CARE Mozambique

TOOLKIT 2:
STEP-BY-STEP FACILITATOR GUIDE to Mainstream HIV/AIDS into Existing Projects

(Phase 2: Mainstreaming HIV/AIDS at Programme/Project level)

Developed by:
Penny Bardsley and Louise Robinson
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penny@moremi.demon.co.uk
robinson@caremoz.uem.mz

TABLE OF CONTENTS

Verwijderd: 2
Verwijderd: 5
Verwijderd: 6
Verwijderd: 9
Verwijderd: 1
Verwijderd: 1
Verwijderd: 1
Verwijderd: 1
Verwijderd: 1
Verwijderd: 1
Verwijderd: 1
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 2
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 3
Verwijderd: 4
Verwijderd: 4
Verwijderd: 4
Verwijderd: 4
Verwijderd: 4

Verwijderd: 4
Verwijderd: 4
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Verwijderd: 7
Verwijderd: 8
Verwijderd: 8
Verwijderd: 8
Verwijderd: 8
Verwijderd: 8
Verwijderd: 9
Verwijderd: 9
Verwijderd: 9
Verwijderd: 9

Verwijderd: 9
Verwijderd: 9
Verwijderd: 9
Verwijderd: 1

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AOP	Annual Operating Plan
APAs	Annual Performance Appraisals
CBOs	Community Based Organisations
FBOs	Faith Based Organisations
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organisation
IOP	Individual Operating Plan
NGOs	Non-governmental organisations
PLWHA	People living with HIV/AIDS
SADC	Southern Africa Development Community
SMT	Senior Management Team
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOR	Terms of Reference
VCCT	Voluntary Confidential Counselling and Testing

BIBLIOGRAPHY

Agriculture

FAO 2. *The impact of HIV/AIDS on agricultural production: Effects at the household level*
http://www.fao.org/docrep/x0259e/x0259e02.htm#TopOfPage

FAO 3. *The impact of HIV/AIDS on traditional coping mechanisms in rural economies*
http://www.fao.org/docrep/x0259e/x0259e03.htm#P89_13401

FAO 4. *The impact of HIV/AIDS on the extension service*
http://www.fao.org/docrep/x0259e/x0259e04.htm#P109_19131

WARDA [West Africa Rice Development Association] *Annual Report 2002-02 Mainstreaming HIV/AIDS into Agricultural Research and Development*
http://www.warda.org/publications/AR01menu.htm

Food Security

du Guery J 2002 *Meeting the HIV/AIDS Challenge to Food Security* (South East Asia) UNDP, FAO
http://www.hiv-development.org/text/publications/Meeting-challenge.pdf

FAO *Measuring impacts of HIV/AIDS on rural livelihoods and food security*
http://www.livelihoods.org/info/docs/FAO-HIV.doc

Harvey P 2003, *HIV/AIDS: What are the implications for humanitarian action*? Humanitarian Policy Group Overseas Development Institute [Draft version]
http://www.odi.org.uk/hpg/papers/drafthiv.pdf

Health

HIV and Safe Motherhood 2002, Healthlink Worldwide, London [CD]

Child Needs Assessment Took Kit 2002 The Task Force for Child Survival and Development
http://www.taskforce.org/pdf/AIDSkit.pdf

Gender

Feinsten N, Prentice B, 2000 *Gender and AIDS Almanac* UNAIDS Geneva Switzerland
http://www.unaids.org/gender/docs/Gender%20Package/GenderandAIDSAlmanac.pdf

General

Adeyi O, Hecht R, Njobvu E, Soucat E 2002 *AIDS, Poverty Reduction and Debt Relief,* UNAIDS, Geneva, Switzerland

www.unaids.org/publications/documents/economics/agriculture/JC536-Toolkit-E.pdf

AED 2003 *Multisectoral Responses to HIV/AIDS A Compendium of Promising Practices from Africa.* Academy of Educational Development, Washington DC, USA
www.usaid.gov/pop_health/aids/TechAreas/multisectoral/

Elsey H, Kutengule 2003 *HIV/AIDS Mainstreaming, A Definition, Some Experiences and Strategies* HEARD, University of Natal, South Africa
http://www.und.ac.za/und/heard/papers/DFID%20mainstreaming%20report_Jan031.pdf

Mullins D 2002 *Mainstreaming HIV/AIDS into Development: What it can look like*
www.oxfam.org.uk/hivaids/mainstreaming.html

UNDP 2002 *Communities Facing the HIV/AIDS Challenge* (South East Asia)
http://www.hiv-development.org/text/publications/crisis.pdf

Wilkins M, Vasani D 2002 *Mainstreaming HIV/AIDS looking beyond awareness,* VSO Pretoria and London
www.vso.org.uk/raisa/mainstreaming.pdf

Livelihoods

Seeley J 2002 *Thinking with the livelihoods framework in the context of the HIV/AIDS epidemic* University of East Anglia UK
http://www.livelihoods.org/info/docs/SLFraHIV.doc

Seeley J. Pringle C. 2002 *Sustainable Livelihoods Approaches and the HIV/AIDS epidemic. A preliminary resource paper*
http://www.livelihoods.org/info/docs/SLAHIVprelim.doc

White J. Robinson R. 2000 *HIV/AIDS and Rural Livelihoods in Sub-Saharan Africa*, University of Greenwich London
http://www.livelihoods.org/info/docs/aidspolicyseries6.pdf

Microfinance

Horizons 2002 *Microfinance and Households Coping with HIV/AIDS in Zimbabwe: An Exploratory Study,* Population Council, Washington DC https://www.popcouncil.org/pdfs/horizons/microfinzimbfnl.pdf.
Summary
http://www.popcouncil.org/pdfs/horizons/microfinzimbsum.pdf

Parker J 2000 *Discussion Paper: Microfinance and HIV/AIDS Development* Alternatives Inc
http://www.iaen.org/library/parker.pdf

Parker J. Singh I. Hattel K. 2000 *The Role of Microfinance in the Fight Against HIV/AIDS*, Development Alternative, Inc Bethesda USA
http://www.popcouncil.org/pdfs/horizons/microfinzimbsum.pdf

Rights Based Approaches

Kisoon C, Caesar M, Jithoo T 2002 *Whose Right?* AIDS Review 2002, University of Pretoria, South Africa
www.csa.za.org/article/articlestatic/28/1/2/

Water and Sanitation

Kamminga E. Schuringa-. M 2003 *HIV/AIDS and water and sanitation and hygiene Thematic Overview Paper* IRC International Water and Sanitation Centre
http://www.irc.nl/view.php?file=/top/hivaids.pdf

Turton, A.R. & Henwood, R. (Eds.) 2002 *Hydropolitics in the Developing World: A Southern African Perspective*, African Water Issues Research Unit (AWIRU) www.internationalwaterlaw.org/Articles/hydropolitics_book.pdf

Youth

Newton N. 2000 *Applying Best Practices to Youth Reproductive Health*, SEATS, Arlington USA
http://www.seats.jsi.com/youthpaper.pdf

Population Council 1999, *Peer Education and HIV/AIDS: Past Experience, Future Directions.* [online] Population Council
http://www.popcouncil.org/pdfs/peer_ed.pdf

Senderowitz, J. 1998, *Involving Youth in Reproductive Health Projects*. Focus on Young Adults, Pathfinder International, The Futures Group International, Tulane
http://www.pathfind.org/RPPS-Papers/Involving%20Youth.html

OVERALL INTRODUCTION: TOOLKITS 1, 2 AND 3

The TOOLKITs have been developed in recognition of the growing need to address the issue of mainstreaming HIV/AIDS at programme and project level and are aimed at CARE staff involved in the process of HIV/AIDS mainstreaming.

The word 'mainstreaming' is used to describe a process where action is taken by a programme or a project to address both HIV/AIDS issues faced by staff in their personal and working lives and in the lives of people living in communities where programmes/projects are implemented. The goal of 'mainstreaming HIV/AIDS' is primarily to ensure that the impact of HIV/AIDS is assessed and addressed within an organization and through project work in all sectors.

Through mainstreaming, HIV/AIDS becomes aligned with the core business of a programme and its projects and is not an "add-on". Mainstreaming is not about changing the core functions and responsibilities of a programme/project. It is concerned with viewing a programme/project with an "HIV/AIDS lens" and refocusing that programme/project to take into account both the causes and effects of HIV/AIDS.

This is the second of three TOOLKITS and has been designed to assist programmes/projects to mainstream HIV/AIDS into existing project activities. These TOOLKITS although, in the main, step-by-step guides, contain some supportive material. This supportive material includes discussion guides, which focus on key areas of work, for example agriculture and microfinance, and list issues that may need to be discussed in relation to HIV/AIDS and a particular area of work. These are guides only and staff are encouraged to source information from other sources including the internet (where facilities allow).

Although presented as a sequential process, it is useful to recognise that mainstreaming HIV/AIDS involves attitude change and the development of an understanding of the complexity of HIV/AIDS and may not occur chronologically. The TOOLKITS provide a backdrop, which will, hopefully, enable project staff to be imaginative and pro-active in making changes to the way in which they work in order to mitigate the causes and the effects of the HIV/AIDS pandemic.

The TOOLKITs had their origins in work that was developed with CARE Lesotho-South Africa in 2002. This was in the main influenced by CARE's HIV/AIDS programming framework, and Oxfam's documented experiences in mainstreaming HIV/AIDS. This initial work was further developed by CARE Mozambique.

It is recognised that each and every project and programme is structured differently. These Toolkits outline either the process actually implemented by CARE Mozambique, or the process, which CARE Mozambique is planning to implement. Whilst these may not be entirely appropriate for other projects and programmes, they are not prescriptive and can be adapted to suit local conditions.

PHASE 1: TOOLKIT 1 **Workplace Policy**	
Purpose	In the experience of other organizations, the development of an internal HIV/AIDS workplace policy is seen as the first step in the process of mainstreaming HIV/AIDS. This phase, therefore, focuses on addressing HIV/AIDS issues faced employees. It is hoped that through this process HIV/AIDS is internalised as a personal issue for staff and their families, rather than just a professional challenge affecting the people with whom they work. Internalisation is approached through the development, implementation and monitoring of a Workplace Policy to address HIV/AIDS issues faced by staff in their personal and working lives The creation of a policy also provides the opportunity to confront societal discrimination and stigma of those infected and affected by HIV/AIDS
Contents	**Contents:** **Facilitator Guide:** This describes a facilitated step-by-step process to create a workplace policy **Annex**: This describes examples of steps taken in workplace policy development from a number of CARE country offices in Southern Africa.

PHASE 2: TOOLKIT 2 **Mainstreaming HIV/AIDS into existing programmes/projects**	
Purpose	In order to address HIV/AIDS issued faced by people living in communities where programmes/projects are implemented, Phase 2 focuses on a comprehensive programme review, followed by the integration of appropriate HIV prevention, care and mitigation activities in programmes or projects, so that such activities better meet the needs of households affected by HIV. [The affected could include individuals who care for the sick, who have lost family members, who have lost income due to the illness or death of someone in the household or who care for orphans.]

Contents	**Facilitator Guide:** This describes a facilitated step-by-step process to first conduct a comprehensive programme review to enable Project Mainstreaming Team members to build up a portfolio of information which can be used when consideration is given to mainstreaming HIV/AIDS into the Project Logical Framework (Aims and Objectives) and Operational/Implementation Plan

PHASE 3: TOOLKIT 3 **Mainstreaming HIV/AIDS into new programmes/projects**	
Purpose	Phase 3 provides a variety of information to assist Project Planners to consider and analyse key issues when mainstreaming HIV/AIDS into new projects. a. Phase 3 makes the assumptions that Project Planners have a minimum ***basic knowledge of HIV/AIDS.***
Contents	**Project Planner's Guide:** TOOLKIT 3 synthesizes information to enable Project Planners to consider HIV/AIDS related issues at each stage of the project cycle. Key to the Project Planners' Guide are Checklists at each stage of the Process i.e. • Introduction • Stage 1: Needs Assessment • Stage 2: Project Planning/design/development • Stage 3: Implementation • Stage 4: Evaluation These checklists aim to prompt Project Planners re specific areas to consider when mainstreaming HIV/AIDS into new projects

FRAMEWORK: MAINSTREAMING HIV/AIDS INTO EXISTING PROJECTS

PREPARATION Formation of Project Mainstreaming Teams		
Exercise No.	**Topic**	**Method**
1 DAY MAINSTREAMING MEETING: PARTS 1 and 2		
PART 1: Identification of Need		
1.1	Aims and Objectives of Mainstreaming Meeting	Input
1.2	Exploration of HIV Prevalence Rates, the causes and consequences of HIV/AIDS and gender issues (*if all PMTeam members have not attended the one-day staff workshop)	Quiz and discussion
1.3	Identification of effects of HIV/AIDS on human, financial, social, natural and physical capital of households through increasing existing vulnerability and impacting on the assets of households	Silhouettes Exercise
1.4	Identification of causes of high rate of HIV infection	Causal tree
1.5	Identification of effects/consequences of high rate of infection	Causal tree
1.6	Identification of vulnerable groups	Brainstorm and diamond nines
PART 2: Understanding Mainstreaming		
2.1	What is mainstreaming HIV/AIDS?	Choosing from definitions
2.2	Challenges of Mainstreaming	Case Study

PART 3: Fieldwork: Identification of Need in the Field		
3.1	Part 1: Community Analysis to assess the impact of HIV/AIDS on livelihoods within the communities in which the project is working	Silhouettes exercise with youth, males, females and older people using a silhouette exercise and checklist
3.2.	Identification of Vulnerable Groups	Discussion and use of checklist
3.3.	Identification of local NGOs, CBOs and FBOs involved in HIV/AIDS prevention, care and mitigation activities	Checklist
2 DAY MAINSTREAMING MEETING: PARTS 4, 5 and 6: Planning: Mainstreaming Project Activities		
PART 4: Planning: Mainstreaming HIV/AIDS into Project Logframe		
4.1	Key points to take into account when mainstreaming HIV/AIDS into a Project Logframe	Presentation and discussion Use of sample Logical Framework
4.2	Identification of potential changes to be made to Project Logframe	Project Logframe
4.3	Identification of Current Project Target Group and potential changes which may need to be made to target group	Questionnaire
PART 5: Planning: Mainstreaming Project Activities (Operational/Implementation Plan)		
5.1	Identification of project activities that can be mainstreamed to take into account the causes of HIV/AIDS	Operational/Implementation Plan Topic specific discussion guides to facilitate discussion on mainstreaming

5.2	Identification of which project components can be mainstreamed to take into account the effects of HIV/AIDS	Use of Logical Framework Discussion Topic specific discussion guides to facilitate discussion on mainstreaming
5.3	Identification of links with Organisations and identification of additional people and organisations with whom the project may need to establish links	Venn diagram
5.4	Identification of Process to Mainstream HIV/AIDS into Project Activities	Example of Change Chart
PART 6: Implementation		
6.1	Development of a draft time frame for mainstreaming	Quarterly 2 Year Work Plan
6.2	Identification of factors which may assist in mainstreaming HIV/AIDS and factors which may hinder mainstreaming HIV/AIDS	Creation of a Force Field Analysis
PART 7: Monitoring and Evaluation		
7.1	Identification of Monitoring and Evaluation Process	Discussion
7.2	Follow-Ups: Monitoring and Evaluation	SWOC analysis (Follow-Up 1)

PREPARATION: FORMATION OF PROJECT MAINSTREAMING TEAMS

Objectives	✓ To establish Project Mainstreaming Team/s
Rationale	It is recommended that representatives of each Project are involved in mainstreaming their own project activities, including fieldwork in the communities with whom they work.
Who	*Sub-Office/office Co-ordinator* *SMT*

Guidelines

✓ It is recommended that separate PMTeams are established for <u>each</u> project. Each office/sub-office can determine how this process is led. Consideration could, however, be given to including the following:

CARE Project

- ✓ Two/three representatives from each project (including, where appropriate a representative from the HIV/AIDS Co-ordination Committee)
- ✓ Sub-Office Co-ordinator (where appropriate)
- ✓ HIV/AIDS/Health Co-ordinator
- ✓ Two/three representatives from relevant CBOs with whom CARE is currently working

Partner Organisations

- ✓ Facilitator – preferably with experience in HIV/AIDS
- ✓ Two/three representatives from partner organisation
- ✓ Two/three CARE representatives

✓ It is recommended that PMTeam members have:
Basic knowledge of HIV/AIDS. For example have been involved in:

a. Workshop: A basic introduction to HIV/AIDS for CARE (Mozambique) employees. Attendance at this workshop will determine whether or not Exercise 1.2 should be carried out.
b. Stepping Stones
c. Similar Workshop

✓ HIV/AIDS Co-ordinators (or person leading the process) can set up an initial one-day PMTeam meeting to introduce mainstreaming HIV/AIDS into project activities and discuss any necessary fieldwork

If you are working with partner organisations and such organisations have not participated in basic HIV/AIDS training (for example do not have the basic facts and have not addressed stigma and discrimination) or have not worked

through Stepping Stones, it may be appropriate to set up an additional meeting to address these issues. **Example 3 in Annex Toolkit 1: Step-by-Sept Facilitator Guide to Internalise HIV/AIDS in the workplace** can be used for this purpose

MAINSTREAMING MEETING 1
PART 1: IDENTIFICATION OF NEED
EXERCISE 1.1: INTRODUCTION TO MEETING 1

Objectives	✓ To discuss expectations of the meeting ✓ To introduce the aims and objectives of the meeting ✓ To create ground rules for the meeting
Rationale	
Resources	**Materials 1:** Aims and Objectives of Meeting **Materials 2:** Overview of Mainstreaming Project Activities **Materials 3:** Programme for DAY 1
Methods	Facilitator Input
Time Needed	30 minutes
Background Reading	

Note: The guide suggests two mainstreaming meetings with fieldwork between these two meetings. These are suggestions only and each project needs to decide on its own timeframe for how they will conduct the process.

Process

- ✓ Find out expectations of each PMTeam member of the meeting and introduce aims and objectives of the meeting (Materials 1: Flipchart) and match PMTeam members' expectations with objectives, clarifying any ambiguities and misunderstandings.

- ✓ Explanation that Phase 1 has focussed on addressing HIV/AIDS issues faced by employees and the development of an HIV/AIDS Workplace Policy. Phase 2 focuses on reshaping individual project activities, so that such project activities better meet the needs of households affected by HIV.

Use "Overview Mainstreaming HIV/AIDS into Project Activities" to explain the process **(Materials 2: Flipchart**). Then introduce the programme for DAY 1 (**Materials 3**: Flipchart)

- ✓ If more than one PMTeam is present at the meeting, explain that some exercises will be done together but that some will be done in Project Teams.

- ✓ Explanation of Ground Rules: As HIV/AIDS can be a sensitive topic there is a need to create ground rules

EXERCISE 1.2: EXPLORATION OF PREVALENCE RATES, CAUSES AND EFFECTS OF HIV/AIDS AND GENDER ISSUES

Note: This exercise should only be undertaken if <u>all</u> the PMTeam members have not attended "A basic introduction to HIV/AIDS for CARE (Mozambique) employees".

Objectives	✓ To describe the country prevalence rate of HIV/AIDS ✓ To begin the process of internalising HIV/AIDS as individuals through addressing issues connected with the country prevalence rate
Rationale	The exploration of HIV Prevalence rates, the causes and consequences of HIV/AIDS and gender issues connected with HIV/AIDS play an important part in enabling individuals both to internalise HIV/AIDS and to provide a context in which to address the issue.
Resources	**Materials 4:** Multiple Choice Questionnaire **Materials 5:** Multiple Choice Questionnaire with prompt questions
Methods	Questionnaire Group Discussion Individual Reflection Paired Discussion
Time Needed	30 minutes
Background Reading	

Process

- ✓ Each member of the Project Mainstreaming Team should complete **Multiple-choice questionnaire: Prevalence levels and issues connected with HIV/AIDS (Materials 4).** Each person should be asked to think about why they selected a particular answer, in order that they can discuss their justification for each particular answer.

- ✓ Form into small groups. If more than one PMTeam is taking part in the meeting, divide the group into small groups and ask each group to discuss their answers and justifications. There is no need for the small group to come to an agreement on answers. In the large group, the facilitator should lead a discussion using the prompt questions contained in the questionnaire **(Materials 5).**

- ✓ Individual reflection on the implications of what has been discussed for the person; their brothers and sisters; their mother and their father which is shared with one person in the group

- ✓ Summarize with group key learning points from this Exercise

EXERCISE 1.3: IDENTIFICATION OF EFFECTS OF HIV/AIDS ON LIVELIHOODS

Objectives	✓ To describe the way in which HIV/AIDS impacts on household assets (human, financial, social, natural and physical)
Rationale	This exercise, which will also be used by PMTeam members in the field, identifies the effects of HIV/AIDS on livelihoods and provides information which will be used when consideration is given to mainstreaming HIV/AIDS into Project Activities,
Resources	**Materials 6:** Silhouette cut-outs representing persons of different ages and sex. All should have a yellow dot on one side and some should have a blue dot on the back
Methods	Silhouettes[1]
Time needed	One hour and 30 minutes
Background Reading	HIV/AIDS and the Deterioration of Families and Rural Communities[2]] **(Materials 7)**

Process

- ✓ This group exercise draws on the livelihoods framework[3] to explore the effects of the shock/stress of HIV/AIDS on the assets of households.
- ✓ If you are working with more than one PMTeam, divide the projects into groups of three to four people. These groups do not need to be project specific
- ✓ Place piles of silhouettes **(Materials 6)** of men, women, children, old men and old women on a table with yellow dot uppermost
- ✓ Ask each group to select silhouettes that represent members of an imaginary household in the projects with whom they work
- ✓ Ask each group to develop a story of their imaginary family, indicating the roles the members play in terms of meeting the economic, social, health and other needs of the family

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[1] Adapted from Oyra Srinivasan, ACDIL Goa, India, a Learning Tool which is used in Section 2: Gender Concerns in HIV and development
www.workinfo.com/free/Downloads/AIDS/genaids1.htm

[2] Extract from Committee on World Food Security – 27th Session, Rome 2001, The Impact of HIV/AIDS on Food Security
http://www.fao.org/docrep/meeting/003/Y0310E.htm#P87_4352

[3] Frankenberger T R et al 2002 *CARE Household Livelihood Security Assessments, A Toolkit for Practitioners*, Atlanta, USA

- ✓ Ask the group to turn over the cards to expose the other side where some of the cards are marked with a blue dot. This blue dot indicates that the person is infected with HIV or has AIDS

- ✓ Ask the group to develop the story further by reflecting on and discussing how the introduction of the Shock and Stress of HIV/AIDS will over the long term affect the family roles established, and the well-being of the family as a whole.

Initiate a discussion on the direct impact of HIV/AIDS on the sources of household capital (see 1-6 below. Ensure that the impact on the following livelihood outcomes and included and recorded:

- Food and nutrition
- Health
- Provision of water
- Provision of shelter
- Education of children
- Ability to participate in community activities
- Personal Safety

- ✓ In sub-Saharan Africa women form the majority of those living with HIV/AIDS. It is, therefore, imperative that information is gathered concerning the gender dimensions of the impact of AIDS.

- ✓ Ask PMTeams to record under the headings below the impact of HIV/AIDS on households and to highlight comments, which are particularly appropriate to their field of work, e.g. microfinance, health

1. Impact of HIV/AIDS on skills, knowledge, ability to work and health of households [Human capital]. For example reduced availability of labour.
2. Impact of HIV/AIDS on financial resources, including savings, credit and income of households [Financial capital]. For example additional expenditure, reduction in household income.
3. Impact of HIV/AIDS on membership of groups, social relationships and access to other institutions in the society [Social capital]. For example informal credit institutions may weaken.
4. Impact of HIV/AIDS on natural resources, for example land, water and wildlife (Natural capital]. For example land-use may be changing.
5. Impact of HIV/AIDS on basic infrastructure, e.g. transport, shelter, energy communications and water systems and other means that enable people to carry out their livelihoods [Physical capital]. For example, less time available for fuel collection
6. Impact on women

- ✓ At the end of the exercise explain that as part of the fieldwork PMTeams will be asked to conduct the silhouette exercise with groups in the community with whom they work. This will be discussed further.

EXERCISE 1.4: IDENTIFICATION OF CAUSES OF HIGH HIV RATE OF INFECTION

Objectives	✓ To identify the causes of the country prevalence rate though conducting a Causal Analysis using a Causal Tree
Rationale	The causes and effects of HIV/AIDS are both complex and interconnected. Causal Analysis is based on cause-effect relationships and is an approach, which can illustrate the relationships between behaviours, conditions and problems. Causal Trees use a systems approach to analysing the cause and effect of a problem in two stages. This exercise will concentrate on the identification of the causes of high rates of HIV infection in a country/region. This structured method facilitates PMTeam members to identify the causes of the country prevalence rates. The information gained through this exercise will be used when consideration is given to mainstreaming HIV/AIDS into Project Activities
Resources	**Materials 8:** Sample Causal Tree: Causes 1. A5 pieces of coloured card, marker pens, tape 2. Country prevalence rates[4] 3. Problem Statement Card: High rate of HIV infection
Methods	Causal Analysis through Creation of a Causal Tree
Time Needed	One hour
Background Reading	CARE Project Design Handbook[5]

Process

✓ Use **Materials 8: Sample Causal Tree: Causes** which relates to malnutrition, to illustrate the logic behind a Causal Tree

✓ Explain that a Causal Tree begins with a problem statement and that to write a problem statement, the condition the project is intended to address is determined; the population affected by the condition is then identified and the area or location of the population named. In the example the condition is “high malnutrition” rates, the population is “children under 5” and the area is Inhambane Province.

✓ Through a Causal tree three primary causes are identified. Cause Statements are chosen which avoid leaving too much of a logic gap between the causes and the problem. For each primary two secondary

[4] http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Mozambique_en.pdf

[5] Caldwell R. CARE Project Design Handbook
http://www.kcenter.com/phls/Project%20Design%20Manual%20_1.1_.pdf

causes are identified. Questions are asked to lead to the next level until no more levels can be determined.

- ✓ When the principles of creating a Causal Tree are understood, create or introduce a problem statement, which relates to the high rate of infection. For example: High rate of HIV infection in adults aged 15-49 years in Mozambique.

- ✓ Write this on a piece of coloured card and place in the centre of a blank wall.

- ✓ Determine three primary causes of the problem. For example a primary cause of HIV could be having unprotected sex.

- ✓ Write the three primary causes on card and place below the problem card to start the creation of a "Causal Tree"

- ✓ For each primary cause choose two secondary causes – write these on cards and place on the "Tree"

- ✓ Keep asking, "What is the cause of this?" This will lead to a statement card at the next level?"

- ✓ Conclude each part of the tree when the level is reached at which no more causes can be determined

- ✓ Work through an HIV/AIDS example[6] from the Problem Statement

Primary cause: Having unprotected sex
Cause: People want Flesh to Flesh
Cause: Show Trust
Cause Lack knowledge
Cause: Lack of information
Cause: People living in remote areas

- ✓ Ask PMTeam members to record the outcome of **Exercise 1.4**

[6] TEAM and HCLP Projects: Mainstreaming HIV/AIDS Meeting 1: Meeting Report

EXERCISE 1.5: IDENTIFICATION OF EFFECTS OF HIGH HIV RATE OF INFECTION

Objectives	✓ To identify the effects/consequences of the country prevalence rate through the use of a Causal Tree
Rationale	This exercise uses information gained in the silhouettes exercise and identifies the effects of the country prevalence rate on livelihoods and provides information which will be used when consideration is given to mainstreaming HIV/AIDS into Project Activities
Resources	**Materials 9:** Sample: Causal Tree: Effects 1. A5 pieces of coloured card, marker pens 2. Problem Statement Card: High rate of HIV infection
Methods	Causal Analysis through Creation of a Causal Tree
Time Needed	One hour
Background Reading	CARE Project Design Handbook

Process

- ✓ Use the Information recorded after the Silhouettes Exercise 1.3 to continue with the development of the Causal Tree, to incorporate the effect/consequences. This is developed in a similar way to the previous exercise but examines the effects of the problem. **See Materials 9: Sample: Causal Tree: Effects**

- ✓ The Primary Problem remains in the centre. Above this, the three main effects are identified. At each effect level: the question is asked, "What is the effect of this?"

- ✓ Ask PMTeam members to think of general effects, and then as they go down a level, how this effect relates to their area of work. Work through an example:

  Effect: More people are sick
  Effect: More people are caring for sick relatives
  Effect: CBO members are unable to attend meetings
  Effect: Work of the CBO is unable to continue in its present format

- ✓ Conclude each part of the tree when the level is reached at which no more effects can be determined

- ✓ Ask PMTeam members to record the outcome of Exercise 1.5

EXERCISE 1.6: IDENTIFICATION OF VULNERABLE GROUPS

Objectives	✓ To identify groups which are vulnerable to HIV/AIDS
Rationale	This exercise uses information gained in the last three exercises to identify those in the community whose lives are most affected by HIV/AIDS. It provides information, which will be used when consideration is given to mainstreaming HIV/AIDS into Project Activities.
Resources	**Materials 10:** Task Sheet: Diamond Nines Exercise Vulnerable groups Pieces of coloured card Information gained from Exercises 1.3, 1.4 and 1.5
Methods	Brainstorm Diamond Nines
Time Needed	30 minutes
Background Reading	

Process

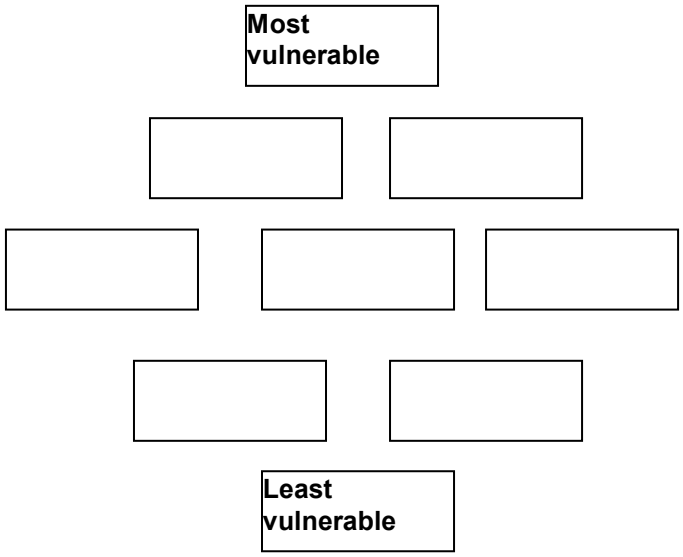
PART 1:

- ✓ Identify groups of people whose lives are affected by HIV/AIDS. For example
  1. The lives of older women could be affected as they become increasingly involved in caring for orphans, as a result of their daughters and sons dying of AIDS
  2. The lives of young people could be affected as they take increasing responsibility in the household, as a result of their parents becoming sick with AIDS

- ✓ If the number of groups of people, whose lives are affected by HIV/AIDS, identified comes to more than nine, then PMTeam members need to eliminate some groups, so that nine groups only remain. This should be done by prioritising those most affected.

PART 2:

- ✓ PMTeams may consider that some people are equally affected by HIV/AIDS. Diamond Nines Exercise provides an opportunity to do this. With the nine cards, which remain from PART 1, demonstrate how using the Diamond Nines formula can allow equal prioritisation at different levels through the formation of a diamond shape.



- ✓ Ask PMTeam members to record the outcome using **Materials 10: Task Sheet: Notes: Diamond Nines Exercise: Vulnerable groups**

- ✓ In relation to the three most vulnerable groups discuss:
  "Why are they vulnerable?" (What factors make people vulnerable?)
  "What is the size of the vulnerable populations?

PART 2: UNDERSTANDING MAINSTREAMING HIV/AIDS
EXERCISE 2.1: WHAT IS MAINSTREAMING HIV/AIDS?

Objectives	✓ To identify the meaning of 'Mainstreaming HIV/AIDS
Rationale	There can be confusion about the meaning of "Mainstreaming HIV/AIDS". This exercise compares three descriptions of mainstreaming, in order that the cohesive nature of HIV/AIDS mainstreaming can be understood
Resources	**Materials 11:** Multiple Choice Questions: What is mainstreaming **Materials 12:** Handout: What is Mainstreaming?
Methods	Multiple-choice Questionnaire
Time Needed	45 minutes
Background Reading	*Mainstreaming HIV/AIDS into Development: What it can look like*[7] [6 page article which gives pragmatic advice on three aspects of mainstreaming] *HIV/AIDS Mainstreaming, A Definition, Some Experiences and Strategies*[8] [Resource pack aimed at managers and decision-makers with government ministries who are devising strategies to mainstream HIV/AIDS with their sectors]

- ✓ Give participants **Materials 11: Multiple Choice Questions: What is Mainstreaming?** Ask participants to indicate the primary function of mainstreaming, explaining that individuals will be asked to justify their choice.

- ✓ Using any background reading ensure that PMTeam members recognise that mainstreaming is concerned with viewing a programme/project with an "HIV/AIDS lens" and refocusing that programme/project to take into account both the causes and effects of HIV/AIDS. For example, as an increasing number of people become sick or care for the sick, labour saving approaches become more necessary. Some examples from Oxfam[9] are detailed in **Materials 12.** As well as these examples, which relate to agriculture, a water project could, introduce treadle pumps to make it easier for people to obtain water and a microfinance project could allow a well adult in the household to replace a sick microfinance client. Ask PMTeam members to discuss in pairs, one example of how their own projects might mainstream.

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[7] www.oxfam.org.uk/hivaids/mainstreaming.html

[8] http://www.und.ac.za/und/heard/papers/DFID%20mainstreaming%20report_Jan031.pdf

[9] Flyer w: Practical Outcomes of HIV/AIDS Mainstreaming
http://www.oxfam.org.uk/hivaids/downloads/flyer2.pdf

EXERCISE 2.2: CHALLENGES OF MAINSTREAMING

Objectives	✓ To identify the challenges of mainstreaming project activities
Rationale	The introduction of mainstreaming into project activities can present challenges and reservations have been expressed about the use of this strategy in some contexts. The information gained from this exercise may both develop PMTeam members understanding of HIV/AIDS mainstreaming and enable them to express their concerns about the process.
Resources	**Materials 13:** Case Study: Challenges of Mainstreaming
Methods	Case Study
Time Needed	45 minutes
Background Reading	

Process

✓ Ask PMTeam members in pairs to read the case study **Materials 13: Case Study: Challenges of Mainstreaming** and to list the challenges to the Highlands Community Forestry Project of mainstreaming HIV/AIDS activities.

✓ Challenges could include:

- Possible limited expertise
- Commitment of groups
- Expectations of groups
- Increased demand on staff
- Increased demand on CBOs
- Resources

✓ Discuss challenges and concerns, acknowledging that mainstreaming HIV/AIDS is a ground-breaking process and cannot be achieved through one meeting and that it is a process which will involve extensive discussion, experimentation, review and development.

PART 3: FIELDWORK
EXERCISE 3.1 AND 3.2: EXPLANATION OF FIELDWORK PROCESS

Objectives	✓ To describe the three fieldwork exercises which will be implemented between Meeting 1 and Meeting 2
Rationale	It is acknowledged that partnership is at the core of mainstreaming HIV/AIDS programming and should take place at all levels of work, including the communities with whom projects are working. It is recommended, therefore, hat communities are involved in the consideration of any project activity changes to accommodate the effects of HIV/AIDS. The fieldwork undertaken as Part 3 is the first step in this process
Resources	**Materials 6:** Silhouettes **Materials 14:** Fieldwork: Silhouettes Exercise **Materials 15:** Fieldwork: Identification of Vulnerable Groups **Materials 16:** Identification of local institutions involved in HIV/AIDS prevention, care and mitigation activities
Methods	Trainer Input Q & A Session
Time Needed	30 minutes
Background Reading	

Process:

✓ Handout Materials 14, 15 and 16. Explain the three Fieldwork Exercises. Discuss:

- Selection of fieldwork site/s, which capture/s the breadth of variation in livelihood systems
- Need for community preparation prior to the exercise.

Fieldwork Exercise 3.1: Silhouettes Exercise	
Target Group	5-7 people from each of the following four groups: CBO with whom they work, youth, older people and community leaders
Task	Explain to PMTeam members that this is detailed in **Materials 14:** Identification of Effects of HIV/AIDS on livelihoods and is identical to the Silhouettes Exercise in which they were involved
Fieldwork Exercise 3.2: Identification of Vulnerable Groups:	
Target Group	5-7 people from each of the following four groups: CBO with whom they work, youth, older people and community leaders
Task	Explain to PMTeam members that this is detailed in **Materials 15:** Identification of Vulnerable Groups and is identical to the Diamond Nines Exercise in which they were involved
Fieldwork Exercise 3.3: Identification of community institutions working in the field of HIV/AIDS:	
Task	Explain to PMTeam members this is detailed under Trainer Materials 16: Identification of Local Institutions, NGOs and CBOs involved in HIV/AIDS Prevention, Care and Mitigation Activities

✓ **Preparation for Meeting 2**

Literature on HIV/AIDS is constantly changing and becoming more up to date. It is recommended that as preparation for Meeting 2, PMTeam members conduct a web-search and download relevant documents to their field of work. The bibliography listed on pp. 5-7 of the TOOLKIT details information that was available in July 2003.

NB: These meetings could be run together with fieldwork being carried out either before Meeting 1 or as a part of the meeting process

MAINSTREAMING MEETING 2
PART 4: PLANNING: MAINSTREAMING HIV/AIDS INTO PROJECT LOGFRAME:
EXERCISE 4.1: KEY POINTS TO TAKE INTO ACCOUNT WHEN MAINSTREAMING

Objectives	✓ To introduce Meeting 2 ✓ To describe the key points to consider when mainstreaming HIV/AIDS
Rationale	Literature would suggest that there are a number of key points, which need to be taken into accounting when mainstreaming. A simple list of key points has been created but PMTeam members can add to this list.
Resources	**Materials 17:** Programme for Meeting 2 **Materials 18:** Key points to take into account when mainstreaming
Methods	Discussion
Time Needed	45 minutes
Background Reading	

Process:

- ✓ Introduce the Programme for Meeting 2 (**Materials 17**)
- ✓ Present and discuss the key points which need to be take into account when mainstreaming (**Materials 18**), explaining that these key points underpin mainstreaming HIV/AIDS into project activities.
- ✓ Ask PMTeam members to identify any other key points, which they consider should be added to this list.

EXERCISE 4.2: IDENTIFICATION OF POTENTIAL CHANGES TO CURRENT LOGICAL FRAMEWORK

Objectives	✓ To identify and make potential changes to current Logical Framework.
Rationale	The Logical Framework is used as a starting point for mainstreaming project activities
Resources	**Materials 19:** Sample Logical Framework: Mainstreaming HIV/AIDS into Logical Framework Key points to take into account when mainstreaming **Materials 20:** Task Sheet: Identification of potential changes to current project Logical Framework **Materials 21-25: Discussion Guides** 1. Key points to take into account when mainstreaming 2. Information recorded from Silhouettes Exercise: Meeting 1 and from Silhouettes Exercise in the field 3. Information recorded from the exercise Causes of AIDS 4. Information recorded from the exercise Effects of AIDS 5. Information recorded from the Diamond Nines Exercise re Vulnerable Groups 6. Information gained from Reading 7. Current Logical Framework
Methods	PMT discussion
Time Needed	Maximum 3 hours
Background Reading	

Note: Discussion Guides:
These are guides only and are in no way prescriptive. The guides contain ideas which other projects have either put into practice or have considered putting into practice.

Process:

PART 1

- ✓ Use **Materials 19: Sample Logical Framework: Mainstreaming HIV/AIDS into Logical Framework** to identify how HIV/AIDS has been incorporated into the project purpose, outputs, verifiable indicators and assumptions to take into account some key HIV/AIDS mainstreaming issues.

PART 2:

- Using the Logical Framework for their particular project, explain that PMTeam members should use **Materials 20: Task Sheet: Identification of potential changes to current project Logical Framework, Materials 21-25** and resources listed above to systematically work through the Logical Framework to make potential changes to project purpose, outputs, verifiable indicators and assumptions. It should be noted that these are potential changes and further changes may need to be made after the Operational/Implementation Plan has been discussed.

EXERCISE 4.3: IDENTIFICATION OF CURRENT TARGET GROUPS AND POTENTIAL CHANGES

Objectives	✓ To identify current target group ✓ To compare current target group with vulnerable groups ✓ To decide whether or not the current target group should be changed, either now or in the future
Rationale	Projects traditionally, though not exclusively, work with adults in the 25-50 year old age range. People in this group often represent those who sick and dying as a result of AIDS. It is therefore recommended that PMTeams identify whether or not this is the optimum group to work with and whether or not changes need to be made to the Logical Framework to incorporate work within the scope of the Project with other vulnerable groups
Resources	1. Results of Vulnerable Groups Exercise 2. Checklist to identify target groups
Methods	Small group work
Time Needed	1 hour
Background Reading	

Process:

- ✓ Ask PMTeam members to use **Materials 26: Task Sheet: Target Group Identification** and to indicate in **Column 1** the current group with whom the Project works

- ✓ PMTeam members should discuss whether or not there are any potential changes, which need to be made to the existing Project Target Group to take into account the effects of HIV/AIDS. Note that the work of the project should remain focussed and the changes should be feasible.

- ✓ To assist with this PMTeam members can use information gained from the following:
  1. Diamond Nines Exercise: Vulnerable Groups conducted during Meeting 1
  2. Diamond Nines Exercise: Vulnerable Groups conducted during Fieldwork
  3. Background Reading

- ✓ Ask PMTeam members to use **Materials 26: Target Group Identification** and to indicate in **Column 2** any potential changes, which may need to be made to the Project Target Groups.

- ✓ Go through **Column 2** asking the question:

1. What will be the effect on the Project if a change in target group is made?
2. What will be the effect on the Project if no change in target group is made?
3. What will be the effect on households if a change in target group is made?
4. What will be the effect on households if no change in target group is made?

- ✓ Finalise potential changes in target group, ensuring that this proposed change is feasible within the existing project.

PART 5: PLANNING: MAINSTREAMING PROJECT ACTIVITIES
EXERCISE 5.1: MAINSTREAMING HIV/AIDS INTO PROJECT ACTIVITIES TO TAKE INTO ACCOUNT CAUSES OF HIV/AIDS

Objectives	✓ To identify potential changes to Operational/Implementation Plan that take into account the causes of HIV/AIDS
Rationale	The Operational/Implementation Plan, can provide PMTeam members with a framework within which to discuss potential changes to project activities
Resources	**Materials: 21 - 25:** Discussion Guides **Materials 27:** Task Sheet: Mainstreaming HIV/AIDS into Project activities to take into account Causes of HIV/AIDS **Materials 28:** Change Chart: Implementation of Proposed Changes 1. Information recorded from the exercise Causes of AIDS 2. Information recorded from fieldwork exercise to find out about local organisations involved in HIV/AIDS prevention, care and mitigation work 3. Information gained from Background Reading 4. Current Operational/Implementation Plan
Methods	PMTeam Discussion
Time Needed	Maximum 2 hours
Background Reading	

Note: This is a process and the whole Operational/Implementation Plan may not be completed during the Mainstreaming Meeting

Process:

PART 1

Projects are often in engaged in activities, which mitigate the causes of HIV/AIDS but may not have recognised this. This part of the exercise enables projects to reflect on their current activities and to identify those areas of their work, which already mitigates against the causes of HIV/AIDS.

✓ Ask PMTeam members to ascertain whether there are causes of HIV/AIDS which are addressed by the current project, using the following:

- Current Operational/Implementation Plan
- **Materials 21 – 25:** Choose appropriate Discussion Guide
- **Materials 27:** Task Sheet: Mainstreaming HIV/AIDS into Project activities to take into account Causes of HIV/AIDS

PART 2

✓ Identify and list which causes could be addressed by existing CARE projects and/or other projects within the community.

PART 3

✓ Identify potential changes to project activities to address the causes of HIV/AIDS which take into account:

- Key Points to take into account when mainstreaming
- Information recorded from the Causes of AIDS exercise
  Information gained from Background Reading and outcome of discussions prompted by use of **Materials 21 – 25: Discussion Guides**

✓ Using **Materials 28: Change Chart: Implementation of Proposed Changes** record proposed change in Column 1 only. Do not fill in other columns at this stage

EXERCISE 5.2: MAINSTREAMING HIV/AIDS INTO PROJECT ACTIVITIES TO TAKE INTO ACCOUNT EFFECTS OF HIV/AIDS

Objectives	✓ To identify potential changes to Operational/Implementation Plan that take into account the effects of HIV/AIDS
Rationale	The Operational/Implementation Plan, can provide PMTeam members with a framework within which to discuss potential changes to project activities
Resources	**Materials: 21 - 25:** Discussion Guides **Materials 29:** Task Sheet: Mainstreaming HIV/AIDS into Project activities to take into account Effects of HIV/AIDS **Materials 28:** Change Chart: Implementation of Proposed Changes 1. Information recorded from the exercise Effects of AIDS 2. Information recorded from Silhouettes Exercise: Meeting 1 and from Silhouettes Exercise in the field 3. Information recorded from fieldwork exercise to find out about local organisations involved in HIV/AIDS prevention, care and mitigation work 4. Information gained from Background Reading 5. Current Operational/Implementation Plan 6. Appropriate Discussion Guide
Methods	PMTeam Discussion
Time Needed	Maximum 2 hours 30 minutes
Background Reading	

Note: This is a process and may not be completed during the Mainstreaming Meeting

Process:

PART 1

Projects are often in engaged in activities, which mitigate the causes of HIV/AIDS but may not have recognised this. This part of the exercise enables projects to reflect on their current activities and to identify those areas of their work, which already mitigates against the causes of HIV/AIDS.

- ✓ Ask PMTeam members to ascertain whether there are effects of HIV/AIDS which are addressed by the current project, using the following:
- Current Operational/Implementation Plan
- **Materials 21 – 25:** Choose appropriate Discussion Guide

- **Materials 29:** Task Sheet: Mainstreaming HIV/AIDS into Project activities to take into account Causes of HIV/AIDS

PART 2

✓ Identify and list which effects could be addressed by existing CARE projects and/or other projects within the community.

PART 3

✓ Identify potential changes to project activities to address the effects of HIV/AIDS which take into account:
- Key Points to take into account when mainstreaming
- Information recorded from the Effects of AIDS exercise
  Information gained from Background Reading and outcome of discussions prompted by use of **Materials: Discussion Guides 21 - 25**

✓ Using **Materials 28: Change Chart: Implementation of Proposed Changes** record proposed change in Column 1 only. Do not fill in other columns at this stage

EXERCISE 5.3: RESPONSE ANALYSIS: LINKS WITH ORGANISATIONS

Objectives	✓ To undertake a response analysis to identify organisations which work in the field of HIV/AIDS ✓ To identify organisations with whom the Project might establish linkages
Rationale	Mainstreaming HIV/AIDS into Project Activities may require a project to create new relationships or develop existing relationships with other organisations involved in AIDS prevention, care and mitigation activities. Such organisations may be in a better position to undertake some of the activities which have been identified as necessary for mainstreaming HIV/AIDS; for example, existing organisations may already be involved in HIV/AIDS educational activities
Resources	**Materials 30:** Task Chart: Venn Diagram: Links with Organisations Information recorded from Fieldwork
Methods	Creation of Venn Diagram
Time Needed	Maximum 1 hour
Background Reading	

Process:

✓ Using the Information recorded from Fieldwork PMTeam members work as a group to create a Venn diagram to indicate the extent to which the Project has existing relationships with organisations involved in HIV/AIDS prevention, care and mitigation activities. These could include other CARE projects and government and non-governmental projects.

Creating a Venn Diagram

✓ This is created by using card circles of different sizes to indicate different institutions, groups, departments or programmes who are working in the field of HIV/AIDS

✓ A circle representing the Project is placed in the centre of a piece of flipchart paper and the card circles are placed on paper and the degree to which they overlap, represents the extent to which the Project has relationships with these organisations and these organisations have with each other.

✓ Use **Materials 30: Task Chart: Venn Diagram: Links with Organisations**

- ✓ Consider whether there are activities contained in the Operational/Implementation Plan and recorded on the Change Chart which could be better served by these organisations

- ✓ Consider whether the Project should develop closer links with organisations involved in HIV/AIDS prevention, care and mitigation activities and list those organisations with whom closer links should be developed. For example, projects could develop partnerships with organisations which focus on prevention, partnerships with those who provide VCCT services or services for PLWHAs. If appropriate partnerships were developed projects would then be able to refer people on to appropriate organisations.

EXERCISE 5.4: IDENTIFICATION OF PROCESS TO MAINSTREAM PROJECT ACTIVITIES

Objectives	✓ To identify the process through which changes made to project activities, to take into account the causes and effects of HIV/AIDS which impinge on household, will be implemented
Rationale	Having revised the Operational/Implementation Plan, this exercise and its accompanying Change Chart provide a framework for planning how to implement any changes which have been identified.
Resources	**Materials 28:** Change Chart: Implementation of Proposed Changes **Materials 31:** Task Sheet: Identification of Process to Mainstream HIV/AIDS into Project Activities Revised Operational/Implementation Plan
Methods	PMTeam members Discussion
Time Needed	Maximum 3 hours
Background Reading	

Process:
Note: This is a process and may not be completed during the Mainstreaming Meeting

✓ PMTeam members should systematically work through the proposed changes to check firstly whether or not the change is realistic**,** using the following:

- **Revised Operational/Implementation Plan**
- **Material 28: Change Chart**
- **Materials 31: Task Sheet: Identification of Process to Mainstream HIV/AIDS into Project Activities**

✓ If it is agreed that the change is realistic then take the following steps in relation to each proposed change

- **HOW?** Discuss how the change can be implemented at organisational level
- **How** will the proposed change be considered and then implemented at field level with the CBOs with whom we work. (What participatory approaches will be used?)
- **How** will any financial implications of the proposed changes be addressed?
- **WHO?** Discuss who will be involved in implementing the change at organisational level? Are there human resource implications?

- **WHO** will be involved in implementing the change at field levels? Are there human resource implications?
- **WHERE?** Discuss where this change be implemented? Pilot in a rural or urban site?
- **WHEN?** List all the proposed changes on separate pieces of card. Cluster the cards into three groups
  1. Those which can happen in the short-term, e.g. within the next three months
  2. Those which can happen in the medium term, e.g. within the next six months
  3. Those which can happen in the long-term, e.g. in the future because, for example, additional funding is needed.

PART 6: IMPLEMENTATION
EXERCISE 6.1: DEVELOPMENT OF DRAFT TIMEFRAME FOR IMPLEMENTATION OF HIV/AIDS MAINSTREAMING INTO PROJECT ACTIVITIES

Objectives	✓ To develop a draft timeframe for mainstreaming using a Quarterly Two Year Work Plan.
Rationale	
Resources	**Materials 32:** Sample: Two Year Work Plan
Methods	PMTeam Discussion Creation of a Quarterly Two Year Work Plan
Time Needed	1 hour
Background Reading	

Process:

✓ PMTeam members should use the information obtained under "When" at the end of the last exercise to create a draft timeframe, using

EXERCISE 6.2: FACTORS WHICH MAY ASSIST/HINDER IMPLEMENTATION OF HIV/AIDS MAINSTREAMING INTO PROJECT ACTIVITIES

Objectives	✓ To identify the factors which may assist in the process of mainstreaming HIV/AIDS (the "Pullers") and those factors which may hinder the process of mainstreaming HIV/AIDS (the "Pushers")
Rationale	The introduction of change can present challenges which were discussion during Meeting 1. The proposed changes to the Log Frame and Operational/Implementation Plan may have raised further issues. A force field analysis, an approach to problem solving and decision making, will enable PMTeam members to explore these issues.
Resources	**Materials 33:** Task Sheet: Factors which may assist/hinder Implementation of HIV/AIDS Mainstreaming into Project Activities
Methods	Creation of a Force Field Analysis
Time Needed	1 hour
Background Reading	

Process

- ✓ Explain the process to PMTeam members. Use **Materials 33: Task Sheet: Factors which may assist/hinder Implementation of HIV/AIDS Mainstreaming into Project Activities**
- ✓ Demonstrate the use of a force field analysis by drawing the force field line on flipchart paper with positive influencing (pulling) factors on the left and negative influencing factors (pushing) factors on the right. Draw lines from the centre 'force –field' line, out to each factor and write on that line a brief description of the factor. The length of the line indicates influence: the longer the line the stronger the influence and the shorter the line the weaker the influence.

- ✓ PMTeam Members can use **Materials 33: Task Sheet** to create a force field analysis

- ✓ Discuss how the negative or resisting factors might be overcome, including the use of positive influencing factors.

PART 7: MONITORING AND EVALUATION
EXERCISE 7.1: IDENTIFICATION OF MONITORING AND EVALUATION PROCESS

Objectives	✓ To identify the monitoring and evaluation process
Rationale	As mainstreaming is a "new" process, procedures will need to be put in place to both monitor and evaluate
Resources	
Methods	Discussion
Time Needed	1 hour
Background Reading	Barton, T. 1997, *Care Uganda: Guidelines to Monitoring and Evaluation: How are we doing* Care International in Uganda http://www.careinternational.org.uk/resource_centre/civilsociety/guidelines_to_monitoring_and_evaluation.pdf Caldwell, R, 2002, Project Design Handbook CARE USA http://www.careinternational.org.uk/resource_centre/civilsociety/project_design_manual.pdf

Process

- ✓ It is suggested that having made recommendations about the way in which the Logical Framework and Operational Plan are mainstreamed that project planners consider how they will monitor and evaluate the HIV/AIDS mainstreaming process, at the same time as other project activities are mainstreamed. Use Background Reading (see above) and logical framework to assist with this process

- ✓ Monitoring: The Lograme, the Change Chart, the Timeframe and Project Reports can form the basis of the monitoring process.

- ✓ A follow-up meeting at which a SWOC analysis is conducted (see Exercise 11) has been suggested as an initial evaluation stage. However, each project will need to decide how the overall process will be evaluated and who will take responsibility for this.

- ✓ Evaluation questions that may need to be considered
  - Have the outcomes in the Logical Framework been achieved?
  - Has HIV/AIDS been integrated into project activities? If not, what changes need to be introduced to ensure that integration takes place?
  - What do the CBOs involved feel about the integration of HIV/AIDS into project activities?
  - What do the CBOs involved feel about the process of integrating HIV/AIDS into project activities?

- ✓ Include the Monitoring and Evaluation Process in the Timeframe

EXERCISE 7.2: FOLLOW-UP 1: MONITORING AND EVALUATION

Objectives	✓ To provide an opportunity to discuss progress with mainstreaming HIV/AIDS into project activities
Rationale	These follow-up meetings will provide an opportunity for PMTeam members to monitor and evaluate the mainstreaming process.
Resources	
Methods	Follow-Up 1: SWOC Analysis
Time Needed	
Background Reading	

- ✓ It is recommended that PMTeam Members hold Follow-up meetings to discuss progress with mainstreaming HIV/AIDS into project activities and that a SWOC analysis is conduct at the first Follow-Up Meeting

- ✓ The SWOC analysis can provide a framework for the group to analyse the introduction of mainstreaming into specific projects

- ✓ Ask groups to define, discuss and record as many factors as possible under each of the following headings:

Strengths: What are the strengths of introducing HIV/AIDS mainstreaming into a project

Weaknesses: What are the weaknesses of introducing HIV/AIDS mainstreaming into a project

Opportunities: How can we overcome the weaknesses and build on the strengths

Constraints: What constraints exist which reduce the opportunities to mainstream HIV/AIDS?

ANNEX: MATERIALS WHICH CAN BE PHOTOCOPIED

MATERIALS 1: FLIP CHART: AIMS AND OBJECTIVES MEETING 1

Aim of Meetings*

- ✓ To provide a framework to assist PMTeams to mainstream HIV/AIDS into their projects

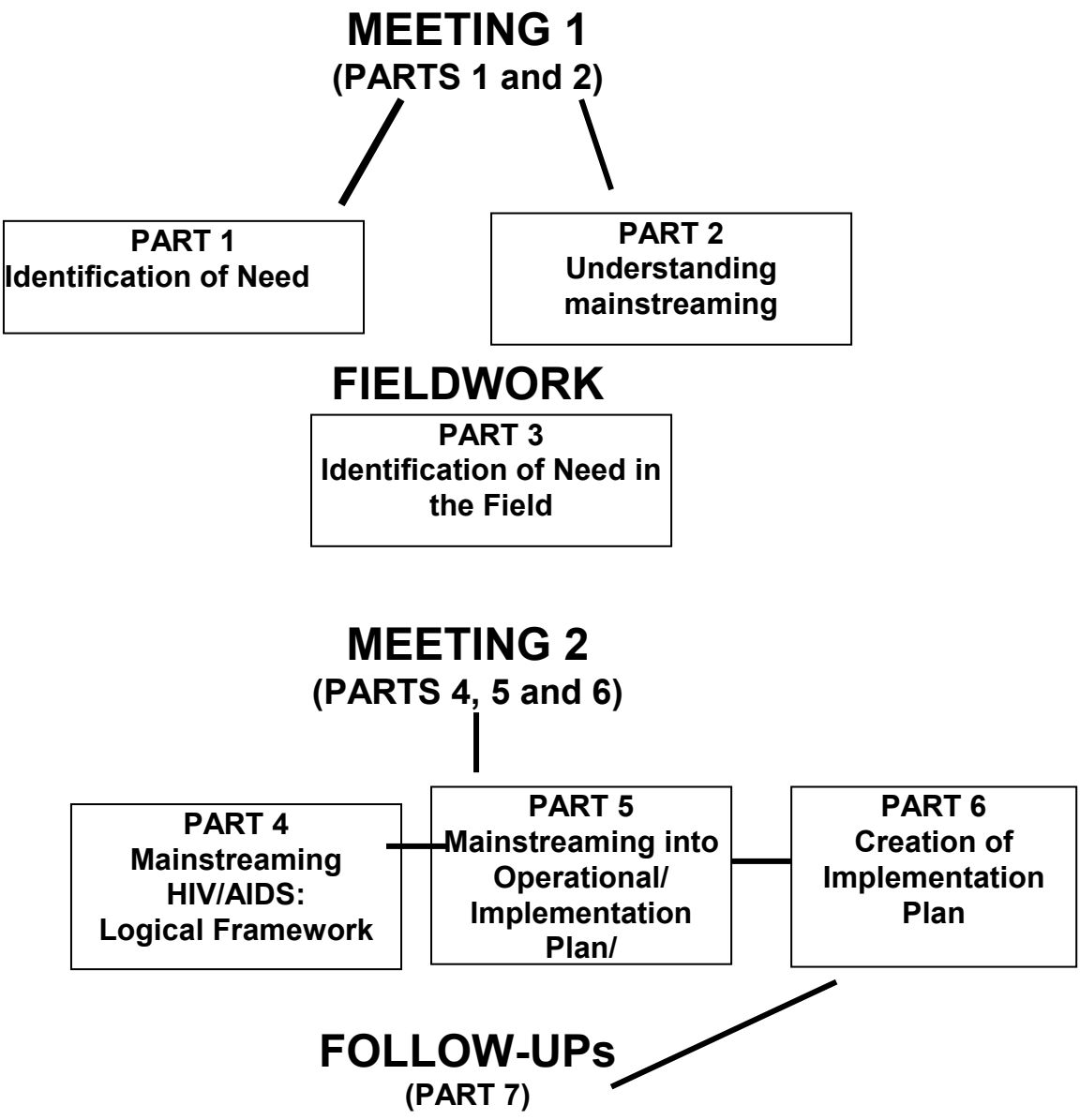
Objectives of the Meetings

Through the use of the Toolkit, Projects will be able to:

- ✓ Identify the causes of the country prevalence rate
- ✓ Identify the effects of HIV/AIDS at an individual, household and community level
- ✓ Identify the link between HIV/AIDS and poverty, food security, gender and livelihoods
- ✓ Identify the link between their current project and HIV/AIDS
- ✓ Describe what is meant by the term 'HIV/AIDS mainstreaming'
- ✓ Identify the challenges of mainstreaming
- ✓ Describe the key points to consider when mainstreaming HIV/AIDS
- ✓ Identify which project components can be mainstreamed
- ✓ Identify how project components will be mainstreamed
- ✓ Develop a time frame for mainstreaming
- ✓ Develop a Monitoring and Evaluation framework

MAINSTREAMING HIV/AIDS INTO PROJECT ACTIVITIES

[HIV/AIDS TRAINING]



MATERIALS 3: FLIPCHART: PROGRAMME MEETING 1

Estimated Time*	Exercise
30 minutes	Introduction
1 hour	[Exploration of Prevalence Rates – This exercise should only be undertaken if all the PMTeam have not attended "A basic introduction to HIV/AIDS for CARE (Mozambique) employees".
15 minutes	Break
1 hour 30 minutes	The effects of HIV/AIDS on livelihoods
1 hour	Analysis of the Causes of HIV/AIDS
1 hour	Lunch
1 hour	Analysis of the Effects of HIV/AIDS
30 minutes	Identification of Vulnerable Groups
45 minutes	What is Mainstreaming?
45 minutes	Challenges of Mainstreaming [If time is short, this exercise can be carried out at Meeting 2]
30 minutes	Explanation of Fieldwork

*These are suggested times. Each project can develop its own timeframe for the process.

MATERIALS 4: MULTIPLE-CHOICE QUESTIONNAIRE: PREVALENCE LEVELS AND ISSUES CONNECTED WITH HIV/AIDS

* Each country will need to modify this questionnaire through the sourcing of relevant country specific information

TASK	Please circle your answer

Question 1			
What is the HIV prevalence rate (the % of the population aged 15-49) who are infected with HIV) in Mozambique? (Source: UNAIDS 2000)	9%	13%	7%

Question 2			
An estimated _____ of all new infections in Mozambique occur in people below the age of 24 (Source: Sentinel Surveillance 2002)	30%	45%	15%

Question 3			
In Mozambique the HIV prevalence rate among women aged 20 to 24 is 20%. In men in the same age group the prevalence rate is: (Source: Mozambique Ministry of Health, Demographic Impact of HIV/AIDS in Mozambique)	22%	12%	5 %

Question 4			
In a study of displaced rural women in Mozambique, _____ of pregnant women had an STI (Source: Cossa H et al (1994) Syphilis and HIV infection among displaced pregnant women in rural Mozambique International Journal of STIs and AIDS Vol. 5 382/1-7)	19%	34%	50%

Question 5			
Increase of STD cases indicates an increase in unsafe sex. The presence of STIs increases the risk of HIV transmission_____. (Source: Health and population occasional paper- ODA)	2 fold	5 fold	10 fold

Question 6a			
In some villages in Uganda, focus group discussions revealed that _____men, out of 22 men present, had used a condom (Source: UNDP Study paper 2. Socio economic impact of AIDS on rural families in Uganda)	18	8	2

Question 6b			
Among all the women in the same villages _____had seen a condom (Source: UNDP Study paper 2. Socio economic impact of AIDS on rural families in Uganda)	50%	15%	0%

Question 7			
A survey on communication between married partners in some developing countries found that 35% of women in the Philippines never talked to their husbands about sexual matters. In Iran the figures was _____ (Source UNDP Issue paper 5)	23 %	53 %	73 %

Question 8			
A study of female youth in South Africa showed that _____of the girls experienced sex against their will (Source: taking stock – Whelan and Gupta ICRW).	17%	50%	71%

Question 9			
Projections for Mozambique indicate that because of AIDS, child mortality rates may increase by _____ by the year 2010.	12 %	20 %	32%

Question 10			
Life expectancy in Mozambique in 2010 is predicted to be _____ (Source: http://www.timesonline.co.uk/article)0..3-350115.00.html)	52	41	27

MATERIALS 5: MULTIPLE-CHOICE QUESTIONNAIRE: INCLUDING PROMPT QUESTIONS

Note for facilitator: The correct answer is highlighted in bold.
For the multiple choice questions please tick the appropriate column

Question 1			
What is the HIV prevalence rate (the % of the population aged 15-49) who are infected with HIV) in Mozambique? (Source: UNAIDS 2000)	9%	**13 %**	7%
Prompt questions: How is HIV prevalence data collected? Why are AIDS reporting statistics often wrong?			

Question 2			
An estimated _____ of all new infections in Mozambique occur in people below the age of 24 (Source: Sentinel Surveillance 2002)	30%	**45 %**	15%
Prompt question: Do our projects work directly with people in this age bracket?			

Question 3			
In Mozambique the HIV prevalence rate among women aged 20 to 24 is 20%. In men in the same age group the prevalence rate is: (Source: Mozambique Ministry of Health, Demographic Impact of HIV/AIDS in Mozambique)	22%	12%	**5 %**
Prompt questions: What is the reason for this difference			

Question 4			
In a study of displaced rural women in Mozambique, _____ of pregnant women had an STI (Source: Cossa H et al (1994) Syphilis and HIV infection among displaced pregnant women in rural Mozambique International Journal of STIs and AIDS Vol. 5 382/1-7)	19%	34%	**50 %**

Question 5			
Increase of STD cases indicates an increase in unsafe sex. The presence of STIs increases the risk of HIV transmission_____. (Source: Health and population occasional paper- ODA)	2 fold	**5 fold**	10 fold

Question 6a			
In some villages in Uganda, focus group discussions revealed that _____men, out of 22 men present, had used a condom (Source: UNDP Study paper 2. Socio economic impact of AIDS on rural families in Uganda)	18	8	**2**

Question 6b			
Among all the women in the same villages _____had seen a condom (Source: UNDP Study paper 2. Socio economic impact of AIDS on rural families in Uganda)	50%	15%	**0 %**
Prompt questions: Is the situation similar in Mozambique? How many people here have used condoms?			

Question 7			
A survey on communication between married partners in some developing countries found that 35% of women in the Philippines never talked to their husbands about sexual matters. In Iran the figures was _____ (Source UNDP Issue paper 5)	23%	**53 %**	73%
Prompt questions: Is the situation similar in Mozambique? Do you discuss issues of sex with your partner?			

Question 8			
A study of female youth in South Africa showed that _____of the girls experienced sex against their will (Source: taking stock – Whelan and Gupta ICRW).	17%	50%	**71 %**
Prompt questions: Is the situation similar in Mozambique?			

Question 9			
Projections for Mozambique indicate that because of AIDS, child mortality rates may increase by _____ by the year 2010.	12%	**20 %**	32%

Question 10			
Life expectancy in Mozambique in 2010 is predicted to be _____ (Source: http://www.timesonline.co.uk/article)0..3-350115.00.html)	52	41	**27**
Prompt question: What are your feelings about this?			

MATERIALS 6: SILHOUETTES OF BABIES, CHILDREN, YOUTH, WOMEN, MEN AND OLDER MEN AND WOMEN

MATERIALS 6: SILHOUETTES OF BABIES, CHILDREN, YOUTH, WOMEN, MEN AND OLDER MEN AND WOMEN

MATERIALS 6: BACKGROUND READING: HIV/AIDS AND THE DETERIORATION OF FAMILIES AND RURAL COMMUNITIES[10]

"5. HIV/AIDS can have devastating effects on household food security and nutrition. Nutritional status is determined by various factors, often categorised into household food security, health and care – all are affected by HIV/AIDS. The specific impact of HIV/AIDS is related to the livelihood systems of affected households and will vary according to their productive activities (agricultural and non-agricultural) and the economic and social cultural context in which they live.

6. **Direct impact on households:** Classically, a downward spiral of the family/household's welfare begins when the first adult in the household falls ill. There is increased spending for health care, decreased productivity and higher demands for care. Food production and income drop dramatically as more adults are affected. Once savings are gone, the family seeks support from relatives, borrows money or sells its productive assets. One study in Uganda showed that 65 per cent of the AIDS-affected households were obliged to sell property to pay for care. Frequently children are forced to discontinue schooling, as the family needs help and cannot pay school expenses. Time dedicated to child care, hygiene, food processing and preparation is sacrificed. When the AIDS patient dies, expenditures are incurred for the funeral and the productive capacity of the household is reduced. According to a study in Tanzania funeral expenses represented about 60 per cent of the direct costs associated with a PLWHAs
7. In the next stage, the partner becomes sick and the downward spiral accelerates. The household is eventually reduced to impoverished elderly people and children. These individuals may have limited decision-making power and access to resources, as well as less knowledge, experience and physical strength, which are required to maintain a household. Relatives may be unable to care for children whose parents have died. In some areas, the percentage of orphans ranges from 7 – 11 per cent (in contrast to 2 per cent in less affected areas)

8. Gender issues: Women are especially vulnerable in HIV/AIDS-affected households. Usually, they care for the sick and dying in addition to maintain heavy workloads related to provisioning and feeding the household. Women are more likely to be illiterate, of lower socio-economic status and have fewer legal rights, which combine to limit their access to resources and social services. In some societies, socio-cultural practices, such as a widow not being to main access to or benefit equitably from the property of her deceased husband, may further aggravate problems. Poverty, traditional and social pressures tend to limit women's ability to express their wishes regarding choice of sexual partners and 'safer-sex' practices. Low-income,

[10] Extract from Committee on World Food Security, Rome 2001 The Impact of HIV/AIDS on Food Security

income inequality, and low status of women are associated with high levels of HIV infections. Biologically, females are at greater risk of being infected.

9. Nutrition impact: In households coping with HIV/AIDS food consumption generally decreases. The family may lack food and the time and the means to prepare some meals, especially when the mother ides. Research in Tanzania showed that per capita food consumption decreased 15 per cent in the poorest households when an adult died. A study carried out in Uganda showed that food insecurity and malnutrition were foremost among the immediate problems faced by female-headed households.

10. For the patient, malnutrition and HIV/AIDS can form a vicious cycle whereby undernutrition increases the susceptibility to infections and consequently worsens the severity of the HIV/AIDS disease, which in turn results in a further deterioration of nutritional status. Even when a person does not show disease symptoms, infection with the HIV virus may impair nutritional status. The person may lose their appetite, be unable to absorb nutrients and become wasted.

11. Good nutrition is import for disease-resistance and may improve the quality of life of AIDS patients. The onset of the AIDS itself, along with secondary diseases and death, might be delayed in individuals with good nutritional status. Nutritional care and support may help to prevent the development of nutritional deficiencies, loss of weight and lean body mass, and main the patient's strength, comfort, level of functioning and self image.

12. In most countries, AIDS medication and special nutritional supplements are neither widely available nor affordable. While nutritional counselling has an important role in assisting HIV/AIDS patients, better access to drugs and medical care is also essential. Improving the nutritional status of HIV/AIDS patients can also help improve the effectiveness of treatment if it is available.

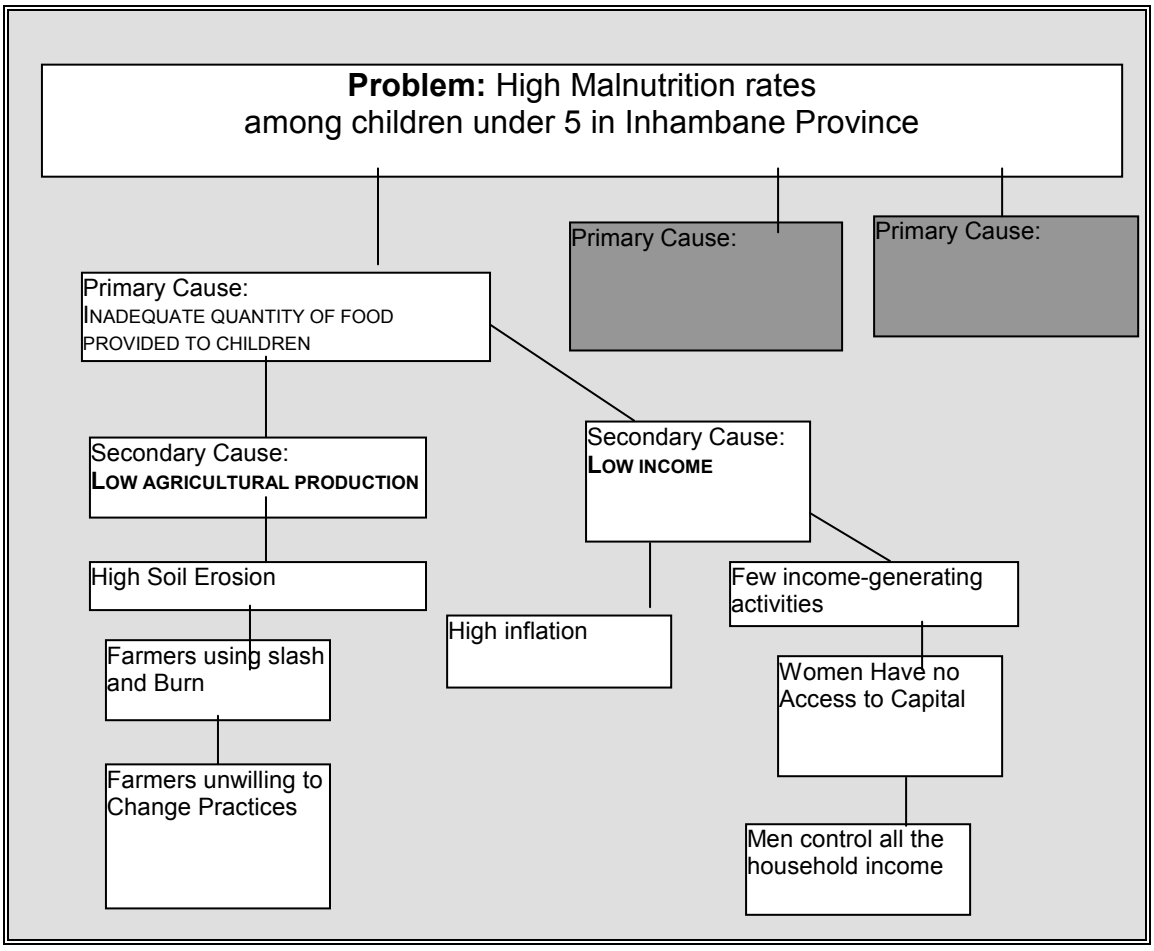
13. Breakdown in informal institutions and culture: Informal institutions, customary practices and tradition are affected by HIV/AIDS. When a high proportion of households is affected, the traditional safety mechanisms to care for orphans, the elderly, the infirm and the destitute are overwhelmed. People have no time to develop to community organisations. The effects on informal rural institutions are creating a crisis, particularly among the extended family and kinship systems. This has implications not only for the spread of HIV but for the viability of rural institutions.

14. The widespread loss of active adults affects the entire society's ability to maintain and reproduce itself. Mechanisms for transferring knowledge, values and beliefs from one generation to the next are disrupted, and social organisation is undermined. Agricultural skills may be lost since children are unable to observe their parents working. Due to gender divisions, a surviving parent is not always able to teach the skills and knowledge of the deceased partner. Within a rural household, there is a marked difference in impact depending on whether the man or woman is affected first by the HIV virus. In effect, widespread HIV/AIDS can tear the very fabric of a society.

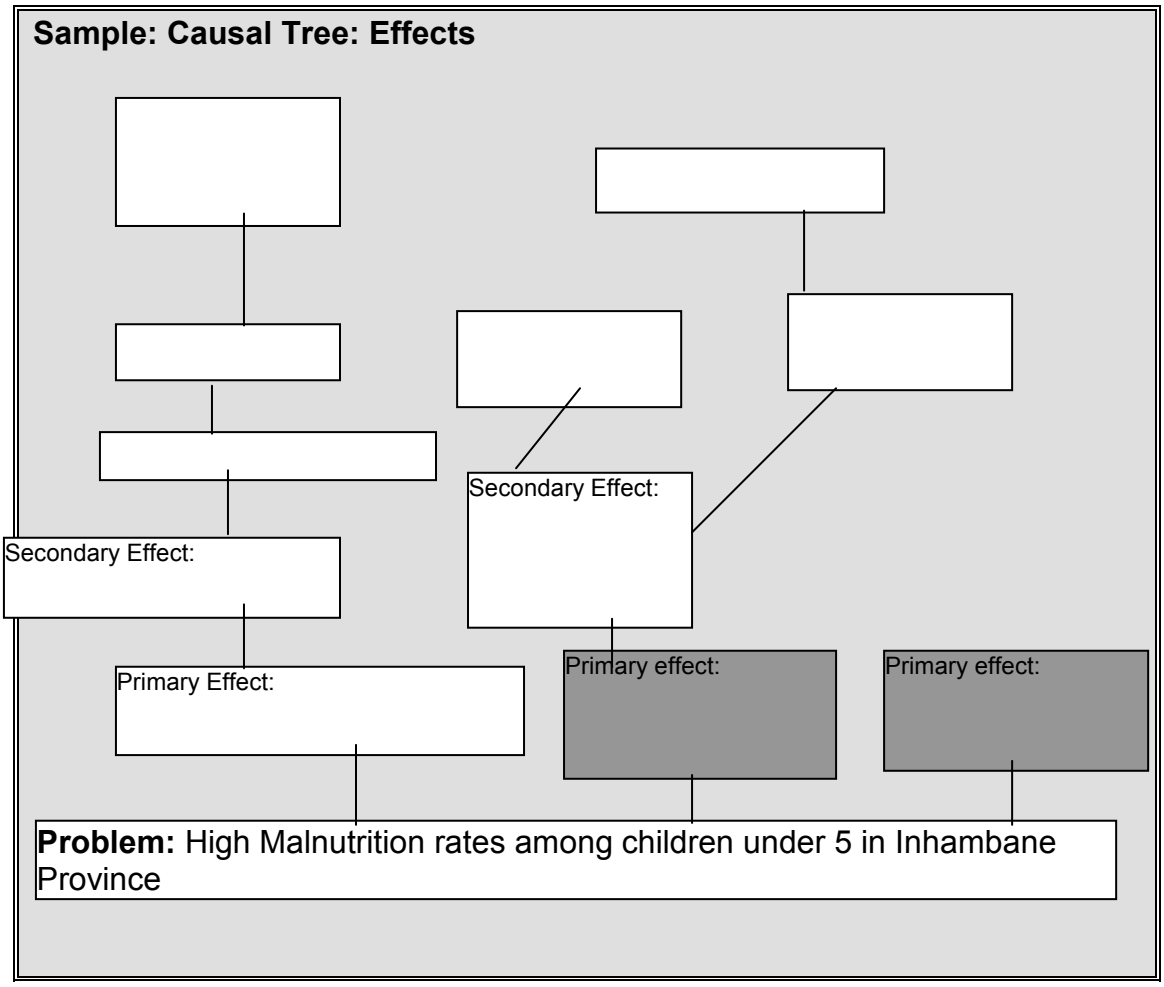
15. **Poverty and the disease:** HIV/AIDS takes an especially heavy toll on the poor. Affected rural families commonly shift to off-farm income earning activities such as small-scale trading, processing and servicing, which requires access to urban or peri-urban communities. People may migrate in search of employment, or may look for rapid income, which can lead to high-risk behaviours such as drug abuse or involve in prostitution. The consequences of poverty thus increase the risk of infection, and the disease in turn exacerbates poverty.

16. Whole communities thus become food insecure and impoverished. For instance, in some highly affected communities, there has been an irreversible collapse of the social asset base. It may be difficult to overcome this without assistance. Yet, the epidemic has a significant effect on formal institutions and their abilities to carry out policies and programmes to assist rural households. Intuitions may suffer considerable losses in human resources when staff and their families are infected with the HIV virus. Care for sick family members, attendance at funerals and observation of mourning times reduces the work output. Skilled staff are often the first to be affected by the epidemic. The disruption in services further aggravates the difficulties in meeting the needs of an HIV/AIDS affected population.

MATERIALS 8: SAMPLE: CAUSAL TREE CAUSES

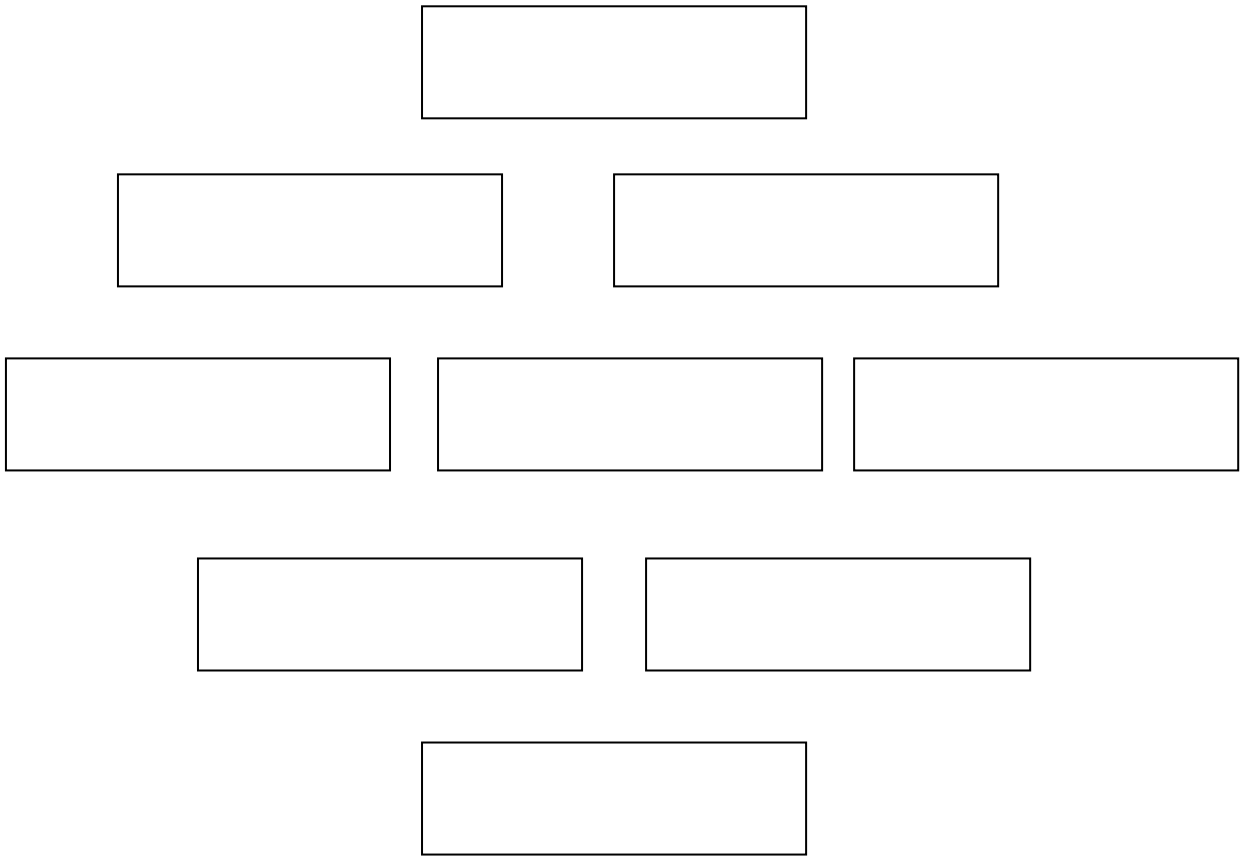


MATERIALS 9: SAMPLE: CAUSAL TREE EFFECTS



MATERIALS 10: TASK SHEET: NOTES: DIAMOND NINES EXERCISE: VULNERABLE GROUPS

TASK	Record below the outcome of the Diamond Nines Exercises: Vulnerable Groups. This information will be used when consideration is given to mainstreaming HIV/AIDS into the Project Logical Framework and Operational/Implementation Plan



MATERIALS 11: MULTIPLE CHOICE QUESTIONS: WHAT IS MAINSTREAMING?

TASK	Tick the box which provides the closest definition to your idea of mainstreaming.

❑ 1. The goal of mainstreaming HIV/AIDS is primarily to ensure that project participant's knowledge is assessed and that all project staff should then implement HIV/AIDS education, so that people involved with a project can protect themselves from becoming HIV positive

❑ 2. The goal of mainstreaming is to ensure that all projects should make links with other projects that are engaged in HIV/AIDS work, so that project participants who have concerns relating to HIV/AIDS have direct access to projects that are engaged in HIV/AIDS prevention and care work

❑ 3. The goal of 'mainstreaming HIV/AIDS' is primarily to ensure that the impact of HIV/AIDS is assessed and addressed by project staff, so that core functions of a project are relevant to the consequences and changes brought about by HIV/AIDS to staff, the households with which they work and the communities in which these households exist.

Mainstreaming

Mainstreaming has become a commonly used word in the field of HIV/AIDS and recognizes that HIV/AIDS is not purely a concern of the health sector. However, mainstreaming is not solely concerned with the provision of support for existing HIV/AIDS programmes/projects. Nor, is mainstreaming about taking over the specialist functions of HIV/AIDS programmes/projects

The word 'mainstreaming' can be used to describe a process where action is taken by a programme or a project to address both HIV/AIDS issues faced by staff in their personal and working lives and in the lives of people living in communities where programmes/projects are implemented. At the workplace level this involves the creation of an HIV/AIDS Workplace Policy and the sensitisation of staff to HIV/AIDS. At project level, this process should ensure that both those vulnerable to infection and those vulnerable to the effects of infection are enabled to alleviate the socio-economic and human impact of the HIV/AIDS epidemic and that the work of projects should be sustainable.

The goal of 'mainstreaming HIV/AIDS' is primarily to ensure that the impact of HIV/AIDS is assessed and addressed within an organization and through project work in all sectors.

Through mainstreaming, HIV/AIDS becomes aligned with the core business of a programme and its projects and is not an "add-on". Mainstreaming is not about changing the core functions and responsibilities of a programme/project.

Mainstreaming is concerned with viewing a programme/project with an "HIV/AIDS lens" and refocusing that programme/project to take into account both the causes and effects of HIV/AIDS.

What HIV/AIDS Mainstreaming is NOT[11]

It may help in understanding what HIV/AIDS mainstreaming is by thinking what it is not. The following are some examples developed by one of the working group members of what HIV/AIDS is not:

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

(Smart, 2002)[12]

[11] Extract from: Elsey H, Kutengule P 2003 *HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies* HEARD

[12] In Elsey H, Kutengule 2003 *HIV/AIDS Mainstreaming, A Definition, Some Experiences and Strategies* HEARD, University of Natal, South Africa

Examples of Mainstreaming[13]

Agricultural Programmes: Labour Saving High Returns

Staff of the livelihoods programme realised that certain activities were not accessible or relevant to family badly affected by shortages of labour and time brought on by AIDS. Women and girls in particular bear increasing burdens of farming and caring for others. Some activities have been modified to take into account how AIDS limits people's ability to engage in agriculture:

- Animal husbandry: Less emphasis on goats and more on smaller livestock (rabbits or chickens), which are easier to care for, can be kept near the home, and create higher returns of food and cash
- Social conservation: Less emphasis on building labour-intensive ridges to channel rain water, but more on less intensive methods, such as planting soil-holding grasses along contour lines
- Crop selection: Experimenting with hardy crops that need little maintenance, or give higher returns of nutritious food or cash income per unit of labour. Examples include herbs used for essential oils or perennial legumes.

Throughout, emphasis is on working with people who are affected, so they can identify their own constraints and propose and try alternatives.

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http://www.und.ac.za/und/heard/papers/DFID%20mainstreaming%20report_Jan031.pdf

[13] www.oxfam.org.uk/hivaids/downloads/flyer2.pdf

MATERIALS 13: CASE STUDY: CHALLENGES OF MAINSTREAMING

TASK	Read the case study below and list the challenges to the Highlands Community Forestry Project of mainstreaming HIV/AIDS activities. Record the challenges.

The Highlands Community Forestry Project (HCFP) receives funding from the European Union as part of the Lesotho Highlands Development Authority. The project has been operational for four years, and is now moving into a second phase, beginning early in 2001. The project works in three key areas:

1. Compensation of 450,000 seedlings to relocated households who lost their trees resources
2. Training in forestry and environmental management,
3. Formation of Village Tree Committees to provide institutional support to communities with community wood lots.

The Project works with approximately 3,357 households in the Katse Dam Catchment area, with a total of 17 staff. The project will continue with this program but with a sharpened focus on improvement of individual households' and CBOs' capacity to assess, manage, and monitor their resources and production practices. The project will also develop and promote an integrated production system of trees and shrubs, planted mostly on farm land, to enhance the output of grain and animal produce, while meeting household energy needs.

MATERIALS 14: FIELDWORK: SILHOUETTES EXERCISE

TASK	Implement the exercise below with Group of 5-7 people with whom the project works Group of 5-7 youth [if the project does not work with youth] Group of 5-7 older people [if the project does not work with older people] Group of Community leaders

Objectives	✓ To describe the way in which HIV/AIDS impacts on household assets (human, financial, social, natural and physical)
Rationale	Members of a community know what HIV/AIDS is doing to their lives. This exercise works with representatives of groups in the community to identify the effects of HIV/AIDS on households and provides information which will be used when consideration is given to mainstreaming HIV/AIDS into proposed Project Activities
Resources	**Materials 6:** Silhouette cut-outs representing persons of different ages and sex. All should have a yellow on one side and some should have a blue dot on the back
Methods	Silhouettes
Time needed	One hour and 30 minutes
Background Reading	HIV/AIDS and the Deterioration of Families and Rural Communities

- ✓ **Note:** Prior to fieldwork discuss site/s selection to capture the breadth of variation in livelihood systems and need for community preparation prior to the exercise.

Process

- ✓ This group exercise draws on the livelihoods framework[14] to explore the effects of the shock/stress of HIV/AIDS on the assets of households.

- ✓ The exercise should be undertaken with individual groups in the community as indicated above.

- ✓ Place piles of silhouettes of men, women, children, old men and old women on a table with yellow dot uppermost

- ✓ Ask each group to select silhouettes that represent members of an imaginary household

- ✓ Ask each group to develop a story of their imaginary family, indicating the roles the members play in terms of meeting the economic, social, health and other needs of the family

- ✓ Ask the group to turn over the cards to expose the other side where some of the cards are marked with a blue dot. This blue dot indicates that the person is infected with HIV or has AIDS

- ✓ Ask the group to develop the story further by reflecting on and discussing how the introduction of the Shock and Stress of HIV/AIDS will over the long term affect the family roles established, and the well-being of the family as a whole.

- ✓ Initiate a discussion on the direct impact of HIV/AIDS on the sources of household capital, using 1 - 6 overleaf

- ✓ Ensure that the impact on the following livelihood outcomes are included and recorded:

    - Food and nutrition
    - Health
    - Provision of water
    - Provision of shelter
    - Education of children
    - Ability to participate in community activities
    - Personal Safety

- ✓ In sub-Saharan Africa women form the majority of those living with HIV/AIDS. It is, therefore, imperative that information is gathered concerning the gender dimensions of the impact of AIDS.

- ✓ Record under the headings below the impact of HIV/AIDS on households. Highlight comments, which are particularly appropriate to your field of work.

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[14] Frankenberger T R et al 2002 *CARE Household Livelihood Security Assessments, A Toolkit for Practitioners*, Atlanta, USA

1. Impact of HIV/AIDS on skills, knowledge, ability to work and health of households [Human capital]. For example reduced availability of labour.
2. Impact of HIV/AIDS on financial resources, including savings, credit and income of households [Financial capital]. For example additional expenditure, reduction in household income.
3. Impact of HIV/AIDS on membership of groups, social relationships and access to other institutions in the society [Social capital]. For example informal credit institutions may weaken.
4. Impact of HIV/AIDS on natural resources, for example land, water and wildlife (Natural capital]. For example land-use may be changing.
5. Impact of HIV/AIDS on basic infrastructure, e.g. transport, shelter, energy communications and water systems and other means that enable people to carry out their livelihoods [Physical capital]. For example, less time available for fuel collection
6. Impact on women

Record notes for each group with whom the exercise is implemented, e.g:

1. Notes From CBO Silhouettes Exercise: Impact of HIV/AIDS on Livelihood Outcomes
2. Notes From Youth Silhouettes Exercise: Impact of HIV/AIDS on Livelihood Outcomes
3. Notes From Older People Silhouettes Exercise: Impact of HIV/AIDS on Livelihood Outcomes
4. Notes From Community Leaders Silhouettes Exercise: Impact of HIV/AIDS on Livelihood Outcomes

MATERIALS 15: FIELD WORK: IDENTIFICATION OF VULNERABLE GROUPS

TASK	Implement the exercise below with Group of 5-7 people with whom the project works Group of 5-7 youth [if the project does not work with youth] Group of 5-7 older people [if the project does not work with older people] Group of Community leaders

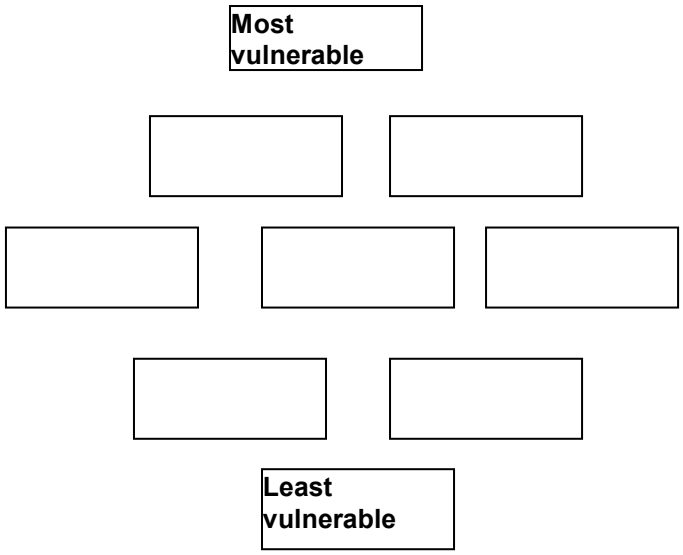
Objectives	To identify groups which are vulnerable to HIV/AIDS
	This exercise uses Information recorded from the Silhouettes Exercise to identify those whose lives are affected by HIV/AIDS and provides information which will be used when consideration is given to mainstreaming HIV/AIDS into Project Activities.
Resources	Pieces of coloured card
Methods	Brainstorm Diamond Nines
Time Needed	30 minutes

Process

- ✓ PART 1: Identify groups of people whose lives are affected by HIV/AIDS. For example
  1. The lives of older women could be affected as they become increasingly involved in caring for orphans, as a result of their daughters and sons dying of AIDS
  2. The lives of young people could be affected as they take increasing responsibility in the household, as a result of their parents becoming sick with AIDS

- ✓ If the number of groups of people, whose lives are affected by HIV/AIDS, identified comes to more than nine, then group members need to eliminate some groups, so that nine groups only remain.

- ✓ PART 2: With the nine cards which remain from PART 1, demonstrate how using the diamond nines formula, PMTeams can identify the group which is most affected; then the two groups which are not the most affected but which are still strongly affected but equal; then the three groups which are slightly affected. Followed by the two groups which are less affected and finally the least affected group



- ✓ In relation to the three most vulnerable groups discuss:
  "Why are they vulnerable?" (What factors make people vulnerable?)
  "What is the size of the vulnerable populations?

- ✓ Record notes for each group with whom the exercise is implemented, e.g:

1. Notes From CBO Vulnerable Groups Exercise
2. Notes From Youth Silhouettes Vulnerable Groups Exercise
3. Notes From Older People Vulnerable Groups Exercise
4. Notes From Community Leaders Vulnerable Groups Exercise

MATERIALS 16: TASK SHEET: IDENTIFICATION OF LOCAL INSTITUTIONS, NGOS AND CBOS INVOLVED IN HIV/AIDS PREVENTION, CARE AND MITIGATION ACTIVITIES

TASK	1. To identify organisations currently involved in HIV/AIDS prevention, care and mitigation activities. 2. To identify whether or not your programme has a working relationship with organisations detailed below.

Organisation involved in prevention, care and mitigation activities	**Tick appropriate column**			
	Organisation Exists		**Working relationship**	
	Yes	**No**	**Yes**	**No**
Hospital, Health Centre, Health Post				
Voluntary Counselling and Testing Centre				
Support Groups for People Living with HIV/AIDS				
Support Groups for Carers of People Living with HIV/AIDS				
AIDS Service Organisations				
Home Based Care Organisations				
Other NGOs involved in HIV/AIDS prevention, care and mitigation activities				
Red Cross				
PSI				
Others, please name				

MATERIALS 17: PROGRAMME: MEETING 2

Estimated Time	Exercise
45 minutes	Key points to take into account when mainstreaming
Maximum 2 hours 15 minutes including break	Changes to the Logical Framework to take into account the causes and effects of HIV/AIDS
1 hour	Changes to Target Group
Maximum 2 hours	Changes to Operational/Implementation Plan to take into account the causes of HIV/AIDS
Maximum 2 hours 30 minutes	Changes to Operational/Implementation Plan to take into account the effects of HIV/AIDS
Maximum 1 hour	Response Analysis: Linkages with Organisations
Maximum 3 hours	Discussion of the Process through which project activities will be mainstreamed
1 hour	Discussion of Timeframe
1 hour	Discussion of Issues Connected with Mainstreaming
1 hour	Monitoring and Evaluation
30 minutes	Follow-up Process

MATERIALS 18: KEY POINTS

- ✓ **Focus on the Work of the Project**
  Remain focused on the work of the Project and do not allow mainstreaming to deflect a project away from its focus but at the same time make project activities more relevant to people infected and affected by HIV/AIDS

- ✓ **Gender, poverty and livelihoods**
  Keep in mind the effect of HIV/AIDS on women, poverty and on the livelihoods of the target group and recognise that HIV/AIDS is an external shock/stress which can further impacts on women, poverty and livelihoods.

- ✓ **Target Groups**
  Consider whether your current target group includes both people infected and affected by HIV/AIDS or whether the Project needs to identify other groups with which to work

- ✓ **Organisations involved in HIV/AIDS work**
  Consider how can the organization make meaningful links with other organizations involved in HIV/AIDS work

- ✓ **Project Activities**
  At an operational level begin the process with simple changes which are relevant to people infected and affected by HIV/AIDS

- ✓ **Training**
  Consider whether or not changes need to be made to training materials to reflect mainstreaming issues

- ✓ **Prevention**
  Think to the future, not everyone is infected or affected, what can the Project do to help people protect themselves from becoming infected

MATERIALS 19: SAMPLE LOGICAL FRAMEWORK[15]: MAINSTREAMING HIV/AIDS INTO LOGICAL FRAMEWORK

TASK	Use the sample Logical Framework in Table 2 to identify how HIV/AIDS has been logframe to take into account some of the key mainstreaming issues.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	
Goal			
Improved capacity of vulnerable rural households in Lesotho to cope with shocks and stresses.			
Purpose			
Vulnerable rural households in the southern districts affected by food insecurity have improved their homestead agricultural production (Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek)	1. x % of participating households are female headed, child headed or have a chronically sick family member 2. At least x % of participating households are classified as poor or very poor 3. At least x % of participating households report stabilised or increased agricultural production by EOP 4. At least x % of participating households demonstrate improved diets 5. Effective UES incorporating elements derived from the programme operating in at least 2 districts 6. PRS process reflects outputs and lessons from LRAP	1. Reports by implementing agencies on targeting of poor and very poor based on Care's vulnerability framework 2. Consolidated M&E reports by implementing agencies 3. DAO's reports on the extension system and implementation	1. PR agricu outco 2. UE increa deal v 2. Ext e.g. p impac so se progra 3. Inc produ broad plan, shock

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assu
Outputs			
1. Improved skills and systems to implement the UES in support of vulnerable rural households	1. Detailed operational plan for UES designed and agreed in at least 2 districts, incorporating methods from a range of stakeholders 2. x % of relevant extension staff in MoACLR and other participating stakeholder institutions are able to implement defined key elements of the UES operational plan 3. x % of contact farmers adopting new skills and methods	1. Operational plans available 2. Performance appraisal forms	1. De realis availa 2. Fo do no house 3. Ge comp econ agricu affect 4. M staff nation 5. Fo increa hamp 6. Co progr poor

15

			7. Ta to pa 8. Ti have

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assu
2. Good practices in production systems for vulnerable rural households in southern districts promoted by MoACLR and other stakeholders	1. Training materials (e.g. guidelines) covering at least x homestead agricultural technologies/systems developed for vulnerable rural households, drawing on and consolidating current good practices with HIV/AIDS mainstreamed. 2. % of rural households in 4 districts aware of defined technologies promoted by the programme	1. Training materials available 2.1 Reports from implementing agents 2.2 Evidence of awareness of technologies by rural households in the 4 districts e.g. through KAP survey	
3. A range of organisations supported and working together effectively to provide extension (inputs and advice) on improved homestead agricultural production for vulnerable rural households in the southern districts	1. District Extension Working Groups meeting regularly (at least monthly) and representing a range of relevant stakeholders in at least four districts 2. Participating service providers are using the materials developed or promoted under this programme	1. Record of meetings and list of stakeholders that attended 2.1 Requests for materials 2.2 Verbal and written reports on impact	
4. Improved awareness by a range of stakeholders of vulnerability and coping strategies of participating households and implications for PRSP process and policy	1. Participating organisations in the programme (notably MoACLR, LAPCA, Care and DFID) have incorporated some learnings from the studies and learning events into their plans, programmes or systems and feed them into the PRSP process. 2. Number of organisations attending programme learning events. 3. % of rural households reached and positively impacted upon by LRAP	1. Plans, programmes /systems, policies & strategies reflect and highlight learnings from studies, learning events and pilots. 2. Attendance lists and evaluations of learning events.	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assu
5. Programme implemented effectively with gender and HIV/AIDS mainstreamed	1. Evidence of joint, timeously decision making in programme implementation 2. Gendered HIV/AIDS framework for homestead agriculture production developed and adopted	1. Minutes of steering committee meetings and quarterly reports. 2.1 HIV/AIDS framework available. 2.2 HIV/AIDS integration reflected in all training materials, policy recommendations and quarterly reports.	
Activities			
1 Improved skills and systems to implement UES			
1.1 Support operation of National and District Extension Working Groups 1.2 Explore different community-based service options and their relevance to the UES 1.3 Develop and implement good practice to improve operationalisation of the UES 1.4 Develop UES training materials, ensuring HIV/gender issues incorporated 1.5 Training of trainers for UES Trainers Group, drawing on national and district staff 1.6 Training of extension staff at all levels 1.7 Provide support and mentoring of UES trainers/extension staff in 4 districts 1.8 Support curriculum development at NUL			1 Well commu are rele 2 Mate and are provide 3 Relev includir particip
2 Good practices on production systems			
2.1 Learning from current experiences in homestead agricultural production systems 2.2 Piloting technologies (e.g. water, seeds, livestock, processing, marketing) at household/community level 2.3 Develop action-learning materials and appropriate dissemination channels with Agricultural Information Services (e.g. radio) 2.4 Review learning materials to ensure they consider HIV/AIDS awareness raising and mitigation and nutrition 2.5 Dissemination of materials according to Programme Communication Strategy			4 NGOs guideline 5 Data c available improve 6 Good between maintain

3 Range of organisations providing extension	
3.1 Programme steering committee develops criteria for proposals including targeting the most vulnerable 3.2 Immediate call for proposals and selection of innovative and practical ideas for extension inputs and advice 3.3 Fund range of service providers covering range of relevant extension advice and inputs (e.g. small stock and poultry, seeds, homestead production, marketing, processing) 3.4 Hold learning events for service providers	7 Delays program cycle 8 Skilled timefram
4 Improved understanding of coping strategies in vulnerable rural households	
4.1 Undertake specific studies and events as needed to enhance understanding of and changes in the coping mechanisms of vulnerable households 4.2 Implement system to M&E impact of programme interventions on participating households 4.3 Develop collaborative mechanisms with appropriate institutions to engage actively with PRS process to influence policy 4.4 Ongoing review of processes, methods, institutional mechanisms that could improve capacity of participating organisations at all levels	
5 Programme implemented effectively	
5.1 Provision of office space by MoACLR in southern districts and at Headquarters 5.2 Development of workplans for joint programme implementation 5.3 Develop and agree a partnership arrangement (e.g. Memorandum of Understanding) between MoACLR and CARE 5.4 Establish a programme steering committee and management structures/systems to guide programme implementation, including TORs for Steering Committee 5.5 Develop and implement an M&E system that guides programme implementation 5.6 Agree transparent criteria and process for selection of vulnerable rural households and communities, giving high priority to gender, orphans and chronic illness 5.7 Develop an HIV/AIDS framework for appropriate homestead agriculture. 5.8 Develop and implement a communication strategy to inform all relevant stakeholders at all levels 5.9 Develop and monitor agreed budget management systems between MoACLR and CARE	

MATERIALS 20: TASK SHEET: IDENTIFICATION OF POTENTIAL CHANGES TO CURRENT PROJECT LOGICAL FRAMEWORK

TASK	To identify and make potential changes to current Logical Framework Using the current project Logical Framework systematically work through the Logical Framework to make potential changes to the purpose, outputs, verifiable indicators and assumptions to take into account: • Key points to take into account when mainstreaming • Information recorded from Silhouettes Exercise: Meeting 1 • Information recorded in from Silhouettes Exercise: Fieldwork • Information recorded from the exercise Causes of AIDS • Information recorded from the exercise Effects of AIDS • Information gained from Background Reading Modify the logical framework accordingly **Note**: These are potential changes and further changes may need to be considered after the Operational/Implementation Plan has been discussed.
Resources	1. Key points to take into account when mainstreaming 2. Information gained from Silhouettes Exercise: Meeting 1 3. Information recorded from Silhouettes Exercise: Fieldwork 4. Information recorded from the exercise Causes of AIDS: Meeting 1 5. Information recorded from the exercise Effects of AIDS: Meeting 1 6. Information gained from Background Reading 7. Current Logical Framework

MATERIALS 21: DISCUSSION GUIDE: MICROFINANCE

Note: This is a guide only and is in no way prescriptive. Each guide contains ideas which other projects have either put into practice or have considered

Introduction

A controlled study in Zimbabwe suggested that participation in a microfinance programme had a positive effect on the HIV affected client households and that households involved in such programmes had a significantly higher number of income sources than affected households who were not involved in a microfinance programme.

However, as HIV/AIDS continues to spread, microfinance institutions (MFIs) operating in heavily HIV/AIDS affected areas have discovered that because of the disease – some of their operating principles and initial assumptions no longer hold. Microfinance client groups include both affected and infected, who face noticeable shifts in their personal and financial conditions. Microfinance organisations therefore need to consider ways in which they can respond to the epidemic.

The following acts as a guide to promote discussion. It lists a number of ways in which microfinance organisations are either responding to the epidemic or are considering responding to the epidemic. These include both prevention and mitigation activities. (Mitigation activities focus on the social and economic effects of HIV/AIDS).

Use this discussion guide and relevant documents from the bibliography to promote thinking when consideration is given to ways in which project activities can be re-shaped, so that such activities better meet the needs of households infected and affected by HIV.

Prevention and Mitigation Activities
1. Develop a set of tools to enable microfinance extension workers and other programme extension workers to better estimate HIV/AIDS affectedness among their target group
2. The involvement of people living with HIV/AIDS in planning and implementing all development activities, so that they can judge how programmes will affect them and what approaches work to avoid discrimination and social exclusion.
3. Consider ways to manage risk, for example the introduction of mandatory insurance fees (one per cent) to cover the outstanding loans of borrowers who die
4. Train Microfinance Extension Workers and Savings Group Committee Members in communications skills to better enable them to respond to the HIV/AIDS related situations they encounter. Such workers should, in addition, be informed about existing services to which they can refer individual members of their group

5. In instances where short term loans do not exist, consideration should be given to the provision of smaller, shorter-term loans (e.g. six months) to reduce the risk of loan defaults since the economic situation and prevalence of HIV/AIDS make it difficult to predict if individuals can met their loan obligations over a 9 to 12 month period.
6. When training clients in “Business Development”, encourage clients to teach teenage sons and daughters how to manage their enterprises, so that the child could operate the business if the owner became ill or died, or had to focus on caring for a sick person.
7. Education of clients about HIV/AIDS related issues. This could be achieved through linkages with non-microfinance organisations. Linkages options range from simple referral services to the development of strategic partnerships between projects.
8. Provision of non-financial services such as training, advice or health care.
9. Work with Extension Workers to encourage Microfinance programmes to use regular savings group meetings as a forum through which health services providers can provide HIV/AIDS prevention information, or discuss ways to care for an HIV/AIDS infected person. Or introduce other experts for example those who can talk about legal issues facing women, such as inheritance laws and wills.
10. Develop new financial products that are particularly helpful for sick clients. For example, lump-sum and flexible saving products; education trusts for minors; emergency loan products
11. Adjust internal policies, for example to allow a well adult in the household to replace a sick MFI client.
12. Allow clients to offset accumulated compulsory savings against loan balances outstanding
13. Work towards the provision of death insurance, either in form of burial expenses, cash payment or debt wipe-out.
14. Create small loan programme for members of sick person’s family.
15. Allow younger clients or those newly establishing businesses to use the MF services if they come from an AIDS affected household
1. Develop pre-paid medical payment products, designed to cover the cost of future medical treatment, drugs or hospitalisation.
1. Develop community based programmes for families caring for AIDS orphans.

Note: This is a guide only and is in no way prescriptive. Each guide contains ideas which other projects have either put into practice or have considered

Introduction

The HIV/AIDS pandemic, which unlike natural disasters is not cyclical or limited in duration, has far-reaching effects across all sectors of society, but particularly on labour-intensive sectors such as agriculture. HIV/AIDS represent a potentially devastating shock to farm household survival. There are a number of linkages between HIV/AIDS and agriculture and livelihoods and an understanding of these linkages will assist in the development of mainstreaming HIV/AIDS livelihoods and agricultural projects.

The HIV/AIDS infected household member is more prone to opportunistic infections and increasingly unable to work as often and productively as he/she had worked in the past. With this reduction in physical capital, field terraces, which depend on regular maintenance can crumble, and soil fertility can decline without people available to spread manure or leaf litter, and to make compost. With the progression of HIV/AIDS, cash resources become increasingly constrained and a household may no longer be able to afford items such as purchased seed and fertilizer. As cash crops can require more cash resources than crops grown for consumption (food crops) households concentrate on food crops, with the result that there is less income coming into the household. The transfer of knowledge and skills from parents to children can be disrupted as parents become sick.

The following acts as a guide to promote discussion. It lists a number of ways in which livelihoods and agricultural organisations are either responding to the epidemic or are considering responding to the epidemic. These include both prevention and mitigation activities. (Mitigation activities focus on the social and economic effects of HIV/AIDS).

Use this discussion guide[16] and relevant documents from the bibliography to promote thinking when consideration is given to ways in which project activities can be re-shaped, so that such activities better meet the needs of households infected and affected by HIV.

[16] Extracted from Bonnard P 2002 *HIV/AIDS Mitigation: Using What We Already Know* Food and Nutrition Technical Assistance Technical Note No 4, October 2002 http://www.fantaproject.org/downloads/pdfs/tn5_hiv.pdf

Prevention and Mitigation Activities
1. The involvement of people living with HIV/AIDS in planning and implementing all development activities, so that they can judge how programmes will affect them and what approaches work to avoid discrimination and social exclusion.
2. Introduce practices that reduce labour use or bottlenecks (e.g., no-tillage).
3. Diversify production to reduce labour use or bottlenecks.
4. Introduce small-scale labour saving food processing technology, fuel-efficient stoves, and water pumps
5. Introduce shared childcare, daycare and care taking of HIV/AIDS infected.
6. Intensify or promote new labour-sharing schemes. Introduce less intensive-intensive livelihood strategies.
7. Provide cash for hired labour.
8. Encourage balanced diets, ARVs* and proper care to reduce morbidity and delay mortality.
9. Introduce workplace policies and programs.
10. Introduce low external (purchased) input technologies and practices.
11. Emphasize crops requiring few or fewer external (purchased) input needs.
12. Emphasize appropriate substitute local wild foods.
13. Provide grants for draught animal purchase or rental, hired labour or other inputs.
14. Provide microfinance for operating expenses (e.g., draught animals, inputs, hired labour).
15. Introduce improved food storage and preservation to maintain quality and quantity of food stocks.
16. Use cash for work as opposed to food for work.
17. Support market development for local products to expand income-earning opportunities.
18. Provide grants for asset protection and restocking.
19. Provide repair service for productive and household assets.
20. Provide grants or loans for land rental.
21. Provide microfinance to increase or diversify incomes.
22. Replant community woodlots and forests.

23. Introduce small animal husbandry.
24. Invest in community-owned assets (e.g., ploughs, draught animals).
25. Disseminate new agricultural technologies and practices for HIV/AID context.
26. Introduce HIV/AIDS prevention and care into extension messages.
27. Provide agricultural extension for widows, orphans and other survivors.
28. Encourage communities to share practical experience (e.g., agricultural knowledge) with widows, orphans and other survivors.
29. Encourage sharing knowledge and experience of HIV/AIDS affected households.
30. Incorporate agricultural training into school curriculum.
31. Introduce incentives to school attendance to reduce the rate of absenteeism and attrition.
32. Provide business and management training for women, orphans and other survivors.
33. Provide training for the community in problem diagnosis, planning and organizational management.
34. Provide training in new marketable skills.
35. Encourage communal food and cash crop production.
36. Build community grain stocks.
37. Encourage community works to repair assets and structures.
38. Improve social infrastructure (access to water, sanitation and health posts) to reduce morbidity
39. Create/support HIV/AIDS networks and community organization.
40. Modify costly customs (funerals, marriages).
41. Modify land tenure to meet needs or women, orphans and other survivors.
42. Provide legal aid to widows, orphans and other survivors.
1. Include HIV/AIDS prevention training for staff of NGO, ministry, etc.
1. Strengthen community links to NGOs, government institutions, etc.

Note: This is a guide only and is in no way prescriptive. Each guide contains ideas which other projects have either put into practice or have considered

Introduction

For biological, behavioural, and cultural reasons, youth are at especially high risk of contracting STIs, including HIV. Worldwide, the highest reported rates of
STIs are found among young people aged 15 - 19 and 20 – 24. Their immature reproductive and immune systems make adolescents more vulnerable to STI infection. Young people under the age of 25 account for one half of all HIV infections

The sexual and reproductive health needs of young people are complex, diverse, and demanding of urgent attention. Young people not only need, but also have the right to, reproductive health information and services, a principle endorsed by the global community at the International Conference on Population and Development in Cairo in 1994 and the Fourth International Conference on Women in Beijing in 1995.

The following acts as a guide to promote discussion. It lists a number of ways in which youth projects/programmes are either responding to the epidemic or are considering responding to the epidemic. These include both prevention and mitigation activities. (Mitigation activities focus on the social and economic effects of HIV/AIDS).

Use this discussion guide and relevant documents from the bibliography to promote thinking when consideration is given to ways in which project activities can be re-shaped, so that such activities better meet the needs of households infected and affected by HIV.

Prevention and Mitigation Activities
1. Building on and linking with existing reproductive interventions in the locality
2. Considered working with health service providers in the locality to address issues such as the providers' judgmental attitudes, inconvenient clinic opening hours and lack of confidentiality.
3. Incorporation of youth reproductive health programming into existing programme/project activities, for example by offering reproductive health information and services in non-clinical settings can also attract youth who may have otherwise avoided a health facility.
4. The involvement of youth in planning, designing, implementation and evaluation of youth focused reproductive health programme

5. The involvement of people living with HIV/AIDS in planning and implementing all development activities, so that they can judge how programmes will affect them and what approaches work to avoid discrimination and social exclusion.
6. Use a variety of responses to address prevention, including peer education, development of IEC materials.
7. Does your project address gender inequalities, particularly in relation to sexual and reproductive health?
8. Motivate parents and the community to support youth reproductive health initiatives. For example the sharing existing data with parents, politicians, local leaders and service providers can allow these “gatekeepers” to appreciate the urgency and magnitude of reproductive health problems amongst youth in the community
9. Encourage youth to seek treatment from a medical facility for STIs
10. The provision of free condoms, if available, through the project/programme
11. The involvement of PSI to facilitate the provision of accessible and affordable condoms which are attractive to youth
12. Support groups for youth who are involved in the care of a parent/relative with AIDS
13. Support groups for youth who are involved in care of AIDS orphans
14. The development of community based programmes for youth caring for AIDS orphans
1. Incoming generation projects for youth who now head households
1. Linkages with microfinance organisations for youth aged over 18

MATERIALS 24: DISCUSSION GUIDE: HEALTH AND CHILD SURVIVAL

Note: This is a guide only and is in no way prescriptive. Each guide contains ideas which other projects have either put into practice or have considered

Introduction

Health and child survival projects traditionally work in areas such as malaria treatment and prevention, improving the nutritional status of mothers, infants and young children and TB prevention and treatment. However, HIV/AIDS has begun to undermine the years of steady progress in child survival, with those who are HIV positive being vulnerable to anaemia, malaria, pneumonia, urinary infections and TB. The under 5 mortality rate is expected to increase by over 100 per cent in the worst-affected areas by 2010, with children who are HIV positive are over 20 times more likely to die before the age of five than non-infected children.

However, effective and feasible interventions to reduce mother-to-child transmission are now available and could save the lives of 400,000 children each year. Pregnant women with HIV need voluntary and confidential counselling and testing, access to antiretroviral therapy, safe delivery practices, and guidance in selecting a suitable infant-feeding option in order to prevent mother-to-child transmission of HIV.

The following acts as a guide to promote discussion. It lists a number of ways in which health projects such as Safe Motherhood Initiatives and Child Survival Projects are either responding to the epidemic or are considering responding to the epidemic. These include both prevention and mitigation activities. (Mitigation activities focus on the social and economic effects of HIV/AIDS).

Use this discussion guide and relevant documents from the bibliography to promote thinking when consideration is given to ways in which project activities can be re-shaped, so that such activities better meet the needs of households infected and affected by HIV.

Prevention and Mitigation Activities
1. Building on and linking with existing reproductive interventions in the locality
2. Incorporation of HIV/AIDS programming into existing programme/project activities, for example by offering reproductive health information and services to those who might not access government health programmes.
3. The involvement of project participants in planning, designing, implementation and evaluation of reproductive health programme

4. The involvement of people living with HIV/AIDS in planning and implementing all development activities, so that they can judge how programmes will affect them and what approaches work to avoid discrimination and social exclusion.
5. Use a variety of responses to address prevention, including peer education, development of IEC materials.
6. Does your project address gender inequalities, particularly in relation to sexual and reproductive health?
7. Improving the status of women in society, so that they are able to negotiate with their partners for safer sex.
8. Encourage project participants who are sexually active to seek treatment from a medical facility for STIs
9. Ensuring that women and men involved in the project are aware of VCCT programmes in the locality
10. The provision of free condoms, if available, through the project/programme
11. The involvement of PSI to facilitate the provision of accessible and affordable condoms
12. Support groups for people who are involved in the care of people with AIDS
13. Support groups for people who are involved in care of AIDS orphans
14. The development of community based programmes for people caring for AIDS orphans
15. Liaison with Income generation projects for those who have lost breadwinners to HIV/AIDS
16. Linkages with microfinance organisations in order to strengthen the resources of families before AIDS has undermined their capacity to support themselves
17. Encourage and support parents' ability to write wills, make arrangements for care of children, and talk to their children about the future in which the parents may not be there.
18. Updating workers knowledge and practice in the field of HIV/AIDS
1. Ensuring that women are well informed about the risks and benefits of different feeding options for their infants. Where women choose to breastfeed, encourage them to do so exclusively for the first six months of life.
1. Ensuring that any health workers involved in the project adopt safe working practices to minimise exposure to HIV, Hepatitis B and C and TB.

MATERIALS 25: DISCUSSION GUIDE: WATER AND SANITATION

Note: This is a guide only and is in no way prescriptive. Each guide contains ideas which other projects have either put into practice or have considered

Introduction

The HIV/AIDS pandemic, which unlike natural disasters is not cyclical or limited in duration, has serious implications for households. Water and sanitation projects can and should play a very important role in prevention and mitigation of the effects of the epidemic. There are a number of linkages between HIV/AIDS and water, sanitation and hygiene and an understanding of these linkages will assist in the development of mainstreaming HIV/AIDS into water and sanitation projects.

Good access to safe water and sanitation is essential for people living with HIV/AIDS and for the provision of home based care to AIDS patients. Without access to sufficient clean water and proper sanitation facilities, there is increased vulnerability for people and communities infected and affected by HIV/AIDS. Lack of access to clean water and sanitation means that the immune system of an HIV positive person will be compromised.

Water is needed for bathing patients and washing soiled clothing and bed-clothes. Safe drinking water is necessary for taking medicines. Nearby latrines are necessary for weak patients. Water is needed to keep the house environment and latrine clean in order to reduce the risk of opportunistic infections.

The following acts as a guide to promote discussion. It lists a number of ways in which water and sanitation organisations are either responding to the epidemic or are considering responding to the epidemic. These include both prevention and mitigation activities. (Mitigation activities focus on the social and economic effects of HIV/AIDS).

Use this discussion guide and relevant documents from the bibliography to promote thinking when consideration is given to ways in which project activities can be re-shaped, so that such activities better meet the needs of households infected and affected by HIV.

Prevention and Mitigation Activities
1. The involvement of people living with HIV/AIDS in planning and implementing all development activities, so that they can judge how programmes will affect them and what approaches work to avoid discrimination and social exclusion.
2. The reduced ability of water users to pay water fees due to affected households losing their primary breadwinners, overall livelihood insecurity and increased medical expenditure. Consider new and innovative funding and cross-subsidisation mechanisms to recover the operation and maintenance costs of water supply schemes.

3. The reduced ability of water users to spend time and energy on management activities due to HIV/AIDS issues, for example care of orphans, care of the infected, death.
4. Loss of community water management capacities due to loss of knowledge and skills because of HIV/AIDS
5. Increased training costs due to higher turnover of trained community members due to AIDS-related deaths.
6. How will HIV/AIDS affected households who are unable to participate in community meetings, participate in planning, decision making and implementation to ensure that their specific needs are taken into account.
7. How will the project ensure that water supply points and latrines are accessible to those infected and affected by HIV/AIDS?
8. In HIV/AIDS affected communities, fetching water increasingly falls to children and the elderly. These groups may have particular requirements, for e.g. pump handles which are not too high, pumping mechanisms which are not too heavy, walls of wells which are not too high. Has your project/programme considered this? .
9. How will your project manage an increased demand for water and sanitation, whilst individual, household and community capacity to contribute labour, to finance and to manage improved water and sanitation services is decreasing?
10. Diarrhoea and skin diseases are among the common opportunistic infections. These can be reduced by access to safe water supply and sanitation. Information on how to manage opportunistic infections can be integrated with hygiene promotion that focuses on safe water handling and appropriate sanitation practices. Particular attention should be given to the specific needs of HIV positive people and their caregivers.
11. Network with home-based care organisations to ensure that hygiene education is integrated in training for home-based care.
12. As an alternative to breast-feeding, some HIV mothers use bottle feeding. However, this is often not a realistic alternative. Safe water, sound sanitation practices and hygiene education are needed to prevent the baby from falling ill with diarrhoea.
1. In high prevalence areas; consider special attention for the most vulnerable: elderly, widows/widowers, orphans and households affected by HIV/AIDS and child headed households
1. Where there has been a high number of deaths from AIDS, there is increasing pressure on burial sites and this may lead to people being buried where decaying material could contaminate groundwater sources. There is no extra risk because someone has died of AIDS, but there is a need for all burial sites to be safely sited. Consider addressing this issue during hygiene promotion.

MATERIALS 26: TASK SHEET: TARGET GROUP IDENTIFICATION

TASK	1. To identify current target group 2. To compare current target group with vulnerable groups 3. To decide whether or not the current target should be changed to incorporate the most vulnerable groups, either now or in the future Indicate in Column 1: Target Groups, the current group with whom your Project works Discuss whether or not there are any potential changes which need to be made to the existing Project Target Group to take into account the effects of HIV/AIDS. Note that the work of the project should remain focussed and the changes should be feasible. Indicate in Column 2, any potential changes which may need to be made to the Project Target Groups. Go through Column 2 asking the question: 1. What will be the effect on the Project if a change in target group is made? 2. What will be the effect on the Project if no change in target group is made? 3. What will be the effect on households if a change in target group is made? 4. What will be the effect on households if no change in target group is made? Finalise potential changes in target group, ensuring that this proposed change is feasible within the existing project.
Resources	Outcome of Diamond Nines Exercise: Meeting 1 Outcomes of Diamond Nines Exercise: Conducted during Fieldwork Background Reading

Target Groups

Describe how target groups are currently identified? In particular any inclusion criteria.	
Column 1	**Column 2**
Current target group (Tick)	**Do you need to identify other target groups to work with in the future, as a result of your understanding how HIV/AIDS is affecting livelihoods** (Tick)
❑ Men with low incomes	❑ Men with low incomes
❑ Women with low incomes	❑ Women with low incomes
❑ In-school youth	❑ In-school youth
❑ Out-of-school youth	❑ Out-of-school youth
❑ Children	❑ Children
❑ Older people	❑ Older people
❑ People living with HIV/AIDS	❑ People living with HIV/AIDS
❑ Women with Multiple Sex Partners	❑ Women with Multiple Sex Partners
❑ Men with Multiple Sex Partners	❑ Men with Multiple Sex Partners
Other, please state	Other, please state

MATERIALS 27: TASK SHEET: MAINSTREAMING HIV/AIDS INTO PROJECT ACTIVITIES TO TAKE INTO ACCOUNT CAUSES OF HIV/AIDS USING OPERATIONAL/IMPLEMENTATION PLAN

TASK	To identify potential changes to Operational/Implementation Plan that take into account the causes of HIV/AIDS **Note**: This is a process and the whole Operational/Implementation Plan may not be completed during the Mainstreaming Meeting Using the current Operational/Implementation Plan systematically work through the plan **1.** Ascertain whether there are causes of HIV/AIDS which are addressed by the current project **2.** Identify potential changes to project activities to address the causes of HIV/AIDS which take into account: • Key points to take into account when mainstreaming • Information recorded from the Causes of AIDS exercise • Information gained from Background Reading and outcome of discussions prompted by use of 'Discussion Guides' Identify and list which causes could be addressed by existing CARE projects and/or other projects within the community List potential changes in Column 1 of the Change Chart
Resources	1. Information recorded from the exercise Causes of AIDS 2. Information recorded from fieldwork exercise to find out about local organisations involved in HIV/AIDS prevention, care and mitigation work 3. Information gained from Background Reading 4. Current Operational/Implementation Plan **5.** Choose an appropriate Discussion Guide from **Materials 21 - 25: Discussion Guides**

MATERIALS 28: CHANGE CHART: IDENTIFICATION OF PROCESS TO MAINSTREAM HIV/AIDS INTO PROJECT ACTIVITIES

Proposed Change	WHY? (Is change realistic?)		HOW will change be implemented at organisational level and at field/CBO level?[17]	WHO will be involved in implementing change at organisational and field levels?	WHERE will this change be implemented? Piloted in a rural or urban site?	WHEN will change be implemented at organisation and field level
	YES	NO				

[17] Include a brief description of participatory process to involve CBOs with whom project works.

MATERIALS 29: TASK SHEET: MAINSTREAMING HIV/AIDS INTO PROJECT ACTIVITIES TO TAKE INTO ACCOUNT EFFECTS OF HIV/AIDS USING OPERATIONAL/IMPLEMENTATION PLAN

TASK	To identify potential changes to Operational/Implementation Plan that take into account the effects of HIV/AIDS **Note**: This is a process and may not be completed during the Mainstreaming Meeting Using the current Operational/Implementation Plan PMTeam members should systematically work through the plan **1.** Ascertain whether there are effects of HIV/AIDS which are addressed by the current project **2.** If appropriate, make potential changes to project activities to address the effects of HIV/AIDS and which take into account: • Key Points to take into account when mainstreaming • Information recorded from the exercise Effects of AIDS • Information recorded from Silhouettes exercise from Meeting 1 and from Fieldwork • Information gained from Background Reading and outcome of discussions prompted by use of '**Discussion Guides 21 – 25'** Identify and list which effects could be addressed by existing CARE projects and/or other projects within the community Record potential changes in the Change Chart
Resources	1. Information recorded from the exercise Effects of AIDS 2. Information recorded from Silhouettes Exercise: Meeting 1 3. Information recorded from Silhouettes Exercise: Fieldwork 4. Information recorded from fieldwork exercise to find out about local organisations involved in HIV/AIDS prevention, care and mitigation work 5. Information gained from Background Reading 6. Current Operational/Implementation Plan

MATERIALS 30: TASK SHEET: RESPONSE ANALYSIS: VENN DIAGRAM: LINKS WITH ORGANISATIONS

TASK	1. To conduct a response analysis to identify organisations who are responding to the HIV/AIDS pandemic at a local level. 2. To identify organisations linkages/potential linkages with organisations who are responding to the HIV/AIDS pandemic at a local level 3. To identify potential changes to Operational/Implementation Plan that take into account the effects of HIV/AIDS Using the Information recorded from Fieldwork create a Venn diagram to indicate the extent to which the Project has existing relationships with organisations involved in HIV/AIDS prevention, care and mitigation activities. **Creating a Venn Diagram** ✓ This is created by using card circles of different sizes to indicate different institutions, groups, departments or programmes. ✓ A circle representing the Project is placed in the centre of a piece of flipchart paper and the card circles are placed on paper and the degree to which they overlap, represents the extent to which the Project has relationships with these organisations and these organisations have with each other. Record Venn Diagram Consider whether the Project should develop closer links with organisations involved in HIV/AIDS prevention, care and mitigation activities and list those organisations with which closer links should be developed. Consider whether there are activities contained in the Operational/Implementation Plan and recorded on the Change Chart which could be better served by these organisations.
Resources	Information recorded from Fieldwork Exercise which related to organisation

MATERIALS 31: TASK SHEET: IDENTIFICATION OF PROCESS TO MAINSTREAM HIV/AIDS INTO PROJECT ACTIVITIES

TASK	To identify the process through which changes made to project activities to take into account the causes and effects of HIV/AIDS which impinge on household will be implemented **Note:** This is a process and may not be completed during the Mainstreaming Meeting **Note:** Photocopy Additional Change Charts as necessary Using the revised Operational/Implementation Plan and the Change Chart, PMTeam members should systematically work through the proposed changes to check firstly whether or not the change is realistic ✓ If it is agreed that the change is realistic then take the following steps in relation to each proposed change • **HOW?** Discuss how the change can be implemented at organisational level • **How** will the proposed change be considered and then implemented at field level with the CBOs with whom we work. (What participatory approaches will be used?) • **How** will any financial implications of the proposed changes be addressed? • **WHO?** Discuss will be involved in implementing the change at organisational level? Are there human resource implications? • **WHO?** Discuss who will be involved in implementing the change at field level? Are there human resource implications? • **WHERE?** Discuss where this change be implemented? Pilot in a rural or urban site? • **WHEN?** List all the proposed changes on separate pieces of card. Cluster the cards into three groups **1.** Those which can happen in the short-term, e.g. within the next three months **2.** Those which can happen in the medium term, e.g. within the next year **3.** Those which can happen in the long-term, e.g. within the next two years, because, for example, extra funding is needed. Conclude by ensuring that HIV/AIDS issues have been thoroughly taken into account in the addressing the sustainability of the intervention
Resources	1. Revised Operational/Implementation Plan 2. Change Chart

MATERIALS 32: SAMPLE: QUARTERLY TWO YEAR WORK PLAN

Activities	1st Year				2nd Year			
PROJECT MANAGEMENT								
Dip presentation		X			X			
Annual operating Plan			X					
Training needs assessment of CARE staff			X					
Training plan				X				
Monitoring and Evaluation System (project, community)			X					
Supervision system			X					
Develop, reproduce training materials						X	X	X
INSTITUTIONAL STRENGTHENING MOHR								
HEALTH UNITS SELECTION		X		X		X		X
QUALITY ASSURANCE TO HEALTH SERVICES				X		X		
Training:								
TOT selection and training MOHR and CARE				X				
Training needs assessment				X		X		
Annual training plan:								
▪ Adult education				X				
▪ Behaviour Change Communication				x				
▪ Community empowerment					x			
▪ Quality assessment: in-depth interview, focus groups			x					
▪ BF: counselling, norms, support groups					x			
▪ Malaria: norms				x				
▪ Nutrition: micronutrients norms, balanced diets						x		
▪ Food rich in vitamin A and Fe						x		
▪ Vaccines norms					x			
Training replication to MOH at health units							X	x
Health information System					x	x	X	x
Annual operating plan			x		x			
Supervision Plan for health units					x	x	X	x
Post partum Vit A supplementation (pilot)				x				
Baby Friendly Initiative (pilot)								x
Community out-reach (mobile clinics)				x	x	x	X	x
Program meetings MOH and CARE			x	x	x	x	X	x
Supplies							X	x
MOSQUITO NETS FOR PAEDIATRIC WARDS					*X*			
Malaria test kits						x		

COMMUNITY EMPOWERMENT								
Selection 1rs cohort			x	x	x	x	X	x
Project negotiation with community				x	x	x	X	x
Identify and recruit CHVs				x	x	x	X	x
Training CHVs using participatory techniques:								
▪ Community empowerment						x	X	x
▪ Census/mapping					x	x	X	x
▪ DDM					x	x	X	x
▪ Malaria: diagnosis, treatment, prevention						x	X	x

▪ Nutrition: micronutrient, balanced diets, weighting techniques							x	x
▪ Referral						x	x	x
▪ Breast feeding								x
Community activities:								
▪ Mapping					x	x	x	x
▪ Qualitative assessment						x		
▪ Community census						x	x	x
Health educative sessions:								
▪ Malaria							x	x
▪ Nutrition							x	x
▪ Home visits						x	x	x
▪ Fairs, street theatre, puppet show, movies							x	X
▪ Growth monitoring and counselling session (pilot)							x	X
Mosquito nets marketing						x	x	X
Supplies:								
▪ Weighting scales							***x***	***x***
▪ Training materials							x	X
▪ Chloroquine							x	X
▪ Iron							x	X
▪ Acetaminophen							X	X
INTER INSTITUTIONAL COORDINATION								
Project presentation			x					
Agreement MOH-CARE			x					
Coordinate nutrition activities with VIDA project				x	x	x	x	X
Coordinate MN activities with project				x	x	x	x	X

MATERIALS 33: TASK SHEET: FACTORS WHICH MAY ASSIST/HINDER IMPLEMENTATION OF HIV/AIDS MAINSTREAMING INTO PROJECT ACTIVITIES

TASK	To identify the factors which may assist in the process of mainstreaming HIV/AIDS (the "Pullers") and those factors which may hinder the process of mainstreaming HIV/AIDS (the "Pushers") Draw the force field line on flipchart paper with positive influencing (pullers) factors on the left and negative influencing (pushers) factors on the right. On the left side of the paper ask participants to record positive influencing factors. On the right side of the paper get participants to free list negative factors. Draw lines from the centre "force field" line out to each factor and to write on that line a brief description of the factor. The length of the line indicates influence: the longer the line the stronger the influence and the shorter the line the weaker the influence. Discuss how the negative or resisting factors might be overcome, including the use of positive influencing factors.
Resources