

DRAFT DOCUMENT

MAINSTREAMING HIV/AIDS IN SECTORS & PROGRAMS



Joint United Nations Programme on HIV/AIDS

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An Implementation

Guide for Action

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Forward

At a time that HIV and AIDS is showing the stark reality of large numbers of people suffering premature death and entire economies being adversely affected, concerted action needs to be leveraged. International experience shows that HIV and AIDS is first understood as a health sector issue, often resulting in an underestimation of the impact of the epidemic on development. AIDS is a critical development problem because of the number of people and sectors it affects. Thus one of the major challenges of development is the impact of HIV and AIDS on the ability of countries to achieve the MDGs.

Recognizing this challenge, the 2001 UNGASS requires countries to integrate AIDS responses into their development frameworks at national sectoral and local levels. For key stakeholders to make their specific contribution to the national AIDS and development response, they need to engage in a process of mainstreaming HIV and AIDS. Many have been the past challenges of undertaking mainstreaming for HIV and AIDS, but international experience has been distilled and greater consensus on what to do has been gained.

This guide is in part a result of this growing international experience and consensus. It has been developed in response to the multiple requests from practitioners of HIV and AIDS programs, National AIDS Authorities, public and private sectors on the how to mainstreaming HIV and AIDS.

What is new about this Guide? For a start the emphasis is on enabling immediate and practical action for individual and institutions with little familiarity with HIV and AIDS work. The guide is presented in two parts: Part I provides an overview and presents the essentials of mainstreaming while Part II offers a simple stepwise approach to mainstreaming AIDS related strategies and activities.

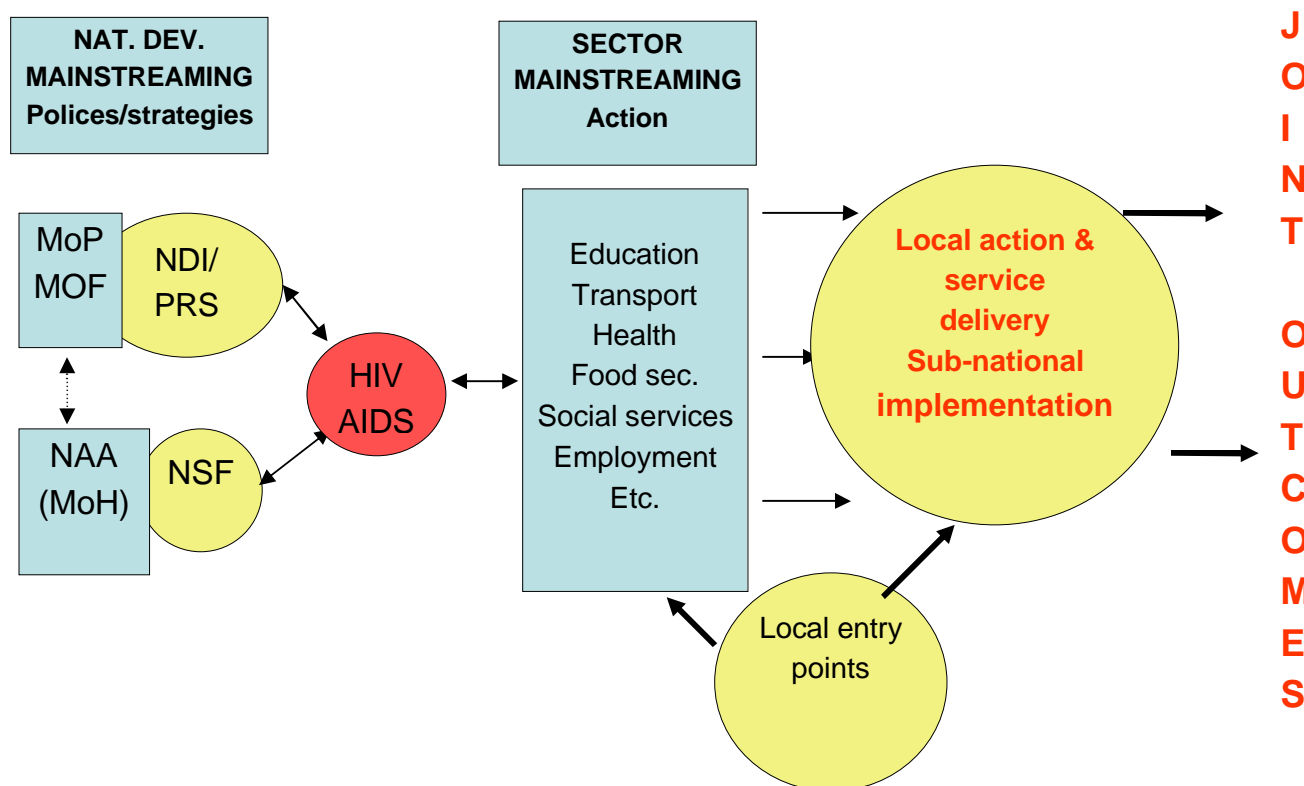
The sector and program focus gives a broader and more general scope, making the guide useful for line ministries, development programmes, decentralized institutions and local government. Importantly, the guide offers a link to the upstream and downstream dimensions of mainstreaming multisectoral responses, where sector and program mainstreaming can effectively contribute to the formulation of national AIDS frameworks as well as national development strategies. At the same time the approach establishes mainstreaming as sector and program implementation, translating the one agreed action framework into coordinated activities and measurable results under the auspices of the NAA, contributing in no small way to alignment and harmonization in the context of the Three Ones principles.

PART I: Essentials of Sector and Programs Mainstreaming

1 – Introduction

As the HIV and AIDS epidemic unfolds it poses ever-increasing complex development issues 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 HIV epidemic. By ensuring the integration of planning, resource and programming issue, mainstreaming enables a multisectoral and multi-stakeholder response to the epidemic.

The essence of mainstreaming multisectoral HIV and AIDS action into sectors and programs is represented in figure 1 below. The diagram expresses the wider mainstreaming relations and interactions between national actors, planning authorities and processes. The KEY is to undertake mainstreaming at the sectoral level with the aim of promoting a multisectoral response. Mainstreaming is implementation action when individual sectors and institutions commit to specific activities as part of the national, multisectoral response.



The national response is clearly part and parcel of the country national development strategies. Consequently, all key stakeholders must engage in close interaction to define priorities for implementation and achieve joint outcomes.

The approach used in this guide seeks to inspire, initiate much-needed action, and embed a programmatic approach to mainstreaming HIV and AIDS in sectors so that HIV and AIDS work

becomes as routine as the annual budget cycles of most institutions. The authors recognize that mainstreaming HIV and AIDS involves a collective and iterative process of learning, engagement, experimentation and reflection, in which the involvement of people living with HIV and AIDS and those affected by HIV and AIDS is critical. Given that, this document offers an iterative approach which will be expanded upon and deepened as the mainstreaming experience continues to grow.

1.1 Purpose of the guide

The primary purpose of this guide is to

- Assist with implementing national HIV and AIDS priorities within the wider national development context, including targets set for achieving the MDGs, UNGASS, and other internationally agreed upon development goals.
- Contribute toward ensuring that multisectoral action implementation for the National Action Framework is implemented and scaled up in a sustainable manner.

Note: The National Action Framework may also be referred to as the National Strategic Framework for HIV and AIDS or go by other names and acronyms in some countries. For the purposes of this guide, it will be referred to generically as the National Action Framework or NAF.

Since multisectoral action for HIV and AIDS responses has been recognised as central to reversing the epidemic, a significant body of literature, documents and tools have been developed around mainstreaming. However, key questions remain unanswered. Most of these questions relate to the actual process of mainstreaming HIV and AIDS in a defined sector or program, as well as costing interventions in sectors. This “how to” document complements existing tools and materials and is for key sectors and institutions ready to take concerted action on a scale commensurate with their mandates and capacities.

The object of this guide is to:

- a) Provide sector planners, focal points, teams or HIV and AIDS units and policy makers, etc..., with a progressive implementation guide on program and sector mainstreaming of HIV and AIDS through a step by step process
- b) Strengthen knowledge and concept of mainstreaming
- c) Be used as a capacity development resource for sector and programme mainstreaming

This guide can also assist where immediate action by sectors and programmes is required when new issues arise which are not adequately addressed in the NAF or have not been provided for. For instance, the provision of appropriate support and treatment for staff may be an issue that may not have been considered in many situations, either because HIV infection among staff was not recognised as an issue, or because the provision of treatment to infected staff was considered unaffordable.

The ideas and tools in this guide can serve as a starting point for more participatory techniques and to identify specific actions and processes that will ensure the embedding of HIV and AIDS concerns in the routine functions of sectors and programmes. While focused on mainstreaming HIV AND AIDS, the thought processes, methods and approaches reflected in this guide can easily be adapted for mainstreaming other cross-cutting concerns, particularly gender and poverty.

The guide is primarily directed at those in sector ministries, but will also be useful for those working in the private sector (especially organized businesses) and the private not-for-profit sector. It is useful for policy makers, planners and HIV and AIDS focal points.

The primary use of this guide is in countries where the NAF has been developed and where sector responsibilities for implementation may have been largely defined.¹ But this mainstreaming guide also can be used broadly, including situations where:

- Y Resources are allocated, but implementation strategies are not clearly defined
- Y Strategies are outlined, but responsibilities and accountabilities are not clearly defined
- Y Strategies and accountabilities are defined, but resources have not been allocated
- Y Sectors and local government programmes need to find their own entry points to initiate HIV AND AIDS action as a contribution to the planning and implementation of the national response

Caveat: The guide is not meant to address specific programmatic aspects of HIV and AIDS interventions, such as how to roll out ART, impact mitigation projects, or detail BCC programmes. Instead, it locates mainstreaming within a broader multisectoral development context that outlines what individual sectors (including the health sector), institutions and programmes can do towards achieving overall HIV and AIDS and development priorities.

1.2 Why mainstreaming as action

Mainstreaming as action is an essential approach for expanding, scaling up and implementing multisectoral responses to HIV and AIDS. Key sectors (health and non-health alike) often take action on HIV and AIDS based on one National Action Framework (NAF). This is most obviously important in countries affected by a severe HIV and AIDS epidemic, but it is also paramount in countries that have relatively low, yet growing, HIV prevalence rates. Even for those countries that have a persistently low HIV prevalence rate, mainstreaming is crucial for addressing the vulnerable groups like migrants, commercial sex workers, injectable drug users etc.... it may ensure that HIV levels remain low and avoid concentrated epidemic to become generalized. Moreover, because HIV AND AIDS is closely linked with other development concerns like poverty, gender inequality and institutional exclusion, a focus on mainstreaming HIV and AIDS in low prevalence settings will support the national development process. It will also provide experience in how to integrate many of the other pressing, crosscutting and multidimensional issues affecting development in many countries.

Experience over the past few years has clearly demonstrated how most multisectoral National Action Frameworks have not been effectively implemented¹. Mainstreaming as action represents a very viable way to effect multisectoral implementation and garner joint sectoral support for a national response. Mainstreaming is also a good starting point for engaging sectors that have thus far not participated in the national HIV and AIDS response.

Multisectoral action is complex and entails a level of harmonization and coordination, which is a challenge to most governmental and international partner systems. Mainstreaming, however, clearly articulates sector goals, accountabilities and resources required to contribute to the national HIV and AIDS and development effort. This makes for closer alignment with one national AIDS action framework, coordination by one national AIDS authority, and one agreed upon country level monitoring and evaluation system, as expressed in the UNAIDS principles of the

¹ UNDP: supporting the national HIV/AIDS responses - An implementation Approach

"Three Ones". Political commitment at all levels is needed to maintain long-term HIV and AIDS related activities and to ensure that AIDS concern are integrated into planning for development.

Thus, 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. But the fact that in 2005 only 12% of those who need treatment get it underscores the reality that multiple actions and efforts are required from many sectors.

Overall, mainstreaming HIV and AIDS can provide improved service delivery and can focus demand for services from sectors. Much, of course, depends on maintaining adequate human resources to provide the needed services. Mainstreaming as action means that the human resources and capacity needed to implement national priorities has to be addressed and planned for.

What mainstreaming HIV and AIDS means in practice will vary depending on country-specific, community-specific or sector-specific factors, such as:

- The size, trend and stage of the epidemic
- The specific factors that seem to facilitate the spread of HIV such as migration, norms and social values
- 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), communities and households to respond to HIV and AIDS and their resilience

1.3 Definition of sector and program

Defining sectors and programmes is context specific. With regard to mainstreaming, it is effectively a spectrum or hierarchy of activities that defines the difference between a sector, program and the local action that is required to be effective.

Sectors have a wide scope of definition and are normally thought of as a sociological, economic, or political subdivision of a given society. The contexts will determine how most are defined. In most countries, ministries represent sectors. The Ministry of Agriculture, for example, will represent the agricultural sector; the Ministry of Health will represent the health sector, and so on. Sectors can be public, private or both. Note that in some sectors like mining, since the operations are predominantly in the private sector, mainstreaming in a Ministry of Mining for example might only affect the policy level of action. For maximum effectiveness, the private business sector might need to be approached. Thematic issues are sometimes thought of sectors in themselves. A common example is the identification of HIV and AIDS as a sector.

For the purposes of this guide, however, "sector" refers to the main categories of government, ministerial sectors, and the private sector. An organization may encompass more than one sector, or mainstreaming in a ministerial sector may have to take place at the individual departmental level because of separate mandates, different target groups, and other operational factors. The organization should consider whether the scope of mainstreaming will be the entire sector or a segment within the sector.

A programme, on the other hand, can be defined as a system of projects or services intended to meet a public or private need. Programmes may be limited to one sector or they may be multisectoral; they may only affect one part of a sector or parts of multiple sectors. An example is a water and sanitation programme within the Ministry of Health.

HIV and AIDS is often mainstreamed into programmes. These may be governmental, multisectoral agencies or donor-initiated or run by ministries, the private sector, community and other groups. Youth programmes, transportation programmes, environmental programmes, resettlement programmes, employment-creation programmes—any of these programmes, depending on the context, can be extremely useful for beginning mainstreaming.

1.4 Mainstreaming Lessons

A number of important lessons can be drawn from recent experiences in mainstreaming (e.g., in relation to gender, education, and environmental sustainability concerns and, most recently, HIV and AIDS). In 2005, UNDP and UNAIDS have undertaken a joint assessment on mainstreaming into sectors and national development instruments.

The first lesson is that there is no common understanding of the meaning of mainstreaming, yet there is considerable convergence on the practical outcomes expected. At the heart of this tends to be a misconception that addressing these issues (HIV and AIDS, gender, environmental sustainability) falls beyond the scope of work and responsibility of particular organizations and development actors. Instead, it is often seen as something that needs to be addressed by sectors or organizations with special expertise. In the case of HIV and AIDS, this is often the health sector and, to some extent, the education sector, because of the emphasis on awareness campaigns to prevent the spread of HIV. However, other sectors can play a significant role in preventing and mitigating the effects of HIV and AIDS. Box 1 shows the role the agricultural sector, for instance, may play in addressing HIV and AIDS.

Box 1: Role of the agricultural sector in addressing HIV/AIDS

Prevention

- Strengthening the resilience of agricultural systems and creating 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 a survival strategy.
- Review and revise agricultural policies, programmes and practices with regard to their contribution to social capital. This is necessary in the prevention of, and action to mitigate HIV/AIDS: for example, increasing social cohesion, raising collective awareness on the linkages between HIV/AIDS and development, and mobilizing communities can reduce HIV-risky responses to poverty and destitution.

Care

- Nutrition is a relevant issue for people living with HIV/AIDS (FAO/WHO, 2002). International experts and local activists advocate "nutrition is the first medicine for HIV/AIDS."
- Improving micronutrient intake can strengthen the immune system and thus assist people living with HIV/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/AIDS 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/AIDS.
- Enhance psychosocial support to people and households affected by HIV/AIDS through projects and approaches that foster the integration of people affected by HIV/AIDS in the dynamics of their communities.

Mitigation

- Implement projects and practices that are responsive to labour shortages and poverty. This is relevant because HIV/AIDS creates labour shortages and undermines the 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/AIDS on social reproduction systems, particularly among the young.

Source: "Plant Diversity, Sustainable Rural Livelihoods and the HIV/AIDS Crisis" by Joseph A. Garí, UNDP FAO June 2004, p. 3.

The second lesson is that mainstreaming is multi-layered and, most importantly, includes a process of individual and institutional change. This means that mainstreaming is not just a one-

time intervention, but requires commitment to a long-term process of institutional transformation that changes norms and bring about comprehensive results.

Additionally, mainstreaming has often suffered from limited participation in the process, poor understanding of the institutional structures and implementation modalities and has been faced with the challenges of coordinating multiple sectors, NGOs and donor partners, issues that mainstreaming addresses through the principles of the Three Ones.

An important misconception about the practice of mainstreaming is that it becomes invisible or rhetorical rather than actually changing practice. Merely referring to the importance of gender mainstreaming, for example, does not mean that actions to transform the situations of women and girls take place. Clearly, mainstreaming needs to be translated into actions, both those with immediate results and those that can bring about the necessary systemic changes (synergies).

What we can draw from these lessons is that mainstreaming requires a dual approach and understanding. On the one hand, the issue needs to become routine for individuals and institutions alike; on the other hand, exceptional action needs to be taken, constantly providing innovation based on overall lessons learned. Thus, the challenge facing sectors is to ensure that addressing HIV and AIDS, in all its manifestations and complexity, becomes embedded in each sector's routine functions, while maintaining space for innovative, transformative and exceptional actions.

Based on increasing demand for a more practical expression of mainstreaming from sector ministries across the world, there is a need for practical tools and immediate actions that can help facilitate and support the process of sector mainstreaming. The challenge is about initiating action early. Such action may be initially tentative, but it can be built on year after year as the understanding grows of the epidemic, its effects on the sector, and capacity within the sector to act. Such actions mean identifying incremental steps towards sustainable change.

2 - Understanding Mainstreaming as Action

2.1 What mainstreaming HIV and AIDS means

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.ⁱⁱ

The way this guide has referred to mainstreaming HIV and AIDS reflects the same intent as the UNAIDS and UNDP working definition: It means addressing both the direct and indirect aspects of HIV AND AIDS within the context of the normal functions and functioning of an organization.

Mainstreaming can also be seen as 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. As a result, the sector recognizes HIV and AIDS work as relevant to both high prevalence and less obvious settings and integrate common functions to solve common problems, for example, incorporating HIV/STI information and services into programme delivery. While the starting point for integration is HIV and AIDS, the starting point for mainstreaming is a sector.

The purpose of mainstreaming is for prevention, impact mitigation, care and treatment. Ultimately, however, mainstreaming is about broad development action.

To respond effectively to the epidemic, there is a need for additional speed, volume, inclusiveness, partnerships, innovation and responsiveness. This represents the strongest rationale for making the AIDS response exceptional. Thus, as has been mentioned, mainstreaming has two paradoxical dimensions. One is that it becomes routine, and another is that it remains exceptional. While the issue becomes absorbed and incorporated into routine operational work, there remains a need to continue seeking innovations, new partnerships, etc..., as the epidemic and responses evolve. The challenge is to maintain a national overview and national coordination that translates into exceptional action. For HIV AND AIDS, this critical oversight role is to be played by the national AIDS authorities. Mainstreaming thus serves as an important aspect of implementing strategic innovations. As one of the primary elements of strategically managing a national response, it is an iterative process that is revisited on a regular basis.

2.2 Guiding principles for mainstreaming HIV and AIDS

Broad international experience and exchange has, up to now, resulted in six basic principles for mainstreaming HIV and AIDS. As inter-dependent issues, these principles provide a guide for mainstreaming efforts within sectors and organizations.

Principle 1: A clearly defined and focused entry point or theme for mainstreaming HIV and AIDS must be discovered in order to maintain the critical focus necessary to make an impact within specific target populations.

Principle 2: National Action Frameworks for HIV and AIDS or their counterparts should be used as the frame of reference for priorities and accountabilities, and mainstreaming efforts should be located within existing institutional structures, support to 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 maintained between two domains in mainstreaming: the internal domain or workplace, where 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 advantage, cost effectiveness and collaboration must be developed for effective implementation.

Principle 6: Exceptional action must be maintained throughout, nationally; otherwise mainstreaming may result in the disappearance of the issue into bureaucracies and complacency may set in.

Box 2: 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/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 programs outlining the threat of HIV/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 domain was addressed, but the military's AIDS problem was seen as a threat to the community as 61% of married military men reports 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 MoND 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 MoND had established HIV/AIDS Prevention committees throughout the Royal Cambodian Armed Forces. HIV/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.

Source: "Mainstreaming HIV Prevention in the Military," a Case Study from Cambodia, UNDP/SEA

2.3 Mainstreaming to address direct and indirect causes of HIV and AIDS

Much of the work on HIV and AIDS aims to address the direct areas and impacts of the epidemic. Direct aspects of HIV and AIDS vary, depending on the size, stage and manifestation of the epidemic. In general terms, the direct aspects of HIV and AIDS are associated with HIV transmission, the need for treatment and care, and immediate and measurable impacts of the epidemic, such as stigma and discrimination, AIDS orphans and AIDS-induced poverty. Activities typically associated with addressing the direct aspects of HIV and AIDS are HIV prevention efforts - most commonly through awareness raising and condom distribution - treatment and support, and impact mitigation measures such as reducing AIDS-related stigma, support for AIDS orphans or income-generating activities for affected households.

Although it is clearly important to address the direct causes of HIV and AIDS, mainstreaming HIV AND AIDS is not confined to the behavioural and medical aspects of HIV infection, or to mitigating the immediate effects of the epidemic. Mainstreaming HIV and AIDS also means addressing the underlying causes of vulnerability to HIV infection and the consequences of HIV AND AIDS both immediate and projected.

In recent years, it has become generally well accepted that both the underlying causes of vulnerability to HIV infection and the impacts of HIV and AIDS are systemic and structural. Yet the majority of responses to HIV and AIDS tend to ignore these indirect aspects of HIV and AIDS. Although the main causes of vulnerability to HIV infection and the major impacts of the epidemic vary depending on local realities, among the key factors enhancing vulnerability to HIV infection are:

- Fear, denial, stigma and discrimination
- Gender inequality and power differentials
- Poverty and livelihood insecurity
- Migration and displacement
- Social-cultural norms, values and practices
- National legislative and policy environment

It is also widely accepted that HIV and AIDS resembles a vicious cycle: many of the factors enhancing vulnerability to HIV infection are also aggravated by HIV and AIDS, which in turn means that vulnerability is further enhanced. This realisation makes the case for mainstreaming HIV and AIDS even more pertinent.

Mainstreaming HIV and AIDS means addressing both the direct and indirect aspects of the epidemic within the context of the normal functions and functioning of an organization. A critical feature of mainstreaming is to take account of one's mission, mandate and comparative advantage and relate these directly to the direct and indirect aspects of the epidemic. This has two implications:

1. Whereas behaviour change of individuals or specific groups is part of the process, mainstreaming starts from the premise that organizations essentially need to change the way in which they work and how they are organized.
2. Not all organizations are expected to take on the same tasks and responsibilities. Rather, mainstreaming means integrating HIV and AIDS into routine functions and making it relevant to the core mandate and purpose of an organization, including to its staff and those considered clients. In other words, what mainstreaming means in practical terms will differ for education or agriculture and for mining and media. That is not to say that sectors may not adopt similar strategies and actions to address certain aspects of HIV and AIDS that they have in common.

2.4 Internal and External dimensions of mainstreaming

Mainstreaming is now generally accepted to have two interlinked dimensions: internal and external. Another way of looking at this is to make a distinction between 'organizational functioning' and organizational functions.

In relation to these dimensions, the mainstreaming process involves engaging with two sets of issues in an interlinked way. Both are to be assessed on the basis of an organization's mission, mandate and comparative advantages:

- Internal
 - Recognising and responding to factors - individual, organizational and societal - that are likely to enhance 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
 - Recognising and responding to factors that are likely to enhance vulnerability to HIV infection for communities or those considered rights-holders for the sector
 - Recognising and pre-empting, reversing or mitigating likely impacts of HIV AND AIDS on those considered rights-holders for the sector (and/or 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 towards sector employees. It is where the sector starts when they want to do mainstreaming. A sector often starts with the internal domain when the workplace is important, highly affected or vulnerable to the infection due to work-related situations such as migrations, frequent travel, working in remote areas, etc.... Another deciding factor is the magnitude of the target population

of the sector. Some organizations have a large target population. The educational and agricultural sectors for example, and therefore need to have an external mainstreaming programme in order to reduce the impact of HIV and AIDS. The choice is not straightforward, and the sector usually decides to start with the internal as it can be easy to control and the direct results of interventions may be seen.

i. Internal mainstreaming

A number of routine activities as well as new breakthrough ideas can be developed and prioritised to address the organization's internal or workplace environment. These may focus specifically on vulnerable groups, risk situations and identified gaps in current HIV and AIDS activities, if any are in place. These activities will largely centre on prevention, treatment, care, support and management of interventions. Under the strategies of the national HIV and AIDS framework, activities are defined by the sector/organization itself. Box 3 below shows examples of useful internal activities undertaken in a number of workplaces in different countries.

Box 3: Examples of activities in the workplace

- § Prevention of HIV infection through IEC/BCC:
 - Weekly facilitated discussions or meetings on a variety of HIV/AIDS related topics amongst staff in departments
 - Peer education at the various levels within the organization
 - HIV/AIDS/STI material distribution
 - Promotion of voluntary counselling and testing (VCT) through one-on-one staff counselling and referrals
 - Development of a comprehensive testing regime
 - Referral linkage with health facilities for STI management among staff
 - Staff HIV training
- § Prevention of HIV infection through condom promotion:
 - Distribution in men's and women's toilets
 - Mass distribution just before the weekend
 - Distribution on pay-days in pay packets
 - Ensuring adequate supply of male and female condoms from various channels
 - Demonstrations of proper female and male condom use for various levels of staff
- § Provision of treatment, care and support to staff and families:
 - Provide HIV/AIDS counselling services to employees
 - 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

ii. External mainstreaming

The formulation of a sector and institutional external response should be in line with the provision of services to the client populations. Programmes or activities that are developed must support the priorities and objectives of the national action framework in order to play a role and contribute to implementing the overall national response. However, it is not necessary for the sector/organization to develop activities under all the strategies and objectives of the national action framework; only those that are realistic and add value should be pursued.

Within the context of the sectors' or organizations' comparative advantage and the wider national response to HIV and AIDS, the sector/organization may assume one of two roles externally: implementer or supporter. For example, the Ministry of Education commonly take their place as a primary implementer of HIV and AIDS programmes and activities. This is natural, because of the ministry's massive outreach capabilities, contact with both the most vulnerable and AIDS-free age groups, and the usual respect members of educational systems receive at the decentralised level. In contrast, many large state-run enterprises, like those responsible for the delivery of electricity or water have, as their external client population, nearly the entire country. It is unrealistic to expect that such an organization should develop detailed external implementation activities. Rather, due to their influence and representation in nearly every community, as well as the resources at their disposal, they may assume a supporter role for the external plans of other sectors/organizations, such as distribution of materials and dissemination of messages.

Both the internal and external dimensions of mainstreaming need to be addressed, although their relative importance and scope will depend on the context and sector mandate. Although it has been suggested that internal mainstreaming can be considered as a productive 'entry gate' for external mainstreaming,ⁱⁱⁱ 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 MAP has also shown that sectors move more slowly towards external mainstreaming. The lesson is to ensure that mainstreaming HIV and AIDS is not restricted to workplace interventions, but that due regard is given to the external dimension of mainstreaming.

A Mainstreaming Response to the Direct Aspects of HIV/AIDS

The Farmer's Life School: From an Agro Eco-System Analysis to a Human Eco-System Analysis

Building upon structures already in place to teach rice farmers in Cambodia how to make better agricultural decisions, the Farmer's Life School used the same methods to help farmers make better decisions about HIV/AIDS prevention.

For instance, one lesson looked at identifying negative farming practices—like using too much fertiliser—and how such practices affected crop production and neighbouring farms. Resources to help solve the problem—such as village elders who understood long-term farming principles better—were identified.

A parallel was drawn then to negative social practices, like visiting brothels, and how this affected individual and community life by increasing the chances of HIV/AIDS transmission. Once again, resources to help solve the problem were identified—village leaders who were willing to organize alternative social activities such as sports.

Source: Farmer's Life School Manual by Ou Chhaya, Jacques de Guerny, Richard Geeves, Msaya Kaot and Lee-Nah Hsu, January 2004, A Joint Project of FAO-IPM and UNDP-SEA/HIV, published by UNDP, FAO and World Education

Also, with respect to both dimensions of mainstreaming HIV and AIDS, it is important that actions are not limited only to the direct aspects of HIV and AIDS. The indirect aspects of HIV and AIDS, as they are relevant to the particular sector, also must be recognised and responded to. Boxes 4 and 5 give examples of responses to direct and indirect aspects of HIV AND AIDS.

It is important that the inter-linkages between the internal and external dimensions is recognised. How an organization is organized influences how it executes its mission and mandate. How an organization treats their staffs has bearing on how it engages with its constituency and the communities it works with, and whether it will be perceived as a credible organization in the community. Another way of looking at the inter-linkages between the internal and external dimensions is to note that the position taken publicly- for instance on the rights of people living with HIV AND AIDS- should also be reflected internally in relation to the rights of staff living with HIV AND AIDS. The reverse is true too: positions taken internally in regard to staff should be reflected in the external domain as well.

- Box 4: Examples of useful external mainstreaming
- Initiation of sustainable livelihood schemes
 - Introduction of early maturing/high protein crops for communities in the agriculture sector
 - Provision of scholarships for orphans and vulnerable children
 - Provision of food baskets for orphans and vulnerable children
 - Review and enforcement of the legal framework for rape and sexual violence
 - Integrating HIV/AIDS education into curricula
 - Integrating HIV/AIDS responses and conditionalities into contract for infrastructure development (road, bridges, dams etc...)
 - Revision of land acquisition laws that prevent access by women

Critical for implementing mainstreaming is clearly defining existing institutional arrangements and how these can be used in the mainstreaming of HIV and AIDS, the sectors will have to engage in discussions to ensure that HIV and AIDS responsibilities become part of performance management of the institution.

2.5 Mainstreaming at different levels

The UNAIDS Support to Mainstreaming AIDS in Development: Strategy Notes and Action Framework 2004-2005 distinguishes between different levels of mainstreaming: global, regional, national, sectoral, and sub-national. As Table 1 shows, these different levels of mainstreaming are related to different instruments and organizations or institutions.

Sector mainstreaming - the focus of this guide - does not happen in isolation of other levels of mainstreaming. It is particularly important that there are linkages between sector mainstreaming and national level mainstreaming, e.g., mainstreaming HIV AND AIDS into National Development Strategies like the PRS and the MTEF, with the National Action Framework for AIDS providing the direction and priorities. A recent UNDP study on development planning and HIV and AIDS has found that alignment between various planning frameworks at country level tends to be quite weak, particularly with respect to HIV and AIDS.^{iv}

TABLE 1. LEVELS OF MAINSTREAMING

Level	Instruments	Organizations and Institutions
Global	<ul style="list-style-type: none"> - MDGs - United Nations General Assembly Special Session on HIV AND AIDS 	<ul style="list-style-type: none"> - UN and other international development organizations - Multinational companies
Regional	<ul style="list-style-type: none"> - New Partnership for African Development, MOU (Memorandum of understanding for joint action to reduce HIV vulnerability related to population movement 2004-2005) 	<ul style="list-style-type: none"> - Regional development institutions
National	<ul style="list-style-type: none"> - Medium Term Expenditure Framework (MTEF) - National Development Plans 	<ul style="list-style-type: none"> - Ministries of Finance and Planning, Justice, Decentralization, Defence - Large NGOs, including faith-based organizations - National employers and labour organizations
Sectoral	<ul style="list-style-type: none"> - Sectoral plans and programmes - SWAPs 	<ul style="list-style-type: none"> - Ministries, private companies and civil society organizations working in the respective sectors (health, education, women, youth, labour, rural development and agriculture, industry, mining, transport, infrastructure, and others)
Sub-national	<ul style="list-style-type: none"> - Development projects and programs - Local development strategies 	<ul style="list-style-type: none"> - Local government (urban and rural) - Small companies - Local NGOs

Adapted from UNAIDS (2004:5)

3 - Expected Results of Mainstreaming HIV AND AIDS

What mainstreaming will bring in practice depends on local variables, such as the size and nature of the epidemic, the specific ways in which HIV and AIDS impacts on a particular sector and vice versa: How a sector may unwittingly influence the spread of HIV and how the epidemic manifests itself in the sector.

On one level, mainstreaming HIV and AIDS means that addressing the epidemic becomes part and parcel of the routine functions and functioning of sectors. By emphasising mainstreaming as action, the use of this guide continued innovation and groundbreaking interventions.

For sectors, mainstreaming HIV and AIDS can result in addressing both the direct and indirect aspects of HIV and AIDS through establishing well monitored programs and activities is another expected concrete result. In low prevalence countries, addressing the indirect aspects of HIV and AIDS - particularly the factors associated with enhanced vulnerability to HIV infection - is possibly the most effective strategy for keeping HIV levels low. But addressing the indirect aspects of the epidemic is important for all countries, regardless of HIV prevalence levels. In essence, good development work is, indirectly, AIDS work.^v

Effective mainstreaming of HIV and AIDS will result essentially in institutional change and development: doing what sectors are supposed to do better by addressing the causes and effects of HIV and AIDS. In reality, this may require changing the way sectors execute their routine and regular functions and relate to their employees and/or clients.

In the medium to long term, effective mainstreaming of HIV and AIDS is expected to lead to a different way of performing routine functions. In the short term, a number of key results can be identified in relation to the internal and external dimensions of mainstreaming HIV and AIDS. Short-term or long-term results may depend on sector capacity: where sufficient resources and expertise exist, more and more complex actions may be embarked on quite early in the mainstreaming process. In other instances, it may be more appropriate to phase in the response by focusing on simple actions initially, which can be elaborated on in subsequent planning cycles.

Box 6 gives examples of key short-term and long-term results of mainstreaming HIV and AIDS 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, become more complex, and bring about long-term results.

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 rate 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 modified to address internal direct and indirect aspects of HIV AND AIDS
-HIV and AIDS focal point and team established	-Staff capacity for mainstreaming HIV AND AIDS throughout the organization
-Cross-section of staff trained in mainstreaming	-Embedded capacity for financial planning and forecasting for HIV AND AIDS
-Specific mainstreaming actions costed and budgeted for	-Effective support in place, strengthening household/community safety nets and coping capabilities to deal with HIV AND AIDS
-Targeted support measures in place to address particular aspects of HIV AND AIDS (aimed at reducing vulnerability or enhancing coping capabilities)	-HIV policies and activities used to change sectoral practices, service provision or products for clients
-Articulation of effects of HIV and AIDS on sector and sector activities on HIV and AIDS	

4 - Developing Capacity for Mainstreaming

Mainstreaming HIV and AIDS in sectors cannot happen without adequate capacity. At the most basic level, this means that responsibility and accountabilities for addressing the direct and indirect aspects of HIV and AIDS are defined:

1 - In large organizations it may be possible to employ specialist staff to initiate, facilitate and support the process of mainstreaming HIV and AIDS.

2 - In smaller organizations or departmental units, it may be appropriate to appoint focal persons. Because these focal points tend to be allocated mainstreaming responsibilities over and above what they were originally employed to do, it is important that they (and their colleagues) are clear on their role. They also need to be given enough time, resources and management support to fulfil their role. A useful way of ensuring this is by codifying their role and responsibilities in their job descriptions and performance evaluations.

3 - Establish an HIV and AIDS unit with designated personal and expertise

It is also important that focal points and specialists have the right level of commitment, motivation and skills to fulfil their roles and tasks. What exactly the required skills and capacities are depends on the nature and depth of mainstreaming efforts in specific sectors.

It is worth remembering that mainstreaming HIV and AIDS implies that responsibility for actions to address the direct and indirect aspects of HIV and AIDS 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 mechanisms are in place to build the required capacity and expertise throughout the organization.

It might be possible as a complement to enter into a partnership agreement with other organizations that have specialised knowledge and expertise on a particular aspect of mainstreaming HIV and AIDS. Although there may be clear advantages in hiring external expertise - when internal capacity is low or specific expertise is lacking - an obvious drawback is that this may undermine institutional ownership of mainstreaming efforts. UNDP and UNAIDS offer country and regional level expertise and experience as technical assistance for mainstreaming.

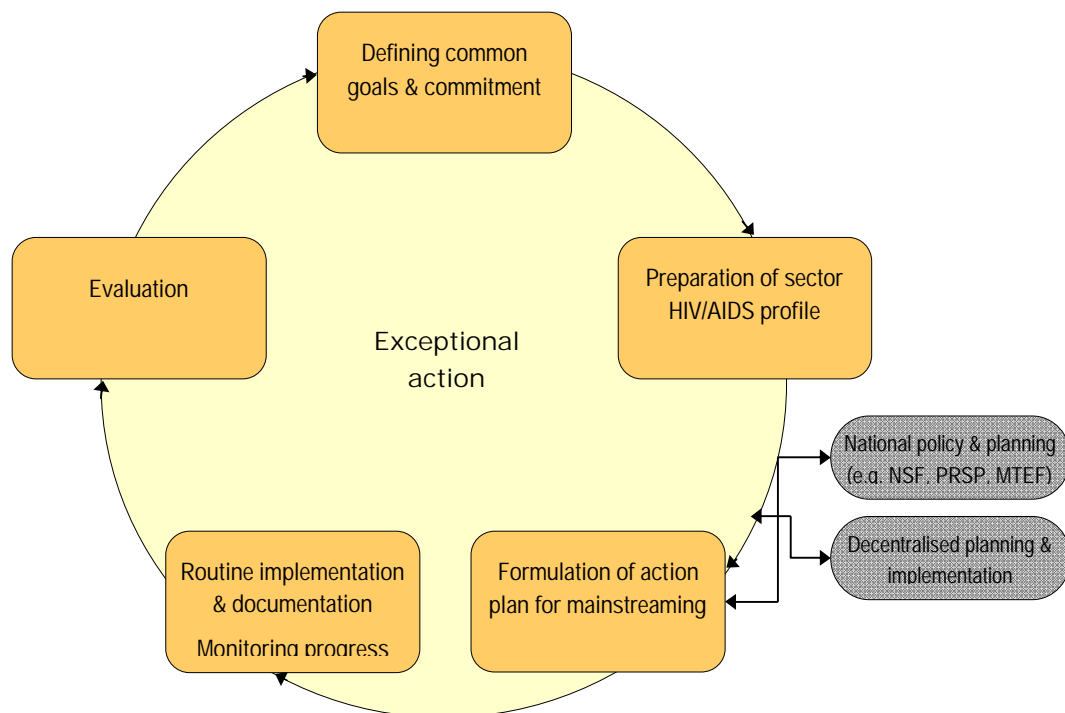
PART II: Mainstreaming as Action

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 seven 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. – The Mainstreaming Planning and Implementation Cycle

The mainstreaming steps described below are based on the familiar strategic planning and implementation cycle. It's 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.

Figure 2: Mainstreaming planning and implementation cycle

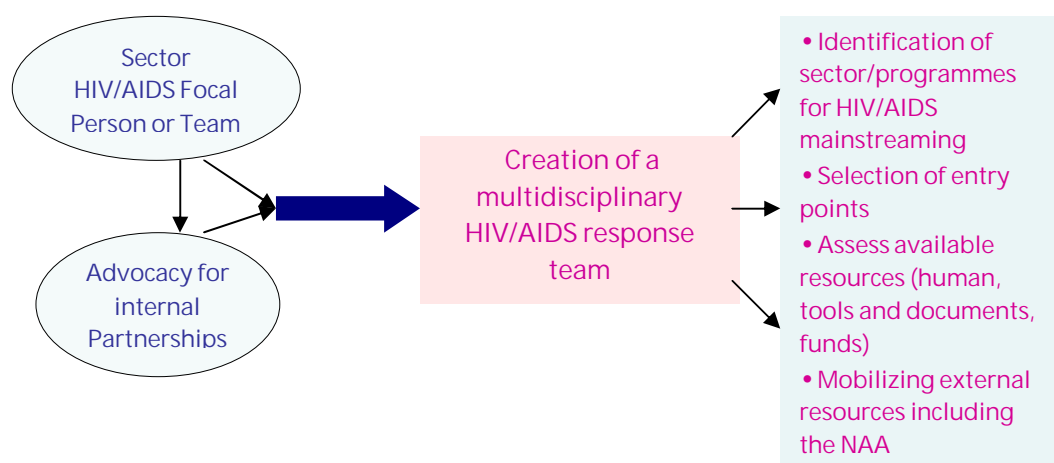


Although the strategic planning cycle presents mainstreaming HIV and AIDS as a logical progression from stage to stage, in reality it should be an interactive process. The sector profile preparation stage, for instance, informs the formulation of an action plan for mainstreaming HIV

and AIDS. However, once the plan is formulated, it is important to regularly revisit the sector profile 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 different stages in the cycle are used as the basis for guiding mainstreaming steps. The following sections will discuss each stage of this cycle in more detail and propose tools and actions for mainstreaming action and implementation. It is not the intention of this guide to provide an exhaustive list of tools and actions to be employed, but to suggest those that can encourage innovative approaches to HIV and AIDS and inspire initiative and action.

2. - Getting started



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 programmes. 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.

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 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, in Our Families, Our Friends: An Action Guide, produced by UNDP-SEAHIV and UNAIDS-APICT (January 2001) workers 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.

Thematic issues: poverty reduction, gender, population movement, food security, etc... are examples of development issues that might provide an 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 and AIDS transmission. Migration can serve as an entry point to several different sectors, such as transport, infrastructure, labour, border security, etc.... 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 point is useful 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 of populations who are often marginalized. Vulnerable groups such as intravenous drug users, commercial sex workers, etc..., can serve as entry points. The 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 – Selecting sectors and programmes

The sector or programme selected should be relevant to the entry point. As was stated above, some entry points offer multiple sectoral opportunities. In some Asian countries for example, migration was used as the entry point and sectors involved included agricultural and rural development, construction, energy, the maritime industry, land-transportation, labor, and the uniformed services.

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. media, political leaders etc....
- 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.

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. It is therefore critically important that policy-makers, PLWA, sectoral development planners, budget officers, human resource officers and gender focal persons are involved in the mainstreaming process as part of wider team or HIV and AIDS Committee. Evidence or estimation of sector vulnerability, as well as incentives for the sector to succeed, are important factors that can be used to promulgate, advocate and increase support. These additional sets of players help to facilitate:

- 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 (in this way it also becomes apparent what additional resources may be required for implementation and where to source these)

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, basic information on the epidemic and documentation on mainstreaming, as well as financial resources.

a) Human resources

Mainstreaming HIV and AIDS may be a difficult 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 and/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 where experiences and resources already exist. The National AIDS Authority will be 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, etc...? 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 garnering broader support networking. International, national and local partners need to be engaged. International partners include UNAIDS, UNDP and other co-sponsors, multi- and bilateral organizations, international NGOs, foundations, etc... National partners include the National AIDS Authority, various ministries or sectors: energy, construction, rural development, poverty reduction, transport, maritime, labor, defense, foreign affairs, etc... 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 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 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.

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.

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.

3. – Mainstreaming Steps

STEP 1: Developing a shared goal and commitment



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 priorities would 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 as emerging opportunities.

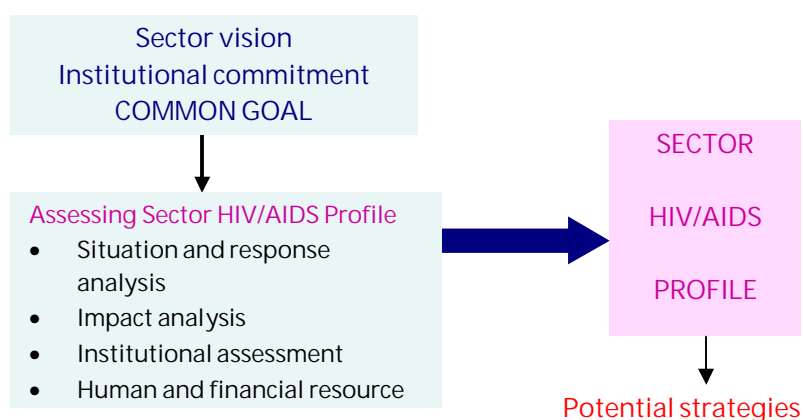
A shared vision and institutional commitment to action serves as a critical starting point for mainstreaming HIV and AIDS. For change to happen, one needs change agents, or people who are willing to champion a cause and who can inspire others to become involved. Effective mainstreaming requires that 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.

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, 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 issues to consider:
- § How do HIV and AIDS-related illnesses, deaths and stigma affect the human and institutional capacity of the sector/ government ministry to deliver on its stated goals, mandate or core business?
 - § What aspects of the sector/government ministry's operations (development efforts) facilitate the spread of HIV?
 - § 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?
 - § What policies, strategies and actions could be implemented to prevent/mitigate these negative impacts?

Methodologies and tools and tools for step 1 are provided in annex 1

STEP 2: Preparing or re-assessing a sector HIV AND AIDS profile



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.

1. Rapid sector specific assessment

This section provides information on how to rapidly assess the effect of HIV and AIDS on the sector or programme as well as the effect that they 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 by or how it may impact the spread of HIV and AIDS. The impact assessment should not stop or slow down the overall mainstreaming process. This guide stresses that impact assessment is an integrated 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 in any way.

The methods and tools used for sector-specific assessment of the internal and the 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.

1.1 Internal mainstreaming

a) Situation and response analysis

Often the situation and response analyses are separated. Yet experience with national strategic planning² has shown that this separation might be somewhat artificial. The situation analysis is directly or indirectly linked to the analysis of the response. Therefore, 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 domains. Yet for the internal domain, there is perhaps no need for extensive epidemiological 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, etc.... 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.

²UNDP Bureau For Development Policy – HIV/AIDS Group: Supporting National HIV/AIDS Responses: An Implementation Approach – April 2004

Zambia: Impact of AIDS on the Educational Sector:

HIV/AIDS 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 labor 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/AIDS epidemic in Zambia – where are we now? Where are we going? National HIV/AIDS/STI/TB Council and USAID: September 2004

Internal situation and response, key issues to address:

Indication of the HIV prevalence rate or growth among employees in general and among specific categories of employees e.g. professional level, gender, age in particular. Which employees are most affected? Is a high prevalence rate related specifically to the nature of their work (mobility, migration, frequent travel, etc...)?

- 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?
- 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.
- The anticipated impacts of HIV and AIDS in the medium to long term, these can be based on current trends and national epidemiological projections.
- A clear indication of the current and future human impact erosion in the sector
- What other factors apart from HIV and AIDS can affect the sectors human capacity e.g. out-migration, economic decline etc...
- 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, etc..., to protect, support and care for staff?
- Resource allocations and resource use including financial and human resources for HIV and AIDS related programmes.
- The nature and value of existing partnerships or collaboration with other sectors and organizations regarding HIV and AIDS in the internal domain.
- Gaps in the current response and opportunities for improving or scaling up the response.

b) 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 learnt. A crucial aspect of the impact assessment is a focus on the staffs' ability to execute its functions and maintain organizational capability to preserve maximum levels of service provision.

Impact assessment, Key issues to address:

- How do 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?
- What internal workplace procedures, policies and aspects of the sector’s development efforts increase the vulnerability of the employees to HIV infection?
- What is the current or future impact of AIDS-related illnesses/deaths on the capacity of staff to meet their development objectives?
- What policies, strategies and actions could be implemented to prevent or mitigate these negative impacts?

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.^{vi}

For example UNDP’s internal mainstreaming efforts, 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.

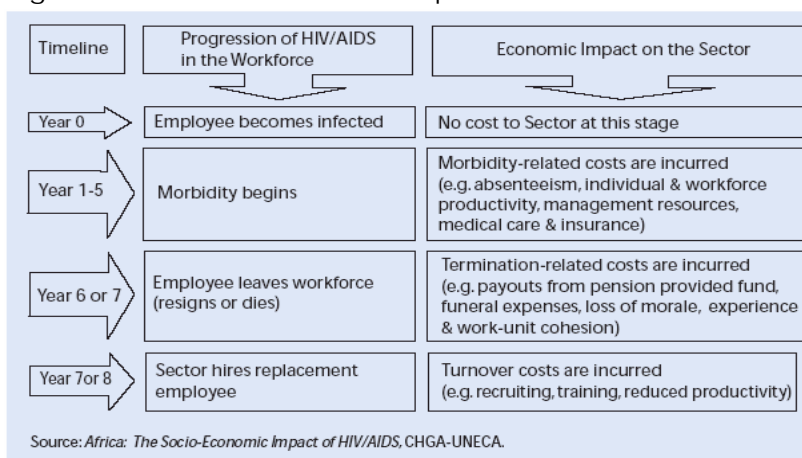
Identifying risky behaviors and their causes

Often research stops at identifying “risky behaviors.” For effective programme planning, research needs to go beyond identifying risky behaviors to explaining what factors are influencing or leading to the risky behaviors. 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 behaviors – such as the number of entertainment centers at 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>

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

Figure 3: The Socio economic impact of HIV and AIDS



c) 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, it is important to review focal points or committees, including cross-sectoral structures, what their functions are, 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 provides a proxy indication of institutional commitment and engagement for mainstreaming HIV and AIDS.

The smooth flow of funds is critical for sustaining an effective response to epidemic. So 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 a multisectoral HIV and AIDS intervention.

1.2 External mainstreaming

a) 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 the sector provides products and services for. Similar to the internal domain, it should also 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/AIDS

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

Diverse sectors of mobile populations may interact at certain key points, often involving sedentary community populations. The behaviors 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 potentials of connecting 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 are often required for the sector to understand the nature of the spread of the epidemic in their area of work, however often the NAA. MOH and national statistical and research institutions may have unpublicized data.

External situation and response, key issues to address:

Priority actions identified for the sector in the National Action Framework

- The HIV prevalence and the HIV incidence among the sector's clients, or in communities the sector works with/in
- Prevailing norms and values of the community that can increase or reduce the spread of the epidemic
- Extent and intensity of population movement
- Social groups of stakeholders or communities/regions which are disproportionately affected by HIV infection
- How the sector activities increase or reduce these communities' vulnerabilities to infection e.g. promotion of alcohol, unemployment etc...
- 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
- Access to health care – availability, cost
- Estimated effect on communities i.e. morbidity, mortality, health care demands, orphanhood, AIDS-induced poverty, stigma and discrimination, etc.
- The anticipated impacts of HIV AND AIDS in the medium- to long-term (based on current trends, epidemiological projections and lessons learnt elsewhere)
- The scope, nature and effectiveness of the sector response to HIV AND AIDS
- The nature and value of existing partnerships or collaboration with other sectors/organizations regarding HIV AND AIDS in the external domain
- Gaps in the current response and opportunities for improving or scaling up the response

b) HIV and AIDS impact assessment

As for the internal 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 learnt. 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/AIDS programme planning. Participatory research involves bringing in stakeholders as part of the research team or 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 then 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 "subcultures" that are unique for each population group which are not easily identified by an "outsider." In addition, traveling people engage in circumstantial behaviors. For example, young men traveling 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>

External impact assessment, key issues to consider:

- How do HIV and AIDS-related illnesses, deaths and stigma affect the human and institutional capacity of the sector to deliver on its stated goals, mandate, core business, services and products for the target population
- What is the future impact of AIDS-related illnesses and deaths on the human and institutional capacity of the sector to meet their development objectives for the target population?
- What aspects of the sector/government ministry's external operations (development efforts) facilitate the spread of HIV?
- What policies, strategies and actions could be implemented to prevent or mitigate these negative impacts on the development objectives?

c) Institutional and financial resource assessment

The institutional assessment for the external domain is in essence, the same as the internal one except that it focuses on how the organization manages itself and how it is perceived by the outside. It will look at the sector's existing structures and resources for its external HIV and AIDS response.

The mandate and high-level support given to these organization's internal structures is critical for the external response of the organization. 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 areas to consider:

- Establishing or regenerating a departmental HIV and AIDS committee with clear terms of reference, objectives, responsibilities
- Mainstreaming HIV and AIDS reporting into routine reporting mechanisms
- Holding monthly/quarterly HIV and AIDS management meetings chaired by a senior person
- Training personnel charged in record keeping and reporting, strategic planning, participatory planning techniques, proposal writing, monitoring etc...
- Forming liaisons with the national authority on HIV and AIDS and other sectors
- Linking HIV and AIDS work to performance evaluation of staff

Mobilization 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. Mobilizing partners and financial resources will be key for this sector to undertake substantive programmes aimed at its wide ranging “clients.”

Zambia: Agriculture and Food security:
 The chronic illnesses that accompany deterioration of the immune system deplete household assets, reduce labor, and lead to reduced food production. In Zambia, the high prevalence of HIV/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 the family members suffering from AIDS, and protect their own health.
 Evidence suggests that good nutrition is important to maintaining a healthy immune system among those who are HIV-positive.
 Source: The HIV/AIDS epidemic in Zambia – where are we now? Where are we going? National HIV/AIDS/STI/TB Council and USAID: September 2004

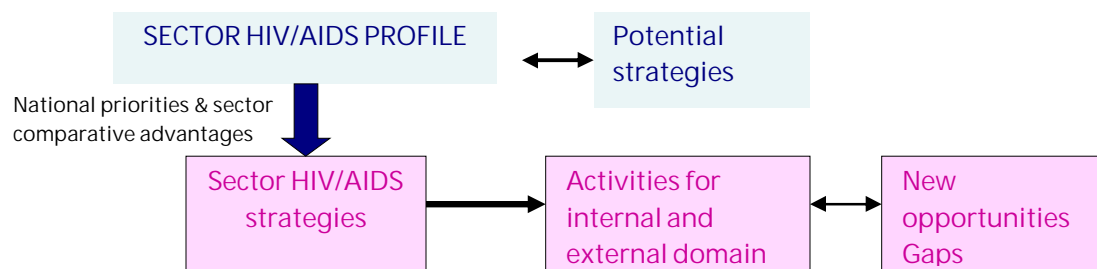
Methodologies and tools and tools for step 1 are provided in annex 2

2. Anticipated or potential strategies

Anticipating strategies, programmes and action begins a process of looking forward, whereas the response analysis largely looks back. As all possibilities are explored, and as various factors are taking into account, critical intervention areas will begin to emerge as opportunities, both for the internal and external dimensions. 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 situation and response analysis as well as the impact assessment include: deciding to undertake a community-based approach, expand partnerships with civil society, provide treatment options for workers, address the underlying or indirect causes of the spread of the epidemic, etc....

STEP 3: Formulating an activities 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, and opportunities as well gaps as identified.

Before this stage of activity formulation, alignment and institutional linkages with other planning frameworks (such as the NAF PRSP and MTEF) 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 founds in many countries.

Action Planning, key issues to consider:

- Actions for internal and external mainstreaming
- Financial aspects of internal and external mainstreaming; costing
- Implementation arrangements (i.e., issues related to the management and execution of projects and activities, including decentralised planning and implementation)
- Indicators to monitor progress and impact

Challenges in aligning the mainstreaming planning cycle with the national planning cycles

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

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

- Ø As a team, they share ideas amongst themselves and develop a shared understanding of all ongoing mainstreaming processes by NAC; as a strategy for operationalizing the NAF, MPF; mainstreaming into PRSP and sectoral operations, and bi-lateral donors; dealing with specific sectors/ministries, etc..., some of which were not known by other members of the team before
- Ø Revisit sectoral goals/mandate and jointly explore how its achievement may be inhibited by different thematic challenges such as HIV, gender, environment, etc....
- Ø Jointly define expected mainstreaming results
- Ø Design a process of conducting simple HIV/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 was 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/AIDS processes have been linked, using the same core group and a set of agreed upon instruments in collaboration with UNIFEM and UNAIDS.

1. 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 set of 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.

The mining sector and HIV/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 for mining companies 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/AIDS in Least Developed Countries- UNDP and UN-OHRLS

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 6 and 7 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.

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.

BOX 6. ACTIONS FOR MAINSTREAMING HIV/AIDS IN THE INTERNAL DOMAIN

Examples of responses to direct aspects of HIV/AIDS:

1. Activities to help employees reduce their vulnerability to HIV infection by providing:
 - HIV/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 staff on-going series of discussions sessions on HIV/AIDS-related topics
 - HIV/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 amongst staff
 - Comprehensive treatment programme for infected employees and their family
 - 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 support fund for affected families and orphans of employees
 - Development or revision of HIV/AIDS workplace policy and programme to support and care for HIV/AIDS infected staff.

Examples of responses to indirect aspects of HIV/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

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 communities members

BOX 7. ACTIONS FOR MAINSTREAMING HIV/AIDS IN THE EXTERNAL DOMAIN

Examples of responses to direct aspects of HIV/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 programmes for affected populations (e.g. households, orphans, the elderly, etc....)
- Support programmes aimed at reducing AIDS-related stigma and discrimination

Examples of responses to indirect aspects of HIV/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 disadvantage
- 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)

2. Matrix for actions plans

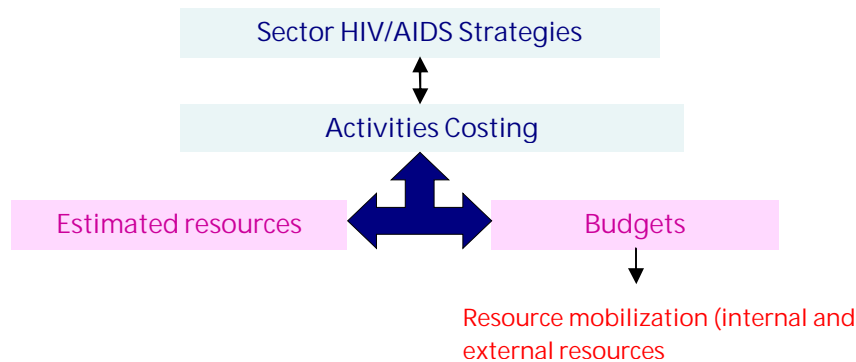
The simple matrix presented on table one below will assist in developing action plans for mainstreaming HIV AND AIDS. The examples reflected in the matrix are based on experience. For each dimension of mainstreaming, examples are given for actions addressing the direct and indirect aspect of HIV AND AIDS. The column 'costs' is not filled in, in part because many of the activities can be incorporated into the routine functioning and functions of the organization.

Methodologies and tools and tools for step 3 are provided in annex 3

TABLE 1. Example of MATRIX FOR FORMULATING ACTION PLANS FOR HIV AND AIDS MAINSTREAMING

	OBJECTIVES	ACTIVITIES	TIME FRAME	LEAD ACTORS	C O S T S	PARTNERS	OUTCOMES	INDICATORS
INTERNAL	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/AIDS events # of staff aware of HIV AND AIDS and sector response
	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 leaflets distributed Proportion of staff adopting safer behaviour
		HIV AND AIDS/STI materials development & distribution	Every two months	HIV AND AIDS focal point				
INTERNAL	To overcome gender barriers in employment and career advancement related to HIV	Conduct organisational audit to assess gender representation & gender barriers	Within months	6-Human resource department			Understanding of gender barriers that restrict women's employment and advancement in the sector Commitment to address gender barriers	# of copies of audit report distributed # of staff aware of gender barriers in internal domain
		Development of employment equity policy	Within months	8-Human resource department			Employment equity policy + programme Support for equity across organization	Employment equity policy + # of staff aware of policy + implications
EXTERNAL	To reduce AIDS-related stigma & discrimination among stakeholders	Media campaign on AIDS-related stigma & discrimination among rights-holders	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 rights-holders changing attitudes & behaviour towards PLWHA
	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 months	3-Finance department			Sector is better prepared for financial and service delivery implications of HIV AND AIDS, which informs future planning	Report on loss of revenue due to HIV AND AIDS Understanding of how HIV AND AIDS threatens financial basis
		Feasibility study into cross-subsidisation measures	Within months	5-Finance department			Institutional commitment to continued service delivery to affected households	Report on cross-subsidisation measures

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 will 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 is 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 programmes, 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: UNAIDS: Planning, costing and Budgeting Framework: user's Manual 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 MOF and international partners to mitigate this additional constraint.

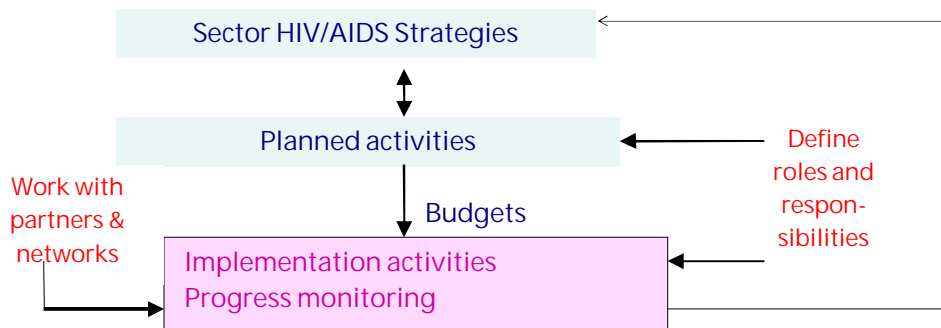
Costing, key issues to consider:

- Human resources
- Infrastructures and equipment
- Training and planning
- Commodities and Products
- Drugs
- Monitoring and evaluation of the programme
- Administrative costs
- Other

Activities are considered to be the basic cost object,(referred to Annex 4). 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 programmes be involved in the budgeting as well as the validation process.

Methodologies and tools and tools for step 4 are provided in annex 4

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 realise 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 also includes aspects related to decentralised planning and implementation. 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.

Key aspects to be covered are:

- Responsibilities: who does what and by when?
- Accountabilities: who reports to whom, how often and in what format?
- 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?
- Resources: what resources are available or required for these implementation arrangements?

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

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 decentralize implementation. Many decisions and policies strategies will be developed at the central level, but to effectively reach the majority of staff and sector clients' a vast exercise of decentralization is required and specific roll out programs need to be carefully designed.

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

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. It also serves as a basis for refining and redesigning approaches and tools for future work both within the sector and for the 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 programmes.

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 e.g. 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 analyzed.

Documentation, key issues to consider are:

- Forms of documentation: meetings, activities and financial reports, media release, publications, electronic video documentation etc...
- Frequency: weekly, monthly or quarterly documentation
- How the programmes develop sector capacity
- How do programmes enhance ownership of staff and communities
- How do a programme foster partnership and enable networks
- Do the programme reduce gender inequality, reduce stigma, fear and discrimination, promote socio-economic empowerment

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.

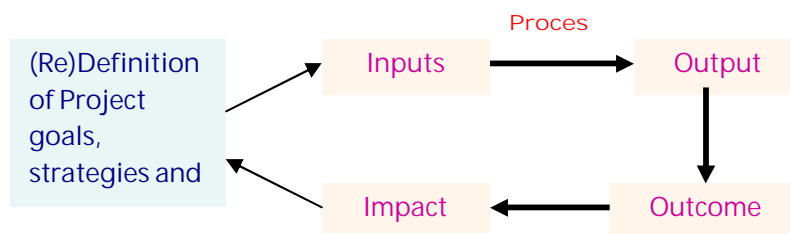
It is important to reiterate that mainstreaming HIV and AIDS entails developing varying degrees of skills in the area of prevention, care, treatment and impact mitigation. Each sector will need to decide the extent to which capacities are built in any given areas.

Capacities for effective mainstreaming HIV and AIDS, key issues to consider:

- Deep understanding of the national priorities of the National Action Framework
- Basic knowledge and understanding of HIV and AIDS
- An understanding of the direct and indirect aspects of HIV and AIDS affecting the sector, in both the internal and external domains
- An understanding of the sector's response to the direct and indirect aspects of HIV AIDS, including how it may unwittingly enhance vulnerability to HIV infection or undermine coping capabilities to deal with the consequences of HIV and AIDS
- Analytical skills to apply this knowledge to daily tasks and routine functions and functioning of the sector
- Strategic and creative skills to translate this understanding into effective actions;
- Willingness and ability to involve those infected and affected by HIV and AIDS at all stages of planning and decision-making
- Ability to communicate, share learning and motivate others to take a stand on HIV and AIDS

Methodologies and tools and tools for step 5 are provided in annex 5

Step 6: Taking stock



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

1. Capacity

Sectors, programmes, policymakers, and staff face many challenges related to the monitoring and evaluation of their HIV and AIDS programs. 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 to be developed. 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 to be developed for these.

How the sector or program 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 incorporates a monitoring and evaluation plan in the program design stage. Projects at all levels, whether single interventions or multiple integrated projects, should have an M&E plan to assess the project's progress toward achieving its goals and objectives and to inform key stakeholders and program designers about the achieved results or potentials issues^{vii}.

2 – Challenges of measurement

HIV and AIDS is a complex phenomenon requiring responses that address the underlying causes at individuals, organizational and community level. 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 intended and 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 redefining the objectives and re-allocate resources to achieve the best result.

Many programs will be tempted when taking stock, to attribute outcomes and impact directly to their interventions and programs. Impact such as reduction in new infections, increased in life expectancy etc... cannot be attributed to one program as it often the result of many different interventions factors. In most cases the most that can be achieved is to describe outcomes and their direct relationship to the impact provided.

Key issue to consider when taking stock:

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.

Outputs: e.g. trained staffs, information materials, staffs members receiving services, community programmes for target audience etc.... If these outputs are well designed and reach the populations for which they were intended, the programme is likely to have positive short-term. Taking stock involves primarily sectors and some community outreach.

Outcomes: e.g. number of HIV positive staff under ARV treatment, increase number of persons adopting safer sexual behavior, youth in the target community delaying first sexual intercourse etc.... The outcomes should lead to changes in the longer-term. These involve MoH, community partners, donors etc...

Impact: 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 etc...). These are long-term results and involve the NAA and wide range of other stakeholders.

3 - Indicators

Indicators for monitoring and evaluating progress regarding 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 mandate and organizational capacity, there is a need to be in line with nationally agreed 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 also not particularly useful. Table 2 gives examples of indicators for mainstreaming HIV and AIDS, with possible means of verification.

Methodologies and tools and tools for step 6 are provided in annex 6

Indicators	Means of verification
INTERNAL	
<ul style="list-style-type: none"> • 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 • No. of staff attending HIV AND AIDS information events (by gender, age) • No. of leaflets distributed (by location / target group) • No. of staff (by gender, age) using VCT services • No. of staff making use of offered treatment • No. of condoms distributed per week/month (by location) • Affirmative action policy & programme • Change in employment profile of the organization • Fair remuneration system established • Sexual harassment policy & programme in place 	<ul style="list-style-type: none"> • Questionnaire / survey • Questionnaire / survey • Attendance register • Distribution schedule • User register • User register • Distribution schedule • Policy & programme/ survey • Staff profile • Remuneration policy • Policy & programme/ survey
EXTERNAL	
<ul style="list-style-type: none"> • 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 • Knowledge, attitudes and behaviour among rights-holders/communities about people living with HIV AND AIDS + stigma • No. of rights-holders attending HIV AND AIDS information events (by gender, age) • No. of leaflets distributed (by location / target group) • Reduction in HIV AND AIDS-related poverty or discrimination • Enhanced access for women to assets (land, housing, etc.) 	<ul style="list-style-type: none"> • Distribution schedule • Questionnaire/survey • Questionnaire/survey • Attendance register • Distribution schedule • Survey • Asset register/survey

In Conclusion

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 strengthened country level action and delivery. Sector and programmes mainstreaming is a critical dimension of the overall HIV and AIDS mainstreaming process that can be brought about to improve development practice and achieve a level of harmonized multisectoral action that ensures workplace programs and responses for communities as a whole. Integrating HIV and AIDS requires national, sectoral and programmatic dimensions. It is important that there are 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 integrating planning, resource and programmatic issues for a multi-sector 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 by themselves. National, regional and global responses will influence outcomes of multisectoral actions. A wide-range networking and the development of communities of practice is an essential to harness information, resources and results, requiring a long term perspective. For this technical assistance and capacity development will be the mainstay. UNDP and UNAIDS and international partners (including other multilateral agencies, bilateral organizations of governments, foundations NGOs and academic institutions) in harmonizing their development assistance to countries, have relevant expertise and experience to be tapped. Additional technical resources, policy advice and networks to assist countries achieve their aims in integrating HIV and AIDS into planning for development.

ANNEXES

Annex 1: Step 1: Developing a shared goal and commitment

Methodology and tools for Shared vision and commitment

Tools	Uses	Strength and weakness	Sources
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	<p>Dominance of high status and aggressive, members is reduced, each has equal opportunity to participate.</p> <ul style="list-style-type: none"> + 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 fertilizations of ideas, reduce flexibility in discussions and expensive. 	
SWOT Analysis	Used to analyze internal strengths, weakness, of organizations, sector, programmes etc. and external opportunities and threats	<ul style="list-style-type: none"> + Can be used together with SWOT Analysis + Provides a snapshot of internal strengths and opportunities which and external opportunities + Used to identify the comparative advantages the organisation, sector, project have 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	<ul style="list-style-type: none"> + 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 	
Envisioning			

Annex 2: Step 2 – Preparing or Re-assessing sector HIV and AIDS profile

Predicting the impacts of AIDS on the organization, and analyzing the options for responding
 Source: Oxfam

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 which requires external expertise (see Barnett and Whiteside 2002:253 for an outline). 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, and 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. A simple example is given, to illustrate the process, in Tables 7.1 to 7.3. It is presented with caution, however, because although it is based on the experiences of Oxfam GB, it has not been tried and tested over several years. And, as with all models, it may be of little use to small organizations, where the small number of employees makes predicted impacts highly questionable.

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 7.1 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 7.2 shows this stage for the organization featured in

Table 7.1. The calculations suggest that its health costs will be seven per cent higher than they would have been without AIDS.

Table 7.1 Predicting the prevalence of HIV and AIDS within an organisation		
Predicting HIV and AIDS prevalence within the organisation	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	3.0	

Table 7.2 Predicting the direct costs of health care for employees with AIDS		
Predicting the direct cost of health care	Currency units	Notes
F: maximum allowable health costs 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 - E) x (30% of F) = H: likely health costs for employees who do not have AIDS	29,100	
E x F = I: likely health costs 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 7.3 suggests that the organization will experience ten per cent more days of staff absence than it would have done without AIDS.

Table 7.3 Predicting the indirect cost of absenteeism		
Predicting the indirect 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
$A \times (50\% \text{ of } J) = L$: likely absenteeism, without AIDS	2,500	
$(A - E) \times (50\% \text{ of } J) = M$: likely absenteeism among employees who do not have AIDS	2,425	
$(E \times J) + (E \times K) = N$: likely absenteeism among employees with AIDS	330	Assume staff with AIDS will take 100% of allowable sick leave and unpaid leave
$(M + N - L)/L \times 100 =$ estimated percentage increase in absenteeism as a result of AIDS	10%	

The example illustrated in Tables 7.1 to 7.3 is a very simple one. It deals only with employees, one form of benefit, and two forms of absenteeism, and it covers only one year. The calculations 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. (In Unit 2 of AIDS on the Agenda, downloadable from the website mentioned on page 61, the same calculations are shown for a five year period.)
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' dependants 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 dependants 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 dependants 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 dependants.

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 should 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 impacts on unquantified 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 the formulation or revision of a workplace policy.

Tools for situation and response analysis

Tool	Uses	Key Features: Strengths & Weaknesses	Sources
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 + Adopted for Danida programme in Ghana as PESTLEI to include analysis of the Legal, Environmental, and Institutional dimensions.	
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 its effects and builds consensus among stakeholders + Facilities the targeting of interventions - Demands identification of core problems - Process can be time consuming	
Scenarios	♣Used to provide a framework for normative forecasts of desired future conditions	Different end results can be compared + Facilitates decision making	
Community Conversation	Used to engage and animate communities to respond to key problems affecting them	Used in a number of African countries to promote community action + Used as a community communication mechanism	
Public Sector Reform Assessments	♣Used to gather and analyse public sector information on HIV AND AIDS ♣Adopted from UNAIDS/WHO and used in DRI Ghana to assess policy, strategies, institutional and organisation.	+ Can be used as a check list national policy analysis + Usually a good tool to identify what district institutions are doing regarding HIV AND AIDS, key government policies, development plans, levels of implementation, contributions made to the preparation of district plans 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	+ Useful for understanding the scope of the sectors involvement in HIV AND AIDS activities (i.e. 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 Adopted from TB/HIV WHO Manual 1996 and used in Burkina Faso & Uganda + DRI Study	
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	
PRA	♣Used to solicit community level community based information, a useful tool for project planning and implementation at the community level	+Used for DRI Ghana +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	
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 this could be financed and sustained +It is a tool for probing constraining and enabling factors affecting/likely to affect dev. Projects in the community	
Community Response Analysis Guide	♣Used to gather information on community responses to HIV AND AIDS either on individual or group basis	+Used as interview guide +Can be self administered +Developed for Zambia DRI study	
Community Focus Group Discussion Guide	♣ Used to assess community knowledge, attitudes and practices	+Facilitates community, leadership, resource mobilisation and management assessments	
UNAIDS situation and response analysis 4 modules			

Methodology and Tools for impact assessment

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 its effects and builds consensus among stakeholders + Facilitates 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	
Scenarios	♣Used to provide a framework for normative forecasts of desired future conditions	Different end results can be compared + Facilitates decision making	
Community Conversation	Used to engage and animate communities to respond to key problems affecting them	Used in a number of African countries to promote community action + Used as a community communication mechanism	
Venn Diagram	♣ Used to indicate inter relationships 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 +Used for Burkina Faso, Uganda DRI studies	

Annex 3: Step 3 – Formulating an activities plan for mainstreaming HIV and AIDS

Methodology and Tools for planning activities

Tool	Uses	Key Features: Strengths & Weaknesses	Sources
Logical Framework	<ul style="list-style-type: none"> ♣Facilitates decision making in identifying project purposes and goals and plan for project inputs and outputs 	<ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> ♣They are used to prioritise tasks, products and services based on weighted criteria. It is used to narrow down many identified, generated options, based on time, funds, manpower etc. 	<ul style="list-style-type: none"> + 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 	
Brainstorming Technique	<ul style="list-style-type: none"> ♣Used to generate alternative solutions to a problem, identify experts who will aid in different problem-solution phases 	<ul style="list-style-type: none"> + Original and innovative ideas are generated, and promotes cross fertilisation of ideas - May be unproductive if members are meeting each other for the 1st time - Superior-subordinate relationships outside the session could affect the free exchange of ideas in the session - Sessions may be dominated by 1 or 2 people if not properly moderated 	
Scenarios	<ul style="list-style-type: none"> ♣Used to provide a framework for normative forecasts of desired future conditions 	<ul style="list-style-type: none"> Different end results can be compared + Facilitates decision making 	
Community Assessment Form	<ul style="list-style-type: none"> ♣Used to understand the HIV AND AIDS knowledge, attitudes and practices of a community 	<ul style="list-style-type: none"> + 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 	
Critical Path Method	<ul style="list-style-type: none"> ♣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 	<ul style="list-style-type: none"> + Identifies critical activities that must be completed in time in order to end the entire project ASAP + 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 info a project manager may require i.e. skills of workers 	
Gantt Chart	<ul style="list-style-type: none"> ♣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 	<ul style="list-style-type: none"> + Simplicity and 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 	

Annex 4: 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 programmes.

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 and followed by Activities that ensures 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 be achieved (the output) for each objective, strategy or activity.

3. Target Indicators: This block gives an indicative (targeted) unit number of “VCT Clients”, or “New (VCT) sites” or “Number (of counselors) trained”. Occasionally, the target indicator could be in percent. Each year for the planned period (i.e. 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 counselor, this column will have the number 5. The next Columns, equivalent to the number of years for the plan period (i.e. 5 years), will each have the total number of units required to train, say, the target number of professional counselors for that year. These figures are obtained by multiplying the number in the Input per Target Unit Column (i.e. 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 one-off type 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 (i.e. 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 (i.e. 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 for 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 here below:

Proto-type Complete Framework Worksheet.

Objectives/ Strategies/ Activities	Target Description	Target Indicators					Input Measure	Units of Inputs					Cost Type	Unit Cost Yr. 1	Cost in (Currency)					Financed By			Financing Gap	Responsible Agency				
		1 Y	2 E	3 A	4 R	5 S		1 Y	2 E	3 A	4 R	5 S			1 Y	2 E	3 A	4 R	5 S	G	D	O						
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.																												

Methodology and Tools for costing and Budgeting

Tools	Uses	Strength and weakness	Sources
Planning, Costing and Budgeting Framework: User's Manual	For costing and budgeting HIV AND AIDS programmes	Good document for planning and costing HIV AND AIDS activities	UNAIDS
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 dev. Resources + Socially desirable objectives are treated as part of the evaluation criteria + Helps in comparing alternatives - Many social costs and benefits cannot be quantified	
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 + Adopted by DRI Ghana	
Prioritization Matrix	They are used to prioritise tasks, products and services based on weighted criteria. It is 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). + Good tool for decision-making relating to which action to take first, where a number of different possibilities exist	
UNAIDS guide			

Annex 5: Step 5 – Implementing planned activities and documentation

Methodology and Tools for implementation and monitoring

Tool	Uses	Key Features: Strengths & Weaknesses	Sources
Boston Matrix Analysis	Used to establish effectiveness of on going activities	<ul style="list-style-type: none"> + Useful for ongoing activities, suitable for response analysis + Could be used to establish the comparative advantages of institutions and implementing agencies 	
Force Field Analysis	Normally used to identify the forces that work for and against the achievement of a specific objective	<ul style="list-style-type: none"> + A good tool to identify opportunities and obstacles likely to affect a planned activity 	
Financial & Activity Reporting Format	Used to gather information about progress of ongoing activities	<ul style="list-style-type: none"> + 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 + Adopted by DRI Ghana 	
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	<ul style="list-style-type: none"> + Identifies critical activities that must be completed in time in order to end the entire project ASAP + 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 info a project manager may require i.e. skills of workers 	
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	<ul style="list-style-type: none"> + Simplicity and 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 	
Supporting national HIV and AIDS responses: an implementation approach			

Annex 6: Step 6 – Taking Stock

Comprehensive Monitoring and Evaluation Framework

Types of Monitoring and Evaluation:			
Formative Assessments and Research (concept and design)	Monitoring (monitoring inputs, processes, and outputs; assessing service quality)	Evaluation (assessing outcome and Impact)	Cost-Effectiveness Analysis (including sustainability issues)
Questions Answered by the Different Types of Monitoring and Evaluation:			
<ul style="list-style-type: none"> • Is an intervention needed? • Who needs the intervention? • How should the intervention be carried out? 	<ul style="list-style-type: none"> • To what extent are planned activities actually realized? • How well are the services provided? 	<ul style="list-style-type: none"> • What outcomes are observed? • What do the outcomes mean? • Does the program make a difference? 	<ul style="list-style-type: none"> • Should program priorities be changed or expanded? • To what extent should resources be reallocated?

Monitoring is the routine process of data collection and measurement of progress toward program objectives.

There are three main domains of information required in a monitoring system:

1. Inputs—Resources going into conducting and carrying out the project or program. These could include staff, finance, materials, and time.
2. Process—Set of activities in which program resources (human and financial) are used to achieve the results expected from the program (e.g., number of workshops or number of training sessions).
3. Outputs—Immediate results obtained by the program through the execution of activities (e.g., number of commodities distributed, number of staff trained, number of people reached, or number of people served).

Monitoring addresses the following questions:

1. To what extent are planned activities actually realized? Are we making progress toward achieving our objectives?
2. What services are provided, to whom, when, how often, for how long, and in what context?
3. How well are the services provided?
4. What is the quality of the services provided?
5. What is the cost per unit service?

Monitoring also assesses the extent to which a program or project:

1. Is undertaken consistently with each design or implementation plan
2. Is directed toward the specified target group

Source: FHI Module 1

Evaluation is the use of social research methods to systematically investigate a program's effectiveness.

Evaluation is used for the following:

1. To assess the changes in the target group (e.g., changes in risk behavior)
 2. To assess the extent to which objectives have been met. It is the process of determining the effectiveness of a program or a project.
 3. To track the outcomes and impacts of programs or projects at the larger population level, as opposed to the program or project level:
- Outcomes—Short-term or intermediate results obtained by the program through the execution of activities
 - Impact—Long-term effects (e.g., changes in health status). This can be through special studies with wide district, regional, or national coverage.

Evaluation addresses the following questions:

1. What outcomes are observed?
2. What do the outcomes mean?
3. Does the program make a difference?

Evaluations are conducted to find out what has happened as a result of a project or program or a set of projects and programs. Conducting evaluations is very challenging for several reasons:

1. Rigorous study design that includes a comparison or control group
2. Finding a way to measure the effects of your project or program separate from other projects and programs in the same target group or geographic area
3. Insufficient staff (who can coordinate and guide evaluation design and implementation, including when evaluation is conducted by an external body)
4. Lack of skill in evaluation design, data collection methods (both quantitative and qualitative), analysis, write-up, and dissemination
5. Insufficient financial resources (NGOs face a multitude of pressing priorities and may not be able to spare or raise the extra money needed)

Outcome and impact evaluation is intimately connected to process monitoring. Process information can help the evaluator understand how and why interventions have achieved their effects and, perhaps, what specifically is making the difference. Examining outcome and impact indicators without assessing program implementation might lead to erroneous conclusions about the effectiveness of the interventions.

Source: FHI Module 1

ⁱ Although the National Action Framework for HIV/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/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/AIDS.

ⁱⁱ See footnote 3, same page.

ⁱⁱⁱUNAIDS (2004), Support to Mainstreaming AIDS in Development, UNAIDS Secretariat Strategy Note and Action Framework 2004-2005, Geneva: UNAIDS, p. 4.

^{iv}Van Donk, M. (forthcoming), Development Planning and HIV/AIDS in Sub-Saharan Africa, Study Report prepared for the UNDP Regional Project on HIV and Development in Sub-Saharan Africa, Johannesburg: UNDP.

^v This phrase is taken from a paragraph heading in Holden (2004), p. 285.

^{vi} 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/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.

^{vii} FHI guide module 3