional resources to support their programme, especially regarding the external domain. Local processes should be encouraged. There are already convincing experiences from many parts of Africa, where sectors and even community organizations contribute in a significant way to HIV and AIDS activities. These financial contributions are often a strong indication of local commitment, and they enhance the prospects of a sustained response.

DEFINITION OF COSTING AND BUDGETING

Costing can be defined as determining the expenditure required to purchase the resources needed to achieve an activity or strategy.

Budgeting, on the other hand, can be defined as the allocation of resources to match requirements. Once the cost of an activity is determined, the total number of desired activities will then determine the desired funding. The number of activities will be adjusted to fit the amount of funds allocated, which will become the budget.

Together, costing and budgeting help the planning process by ensuring that the goals are financially affordable and able to be implemented.

Source: Planning, Costing and Budgeting Framework: User's Manual, UNAIDS November 2003.

For costing and budgeting of planned HIV and AIDS-related activities, the organization is invited to use internal budgeted staff and limit the use of external experts, which would result in additional costs.

WHAT NEEDS TO BE COSTED AND BUDGETED?

Costing for HIV and AIDS mainstreaming should not be seen as an extraordinary process. Most of the cost centres are already defined. The usual sector budgeting process and Charts of Accounts should be used. Activities that require zero costs should be noted in the budget.

In-house capacity for costing should be used, and partnerships with other ministries, donors, etc., formed for specific areas that require more elaborate costing. It is likely that an existing programme has undertaken the same or a similar exercise. The extensive literature and documentation on costing can be researched.

In all costing for implementation of services, the cost of additional human resources must be planned for and factored in. Two issues stand out in this regard.

The first is erosion of human capacity caused by AIDS, which results in falling human and institutional capacity to run programmes and services. The second is that human resource ceilings imposed through strict macroeconomic conditionality in many badly affected countries affect service delivery of all kinds and must be factored into the plan. Representation from the sector must be made to the Ministry of Finance and international partners to mitigate this additional constraint.

COSTING, KEY POINTS:

During the costing and budgeting process, the sector needs to analyse carefully the availability of the following dimensions of costing

1. Internal human resources and experts
2. Infrastructures and equipment
3. Training and planning
4. Commodities and products

5. Drugs
6. Monitoring and evaluation of the programme
7. Administrative costs
8. Other

Activities are considered to be the basic cost object. Expenses should be separated and matched to the level of activity that consumes the resources. The budget is usually broken down per year or quarterly. It is also important that individuals familiar with the programme be involved in the budgeting as well as the validation process.

SUGGESTED READINGS: (See Annex 1)

• **Costing Guidelines for HIV and AIDS Intervention Strategies,** UNAIDS, 2004

• **Planning, Costing and Budgeting Framework: User's Manual**, UNAIDS, November 2003

• **Resource Needs for HIV and AIDS: Model for Estimating Resource Needs for Prevention, Care, and Mitigation, Futures Group International,** 2002

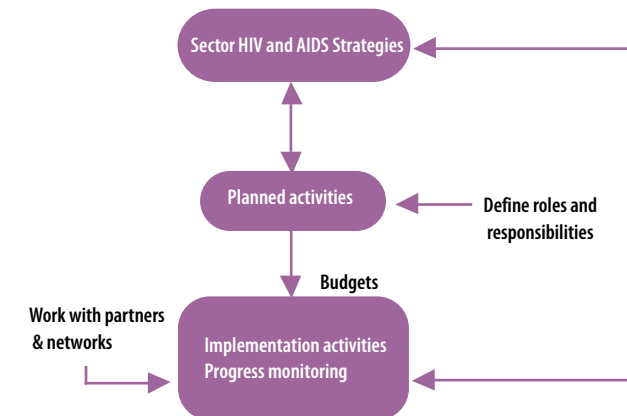• **Cost-effectiveness Analysis, Economic Impact,** UNAIDS, 1998

SUGGESTED TOOLS: (See Annex 2, Suggested Tools for Step 4. pg. 122)

Costing and Budgeting: Methodology and Layout of the Framework

STEP 5: Implementing Planned Activities and Documentation

Mainstreaming Steps

STEP 5:
Implementing Planned Activities and Documentation

Although formulating the action plan and implementation are identified as distinct stages in the strategic planning process, in reality, planning and implementation happen simultaneously. Implementation may lead to a revision of plans or immediate modification of intended plans in practice. In a way, the implementation process is about testing whether stated objectives and activities will realize the intended outcomes.

It is important that the implementation process and experiences gained during this stage are documented and eventually fed into the monitoring and evaluation processes of the national response. Documentation and information sharing at all levels and between all stakeholders are necessary to record lessons and successes, to build institutional memory, and to catalogue institutional achievements in mainstreaming HIV and AIDS.

1. IMPLEMENTATION ARRANGEMENTS

To ensure that internal and external mainstreaming actions are implemented effectively and the desired results are achieved, clear implementation arrangements are crucial. This includes aspects related to decentralised planning and implemen-

tation. Without specifying responsibilities, accountabilities, coordination mechanisms and other management issues, action plans are incomplete. Frustration is likely to arise. It goes without saying that those tasked with the responsibility to execute certain actions need to be given sufficient time, capacity and resources to do so; those responsible for overseeing the execution of mainstreaming actions by others need to have the relevant authority and discretion.

Implementing planned activities may not be easy, and the sector will sometimes call for the help of local NGOs, communities, etc. The NAA remains the main resource for support and/or orientation. The sector is also invited to build partnerships with other sectors providing services in the same community.

IMPLEMENTATION, KEY POINTS:

Below are areas that need to be looked at when implementing planned activities:

1. Establish clear responsibilities: who does what and by when?
2. Determine accountabilities: who reports to whom, how often and in what format?
3. Determine coordination mechanisms: what is their function or terms of reference and what level of influence do they have or need to fulfil a coordinating role?
4. Assess resources: what resources are available or required for these implementation arrangements, including human and financial resources?
5. Establish or regenerate a departmental HIV and AIDS committee with clear terms of reference, objectives and responsibilities.
6. Mainstream HIV and AIDS reporting into routine reporting mechanisms.
7. Hold monthly/quarterly HIV and AIDS management meetings chaired by a senior person.
8. Train personnel charged in record keeping and reporting, strategic planning, participatory planning techniques, proposal writing, monitoring, etc.
9. Form liaisons with the national authority on HIV and AIDS, other sectors and international agencies.
10. Link HIV and AIDS work to performance evaluation of staff.

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2. UNDERTAKING ACTION

In most situations, activities will be in the form of meetings, campaigns, production of materials, service delivery and referral to other providers. These actions will be undertaken in the areas of prevention, care, treatment and impact mitigation. Clearly, the overall management of HIV and AIDS-related sector activities is an important area in which regular actions are required.

A major challenge for sectors is how best to decentralise implementation. Many decisions, policies and strategies will be developed at the central level, but to effectively reach the majority of staff and sector clients is a vast exercise. Decentralisation is required, and specific roll out programmes need to be carefully designed.

This programme will include training and capacity development, disbursement of funds, and establishment of reporting mechanisms. This may be considered a vertical sector approach, but in many instances, it is needed to initiate mainstreaming actions at the decentralised level. In time, the horizontal integration at the sub-national or district level is what will provide the most comprehensive HIV and AIDS-related programme outcomes across sectors and programmes for the national multisectoral response.

3. DOCUMENTING ACTION

The purpose of documentation is to ensure that experiences gathered in the course of the work are collected and assessed in terms of their contribution to the national priorities and communities served. It is also a basis for refining and redesigning approaches and tools for future work both within the sector and for national review and reflection.

Regular documentation will also serve to assess and reflect on the effective use of both human and financial resources and give an indication of the overall cost-effectiveness of the programme.

Clearly, this closely links to staff performance and monitoring and evaluation within the sector.

When documenting, we should consider a number of important related issues, particularly the coverage of interventions. For example, how many people are reached by the interventions and what is the potential estimated reach of the

programme and the needed capacity to deliver? Documented information should make it possible for the sector to analyse and promote its own successes.

Documentation of external and internal activities should be done separately, but the linkages between these should be noted and analysed.

DOCUMENTATION, **KEY POINTS:**

1. Forms of documentation: meetings, activities and financial reports, media releases, publications, electronic video documentation, etc.

2. Determine the frequency: weekly, monthly or quarterly documentation.

3. Document sector activities in capacity-building.

4. Document how the programme enhances ownership of staff and communities.

5. Document how the programme fosters partnership and enables networks.

6. Document all activities implemented, especially regarding: reduction of gender inequality, reduction of stigma, fear and discrimination, promotion of socio-economic empowerment.

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4. ENSURING SUFFICIENT CAPACITY

In most cases, sectors and programmes are constrained by limited human capacity or the speed at which capacity is developed. As noted earlier, partnerships, outsourcing and networking are a critical feature for getting the needed capacities. The challenge is to articulate the range of capacities and skills required to successfully deliver a programme.

It is important to reiterate that mainstreaming HIV and AIDS in the longer-term entails developing varying degrees of skills in the areas of prevention, care, treatment and impact mitigation. Each sector will need to decide the extent to which capacities are built in any given area.

CAPACITIES FOR EFFECTIVELY MAINSTREAMING HIV AND AIDS, **KEY POINTS:**

1. Deep understanding of the national priorities of the National Action Framework

2. Basic knowledge and understanding of HIV and AIDS

3. An understanding of the direct and indirect aspects of HIV and AIDS affecting the sector, in both the internal and external domains

4. An understanding of the sector's response to the direct and indirect aspects of HIV and AIDS, including how it may unwittingly enhance vulnerability to HIV infection or undermine coping capabilities to deal with the consequences of HIV and AIDS

5. Skills to apply this knowledge to daily tasks and routine functions and functioning of the sector

6. Strategic and creative skills to translate this understanding into effective actions

7. Willingness and ability to involve those infected and affected by HIV and AIDS at all stages of planning and decision-making

8. Ability to communicate, share learning and motivate others to take a stand on HIV and AIDS

SUGGESTED READINGS: (See Annex 1)

• **Mainstreaming HIV and AIDS in Practice–Toolkit,** SDC, 2004

• **Mainstreaming HIV and AIDS in Development and Humanitarian Programmes,** Oxfam GB, Action Aid, and Save the Children UK, 2004
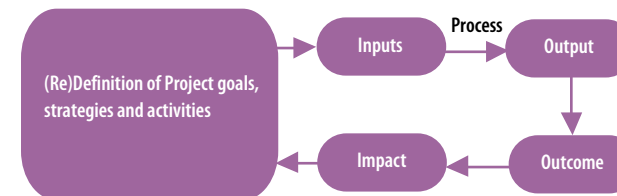
SUGGESTED TOOLS: (See Annex 2, Suggested Tools for Step 5. pg. 127)

Implementation Framework; Activity and Financial Monitoring Template

Mainstreaming Steps

STEP 6: Taking Stock

Taking stock means looking at monitoring, milestones, results and evaluation as a continuum. The key purpose of this is to improve outcome and impact. The objective here is to provide the reader with some guidance in monitoring and evaluation. A number of useful tools and documentation is provided in Annex 2, Step 6 that will help set up a monitoring and evaluation plan.

1. CAPACITY

Sectors, programmes, policy makers and staff face many challenges related to the monitoring and evaluation of their HIV and AIDS programmes. Monitoring and evaluation capacity and skills are important for the successful implementation, design, and measurement of effectiveness of HIV and AIDS programmes and capacity needs. Programme monitoring and evaluation focuses on the compilation of input and output data that can be used to measure changes in effort and context over time. Separate skills are required for these.

How the sector or programme plans to monitor and evaluate the programme it is designing should be considered from the very beginning, as should the capacity requirements. To ensure that the programme produces useful results, it is essential that the sector incorporate a monitoring and evaluation plan in the programme design stage. Projects at all levels, whether single interventions or multiple integrated projects, should have a monitoring and evaluation plan to assess the project's progress towards achieving its goals and objectives and to inform key stakeholders and programme designers about the achieved results or potential issues.[7]

[7]. Monitoring HIV and AIDS Programmes: A Facilitator's Training Guide, Module 3, FHI, 2004.

2. CHALLENGES OF MEASUREMENT

HIV and AIDS is a complex phenomenon requiring responses that address the underlying causes at the individual, organizational and community levels. These changes are not easily measurable. When taking stock, we can look at what was intended, what happened and possibly the value above and beyond what was intended and what actually happened. Monitoring tracks what happened, and evaluation assesses the value – i.e., the changes and whether the programme is making a difference. Both allow programme managers to redefine the objectives and re-allocate resources to achieve the best results.

Many programmes will be tempted, when taking stock, to attribute outcomes and impact directly to their interventions. Impacts such as reduction in new infections, increases in life expectancy, et cetera cannot be attributed to one programme, as it is often the result of many different intervention factors. In most cases, the most that can be achieved is to describe outcomes and their direct relationship to the impact provided.

3. INDICATORS

Indicators for monitoring and evaluating the process of mainstreaming HIV and AIDS are an essential component of the action plan. A good indicator set is invaluable for assessing the effectiveness of mainstreaming actions, but also for planning ahead based on observed trends. While sectors can develop their own milestones and indicators according to their mandates and organizational capacity, there is a need to be in line with nationally agreed upon indicators, following the principles of the Three Ones.

Part of the process of selecting indicators is to determine how they will be verified. If relevant data to monitor progress or measure success is not available, the indicator is of little use. Also, if it takes an inordinate amount of time and capacity to gather and analyse the relevant data, the indicator is not particularly useful. *Table 3* gives examples of indicators for mainstreaming HIV and AIDS, with possible means of verification.

TAKING STOCK, KEY POINTS:

It is important for the sector/organization to monitor all implemented activities and document the process.

1. Determine the sector inputs: e.g., financial, technical and human resources, staff time, medicine, etc. This is the easiest to measure as it is mostly under the management of the sector.

2. Establish the outputs: e.g., number of trained staffs, information materials produced, staff members receiving services, community programmes for the target audience. If these outputs are well designed and reach the populations for which they were intended, the programme is likely to have positive short-term results.

3. Determine the potential outcomes: e.g., the number of HIV-positive staff under ARV treatment, an increase in the number of persons adopting safer sexual behaviour, youth in the target community delaying first sexual intercourse, etcetera. The outcomes should lead to changes in the longer term.

4. Predict long-term impact based on outcomes: e.g., reduction of HIV incidence among staff, HIV-positive staff with better health and improved productivity, impact of HIV and AIDS on sector reduced.

SUGGESTED READINGS: (See Annex 1)

• **Monitoring HIV and AIDS Programmes: A Facilitator's Training Guide,** Module 3, FHI, 2004

• **National AIDS Programmes: A guide to monitoring and evaluating HIV and AIDS care and support,** UNAIDS, 2000

SUGGESTED TOOLS: (See Annex 2, Suggested Tools for Step 6. pg. 129)

Tool for Monitoring an HIV and AIDS Plan

TABLE 3. **EXAMPLES OF INDICATORS FOR MAINSTREAMING**

Indicators	Means of verification
INTERNAL	
❏ Knowledge, attitudes and behaviour of staff regarding HIV AND AIDS and sexual behaviour	
❏ Knowledge, attitudes and behaviour of staff regarding people living with HIV AND AIDS and stigma	❏ Questionnaire / survey
❏ No. of staff attending HIV AND AIDS information events (by gender, age)	❏ Questionnaire / survey
❏ No. of leaflets distributed (by location / target group)	❏ Attendance register
❏ No. of staff (by gender, age) using VCT services	❏ Distribution schedule
❏ No. of staff making use of offered treatment	❏ User register
❏ No. of condoms distributed per week/month (by location)	❏ User register
❏ Affirmative action policy & programme	❏ Distribution schedule
❏ Change in employment profile of the organization	❏ Policy & programme/ survey
❏ Fair remuneration system established	❏ Staff profile
❏ Sexual harassment policy & programme in place	❏ Remuneration policy
	❏ Policy & programme/ survey
EXTERNAL	
❏ No. of condoms distributed per week/month (by location) Do you want this as #1?	
❏ Knowledge, attitudes and behaviour among rights-holders/communities about HIV AND AIDS + sexual behaviour	❏ Distribution schedule
❏ Knowledge, attitudes and behaviour among rights-holders/communities about people living with HIV AND AIDS + stigma	❏ Questionnaire/survey
	❏ Questionnaire/survey
❏ No. of rights-holders attending HIV AND AIDS information events (by gender, age)	❏ Attendance register
❏ No. of leaflets distributed (by location / target group)	❏ Distribution schedule
❏ Reduction in HIV AND AIDS-related poverty or discrimination	❏ Survey
❏ Enhanced access for women to assets (land, housing, etc.)	❏ Asset register/survey

Twenty years into the HIV epidemic, our insights into the complex, two-way relationship between AIDS and development are deepening, as is our understanding of its exceptional nature as both a short-term emergency and a longer-term development issue.

Multiple efforts need to be translated and used to strengthen country level action and delivery. Sector and programme mainstreaming is a critical dimension of the overall integration of HIV and AIDS into national development. It can achieve a level of harmonised multisectoral action that ensures workplace programmes and responses for communities as a whole which, it is hoped, will improve development outcomes. Integrating HIV and AIDS requires national, sectoral and programmatic dimensions. It is important that there are strong linkages between sector and national mainstreaming, with the National Strategic Framework for AIDS providing the direction and priorities for all levels of mainstreaming.

Mainstreaming HIV and AIDS into national development processes and poverty reduction strategies remains a key way to ensure the integration of planning, resource and programmatic issues for a multisector and multi-stakeholder response to the epidemic.

Finally, not all the challenges of mainstreaming can be accommodated through a systematic sector planning and implementation process undertaken by institutions alone. National, regional and global responses will influence the outcomes of multisectoral actions. Wide-range networking and the development of communities of practice is essential to harnessing information, resources and results. This requires a long-term perspective. For this, technical assistance and capacity development will be the mainstay. UNDP, UNAIDS, and international partners (including other multilateral agencies, bilateral organizations of governments, foundations, NGOs and academic institutions), have relevant expertise and experience in harmonizing their development assistance to countries. Additional technical resources, policy advice and networks to assist countries in achieving their aims for integrating HIV and AIDS into planning for development are available. These are all resources to be tapped.

ANNEXES

**Addressing the Impact of HIV and AIDS on Ministries of Agriculture:
Focus on Eastern and Southern Africa,** UNAIDS-FAO

http://www.fao.org/hivaids/publications/moa.pdf

This paper examines the relevance of HIV and AIDS for Ministries of Agriculture (MoAs) and their work in sub-Saharan Africa, particularly in Eastern and Southern Africa. The focus of analysis is smallholder agriculture as this has been affected most severely by the HIV epidemic. The report presents the following impacts in detail 1) MoA staff vulnerability to HIV infection and AIDS impact 2) the disruption of MoA operations and the erosion of capacity to respond to the challenges being posed by the HIV epidemic 3) the increased vulnerability of MoA clients to food and livelihood insecurity, and 4) the relevance of certain MoA policies, strategies and programmes in view of the conditions being created by HIV and AIDS.

AIDS in Africa – Three Scenarios for 2025, UNAIDS, 2005

http://www.unaids.org/en/AIDS+in+Africa_Three+scenarios+to+2025.asp

This book is about AIDS and Africa, and the world's response to both. It presents three stories describing possible futures. Each of the three scenarios describes a different, plausible way in which the AIDS epidemic could play out across the whole of the African continent. They are rigorously constructed accounts of the future that use the power of story-telling as a means of going beyond the assumptions and understandings of any one interest group, in order to create a shared basis for dialogue and action about critical and difficult issues.

A multifaceted response to the HIV and AIDS pandemic, Evaluation Note, N. 6, UNDP, 2002

http://mirror.undp.org/mongolia/publications/essentials/document/english/HIV_AIDS6.pdf

This paper provides examples of successful approaches to mitigating the impact of the epidemic, based on the experience of UNDP and other key partners. The 'Mainstreaming into development planning' section gives the example of Burkina Faso, which moved from a fragmented response to a fully integrated, multisectoral national plan, including integrating HIV and AIDS into the Poverty Reduction Strategy to put it in the mainstream of development planning.

A multi-ministry strategy to the expanded response to HIV and AIDS,
AusAID – UNAIDS, 2001

http://www.ausaid.gov.au/publications/pdf/multiministry.pdf

Changing the course of the epidemic can be done through the work of ministries and sectors that are already reaching to the population from different angles according to their development, social and business agendas. This paper, prepared for the Sixth International Congress on AIDS in Asia and the Pacific, illustrates a model of a multi-ministerial response, detailing how all ministries can be mobilised to lead a particular sector in the fight against HIV and AIDS, given their specialist knowledge and defined national development mandate.

An ILO code of practice on HIV and AIDS and the world of work, ILO, 2001

http://www.ilocarib.org.tt/infsources/general_reports/aids/cop_aids.pdf

The Code of Practice represents the ILO's commitment to help secure decent work and social protection in the face of the epidemic and a framework for workplace action. It contains fundamental principles for policy development and practical guidelines from which effective responses can be developed at enterprise, community and national levels. The ILO developed the Code in response to many requests for guidance, through a widespread process of consultation with government, employer and worker constituents in all regions.

A Step-by-step Methodological Guide for Costing HIV and AIDS Activities, Partners for Health
Reform Plus, 2001

http://www.phrplus.org/Pubs/tool4.pdf

This document provides an introduction to the procedure for calculating and analyzing the costs of HIV and AIDS programmes and describes how to measure directly the actual costs of a programme that is up and running. The step by step guide is intended to provide project managers in the field with a framework for how to measure costs for a single, recent year in the life of an HIV and AIDS programme. An illustrative activities list in the report annex will assist the user to develop an activities-based framework. The information gleaned from the costing framework will enable policymakers and programme managers to make informed resource allocation decisions.

Cost-effectiveness Analysis, Economic Impact, UNAIDS

http://www.unaids.org/html/pub/publications/irc-pub03/costtu_en_pdf.pdf

This document is a tool which enables programme managers and planners dealing with HIV and AIDS to make informed decisions about resource al-location. By measuring and comparing the costs and consequences of various interventions, their relative efficiency can be assessed and future resource requirements estimated.

Costing guidelines for HIV and AIDS Interventions Strategies, UNAIDS

http://www.unaids.org/html/pub/publications/irc-pub06/jc997-costing-guidelines_en_pdf.pdf

This tool is a result of several years of work and is based on experiences from Bangladesh, India and Nepal and has been field tested in Indonesia. It builds upon the hard work of NGOs, program managers, and health planners. The tool has been successfully used for large-scale resource mobilization, to develop national strategic plans, and for financial guidelines and preparation of GFATM proposals. The tool can assist in national strategic planning and in particular for achieving key principles for the coordination of national AIDS responses – the 'Three Ones': one agreed HIV and AIDS framework, one national AIDS authority and one monitoring and evaluation system.

Education and HIV and AIDS: A window of hope, World Bank, 2002

http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000094946_02043004023371

The paper highlights that the education of children and youth merits the highest priority in a world afflicted by HIV and AIDS, specifically because a good basic education ranks among the most effective – and cost-effective – means of HIV prevention. It also merits priority because the very education system that supplies a nation's future is being greatly threatened by the epidemic, particularly in areas of high or rising HIV prevalence.

Guide to Strategic Planning Process for a National Response to HIV and AIDS: Introduction, Situation Analysis, Response Analysis, Strategic Plan Formulation and Resource Mobilisation, UNAIDS, 1999

http://www.unaids.org/html/pub/publications/irc-pub05/jc441-stratplan-intro_en_pdf.pdf
http://www.unaids.org/html/pub/publications/irc-pub01/jc267-stratplan1_en_pdf.pdf
http://www.unaids.org/html/pub/publications/irc-pub01/jc268-stratplan2_en_pdf.pdf
http://www.unaids.org/html/pub/publications/irc-pub01/jc269-stratplan3_en_pdf.pdf
http://www.unaids.org/html/pub/publications/irc-pub05/jc431-stratplan4_en_pdf.pdf

UNAIDS has drafted a four-module guide that can be used by countries that want to start a strategic planning process. The draft guidelines aim to intro-duce the main concepts of strategic planning, remaining flexible enough so that they can be adaptable for planning at a national level in the different regions and can serve as a practical assistant for planners at a district or community level.

HIV and AIDS Mainstreaming: A Definition, Some Experiences and Strategies, DFID-HEARD, 2003

http://www.sarpn.org.za/documents/d0000271/P263_HIV_Report.pdf

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

HIV and AIDS mainstreaming checklists and tools – Mainstreaming HIV and AIDS into our sexual and reproduc-tive health & rights policies, plans, practices and programmes, International Planned Parenthood Foundation, 2004

http://www.aidsconsortium.org.uk/MainstreamingWG/Mainstream%20Downloads/IPPFMainstreamToolkit.pdf

A checklist and a set of seven tools have been developed for use by IPPF Member Associations to assist them in mainstreaming HIV and AIDS into their services and programmes. The seven tools are: 1) Actions for effective HIV and AIDS mainstreaming into sexual and reproductive health organizations and programmes 2) Mainstreaming HIV and AIDS into existing sexual and reproductive health services 3) Participation of youth and people living with HIV and AIDS in sexual and reproductive health and HIV and AIDS programmes 4) Community consultation guide 5) Guidelines for conducting a partner/stakeholder analysis 6) Checklist for conducting an HIV and AIDS capacity audit for IPPF Member Associations 7) Template for an HIV and AIDS workplace programme audit in a sexual and reproductive health organization.

**HIV and AIDS Mainstreaming Tools:
a set of tools for developing mainstreamed responses to the HIV and AIDS epidemic,** HEARD, 2005

HEARD identified a need for a much wider, expanded and more detailed series of documents. These were to encompass more aspects of AIDS interven-tions and preventions and would be targeted to specific groups. There are eleven toolkits: seven are aimed at standard government ministries or departments; four are general in character, so that any given ministry's complete toolkit would comprise five documents – that for the specific ministry, plus the four that explain and expand on the toolkit theme with frequent cross-references to the specific ministry booklets. Please refer to the HEARD website link in Annex 3.

Incorporating HIV and AIDS consideration into food security and livelihood projects, FAO, 2003

ftp://ftp.fao.org/es/esn/nutrition/hiv_aids.pdf

This guide details how to incorporate HIV and AIDS considerations into food security and livelihood projects with a focus on protecting and promoting nutritional well-being among people living with HIV and AIDS and those affected by the disease. It is intended to be used by people involved in related policy formulation, project management and technical support. The first section outlines the relationship between HIV and AIDS and food, nutrition and livelihood security. The second section discusses how the issues can play a role in the project cycle, and the third section provides a series of key HIV and AIDS-related questions and tools to use during each cycle stage.

Local Government Responses to HIV and AIDS: A Handbook, World Bank, 2003

http://www.worldbank.org/urban/hivaids/handbook/handbook.pdf

Local Government Responses to HIV and AIDS: A Handbook has been written for LGA mayors, councilors, advisors and officials that are interested in developing or strengthening local responses to HIV and AIDS. The Handbook provides information, examples, and illustrative tools (surveys, checklists, modules, etc.) that guide users through the steps of recognising and publicly acknowledging the importance of addressing HIV and AIDS, assessing the impact of HIV and AIDS on the locality, and identifying key stakeholders to initiate and coordinate a Local Government (LG) HIV and AIDS Response Strategy. The Handbook also focuses on the implementation process and suggests ways to mobilise new and existing resources, develop productive relationships with civil society organizations (CSOs), and establish systems of monitoring, learning and evaluation.

Mainstreaming HIV and AIDS: A Conceptual Framework and Implementation Principles,
UNAIDS, GTZ and JSA Consultants, 2002

http://www.afronets.org/files/mainstream.pdf

It explores the current understanding of the concept (clarifying the difference between 'mainstreaming' and 'integration') and offers examples of relevant experience, with particular focus on mainstreaming at the sector and sub-national levels. It also discusses the five basic principles for mainstreaming HIV and AIDS which international experience and exchange have produced up to now.

Mainstreaming HIV and AIDS in practice toolkit, SDC, 2004

http://www.deza.admin.ch/ressources/deza_product_en_1280.pdf

This toolkit is a collection of resources, checklists and examples to help in mainstreaming HIV and AIDS. The toolkit offers a five step approach to main-streaming HIV and AIDS. The first three steps are linked to preparatory analysis of the situation. Step Four is to develop a comprehensive Workplace Policy and Programme and Step Five is to plan and implement this policy. The toolkit emphasizes the importance of developing monitoring and evaluation instruments from the very beginning.

Mainstreaming HIV and AIDS in Development and Humanitarian Programmes,
Oxfam GB, Action Aid, and Save the Children UK , 2004

http://www.oxfam.org.uk/what_we_do/resources/downloads/mhivaids.pdf

This document has two main aims: 1) to show how agencies can adapt their external programmes to reduce susceptibility to HIV infection and vulner-ability to the impacts of AIDS, and 2) to demonstrate how they can modify their internal policies and systems to protect the interests of their staff and preserve the viability of their operations.

Mainstreaming HIV and AIDS into Development instruments, Sectors and Sub-national level: Documents Database CD-ROM UNAIDS, UNDP, HLSP institute and JSI Europe, 2005

This CD-ROM is a very exhaustive collection of documents, policy notes, strategic papers, reports, guides and toolkits that has been produced by all national and international partners working on HIV and AIDS mainstreaming. It is the result of a review of experiences and technical support with mainstreaming HIV and AIDS in national development instruments and sectors undertaken jointly by UNAIDS and UNDP. The CD-ROM is available on the websites of the authors

Mainstreaming HIV and AIDS: Policy research document for an expanded multi-sectoral approach for the Belgian Development Co-operation, HIV/STD Research & Intervention Unit (Institute of Tropical Medicine, Antwerp)

http://www.dgcd.be/documents/nl/themas/aids/bvo_mainstraiming_execsum.pdf

This paper recommends mainstreaming as a strategy to achieve a set of key interventions for an integrated and expanded response to HIV and AIDS. It presents a definition of mainstreaming, areas of relevance, an overview of mainstreaming in the internal and external domains, and possible entry points and responses. It also covers mainstreaming HIV and AIDS into strategy documents and into the programme cycle.

Mainstreaming HIV Prevention in the Military: A case study from Cambodia, UNDP – SEAHIV, 2004

http://www.hiv-development.org/publications/defense.htm

In response to the HIV threat in the military, the Royal Cambodian Armed Forces, in partnership with local and international non-governmental organizations and international agencies, developed a comprehensive strategy for reducing HIV vulnerability in the military through education, empowerment and capacity-building as part of a larger national HIV prevention strategy. This case study documents the Cambodian defense sector's effort in building HIV resilience and reflects both constraints as well as lessons learned.

Mainstreaming HIV and AIDS Using a Community-led Rights-Based Approach, ACORD, 2003

http://www.acord.org.uk/TZ%20Maintstreaming.pdf

It is suggested in this report that mainstreaming HIV and AIDS goes hand in hand with a rights-based approach, as it allows the agency to identify and tackle some of the underlying causes of HIV and AIDS vulnerability which are rooted in social inequality and social exclusion.

Monitoring HIV and AIDS Programmes: a Facilitator's Training Guide, FHI, 2004

http://www.fhi.org/en/HIVAIDS/pub/guide/meprogrammeguide.htm

This training resource is designed to build skills for conducting quality monitoring and evaluation activities. The course is anchored by three core modules: Introduction to M&E; Collecting, Analysing and Using Monitoring Data; and Developing an M&E Work Plan. The course features seven additional modules designed for specific contexts, such as home-based care programmes, voluntary counselling and testing programmes, programmes for orphans, and clinical care activities. Each module includes both a facilitator's guide and a participant's guide. The training is based on adult learning theory and is a combination of lectures, discussions, small group work, interactive practical exercises and role-plays.

Multisectoral responses to HIV and AIDS: a compendium of promising practices from Africa, USAID, 2003

http://sara.aed.org/publications/hiv_aids/aids_in_africa/Multisectoral_Responses.pdf

This document describes promising practices identified by USAID-supported private voluntary organizations. It includes new ideas that as such, do not yet have hard evidence to show that they work. The compendium covers the following sectors: Agriculture, Food Security and Nutrition; Capacity and Human Resources Development; Care and Support; Children; Conflict and Humanitarian Relief; Democracy and Governance; Economic Development and Microfinance; Education.

Planning, Costing and Budgeting Framework: User's manual, UNAIDS, 2003

This tool aims to introduce the basics of planning, costing and budgeting to HIV and AIDS Programme Managers, most of whom may not be experts in these areas. The Framework is presented in a logical, step by step format. First, the approach of moving from each goal down through the planning levels to the activities and inputs level accentuates the need to quantify each level and link it to the preceding level. Second, it encourages the identification and quantification of the critical inputs needed for each activity and putting a cost to each of these inputs, thereby arriving at an informed cost of any activity, strategy or objective. Third, the summation of these costs provides a reasonable budget estimate for HIV and AIDS programmes.

Revised HIV and AIDS toolkit for local government, HEARD, 2001

http://www.ukzn.ac.za/heard/publications/LocalGovToolkit/Local%20Govt%20toolkit%2001_website.pdf

The toolkit was developed to assist Local Government in South Africa to define their role in the Partnership Against AIDS and to initiate their responses to the epidemic. Nominated Local Government Councilors and officials and their support structures will be the primary users of the toolkit. For such a toolkit to be of optimal use, those who use it should be trained in basic HIV and AIDS information, AIDS and development, advocacy and the application of the toolkit.

Resource Needs for HIV and AIDS: Model for Estimating Resource Needs for Prevention, Care, and Mitigation, Futures Group International, 2002

http://www.futuresgroup.com/software/Resource%20Needs/ResourceNeedsManual.pdf

The Resource Needs Model (RNM) calculates the total resources needed for prevention, care, and orphan support for HIV and AIDS on a national level. The RNM can assist national-level strategic planning efforts by providing a tool and methodology to examine the financial resources needed to implement a variety of prevention interventions, care and treatment programs, and orphan support. The model contains three sub-models: 1) the prevention model, which calculates the cost of twelve prevention interventions, 2) The care and treatment model, which estimates the cost of five care and treatment programs and 3) The orphan support model, which calculates the cost of three interventions to support children orphaned by AIDS.

Supporting National HIV and AIDS Responses: An Implementation Approach, UNDP, April 2004

http://www.undp.org/hiv/docs/supporting-national-hivaids-responses.pdf

This document aims to complement existing tools and UNAIDS guides to the strategic planning process for national responses, and will assist in promoting HIV and AIDS mainstreaming in countries' development planning processes. Its purpose is to introduce new methodologies aimed at promoting a deeper understanding of the complexity of the epidemic, and to strengthen the process of strategic planning, so that it is made more viable and is geared to support a continuum of planning, implementation, evaluation and assessment of national responses.

Support to mainstreaming AIDS in development—UNAIDS Strategic Note and Action Framework, UNAIDS, 2004-2005

http://www.unaids.org/html/pub/una-docs/mainstreaming_strategynote_en_pdf.pdf

The UNAIDS Programme Coordinating Board instructed the UNAIDS Secretariat in 2003 to assist countries in developing their capacity to measure the impact of AIDS, as well as to incorporate AIDS into major development instruments and sectoral programmes. This instruction has been translated into a Key Result in the Secretariat's Biennial Action Framework: "HIV and AIDS is integrated and mainstreamed into relevant development frameworks." The objective of this strategy note is to promote a common understanding of the concept of mainstreaming, to summarize the lessons learned from documented current practice, including the main challenges to effectively mainstreaming AIDS (section 4); and to propose the UNAIDS Secretariat's Action Framework to strengthen support to mainstreaming processes in partner countries

Toolkit to Support the Mainstreaming of HIV and AIDS: Fundamental Disciplines(CD-ROM), UNDP, 2004

http://www.undp-saci.co.za/

This Fundamental Disciplines toolkit presents a range of concepts, methods and tools for reviewing and integrating HIV into UNDP-supported country programmes and approaches to solving problems that are likely to be encountered. The purpose of this toolkit is to provide readers with basic concepts in organizational learning and change, systems thinking, strategic thinking and planning so as to facilitate a clear understanding of the interlocking challenges of HIV and AIDS, poverty and disaster, with the view of developing policies, strategies and actions that will enable countries to meet their national development goals.

Turning Bureaucrats into Warriors: Preparing and Implementing Multi-Sector HIV-AIDS Programs In Africa - A Generic Operations Manual Jonathan C. Brown, Didem Ayvalikli and Nadeem Mohammad

http://www.worldbank.org/afr/aids/gom/manual/World%20Bank%20GOM%20Final%20June.pdf

The purpose of this Generic Operations Manual (GOM) for Multi-Country HIV-AIDS Programs in Africa (MAP) is to provide guidance and lessons learned to turn HIV-AIDS bureaucrats, wherever they may be, into "HIV-AIDS warriors," to recognize that halting the spread of the epidemic and reducing its impact requires a war-like commitment and a warrior mentality. These guidelines on preparing and implementing multi-sector HIV-AIDS programs are based on many lessons learned in Africa over the last three years and are designed as a generic operations manual (GOM) from which countries and implementing agencies can learn and adapt for their own use.

UNAIDS Joint Report – National AIDS Programme:
A guide to monitoring and evaluating HIV and AIDS care and support, UNAIDS, 2000

http://www.unaids.org/html/pub/publications/irc-pub06/jc1013-caresupport_en_pdf.pdf

This guide aims to support national AIDS programme managers in monitoring and evaluating public and private care and support programmes for HIV and AIDS. It briefly describes what care and support programmes are, what a system for monitoring and evaluating care and support should look like, and indicators for monitoring and evaluating various components of a care and treatment programme. Final sections on operations research and related reading are also included.

United Nations Learning Strategy on HIV and AIDS:
Building competence of the UN and its staff to respond to HIV and AIDS, UNAIDS, 2004

http://unworkplace.unaids.org/espanol/common/docs/un_learning_strategy.pdf and http://unworkplace.unaids.org/

UNAIDS developed a comprehensive learning strategy on HIV and AIDS for the UN system at different levels: 1) Basic HIV and AIDS competence for all staff 2) Broad knowledge for professional programme/project staff, to allow them to work within UN frameworks to mainstream HIV and AIDS into all programmes 3) Core competences of UN HIV and AIDS Theme Groups and heads of UN agencies 4) Specialist competence of Technical Working Groups and professionals who need to plan, facilitate implementation, monitor and evaluate joint UN programmes

STEP 1: DEVELOPING A SHARED GOAL AND COMMITMENT

Conversations for Generating Possibility and Opportunity

1. Conversation for Generating Shared Possibility

The outcome of this conversation is that together, we are able to see a new future as possible and desirable. That future may be beyond our current skills and knowledge, and is certainly not 'predictable', but we can see it as within our realm of possibility. It is through this we can jointly develop goals.

Appropriate Speaking:

- Declarations: A declaration literally makes something so just by saying so. It is a statement made by someone who has the authority in the matter at hand. We all grant a person the authority to speak for themselves in the matters of what they see as possible and what they are committed to.

- Affirmations: By making an affirmation you demonstrate your support for and alignment with the other person and their expression of their vision.

- Questions for Clarity: Since the speaker is the authority in saying what is possible for them, they have generated that possibility just by saying it. The only questions to be asked should be framed in terms of: "Did you mean…" or "Could you clarify…?"

Appropriate Listening:

- Listening for Possibility: As the other person is speaking, ask yourself, "What does what she is saying make possible?" "If what they are saying is possible, what would that make possible?" You are then ready to declare a possibility that expands the possibility just declared.

- Listening for Alignment: As the other person is speaking, ask yourself questions like, "Is this consistent with my stands, values and commitments? Am I aligned with this possibility? Is the speaker coming from where I come from and heading where I'd like to go?"

2. Conversation for Generating Shared Opportunity

The outcome of a Conversation for Opportunity is that we build a bridge from possibility toward action. We are seeking ways to make our new possibility achievable. In these conversations we make use of knowledge, evidence, preference and opinion in evaluating possibilities for action. In this way, they honor, but are not bound to, the past. They can transform possibilities into openings so powerful that action is irresistible. They are the point at which choice is made: Go, or no go? To which plan or direction or strategy do we commit ourselves?

Appropriate Speaking:

- Speculative Assessments: If we were to implement this idea, how might we go about it? What are the potential benefits of this approach? The possible costs? How might we deal with the possible breakdowns we will encounter? What could be our first steps?
- Declarations: The successful conclusion of a conversation for opportunity naturally calls for a declaration of commitment. "We will make this new possibility happen!" "It shall be done!"

Appropriate Listening:

- Listening for Enhancement: How can I take the idea that has just been expressed and expand upon it? What other actions could follow from the one being expressed?
- Listening for Feasibility: How could this idea be made to work, given what I know about our shared circumstances, resources, information, etc.?
- Listening for Alignment: As the other person is speaking, ask yourself, "Can I see the opportunity that is being spoken?"

STEP 2: PREPARING THE SECTOR HIV AND AIDS PROFILE

Situation and Response Analysis Tools

1. WILBER FOUR-QUADRANT FRAMEWORK: MAPPING HIV AND AIDS SITUATION AND RESPONSE

To respond effectively to the HIV and AIDS epidemic, we must develop an understanding of the complexity of the problem. It is essential that we have frameworks that allow us to ask the right questions and see how the overall response matches the situation.

The Wilber Four-Quadrant Framework[8] helps facilitate awareness of the interaction between four different domains of experience: 1) Individual attitudes that fuel the epidemic 2) Individual behaviour and actions 3) Collective values, norms and culture, and 4) Systems, structures and institutions. The Framework deepens understanding of the HIV and AIDS epidemic by demonstrating the links between individual and group attitudes or norms and consequent actions by individuals and groups.

The Four-Quadrant Framework lends itself very well to graphically mapping the current situation and response from the perspective of four distinct domains and clearly shows gaps in the type of responses we conduct. Most responses are in the area of the collective systems and structures. Very few address the other the quadrants.

This mapping approach looks specifically at direct and indirect factors that favour the acceleration of or impede the spread of HIV, and the factors that favour or impede achieving the best possible results, including for those living with HIV and AIDS or for their families and communities. For example, increasing condom use is about individuals changing their behaviours. Yet very few responses address the underlining individual attitudes and behaviours but rather on procurements, organizations and other systemic issues.

[8] Adapted from the work of noted social scientist Ken Wilber

Four-Quadrant Framework

Individual – attitudes and values	**Individual – behaviour and skills**
Collective – culture and norms	**Collective – systems and structures**

As a group mapping exercise:

1. Discuss and write down the direct and indirect factors driving the epidemic in all four domains

2. On another flip chart, discuss and write down the current responses for the four domains

3. Analyze the gaps and take note of the mismatch between the causes and responses

4. When planning and prioritising activities, make sure to cover these gaps

2. SITUATION ANALYSIS

Source: Adapted from HIV and AIDS Mainstreaming Tools: A set of tools for developing mainstreamed responses to the HIV and AIDS epidemic, HEARD, July 2005, Tool # 3.

Description and purpose of the tool

This tool guides users through a process in order to create a picture of the epidemic in a particular area. This tool can also be used (in conjunction with other tools) to develop a briefing paper that can inform the HIV and AIDS mainstreaming process, as well as be used for advocacy and resource mobilisation purposes.

Who will use the tool and when

The tool can be used by officials or work groups tasked with facilitating an HIV and AIDS mainstreaming planning process. It should be used during the preparatory steps to the actual planning process.

Instructions for using the tool

1. Collect all available and relevant documentation describing the sector/organization and the HIV and AIDS epidemic.

2. Review the information, deciding what is of most importance for planning purposes.

3. Capture this critical information under the headings below, making sure that the document is written in a manner that will be accessible to decision-makers, community and sectoral leaders.

Create a picture of the sector/organization and of the HIV and AIDS epidemic under the following headings:

Basic/contextual information about the sector/organization

• The strategic vision and the goals and targets of the sector/organization

• Area covered by the sector/organization – size and any important features

• Population – size, demographics, distribution, etc.

• Staff composition

• Social and economic base and defining factors in the macro environment

• Structures – statutory and other

• Means of coordination within the sector/organization and with other sectors and organizations

• Services (and sales and revenue generation)

• Planning processes

• Partners

• Budget

HIV and AIDS information – internal

• Who is infected or susceptible?

• Why (any important determinants)?

• What are the implications – now and in the future?

• Who is infected or susceptible?

• Why (any important determinants)?

• What are the implications – now and in the future?

Document the following variables:

• Age and gender differences in susceptibility

• A description of interactions that increase susceptibility to HIV infection

• How women and men, and girls and boys, differ in how they are affected by the epidemic

Then it may be useful to think about and record the implications in the following matrix.

Internal domain

Impact-internal	Short term	Medium term	Long term	Severe impact	Moderate impact	Low impact	Notes
Increased mortality							
Increased absenteeism							
Increased costs (benefits, training etc)							
Reduced productivity							
Quality of service delivery affected							
Loss of institutional memory							
Loss of skills							
Poor worker morale							

External domain

Impact - external	Short term	Medium term	Long term	Severe impact	Moderate impact	Low impact	Notes
Reduced economic growth							
Reduced household incomes							
Reduced ability to pay for services							
Affected income and expenditure patterns							
Increasing numbers of orphans							
Reduced projected population							
Reduced life expectancy							
Increased infant mortality							
Increased need for health care							
Increased poverty							
Increased aged population needing care							

3. RESPONSE ANALYSIS

Source: Adapted from HIV and AIDS Mainstreaming Tools: A set of tools for developing mainstreamed responses to the HIV and AIDS epidemic, HEARD, July 2005, Tool # 4.

Description and purpose of the tool:

This tool enables users to follow a step by step process to review how the sector or organization and its partners have responded to the HIV and AIDS epidemic. In conjunction with the situation analysis, this tool can be used to develop a briefing paper that can be used in a number of situations.

Who will use the tool and when:

The tool can be used by officials or work groups tasked with facilitating an HIV and AIDS mainstreaming planning process. It should be used in the preparatory phase to the actual planning process.

Instructions for using the tool

1. Collect all available and relevant documentation describing the past and current responses to the epidemic.

2. Follow the steps in the tool.

3. Carry the final list of activities forward and use as a basis for subsequent planning activities.

Follow the directions as described below:

One: Analyse each of the listed responses for their impact, effectiveness, acceptability and cost-efficiency to get an indication of which activities should be continued at their present level, which should be scaled up or rolled out and which should be discontinued.

This can also be done as a SWOT exercise, if preferred.

Two: Then select those that are in line with the national HIV and AIDS objectives and are within the mandate and competency of the sector/organization and should therefore be part of its HIV and AIDS plan.

In addition, review the following checklist that represents a comprehensive list of HIV and AIDS interventions to identify those that may be within the scope and mandate of the sector/organization:

- Organizational HIV and AIDS audit – Workplace HIV and AIDS policy
- Co-ordinator and workplace HIV and AIDS structure
- HIV and AIDS leadership and management commitment
- HIV and AIDS legal compliance
- Behavioural surveillance, the KAP survey, biological HIV surveillance
- HIV and AIDS risk and impact assessment
- Managing the human resource implications of the HIV and AIDS epidemic
- HIV and AIDS social investment
- Prevention through behaviour change communication
- Peer education, condom promotion and distribution, STI management
- Safe working environment
- Voluntary counselling and testing (VCT)
- Prevention of mother to child transmission (of HIV) (PMTCT)
- Wellness programmes
  - Nutritional advice and support – lifestyle education
  - Treatment of minor ailments – treatment of STIs
  - Reproductive health services for women – prevention of opportunistic infections
  - Treatment of opportunistic infections – highly active antiretroviral therapy (HAART)
  - Psychosocial support – family support
  - Referral networks and partnerships

Three: Discard or amend any activities that are clearly outside of the scope of the sector/organization. Then cluster the remaining activities under headings that relate to the sector's or organization's HIV and AIDS objectives. Examples of such headings may be:

1: Enabling environment

2: Prevention

3: Access to treatment, care and support services

4: Impact mitigation services

5: Integrated and coordinated programme management at all levels

Four: Examine the resulting picture and note any gaps. For example, the examination should reveal the services being used by people living with HIV and AIDS and the services they need. It should also indicate any differences in the experiences of women and men.

This list forms the basis for other processes that will add to or refine the activities to be included in the HIV and AIDS mainstreamed response.

4. IMPACT ASSESSMENT

Predicting the impacts of AIDS on the organization, and analysing the options for responding

Source: Excerpt from -Mainstreaming HIV and AIDS in Development and Humanitarian Programmes, Oxfam GB, Action Aid, and Save the Children UK, 2004: http://www.oxfam.org.uk/what_we_do/resources/downloads/mhivaids.pdf

In choosing a method for predicting the impacts of AIDS, organizations need to balance the accuracy that they want against the investment that they are able to make. A full institutional audit is a complex and time-consuming process that requires external expertise. It is most often used by large businesses, which can use computer modelling and HIV testing to undertake sophisticated predictions and analyses of the likely impacts of AIDS on their profits, as well as the cost effectiveness of various ways of responding.

For other organizations, such as NGOs, which do not measure their success in terms of profit and loss, a more basic and less costly method is likely to be more appropriate. However, there is little guidance available to them that is specific to their needs. The process described here is a basic approach to predicting the impact of HIV and AIDS which can be undertaken without the expense of hiring external experts.

The starting point is to assess the rate of HIV prevalence and cases of AIDS within the organization over a period of time; perhaps five or ten years. This is done by taking the number of employees and applying assumptions about the rate of HIV among them; the proportion of HIV-positive staff who are in the final stage of HIV infection (suffering from AIDS); and how many of the employees with AIDS leave the organization each year.

Table 3 shows an example of a fictional organization with 100 employees, which finds that three of its staff may develop AIDS each year.

The next stage is to consider the direct financial costs to the organization, such as health-care costs. One must build in assumptions about the average costs incurred for employees who do not have AIDS, and those incurred by staff with AIDS. Table 4 shows this stage for the organization featured in Table 3. The calculations suggest that its health costs will be seven per cent higher than they would have been without AIDS.

Table 3: Predicting the Prevalence of HIV and AIDS within an organizations

Predicting HIV and AIDS prevalence within the organization	Employees	Notes
A: number of employees	100	
B: assumed proportion of employees who are HIV+	20%	National prevalence is 20%
A x B = C: estimated number of HIV+ employees	20	
D: assumed proportion of HIV+ employees with AIDS	15%	National average is 15%
C x D = E: estimated number of employees developing AIDS each year	3	

Table 4: Predicting the direct cost of health care for employees wit AIDS

Predicting the direct cost of health care	Current unit	Notes
F: maximum allowable health cost per employee	1,000	
A x (30% of F) = G: likely health costs, without AIDS	30,000	Assume average employee uses 30% of allowable health costs
(A – B) x (30% of F) = H: likely health costs for employees who do not have AIDS	29,100	
E x F = I: likely health cost for employees with AIDS	3,000	Assume staff with AIDS will use 100% of allowable health costs
(H + I – G) / G x 100 = estimated percentage increase in health costs as a result of AIDS	7%	

The final stage concerns the indirect costs to the organization, such as the impacts of AIDS on staff absences from work. By making assumptions about the amount of leave taken on average by staffs that do not have AIDS, and the amount taken by staff with AIDS, one can estimate the effect that AIDS might have on overall levels of absenteeism.

Table 5 suggests that the organization will experience 10% more days of staff absence than it would have without AIDS.

Table 5: Predicting the indirect cost of absenteeism

Predicting the direct cost of absenteeism	Days	Notes
J: maximum allowable days' paid sick leave per employee per year	50	Average employee uses 50% of this
K: maximum allowable days' unpaid leave per employee per year	60	Average employee uses none of this
A x (50% of J) = L: likely absenteeism, without AIDS	2,500	
(A – E) x (50% of J) = M: likely absenteeism among employees who not have AIDS	2,425	National average is 15%
(E x J) + (E x K) = N: likely absenteeism among employees with AIDS	330	Assume staff with AIDS will take 100% of allowable sick leave and unpaid leave
(M + N – L) / L x 100 = estimated percentage increase absenteeism as a result of AIDS	10%	

The calculations above could be made more complex, to reflect more closely the situation in a real organization, in the following ways:

1. Add extra columns to predict impact over more than one year. The calculations would need to make allowance for any likely changes over time, such as the effects of inflation, or predicted changes in HIV prevalence.

2. For a large organization, it may be appropriate to introduce different assumptions about levels of HIV prevalence for different types of staff.

3. Take account of costs incurred where employees are HIV-positive and becoming sick periodically, but not yet suffering from AIDS.

4. Include employees' dependents in the figures, if they are covered by the organization's benefit schemes.

5. Include other direct costs, such as terminal benefits which are paid when an employee dies or retires due to ill health.

6. Include other indirect costs, such as those for recruiting and training staff to replace those who leave due to AIDS, or absenteeism due to staff members taking time off to care for dependents with AIDS.

Because the calculations are based on many assumptions, those assumptions have a big effect on the predictions. Once the calculations are set up as a spreadsheet, different assumptions can be put in, to generate different scenarios, such as worst-case and best-case predictions. The spreadsheet can also be used to explore the effects of changing variables: for example, the number of dependents per employee who are entitled to receive benefits from the organization. Parallel spreadsheets can also be used to explore the costs and benefits of options such as providing antiretroviral treatment for employees and/or their dependents.

The process of doing such calculations might be the responsibility of one or a few members of staff, but it is important that a wider range of staff be consulted. Information may need to be obtained from outside the organization: for example, data about local HIV prevalence rates, and the length of time that an employee with AIDS may continue to serve the organization, according to the various treatment options.

The quantitative findings of such an impact assessment might also be combined with research into current impacts of AIDS on staff, to consider future impact factors such as quality of work, loss of experience and staff morale. The findings of both forms of research – the impacts already experienced, and the impacts that are predicted – can then inform and be used to support the case for other aspects of internal mainstreaming of HIV and AIDS. In particular, this would include the formulation or revision of a workplace policy.
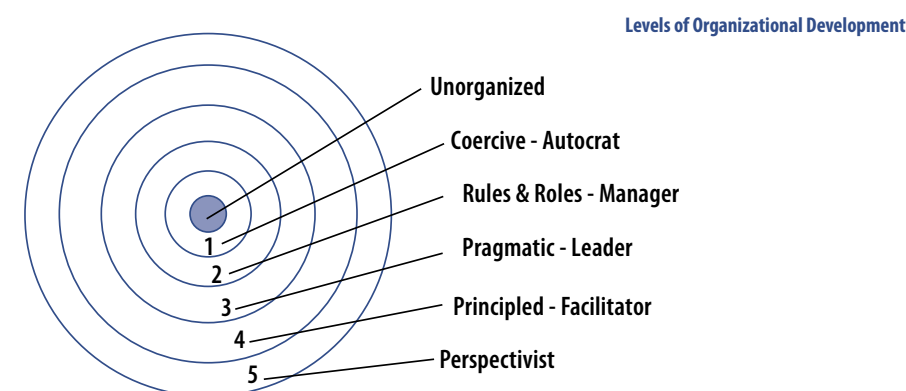
5. INSTITUTIONAL ASSESSMENT TOOL

Likert's Levels of Organizational Development

This model of organizational development is based on the Rensis Likert Scale and was further developed and refined by Dennis Emberling. It explains how organizations, as entities, tend to be governed by certain ground rules and assumptions. It describes how organizations and institutions evolve through different stages, and how they – through strategic and conscious effort – can change their focus, goals and operating structures to become more self-aware, principled and effective.

Understanding the 'personality' or 'style' of an organization or institution helps us better understand the roles we play as members of that community. It provides us

with the opportunity to contribute to the transformation of that organization into one that is more able to achieve the goals it sets for itself.

Using this model helps one become aware of leadership styles and approaches, and it works as a framework for taking the next step towards a more developed stage. This model is used to explore and actively address the constant interaction between individual and institutional attitudes, goals and practices in the achievement of sustainable results in HIV and AIDS.

Levels of Organizational Development

Unorganized
Coercive - Autocrat
Rules & Roles - Manager
Pragmatic - Leader
Principled - Facilitator
Perspectivist

1. COERCIVE (also called Authoritarian Exploitative). The most basic form of organization is exploitative and despotic. The attitude of the leader (as dictator) is that employees are animals and machines to be used up; more can be found to replace them.

2. RULES & ROLES (also known as Benevolent Authoritarian). This is brute bureaucracy at its lowest form. Bosses are managers, not leaders; they tend to micromanage, creating the typical bureaucratic environment and rules, which include staying safe (risk aversion), obey rules no matter what (no initiative or creativity), and don't make mistakes. Positive aspects can be continuity and reliability.

3. PRAGMATIC. This level is focused narrowly on results as opposed to narrowly focusing on process, as above. The desired result is the objective, sometimes ruthlessly and expediently achieved. The end is considered to justify the means. There are often unintended consequences. The boss appears to be a charismatic and heroic leader, to guide by example, and consult extensively with this or her teams.

4. PRINCIPLED. The leader's position reverses – the leader is now not at the forefront, but at the back, acting as a facilitator. The means are as important as the ends – how you achieve results is as important as getting the results. There is attention to sustainability and development. Organization and leadership is values-based. The leader's job is to empower others and facilitate their development.

5. PERSPECTIVIST. This involves the ability to see through multiple lenses and apply different solutions to different problems without attachment to one approach or perspective. Principles are important but not adhered to blindly. In this stage, the intellectual and philosophical perspective can shift to respond to the needs of the situation. Leadership totally decentralizes and only appears when needed.

STEP 3: FORMULATING AN ACTIVITY PLAN FOR MAINSTREAMING

1. HIV AND AIDS MAINSTREAMING ACTION PLANNING TEMPLATE

NAME OF SECTOR/ORGANIZATION: _____

INTERNAL OR EXTERNAL: _____

Priority Strategy:				
Objectives Related to Strategy	**Activities**	**Time Frame**	**Responsible Person/Agency**	**Cost**
Objective 1	Activity 1 Activity 2 Etc.			
Objective 2	Activity 1 Etc.			

2. CONVERSATION FOR GENERATING ACTION

The outcome of a Conversation for Action is that we become clear who has committed to do what by when. This is particularly important during plan formulation and implementation. We can lead by focusing on results. Whereas assessments (judgments, opinions, points of view) have their place, in a conversation for action they make no difference. In fact, once we have reached the point of committing to one another, assessments impede action. Conversations for Action are spoken in the form of:

Promises for specific actions in specific time frames:

"I promise you that I will (make/produce/deliver, etc.) (some specific outcomes) by (some specific time)."

Requests for specific actions by specific individuals in specific time frames:

"I request that you (make/produce/deliver, etc.) (some specific outcome) by (some specific time)." Committed responses to a request include:

• Accept, or Decline

• A Counter-Offer can be made, which leads to negotiation, which leads ultimately to Accept or Decline

• A promise to respond later can be made, which leads to a future conversation, resulting in Accept or Decline

A Request cannot be considered complete until the request has been accepted or declined.

Example of an HIV and AIDS MAINSTREAMING Plan

Objectives	Activities	Time Frame	Lead Actors	Costs	Partners	Outcomes	Indicators
To provide adequate information on HIV and AIDS to staff by the end of the current year	Monthly staff discussions on HIV and AIDS-related topics	Monthly	HIV and AIDS focal point		People living with HIV and AIDS	Staff more aware of HIV and AIDS & sector response	❏ of staff attending HIV and AIDS events
To use BCC programme	BCC activities, including peer education and personal risk assessment	Twice a month	HIV and AIDS focal point with peer educators			Staff changing attitudes and sexual behaviour	❏ of staff aware of HIV and AIDS and sector response
	HIV and AIDS/STI materials development & distribution	Every two months	HIV and AIDS focal point				❏ of leaflets distributed Proportion of staff adopting safer behaviour
To overcome gender barriers in employment and career advancement related to HIV	Conduct organizational audit to assess gender representation & gender barriers	Within 6 months	Human resource department			Understanding of gender barriers that restrict women's employment and advancement in the sector Commitment to address gender barriers	
	Development of employment equity policy	Within 8 months	Human resource department			Employment equity policy + programme Support for employment equity across organization	Employment equity policy ❏ of staff aware of policy + implications

Example of an HIV and AIDS MAINSTREAMING Plan

	Objectives	Activities	Time Frame	Lead Actors	Costs	Partners	Outcomes	Indicators
EXTERNAL	To reduce AIDS-related stigma & discrimination among stakeholders	Media campaign on AIDS-related stigma & discrimination among clients	Month 4 to month 10	Media liaison department, with support from HIV and AIDS focal point		All stakeholders working in the identified regions/ communities, including people living with HIV and AIDS	Significant reduction in AIDS-related stigma & discrimination	# of clients changing attitudes & behaviour towards people living with HIV and AIDS
	To ensure financial sustainability and equitable access to services for affected households and target population	Cost assessment of loss of revenue due to HIV and AIDS	Within 3 months	Finance department			Sector is better prepared for financial and service delivery implications of HIV and AIDS Understanding of how HIV and AIDS threatens financial basis	Report on loss of revenue due to HIV and AIDS
		Feasibility study into cross-subsidisation measures	Within 5 months	Finance department			Institutional commitment to continued service delivery to affected households	Report on cross-subsidisation measures

STEP 4: COSTING MAINSTREAMING ACTIVITIES

Costing and Budgeting: Methodology and Layout of the Framework
Source: UNAIDS Planning, Costing and Budgeting Framework – November 2003

A. METHODOLOGY

The Planning, Costing and Budgeting Framework is presented in a logical, step by step format.

• Firstly, the approach of moving from each goal down through the planning levels to the activities and inputs level accentuates the need to quantify each level and link each level to the preceding level.

• Secondly, it encourages the identification and quantification of the critical inputs needed for each activity and putting a cost to each of these inputs, thereby arriving at an informed cost of any activity, strategy or objective.

• Thirdly, the summation of these costs will provide a reasonable budget estimate for the HIV and AIDS programme.

B. LAYOUT

The planning, costing and budgeting framework is provided on an electronic spreadsheet model. It is divided into eleven (11) blocks covering the following:

1. Objectives, Strategies and Activities: This occupies the first column of the worksheet. This column outlines the programme Objectives that contribute towards achieving the set Goal(s), followed by Strategies that contribute towards each objective, followed by Activities that ensure the realization of each stated strategy. It should be noted that it is possible to have several strategies to achieve an objective, and several activities to achieve a strategy.

2. Target Description: This occupies the second column in the worksheet. The Target Description describes what is required to achieve each objective, strategy or activity (the output).

3. Target Indicators: This block gives an indicative (targeted) unit number of 'VCT Clients', or 'New (VCT) sites' or 'Number (of counsellors) trained'. Occasionally, the target indicator could be in percentages. Each year for the planned period (e.g., 3, 4 or 5 years) is assigned its own column. This layout allows for easier identification of the various elements in a scaled up response. For a five (5) year plan therefore, this block will occupy five columns.

4. Input Measure: This occupies the next column after the Target Indicators block and describes the measure of the relevant input. For example, training would normally be measured in 'days or weeks or months', consultancy in 'person days', posters in 'numbers', furniture & equipment in 'numbers' or 'lots (i.e. sets)', etc.

5. Units of Inputs: This covers the Input per Target Unit and the Number of Inputs for each year of the plan period. The first part will have the number of inputs per target unit. For example, if it requires 5 days to train each professional counsellor, this column will have the number 5. The next columns, equivalent to the number of years for the plan period (e.g., 5 years), will each have the total number of units required to train, say, the target number of professional counsellors for that year. These figures are obtained by multiplying the number in the Input per Target Unit Column (e.g., 5) by the target number of trainees for that year. Once again, each year is shown differently in order to show how a particular intervention is being scaled up, if at all.

For activities that require inputs for the entire period under consideration (e.g., 5 years), such inputs will need to be shown for each of the five years. For once only types of activities, or those less than 5 years, their inputs will only be reflected in the year(s) in which they are relevant.

It must be noted that Yr. 1 would, to some people, imply the current year and, to others, the first year of projection. In order to eliminate this confusion, it may be necessary to introduce a column for Yr. 0 which would hold figures for the current (base) year, with Yr. 1 – 5 being only projected input figures.

6. Cost Type: This comes next to the Units of Inputs block and describes the expenditure category of each input. Inputs can be grouped into capital (vehicles, equipment, buildings, non-recurrent training, etc.) and recurrent (personnel, supplies, vehicle operation, building operation, training, etc.).

It is advisable that the grouping of inputs should match with that used in the government accounting system or with the Global Fund classification. Using the latter, for example, the following expenditure categorization key is adopted:

A. Human Resources: Consultants, recruitment, salaries of front-line workers, etc.

B. Infrastructure/Equipment: Building infrastructure, cars, microscopes, etc.

C. Training/Planning: Training, workshops, outreach, meetings, etc.

D. Commodities/Products: Bed nets, condoms, syringes, educational materials, etc.

E. Drugs: ARVs, drugs for opportunistic infections, TB drugs, anti-malaria drugs, etc.

F. Monitoring and Evaluation: Data collection, analysis, reporting, etc.

G. Administrative Costs: Overhead, programme management, audit costs, etc.

H. Other (Specify)

This column will therefore only indicate 'A', or 'B' or 'G', as the case may be.

7. Unit Cost (Yr. 1): This covers the next column of the worksheet and describes the unit cost of each input in the current or first year of programme implementation.

8. Cost in (currency): Has a column for each year of the plan period (e.g., 5 years) that contains the cost of each input.

9. Source of Funding: Lists the major sources of funding for each activity/strategy. Each source of funding (e.g., government, donor, etc.) should be assigned a separate column for easy identification.

10. Financing Gap: This column provides for the shortfall (gaps) that may exist between the estimated cost for each activity/ strategy/objective and the available resources. This column is very critical in that it reflects financing gaps that may exist. It is this column that countries will use when seeking additional funding from other donors, including the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

11. Responsible Agency: This has been added to provide managers with an indication of which agency/organization is responsible for which activity or programme. This column can also be useful when allocating disbursed funds for HIV and AIDS programmes, as well as in the monitoring of programme implementation.

A sample complete Framework worksheet would, therefore, look as shown on the next page:

Proto-type Complete Framework Worksheet

Objectives/ Strategies/ Activities	Target Description	Target Indicators (1 2 3 4 5 YEARS)	Input Measure	Units of Inputs (1 2 3 4 5 YEARS)	Cost Type	Unit Cost Yr. 1	Cost (in Currency) (1 2 3 4 5 YEARS)	Financed By (G D O)	Financing Gap	Responsible Agency
Objective 1										
Strategy 1.1										
Activity 1.1.1										
Activity 1.1.2										
Strategy 1.2										
Activity 1.2.1										
Activity 1.2.2										
Objective 2										
Strategy 2.1										
Activity 2.1.1										
Activity 2.1.2										
Strategy 2.2										
Activity 2.2.1										
Activity 2.2.2										
Etc, etc, etc.c										

STEP 5: IMPLEMENTING PLANNED ACTIVITIES AND DOCUMENTATION

1. IMPLEMENTATION FRAMEWORK

Sector / Organization / Department:

Internal / External   Intervention area:

Objective:

Objective indicator:

Strategy	Activities	Responsible person Lead unit	Other Partners	Time frame	Output	Budget		Technical Assistance
						Funding	Source	
Strategy 1	Activity 1							
	Activity 2							
Strategy 2	Activity 1							
	Activity 2							
	Activity 3							
Etc.								

2. ACTIVITY AND FINANCIAL MONITORING TEMPLATE

(Adapted from the Ghana District Response Initiative guide)

SECTION 1: Data			
1.1 Sector/organization's Name	**1.2 Report No.:**		
1.3 Budget	**1.4 Report Period:(1st quarter, 2nd quarter etc.)**		
SECTION 2: Activity Progress (include specific outputs)			
2.1 Summarise achievements and specific outputs for the period:			
2.2 Detail major problems identified and actions planned or taken to overcome them:			
Prepared by:	**Signature:**	**Date:**	
SECTION 3: Financial Report			
3.1 Cash Position	**Funds Received**	**Funds Spent**	**Balance Available**
3.2 Specify disbursement as per budget			
Activities	**Amount Budgeted**	**Expenditure**	**Balance**
Activity 1			
Activity 2			
Activity 3			
Activity 4			
Etc.			
TOTAL			
3.4 Summarise current financial status, identify problems and corrective actions.			
Prepared by:	*Signature:*	*Date:*	

STEP 6: TAKING STOCK

Tool for a Monitoring an HIV and AIDS Plan

Source: Adapted from HIV and AIDS Mainstreaming Tools: A set of tools for developing mainstreamed responses to the HIV and AIDS epidemic, HEARD, July 2005, Tool # 12

Description and purpose of the tool:

This tool provides guidelines on how to develop indicators and a monitoring plan, and some tips on reporting on an HIV and AIDS plan. Without an effective monitoring plan it is impossible to manage implementation, to measure progress in a systematic way, or to report on a HIV and AIDS mainstreamed response. This is therefore a critical (though often neglected) part of a mainstreaming process.

Who will use the tool and when:

The tool will be used by the planning team, and should be used from as early in the process as possible.

Instructions for using the tool

1. Reconstitute the planning team, if necessary, to ensure a widely representative group of officials with information management expertise.

2. Examine available and necessary data sources to identify those that can be used – with or without amendments – to manage and monitor the HIV and AIDS response.

3. Then identify any information that the sector/organization is NOT currently collecting that is critical for effective management and monitoring of the HIV and AIDS response and the actions to be taken to collect the information required to manage and monitor the HIV and AIDS response.

4. Develop indicators that can be used for monitoring.

5. And finally, formalise the HIV and AIDS reporting requirements.

Follow the directions described below:

1. Data sources for monitoring

Monitoring requires the collection and interpretation of information over time. The starting point is to decide what information to collect, how often to collect it and what the information can tell you (and what it can't).

List the data available to the sector/organization and then mark those sources of data that can be used to track progress in implementing the HIV and AIDS plan. The data sources could include:

BASIC DEMOGRAPHIC INFORMATION

• Total population

• Population by age and sex

• Deaths

• Births

• Births to teenage mothers

• Infant mortality rate

• Under 5 mortality rate

SECTORAL INFORMATION

• # &/or % employed - # &/or % unemployed

• Absenteeism days

• # of deaths in employees – # of AIDS related deaths

• # of workplaces with HIV and AIDS workplace programmes

• Children in primary school by age and sex

• Children out of school by age and sex

• Children dropping out of schools by age and sex

• Children in secondary school by age and sex

• # of STI clients

• # of patients admitted to medical wards

• Average length of stay in medical wards

• # of TB patients

• # of orphans – estimated

• # of orphans registered by age and sex

• # of children receiving grants

• # of children in foster care

CIVIL SOCIETY INFORMATION – # OR COVERAGE (AREA AND SERVICES) OF:

• Development NGOs with HIV and AIDS-related functions

• CBOs with HIV and AIDS-related functions

• HIV and AIDS Service Organizations (ASOs)

HIV AND AIDS INFORMATION

• HIV prevalence

• # of VCT centres

Examples of data that may be selected to track progress towards key indicators are:

• HIV prevention – base-line and periodic surveys, to measure changes in knowledge, attitudes and practices;

• Treatment and care for infected persons – records of health services, such as TB cases, to measure epidemiological (disease) trends

• Social support for affected persons and households – # of children identified (registered) who are vulnerable or who have been orphaned, to link them to appropriate support

• Mitigating the socio-economic impact of the epidemic – household income levels, to target poverty relief optimally

• Partnerships and multisectoral responses – HIV and AIDS activities within partners' plans and budgets

Now identify any gaps in data that are critical to effective management and monitoring of the HIV and AIDS response and detail the means to access this data.

2. Indicator development

Indicators are the cornerstone of M&E. An indicator is a measure of the progress made towards an objective. It can be quantitative or qualitative. It can be a process, outcome or impact indicator. It can also be a project target.

Indicators should be:

• Simple, clear and understandable as a measure of project effectiveness;

• Reliable – conclusions based on any indicator should be the same, regardless of who, when and under what circumstances the assessment is conducted;

• Replicable, allowing for comparative analysis and potential replication of the project; and

• Available – using data that is available.

Select indicators carefully, since they can be difficult to change later, and make sure that there are ways to obtain the necessary information for each indicator with a reasonable level of effort and cost.

3. Drawing up a monitoring plan

The plan should state each indicator, the data to be used to measure progress or success, the time frames for monitoring each indicator and a remedial action section that will allow for changes to be made if problems are identified.

4. Reporting requirements

• Identify all the sector's/organization's reporting requirements

• Mark each of those that do (or should) include an element of HIV and AIDS reporting

• Decide what is appropriate to report on in each identified instance and capture this information in a template such as the example on the following page

REPORT TO: _____

HIV and AIDS objective	Indicator	Data source	Means of verification	Deviation and remedial action

• Finally, develop a reporting time line that includes deadlines for:

- Data collection

- Data analysis

- Report preparation

- Report submission

Other Useful Planning and Implementation Tools

Tool	Uses	Key Features: Strengths & Weaknesses
Nominal Group Technique (NGT)	❏ Used to identify elements of a problem especially political, social and cultural. Used to identify and rank goals and priorities. A tool for involving personnel at all levels in decision making to promote acceptability of the final decision	❏ Dominance of high status and aggressive members is reduced; each has equal opportunity to participate ❏ Members have opportunity to work independently ❏ Silent generation of ideas minimises interruptions in thought process ❏ Written nature increases group's ability to deal with large number of ideas ❏ May limit cross fertilisation of ideas, reduce flexibility in discussions and be expensive
PEST Analysis	❏ Facilitates the analysis of the external environment in terms of political, economic, social and technological dimensions of a given situation	❏ Gives a general assessment of the political, economic, social and technological issues that are likely to affect or improve the operational success of an institution/sector ❏ Easily adapted for programmes to include analysis of the legal, environmental, and institutional dimensions
SWOT Analysis	❏ Used to analyse internal strengths, weaknesses, of organizations, sector, programmes, etc. and external opportunities and threats	❏ Provides a snapshot of internal strengths and opportunities ❏ Used to identify the comparative advantages the organisation, sector, project has over others ❏ Not very effective if used alone
Brainstorming Technique	❏ Used to generate alternative solutions to a problem, identify experts who will aid in different problem-solution phases	❏ Original and innovative ideas are generated ❏ Promotes cross-fertilisation of ideas ❏ May be unproductive if members are meeting each other for the first time ❏ Superior-subordinate relationships outside the session could affect the free exchange of ideas in the session
Problem Tree Analysis	❏ Used to analyse the root causes and effects of a given problem. It also enables us to analyse the interrelationships between one problem and the other	❏ Facilitates visualisation of problems and their effects and builds consensus among stakeholders ❏ Facilities the targeting of interventions ❏ Demands identification of core problems ❏ Process can be time-consuming
Mind Mapping	❏ To investigate the aspects of any situation in a very creative manner	❏ Easy to visualise ❏ Used to generate and tease out the underlying causes of a problem ❏ Cannot be used to generate solutions to problems

Other Useful Planning and Implementation Tools

Tool	Uses	Key Features: Strengths & Weaknesses
Boston Matrix Analysis	❏ Used to establish effectiveness of ongoing activities	❏ Useful for ongoing activities, suitable for response analysis ❏ Could be used to establish the comparative advantages of institutions and implementing agencies
Cost Benefit Analysis	Provides a comprehensive analysis of costs and benefits including secondary, indirect, intangible, societal benefits and costs of a proposed project/programme	Helps to make good decisions on best allocation of scarce development resources ❏ Socially desirable objectives are treated as part of the evaluation criteria ❏ Helps in comparing alternatives ❏ Many social costs and benefits cannot be quantified
Logical Framework	❏ Facilitates decision making in identifying project purposes and goals and in planning for project inputs and outputs	❏ Allows users and members of the team to have a 1 page summary of project goals, purpose, outputs, inputs and key assumptions ❏ Difficult and time-consuming to construct
Objective Tree Analysis	This technique helps to define project objectives, their interrelationships and provides a way to order them hierarchically to accomplish higher level objectives	❏ Facilitates the analysis and visualisation of the interrelationships between objectives ❏ Processes for deriving the objective tree can be very involving and time-consuming
Prioritisation Matrix	❏ Used to prioritise tasks, products and services based on weighted criteria Also used to narrow down many identified, generated options, based on time, funds, manpower, etc.	❏ Allows for the most critical activities to be undertaken first in the phase of limited resources (funds, manpower, time, etc.) ❏ Tool for deciding which action to take first, where a number of different possibilities exist
Scenarios	❏ Used to provide a framework for normative forecasts of desired future conditions	❏ Different end results can be compared ❏ Facilitates decision making
Critical Path Method	❏ Helps in planning and managing the execution of activities in a project where the activities must be performed in a specific sequence. It also identifies critical activities which require special attention	❏ Identifies critical activities that must be completed in time ❏ Significant reduction in project duration by avoiding unnecessary delays ❏ It is difficult to analyse a CPM network if more activities are involved ❏ Does not consider additional information a project manager may require e.g., skills base of workers
Force Field Analysis	❏ Normally used to identify the forces that work for and against the achievement of a specific objective	❏ A good tool to identify opportunities and obstacles likely to affect a planned activity

Other Useful Planning and Implementation Tools

Tool	Uses	Key Features: Strengths & Weaknesses
Gantt Chart	❏ Used to plan or schedule activities, determine the minimum project duration, given that some resources may be limited, and used to mark milestones in the project sequence. ❏ Facilitates management of programme activities & resources	❏ Simplicity; allows the timing of each task to be clearly indicated ❏ Sequence of critical activities is revealed and milestones can be identified and marked ❏ Does not emphasise the logical sequence of activities as in CPM ❏ Where more than one resource is limited, this does not ensure optimum resource allocation
Work Breakdown Structure	❏ Used to break down complex projects into key activities and tasks	❏ Promotes understanding of the different activities and sub activities to be undertaken within a project ❏ Useful for identifying critical tasks necessary to support implementation of activities
Community Conversation	Used to engage and animate communities to respond to key problems affecting them	❏ Used as a community communication mechanisms and for identifying 'burning issues' ❏ Useful in generating community responses and actions
Public Sector Reform Assessments	Used to gather and analyse public sector information on HIV and AIDS ❏ Adapted from UNAIDS/WHO and used in DRI to assess policy, strategies, institutional and organizational	❏ Can be used as a checklist for national policy analysis ❏ Usually a good tool to identify what institutions are doing regarding HIV and AIDS, key government policies, development plans, levels of implementation, etc. ❏ Used to assess public sector response to HIV and AIDS
Institutional Support For HIV and AIDS Assessment Guide	Used for gathering and analysing public/private sector/NGO/CBO on HIV and AIDS activities. Uganda & Burkina Faso are good examples.	❏ Useful for understanding the scope of the sectors' involvement in HIV and AIDS activities (e.g., type of project, target population, coverage of activities, and available expertise) ❏ Can be used to compile a database of local institutional support for HIV and AIDS activities ❏ Can be used as a process indicator of changing capacity levels of institutions
Key Informant Interview Guide for Integrating HIV and AIDS & Other Health Programmes	❏ Used to gather specific information. Used to solicit sector information on HIV and AIDS	❏ Human Resource intensive ❏ Provides detailed and targeted information, adapted from TB/HIV WHO Manual 1996 ❏ DRI Study

Other Useful Planning and Implementation Tools

Tool	Uses	Key Features: Strengths & Weaknesses
Financial & Activity Reporting Format	❏ Used to gather information about progress of ongoing activities	❏ Gives a summary of what activities have been undertaken and at what cost ❏ Summarises the key challenges and achievements ❏ Gives the balance of funds ❏ Provides opportunity for documentation and information dissemination
Community Assessment Form	❏ Used to understand the HIV and AIDS knowledge, attitudes and practices of a community	❏ Facilitates the understanding of KAP, community responses & strategies that can be employed to check HIV and AIDS and what resources are available locally to address the problem
Participatory Rapid Appraisal (PRA)	❏ Used to solicit community level community based information; a useful tool for project planning and implementation at the community level	❏ Promotes participation and builds confidence in the local people ❏ Promotes the use of local resources in project implementation ❏ Time-consuming ❏ Effort does not always produce desired results while relying on external agents
Venn Diagram	❏ Used to indicate interrelationships between social/government/non-governmental/private/religious institutions and the community	❏ Used to probe community conflicts, enabling, constraining factors, level of involvement and participation of communities and institutions in HIV and AIDS activities, etc.
Social Mapping	❏ Used to map existing social institutions and significant features in a community	❏ Enables community members to know the range and number of social institutions in the community and the activities carried out by these institutions ❏ Facilitates analysis of sources of funds, target beneficiaries and the effectiveness of the institutions
		❏ This tool is used to gather views on what developments community members would like to see in the future and how these could be financed and sustained ❏ It is a tool for probing constraining and enabling factors affecting/likely to affect development projects in the community
Community Response Analysis Guide	❏ Used to gather information on community responses to HIV and AIDS either on an individual or group basis	❏ Used as interview guide ❏ Can be self-administered
Community Focus Group Discussion Guide	❏ Used to assess community knowledge, attitudes and practices	❏ Facilitates community, leadership, resource mobilisation and management assessments

Annex 4: Suggested Websites

Agency	Website
UNAIDS	http://www.unaids.org/en/resources/publications.asp
UNDP	http://www.undp.org/hiv/
UNICEF	http://www.unicef.org/aids/index.php
UNFPA	http://www.unfpa.org/hiv/index.htm
WHO	http://www.who.int/topics/hiv_infections/en/
ILO	http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm and http://www.ilo.org/public/english/protection/trav/aids/
UNESCO	http://portal.unesco.org/en/ev.php-URL_ID=1134&URL_DO=DO_TOPIC&URL_SECTION=201.html
UNHCR	http://www.unhcr.ch/cgi-bin/texis/vtx/directory#H
WFP	http://www.wfp.org/policies/Introduction/other/index.asp?section=6&sub_section=1
World Bank	http://www.worldbank.org/urban/hivaids/
UNODC	http://www.unodc.org/unodc/drug_demand_hiv_aids.html
FAO	http://www.fao.org/hivaids/publications/index_en.htm
UNIFEM	http://www.genderandaids.org/index.php
DFID	http://www.dfid.gov.uk/
GTZ	http://www.gtz.de/en/themen/soziale-entwicklung/hiv-aids/894.htm
Futures Group International	http://www.futuresgroup.com/
HEARD	http://www.ukzn.ac.za/heard/TRAINING/trainingIndex.htm
SEAHIV	http://www.hiv-development.org
ELDIS	http://www.eldis.org/hivaids/
FHI	www.fhi.org