

**Participatory Ecological Land Use Management
(PELUM) Association, UGANDA**



**HIV/AIDS AND GENDER
Workshop report, 2005**

HIPPO ILLUSTRATION

Royal Impala Hotel, Muyonyo- UGANDA
22-26 August 2005

TABLE OF CONTENTS

1.0	INTRODUCTION	3
2.0	UPDATE FROM THE REGIONAL DESK	4
3.0	CHALLENGES OF HIV/AIDS AND GENDER.....	4
4.0	GENDER CHARACTERISTICS	6
5.0	AFRICAN PERSPECTIVES TO GENDER	8
6.0	HIV/AIDS AND TRADITIONAL PRACTICES.....	9
7.0	RELIGIOUS BELIEFS IN THE MITIGATION OF HIV/AIDS.....	11
8.0	CULTURE, GENDER AND HIV/AIDS.....	12
9.0	IMPACT OF HIV/AIDS ON COMMUNITY LIVELIHOODS	13
10.0	CASE STUDY OF "LOSS OF DOROTHY"	17
11.0	MAINSTREAMING HIV/AIDS	18
12.0	DEVELOPMENT OF ACTION PLANS.....	23
13.0	CLOSURE OF THE WORKSHOP	30
14.0	WORKSHOP EVALUATION.....	31
<u>APPENDICES</u>		
	APPENDIX 1: LIST OF PARTICIPANTS.....	33
	APPENDIX 2: ANNEX: MODERN AND CONVENTIONAL HIV THERAPY.....	34
	ANNEX 3: HIV/AIDS MAINSTREAMING.....	35

1.0 INTRODUCTION

Background

Rural communities and households in Uganda are particularly vulnerable to the adverse impacts of HIV/AIDS, leading to further impoverishment of many, and with serious consequences for agricultural practices, food security, and nutritional status. Agricultural production is at the heart of the majority of rural household's livelihoods and culture. The pandemic of HIV/AIDS is thus not only a health problem, but has a development problem with multi-dimensional implications.

The economic and social impacts of HIV/AIDS aggravate poverty related challenges in rural communities. Economically, there is a loss of labour due to illness and death of family members and other able-bodied members of the community. Increased impoverishment is also caused by utilization of meagre resources and sale of assets to cover treatment and finally funeral expenses for the infected. Socially, gender imbalances and poverty lead to a number of social ills such as exploitation of orphaned children for cheap labour, defilement, prostitution, and other criminal activities to meet financial needs. Orphans and child-headed households are most vulnerable to abuse. Furthermore, the pandemic has also had adverse impact on the transfer of indigenous agricultural knowledge, which is the mainstay of rural community livelihoods. Due to parental deaths, there has been a loss of cultural and technical (agricultural) knowledge within communities.

Development policies and programmes related to poverty reduction must incorporate the aspect of mitigation of HIV/AIDS and its impact if they are to be effective. In the bid to raise awareness amongst its members regarding the adverse effects of HIV/AIDS on development and rural communities, the Participatory Ecological Land Use Management (PELUM) Association organised a 5-day workshop, which focused on HIV/AIDS in relation to gender and cultural practices and beliefs. The workshop was organised to deepen the understanding among participants of HIV/AIDS with a gender perspective.

Objectives of the workshop

The objectives of the workshop were:

- 1) To deepen the understanding of the concepts of Gender and HIV/AIDS
- 2) To understand the impact of cultural practices on mitigation of HIV/AIDS
- 3) To discuss the impact of HIV/AIDS on development and its implications on gender
- 4) To enhance participants' skills and methodologies for mainstreaming HIV/AIDS in PELUM development work.

Participants and facilitation

25 participants from PELUM Uganda member organisations participated in the HIV/AIDS and Gender workshop, which was held at Royal Impala Hotel, Munyonyo from 22-26 August 2005. Ms Betsy Mboizi of Community Development Resource Network (CDRN) was the principal facilitator with support from Mrs Alice Mango (gender consultant), Mr Bernard Lukwago (TASO, Kayunga), Dr Maria Musoke (Nsambya Home Care), Ms Roseline Achola (THETA) and Mrs Rosemary Adong Okech (CDRN) as key resource persons. (*See Annex 1 for detailed list of participants*)

Report structure

This report provides a detailed account of the proceedings of the 5-day workshop that focussed on HIV/AIDS in relation to gender, culture, and religion and finally mainstreaming HIV/AIDS and Gender in development programme work.

Official opening by Samuel Nyanzi

Mr Samuel Nyanzi, Executive Director of Rural Community In Development (RUCID) and Chairperson of NOGAMU officially opened the workshop. He stressed the importance of understanding the causes of and continuous spread of HIV/AIDS in our communities and workplaces. He said there is need to reflect on whether we as service providers are contributing to the reduction or further spread of HIV/AIDS by demonstrating certain attitudes and behaviour.

While some religious people perceive HIV/AIDS as a sin cause by immoral conduct, it is a health and development concern. Organisations need to be sensitive to the needs of staff of both sexes in allotting roles and responsibilities in order to avoid abetting situations that are conducive to risky behaviour. These include pairing of opposite sex staff, extended fieldwork that separates spouses from each other for long periods. Mr Nyanzi urged members to use this opportunity to be realistic in mainstreaming HIV/AIDS in order to address the spread and control of HIV/AIDS within communities and at the workplace; discrimination; use of technology; and poverty as a cause and effect of HIV/AIDS. He encouraged members to document their experiences in Ground Up magazine so that these can be shared lessons with other partners and thanked PELUM Uganda and the Regional Desk for providing such opportunities to learn and share experiences.

2.0 UPDATE FROM THE REGIONAL DESK

Mary Kabalele, PELUM Regional Desk

Ms Mary Kabalele of the Regional Desk-PELUM Association said HIV/AIDS related issues have been incorporated in PELUM's constitution, and HIV/AIDS and gender policies developed and adopted. The Regional Desk (RD) is currently in the process of operationalizing these policies by mainstreaming HIV/AIDS and gender issues in the RD programmes and workplace and this includes supporting CWGs to develop country policies on the same and holding monthly learning sessions on HIV/AIDS.

PELUM Regional Desk plans to promote and document mainstreaming of gender and HIV/AIDS at Country Working Group (CWG) level; identify advocacy issues in gender and HIV/AIDS; promote information sharing through Ground Up magazine and monthly bulletin and assess the impact of implementing HIV/AIDS and gender policies by PELUM CWGs.

3.0 CHALLENGES OF HIV/AIDS AND GENDER

Betsy Mboizi, CDRN

Vertical and horizontal challenges

There are vertical and horizontal challenges of HIV/AIDS and Gender. The vertical challenges are those challenges that are not within our control such as policy, structure, and cultural practices. While the horizontal challenges are those challenges that are within our control to make a change. Some of the challenges highlighted by participants included the following:

- **Limited resources** - while HIV/AIDS/gender policies and plans are developed, often times these are not incorporated in the mainstream programmes and budgets and therefore often not implemented. Finances and time need to be allocated to implementing HIV/AIDS and gender plans.

- **Lack of HIV/AIDS policy in the workplace** - in the absence of guidelines on how affected or infected staff can be supported, the organisation and staff are at a loss on how to deal with constant illness, low productivity and absenteeism due to HIV/AIDS. Organisations therefore need to assess the impact of HIV/AIDS at organisational level in addition to programme work.
- **Access to unlimited/limited information**
Currently all types of information that is not appropriate for certain age groups are easily accessible. Youngsters of different age groups are particularly susceptible, because they receive sexuality messages, which may result in triggering youth's interest in experimentation rather than prevention from an informed point of view. It is often assumed that most people know about HIV/AIDS, however this may not be the case for new generations. Information needs to be constantly repackaged to keep the issue alive for people of different levels of literacy.
- **Negative attitudes** - many still regard HIV/AIDS infected people negatively which results in discrimination and stigmatisation.
- **Monitoring and evaluation of impact of HIV/AIDS** - there is a challenge of developing good indicators to monitor the impact but also to consistently use and analyse the information generated by these tools. Such information would provide a basis for organisations to assess the extent to which HIV/AIDS impacts on the overall performance.
- **Large number of dependents as a result of HIV/AIDS** - affected staff are often saddled with the responsibility of catering for orphans and widows, some of whom may be infected and require constant medical treatment and support. This drains staff financially and emotionally.
- **Wealth and poverty as cause of HIV/AIDS** - Wealth was considered a cause of HIV/AIDS because of the reckless behaviour associated with access to money and a "modern" lifestyle of extravagant spending, drinking, buying prostitutes and getting more wives. While on the other hand, poverty and search for money to cover the basic necessities of life may result in prostitution and other social ills.
- **Negative media** - while the Internet and mass media (television) are a source for vast volumes of useful information, they are also being used to publicize pornography that has a negative effect on the public attitude towards sex, and promiscuous behaviour.
- **Fixed mindsets and resistance to change** - where individuals, especially leaders are resistant to changing attitude and behaviour towards HIV/AIDS, it is difficult for an organisation to deal with issues that affect staff.
- **Cultural practices and beliefs** - people are strongly influenced by their traditional/cultural practices and beliefs, which inform the way in which they respond to HIV/AIDS. Some practices such as communal circumcision may result in the spread of HIV/AIDS, while considering public discussion of sex as a taboo may result in suppressing the real issues that hinder prevention of HIV/AIDS.
- **Compartmentalization of HIV/AIDS** - some organisations have made an effort to institute a focal person to coordinate HIV/AIDS related issues. However this may result in a lack of collective ownership by other staff and constant reference to the focal person for any thing concerning HIV/AIDS.

4.0 GENDER CHARACTERISTICS

Mrs Alice Mango, Gender Consultant

Gender characteristics

Gender characteristics between men and women include physical features, roles and responsibilities defined by cultural, social and religious factors.

Definition of gender

Gender may be defined as the relationship between men and women; in terms of equal rights, roles and responsibilities and biological different between men and women. Physical gender attributes are biologically determined and are universal and unchanging.

Gender is defined by relationships within a society that are influenced by the prevalent culture, ethnicity and class. It involves hierarchical structures and power relations defined by a given society. Gender is dynamic. It changes over time and fits within institutional systems governed by values, legislation and religious beliefs of a given society.

Stereotyping - In many societies, one gender is associated with specific roles and responsibilities and this results in stereotyping. For instance men may be associated with more taxing manual employment, domination of authority, decision making, income earners while women may be associated with child bearing, home-making, domestic chores, less decision making, lower intellect and petty income earners. Stereotypes may vary from one culture to another depending on the societal values and beliefs.

Sex

Sex is a gender issue that involves power relations between a man and a woman. Men often play a dominant role in sexual intercourse whose dominances overflow to other aspects of the relationship between the man and the woman. In some cultures, men determine a woman's sexuality (child bearing, satisfaction, demand for sex, FGM etc). Sex is a unifying factor that creates a bond between a man and a woman as an act of pleasure as well as being a reproductive activity. In some cultures, the girl child is trained (e.g the *Zambian Senga* tribe- paternal aunt) from an early age how to please a man sexually, while the male child is expected to learn by experimentation. Sex may also be used as a tool when denied to either party. The power relations in gender and sex have a significant impact on the mitigation of the spread of HIV/AIDS in terms of protection from disease, voluntary testing, use of condoms, abstinence, and physical abuse such as rape, and defilement.

Gender issue

A gender issue is something that puts one sex (female or male) at a disadvantage resulting in discrimination or oppression. This applies to oppression between men or women, women and women and men and men.

Discrimination of men

Gender discrimination is often associated with women who are oppressed and disadvantaged. However participants noted that men are also discriminated against. For instance, the legislation on rape is often biased towards women's concerns and not men or boys; men are not expected to show emotions and complaint even in situations where husbands are battered. Men are expected to provide and protect, take on heavy workloads, pay bride price, and pay tax unlike women who are exempted from these responsibilities.

Some organisations have unfair institutional policies such as lack of paternity leave, urinals, **PWD** friendly toilets, etc. Men also lack sex education and are often challenged and

experience psychological stress as they struggle to cope or depend on misinformation from peers.

Discrimination of women

After World War II, people were astounded by how cruelly certain categories were treated. This led to the establishment of the Human Rights Convention in 1948 by Western countries (lawyers, religious organisations, politician, military, Rotarians – predominantly men). The values of the people who formulated the convention were taken care of in terms of their specific needs, which at the time did not include women. The document was therefore gender neutral in that it assumed that the interests and concerns of women were taken care of.

Women for a long time were oppressed by societal norms, beliefs and attitudes, which often places women in an inferior and disadvantageous position in terms of access to income, education opportunities, employment promotion, training, allowances, posting to international positions, control over resources (land, domestic property, inheritance etc.

Discrimination prevents one gender from getting a fair share of resources, services or benefits. Women affirmative action is a universal attempt to address the imbalances between men and women.

Gender issues (imbalances in resource allocation and benefits) such as:

- Equality – same share and benefit for all
- Equity – apportion according to what is necessary to bring all to the same level of benefit
- Equal opportunities to both sexes, rights and establishment of favourable laws
- Shared responsibility and appreciation, respecting the rights of individuals
- Consciousness of the values that inform the decisions to develop laws that favour particular gender
- Ensuring the family unit is not disintegrated
- Mainstream these principles in policies and programmes considering gender- not about men and women but about gender issues

Impact of HIV/AIDS on a family Unit: “Everyone’s child” (videotape)

This was a story of children who lost their parents to HIV/AIDS and had to devise mechanisms for survival and the impact these had on their respective lives. Participants reflected on how this affected the livelihoods of these children. Due to sickness, the parent was too weak to work and earn income and therefore the children were forced to drop out of school and work. In the process of working the girl was faced with sexual exploitation while the boy was harassed by gangsters and ended up in jail and food insecure. Cultural practices regarding the mother’s funeral resulted in the uncle taking all the property from the children

This story revealed the disadvantages both male and females are faced with in a family and the resultant social ills such as exploitation of children, child prostitution, child labour, loss of assets of production, lack of guidance, burden of extended family, relatives taking advantage of the affected family, weak societal support from religious leaders and medical and education institutions, exhaustion of limited financial resources.

Within society there are institutions to support affected families such as religious institutions, schools, extended family, community members, prisons/correction centres, social welfare, city council, medical centres and the justice system.

5.0 AFRICAN PERSPECTIVES TO GENDER

Rosemary Adong, CDRN

“Walking the Talk”

The concept of Africanizing Gender Thinking and Practice in the NGO Sector originated from the Transform Gender Programme which sought to develop alternative approaches to gender based on local experiences from a local context. The African perspectives were obtained from relevant local contexts through research, consultative and participatory processes with African NGOs, communities, and key individuals. The gender research was commissioned in Zambia, Uganda and Rwanda to capture the experiences of local NGOs. The following is an account of interesting issues that emerged from the Transform gender research:

1. **Western approaches may not be relevant to the African context.** There are numerous cultural contexts in Africa based on the diverse tribes and ethnic groups found on the continent. Because of the different cultural contexts, several aspects of Western ideology on gender do not fit in the African ideology on gender. These differences include societal structures, cultural values and practices, measures of gender relations and community needs.
2. **Gender mainstreaming** – has become a technical process and not a political process aiming at social transformation. There is a tendency to use a lot of gender jargon with little real societal change – “Talking the Talk” but not “Walking the Talk”
3. **Political “fashion”** – it is fashionable for some organisations to include gender in their strategic intent because this opens doors for organisational support from donors and politicians. In this way, gender is used to gain favour without the moral commitment to bring about change.
4. **The crisis of masculinity** – some men experience a sense of loss - of power when women become empowered economically, professionally and politically. While women gain confidence and self-esteem, men feel threatened. As they struggle to regain “traditional” dominance over women, this fear manifests itself in a number of ways such as: 1) refusal to carry out their traditional role of providers, leaving the sole responsibility to women 2) increased domestic violence and wife battering 3) increased alcoholism and extravagance outside the home 4) general unnecessary aggression. Masculinity, as defined in the African context, is under threat as women gain power and control of resources. It is therefore considered necessary for both men and women to be supported to manage the inevitable dynamics created by the shift of power from one to another. Men may need to be given an opportunity to present their views and issues on the emerging backlash.
5. **Gender oppression** – gender oppression cannot be examined in isolation of other forms of oppression. Originally the perception was that the problem in gender inequalities lay with men, however it is evident that it lies within the social structures and systems within which a community operates. There is need to search for homegrown values to better understand and transform gender inequalities and oppression.
6. **Heterosexual relations** – while gender activities concentrate on the rights of heterosexual relations, there is the issue of homosexuality and lesbianism – are their concerns taken into account or are they a marginalized group within a marginalized category?
7. **Prostitutes** – where do prostitutes feature in gender? How do our values inform our measure of equality even within a marginalized group? Are there other forms of oppression even amongst the “oppressed and weaker” sex and how are these handled?

8. *Reclaiming the meaning and ownership of our languages* – how do we define and understand development concepts? There is need to understand gender in the local context, independent of Western definitions and translations, to avoid direct incorporation of foreign concepts of gender that do not fit in the African context.

9. *Gender and the family in the African context* – Gender is derived from acculturation at the household by the family and community level as a whole. In the African context, the family unit takes into account the nuclear family, extended family and the community within which the family exists, as opposed to the nuclear family units in the western culture, where a family unit is the nuclear family only.

Gender is not about equality between the sexes but rather equity – fairness, equal opportunity to access, control and utilization of resources to attain maximum human consciousness and application of the individual’s potential.

Key issues emerging for African perspectives to gender, including;

1. Politics / transformation
2. Crisis of masculinity and femininity
3. Frameworks and approaches that frame the problem and sometimes are culturally inappropriate
4. Family (African context)
5. Behaviour of an organisation that needs to change in order to mainstream gender
6. Oppression in totality (by either sex)

People respond to gender in different ways, some are sceptical, others pretend to be convinced, others are resistant while others embrace gender totally. Below are four types of gender actors namely, sceptics, masqueraders, blockers and embracers. What are you?

Transform gender self assessment tool

<p>1. Gender sceptic</p> <ul style="list-style-type: none"> • Wonders whether it will work • Thinks it is risky - is there a hidden agenda? • Wonders whether it is worth pursuing • Not convinced whether it is good or bad? 	<p>2. Gender Masquerader</p> <ul style="list-style-type: none"> • Puts on an appearance – acts • Promotes – positive – placard • Fashionable • Have it for a job – acquire money • Pretenders • Cannot accept that they do not know • Not self critical
<p>3. Gender Blocker</p> <ul style="list-style-type: none"> • Discourage / block gender issues • Defensive • Its cross cutting of course its everywhere • Opposes • Ridicules • Attaches stigma • Feel threatened • Vulnerability 	<p>4. Gender embracers</p> <ul style="list-style-type: none"> • Take it positively • Deeper understanding and sharing with others • Gender equality as a personal value • Help others to learn • Practice what they preach • Promote gender • Actively opposed to any form of gender oppression

6.0 HIV/AIDS AND TRADITIONAL PRACTICES

Ms Roseline Achola THETA,

THETA uses the World Health Organisation's (WHO) health protocol to guide the standards and engagement with herbal medicine, evaluation of herbal medicine. Ms Roseline Achola, the resource person from THETA, informed participants that the organisation uses multiple sources to identify herbs for specific diseases after which a comparison is made of experiences from different parts of the countries. This knowledge brings together traditional practitioners to cross-match the information to identify which herb is most commonly used. The Internet is also used to cross check the information on all herbal medicine and the components as compared to the information provided by the healers. It was also noted that drug interaction between modern medicine and herbal medicine has not been researched on to determine possible reactions of the interaction; assess traditional beliefs and relief from conventional medicine and side effects caused by ARVs.

THETA has made efforts to address issues of intellectual property rights to protect the traditional practitioners. This is a very sensitive issue because it involves acquiring knowledge from traditional healers and this is currently done in the presence of a lawyer who facilitates the development of a memorandum of understanding between traditional healers and THETA.

Although there is much stigma (negative attitude) attached to the use of traditional medicine especially by modern medicine practitioners and health workers, THETA tries to standardize it to make it more acceptable and ease of use in public. It is however noted that there are some cultural practices that hinder effective mitigation of the spread of HIV/AIDS such as

- Widow/ widower inheritance
- Circumcision
- Female genital mutilation
- Last funeral rites -
- Cleansing sex
- Dry sex
- Twin ceremonies

THETA encourages the establishment of herbal gardens to avoid environment degradation. Destruction of the environment is common in cases where the herbal healers are not facilitated to replant the medical plants for conservation. Traditional healers are encouraged to conserve the environment and undergo an 18 months training, which includes conservation and establishment of herbal gardens. Communities are also mobilized to develop their own herbal gardens and therefore sustain the use of herbal medicine.

According to THETA, 80% of expectant mothers in Uganda visit traditional birth attendants (TBA) before they go to the hospital. The TBAs convince expectant mothers to use traditional methods and provide support. Women are found to consult the traditional healers more than men for different kinds of ailments.

THETA documents and disseminates information (e.g. establishment of herbal plants in the sustainable agricultural setting) via its website, physically visit THETA office; use of library open to the public. However accessibility, sustainability and quality in terms of testing, packaging of traditional medicine remain a challenge in the use of traditional medicine.

THETA urged PELUM Uganda to integrate aspects of traditional practice and use of herbal medicine in agricultural projects to ensure that poor people in the communities that are unable to access bio-medicine are able to access traditional medicine.

Comments on the presentation

Participants made the following comments:

- Issue of packaging – recycling used bottles – THETA
- Hygiene issues for the utensils and instruments that they use
- Information packaging – use of glass bottles as opposed to plastic
- Encourage well-ventilated shrines to reduce on the congestion of patients of different diseases
- TH are awarded for hygienic practices to motivate them to ensure that they have clean environment and maintain hygienic practices
- There is a challenge of the community development workers own attitudes which we need to deal with before engaging the community on the issue of traditional beliefs and practices

7.0 RELIGIOUS BELIEFS IN THE MITIGATION OF HIV/AIDS

Dr Maria Musoke, Nsambya Home Care

According to Dr Musoke of Nsambya Home Care, which mainly focuses on supporting HIV/AIDS patients, there are three main issues that need to be dealt with in tackling HIV/AIDS and these are poverty, ignorance and disease. The tradition and social fabric of society is instrumental in the mitigation of the spread of HIV/AIDS. In addition to this, loose sexual behaviour of individuals promoted by pornography (films, books, magazines, Internet, live displays of indecency) contributes to influencing people's attitudes towards sexuality. As a result people face difficulties distinguishing between sex and love and especially marriage and love

Mitigation (making the situation less harmful)

Use of availability of protection either by contraceptives or use of condoms is encouraged as preventive measure. Currently Nsambya Home Care programmes have attempted to provide care beyond medical administration of treatment but also ensuring that patients die in a dignified manner (cleaning, feeding and psychologically stable). Effort is also made to care for orphans by supporting the establishment of income generating activities.

Religion and HIV/AIDS

Religious values and philosophy play a significant role in the way that people respond to HIV/AIDS. Currently ABC (**A**bstinence, **B**e Faithful and **U**se Condoms) advocated for may not be entirely acceptable to some faiths. For instance the Christian faith does not advocate for the use of condoms. Some literature produced by religious leaders, challenges traditional/cultural practices that are detrimental and contribute to the spread of HIV/AIDS such as wife inheritance. This may cause conflict of values especially amongst the youth.

Spiritual leaders have great influence over patients (especially those who are very depressed or in denial) and believe that they can be healed through prayer and as a result stop taking conventional medication. Some patients hold spiritual beliefs that prevent them from having blood transfusion; or taking any form of modern medication and only believe in prayer for healing. A combination of traditional and religious beliefs may sometimes confuse patients and result in the continued spread of HIV/AIDS especially if the individuals are not well informed of the prevention and cure of the disease. In addition to psychological influence over patients some traditional healers / practitioners claim to heal patients by "direct administration of treatment" (by sexual intercourse) hence abetting the spread of HIV/AIDS.

While prayer and belief in miracles is part of some faiths and can be good therapy to console patients it may also have detrimental effects and interfere with patients' confidence in conventional medicine, which causes them to stop taking useful medication.

Some organisations such as Youth Alive provide options for the youth such that they get involved in productive alternative activities and avoid engaging in sexual activities. This involves targeting both urban and rural teenagers and advising parents on alternative sources of income.

8.0 CULTURE, GENDER AND HIV/AIDS

Betsy Mboizi, CDRN

This session began with a brief test on stereotyping. *A doctor and son had an accident during which the son was injured and the doctor passed away. When the child was rushed to the hospital the doctor on duty said, "I cannot treat this patient. This is my son". How is this possible?*

What are issues related to culture

Culture involves roles and responsibilities of men, women and youth as assigned by a given society. It is also manifested in the hierarchical structure, clans, traditional practice, beliefs, values, customs, attitudes and manner in which people from a given culture relate to one another and people outside their culture. Culture can also be defined by the language, food and dress code of a given society. It is by these aspects that a cultural group may define what is beautiful and valuable. Culture and religious beliefs inform the way in which people perceive and respond to their own sexuality, power relations, child bearing etc.

In addition to traditional culture which is passed down generation, school, religion, work environment, urban and communities and society as a whole influence an individual's perception of the world and how they respond to their environment.

In some societies women are oppressed by societal norms and practices that define their position in the community. Dress codes are institutionalised and often make a statement depending on the occasion and status of an individual. In some cultures the dress code must be strictly adhered to or one may be excommunicated e.g. headdress for Muslim women. In some cultures the girl/woman is punished severely for pregnancy outside marriage while the boy goes scot-free. In patriarchal cultures, men define roles, responsibilities, sexuality and power relations of men and women.

Gender is therefore closely linked to culture, which defines issues of power and control. It is a political issue that requires those in authority to exercise power without oppression to avoid dis-empowering either gender.

Language

Language can be used as a powerful tool of oppression or empowerment. Used negatively language may create imbalances in power relations. Below are examples of common oppressive gender statements:

- "Real Men do not take shit from women"
- "Old spinster,...eligible bachelor" derogatorily implying that a woman cannot choose to be alone while a man can and will still be respected.
- "No woman is above a man" [Luo: "*Mon thathu ango cho*"]
- "You can only ridicule a man when he is on the other side of the bank" – no man can be ridiculed no matter
- A stubborn woman earns a beating
- No widower – [in some languages there is no word for a man who has lost his wife because a man never loses a woman; its not a loss and the man can always get another woman]

- *Omukazi* [Luganda for “woman” but meaning the woman is only a visitor and is therefore not considered an important part of the home]
- *Omusajja* [Luganda for “man” meaning wide in power and strength with positive energy]
- “She gave birth to a barmaid or a prostitute” to say one gave birth to a girl child
- Men are not socialized to address women in a respectable manner e.g. in the Kiganda culture boys usually do not kneel when greeting and yet their mother would.
- “Boys/men do not cry” - this oppresses men and makes them suppress their feelings and yet they feel the same emotions as women

Acculturation takes place through interaction with grandparents and parents who unconsciously and consciously pass down practices of oppression and hence expose children to gender inequalities from a very young age. Hence to unlearn some of the values, attitudes and beliefs ingrained in adults will require deeper understanding of the origin of practices, challenging the status quo, questioning the benefits and harmfulness of certain practices, stereotypes and assumptions we hold.

CULTURE AND HIV/AIDS

Positive cultural practices

The following cultural practices were highlighted as negative:

- Traditional methods of circumcision
- Wife inheritance
- Oppressive language that intimidates and suppresses women’s potential
- Exclusive consumption of nutritious or valued foods and beverages
- Institutionalised peer pressure
- Last funeral rites “the wake” - in some cultures this is a time when promiscuity is not condemned but rather encouraged

Positive cultural practices

The following cultural practices were highlighted as positive:

- Some cultures promote abstinence and maintenance of virginity till marriage. Regard highly model moral behaviour and discourage prostitution
- Other cultures provide strong societal ties to avoid unacceptable behaviour by encouraging strong relationships in marriages, sisterhood and brotherhood.
- There are various resources to support positive cultural practices starting with self awareness, support from cultural opinion leaders e.g elders, clans leaders, women and men group leaders, women, men and youth groups, rural development agents, the family unit and religious leaders.
- There are various avenues to receive information through self-realization/self-reflection, formal/informal meetings, church, *Barazas*, Fathers Union and Mothers Union, mass media (television, radio, print) and the Internet.

9.0 IMPACT OF HIV/AIDS ON COMMUNITY LIVELIHOODS

Religious leaders and HIV/AIDS

As discussed earlier the church plays a significant role in influencing the way in which people respond to life. The congregation is formed of both positive and negative people making the church a central place to sensitise the masses. However there is need to sensitise religious leaders about gender and HIV/AIDS to remove the bias of linking HIV with immorality and provide them with information to develop informed responses. Members of the congregation come to church seeking support, for example, for advise on how to remain faithful to their partners, eradicate poverty, for consolation and moral support. It is therefore

important that the church advises people to test, and when positive accept their status and live positively. It is also necessary to include religious leaders in HIV programmes to sensitise them on the importance of medication and psychological support through prayer and living by example.

Resources

Religious leaders can use the following resources to reach their congregation, development workers, schools, hospitals, Bible/Quran, church/mosque and, mass media programmes

Impact of HIV/AIDS on farming systems analysis

A greater percentage of rural communities depend on agriculture as a source of income and sustainable livelihoods. To maintain an effective farming system inputs such as land, water, crops, labour, livestock, favourable climatic conditions, and farming skills are crucial. Other activities that are carried out alongside agriculture include brewing, weaving handcrafts, fishing, renting oxen / plough, trade, and selling labour. In some communities the family members (immediate and extended) provide labour, food and income as communal support to one another. This sometimes results in the perception that assets such as land are the property of the clan and not a family unit.

While the head of a home is alive and able to work, the family is able to access more dispensable income, interaction with other members of the community, sharing of food, moral support and labour, children have access to education and health facilities. The family represented by the father, is often able to access support from skilled labour such as extension staff. Sometimes in times of excessive money there may be a tendency to abuse alcohol and acquire concubines and related expenses.

However in the absence of the head of a home [father is critically ill or dies of HIV/AIDS which is a common occurrence these days], several disabling factors arise such as limited farming knowledge and skills of family members, less labour, low sales, less income, less access to medical services, failure to pay tax, children drop out of school, dispossession of wife and children of their property. In addition to these challenges the family is also faced with stigmatisation and discrimination from the community, high labour costs due to limited farming knowledge and management skills, high expenditure on legal services to protect their property, debts that the family must pay off or stand to lose their property, and negative psychological impact especially on the children and widow.

Implications of HIV/AIDS on labour for rural development agents

When skilled labour is lost and inherited skills have not been passed on, the survivors are rendered redundant which results in decreased production, food, disposable income, access to education and health facilities. The outcome is child labour abuse, prostitution, street children scrape a living from begging, and acute food insecurity.

Suggestions made to address these challenges included:

- Promotion of labour saving technologies and less labour intensive enterprise
- Promotion of food production, preparation and storage where less work is required
- Encouragement and awareness of nutritious foods to enable infected people regain energy and continue to work
- Establishment of labour policies on HIV at all levels
- Encourage the formation of collective labour including people living with HIV AIDS and the affected families to address labour shortages

- Preservation, diversification, and documentation of skills / knowledge to promote skilled labour for efficient production e.g. farming, pottery, fishing basket weaving, handcrafts etc
- Advocate for the enforcement of existing laws to protect children from child labour and abuse.

Implications of HIV/AIDS on income and food security for rural development agents

Generation of income is vital in the mitigation of the impact of HIV/AIDS. Limited or lack of income impacts negatively on finances for medical treatment, nutritious food, provision of basic necessities for the family unit such as education, health, farm inputs, seeds etc.

Suggestions made to address these challenges included:

- Provide agricultural practices (appropriate) and farm inputs e.g. seeds
- Support income generating activities for the affected families
- Lobby and advocate communities to support the families affected by reviving culture of sharing labour and food
- Involving community groups in training e.g. youth, women and elders
- Link affected households to services such as legal, education, micro finance institutions, health (VCT) and extension services
- Educate community and affected families of their rights
- Provide information on nutrition as well as seeds for supplementary foods for the affected and breastfeeding mothers.

Implications of HIV/AIDS on land and productivity

Affected families are often challenged in maintaining the productivity of their land in terms of management and conservation of soil fertility. In cases where the family labour force is small and young (use of child labour) there is a likelihood that the land close to the homestead will be overused, and soil management neglected which eventually results in low productivity. When the family exhausts its disposable income to cater for medication, treatment and finally funeral expenses, the sale of valuable property such as land is often considered the next option.

With the loss of one or both parents, children are forced to head households. There is a high probability that children will dropout of school due to lack of sufficient income to pay schools fees. Often the girl child is affected more and is likely to be sexually exploited while the boys may take on petty trade or criminal activities. Hence the family suffers from severe food insecurity and stigma and are very vulnerable to exploitation if the societal fabric is weak.

Suggestions made to address these challenges included:

- Advocate for and facilitate appropriate land management
- Promote less labour intensive technology and maximum utility of land
- Promote societal structures that are supportive to affected families and may prevent landlessness and vulnerability of the children and widow through communal support
- Awareness creation – about the plight of children and link them up with supportive organisations
- Carry out trainings that involve the youth to reduce food insecurity
- Provide counselling services for both the infected and affected members of the community and encourage development organisations to incorporate HIV/AIDS support to their partners in the organisational policies
- Encourage the advance division of resources by writing wills or early distribution of property

- Introduce income-generating activities providing alternatives that are less demanding and manageable by children and youth
- Introduce hybrid seeds (crops and animals) to support affected families improve on their ability to produce
- Development workers need to acquire skills to ably guide affected families to access legal support
- Development workers need to deepen their understanding of gender and HIV/AIDS, the inter-relationship between the two, impact and causes so as to be able to analyse the situation at organisational and community levels, and gauge their capacity to address these pertinent issues

In addition to the above, the following proposals were made for development partners:

- Produce and disseminate information to address knowledge gaps regarding HIV/AIDS
- Influence policy makers to design and formulate national policies that are pro-poor
- Develop organisational workplace HIV/AIDS policies and lead by example
- Support care and prevention of HIV/AIDS activities
- Advocate for free education and support education for both girl and boy child
- Constantly raise awareness and sensitise partner communities on the dangers, mitigation of impact and prevention of HIV/AIDS
- Mainstream gender and HIV/AIDS in all programme interventions
- Support religious institutions that involve the family unit (Mothers'/Fathers' Union)
- Link members of the community to certified traditional health centres/practitioners to enable easy and cheap access to medication for opportunistic diseases.

There are a number of resourceful institutions that development organisations, the community and family units can access for diverse support namely, NGOs/CBOs, Government, hospitals, schools, family, community, religious institutions, and cultural institutions.

10.0 CASE STUDY OF “LOSS OF DOROTHY”

CDRN’s experience: HIV/AIDS at the workplace

Dorothy an employee of a development organisation was infected by HIV/AIDS. Through this experience the organisation was faced with a number of challenges, ranging from the traumatic experience of watching a colleague’s health deteriorate drastically as she went through various stages of denial. Issues of inadequate support mechanisms (counselling), the influence of religious leaders, inadequate financial preparedness, low staff moral, low productivity, loss of institutional memory and finally the loss of a friend, colleague and mother of children that staff were familiar with, had to be dealt with. See www.intrac.org/Praxisnote12 for detailed “Story of Dorothy”.

Comments

This story drew the follow critical questions and observations from participants:

- To what extent can an organisation be prepared to deal with HIV/AIDS within its workforce?
- Does the organisation continue to follow up on the family after the death of staff and for how long?
- What do organisations need to do to mobilize resources to operationalize an appropriate response to HIV/AIDS and related health issues?
- How can an organisation support a single mother (staff) especially in cases of abandonment by husbands when the wife falls sick?
- What role can PELUM Uganda, CDRN and other NGOs play to sensitise church leaders about the negative impact of their preaching on patients who are progressively improving but eventually deteriorate because of their influence?
- What is CDRN doing to reduce or prevent the recurrence of such incidents?

Some suggestions were made to address some of the issues raised above

- Hold workshops on sensitisation; create space for resource persons to sensitise staff; work with other organisations that have the expertise in managing HIV/AIDS; support staff to make informed choices
- Identify other organisations / institutions that are able to support staff
- Write a small booklet on this experience and publicize for wider sharing. However participants stressed the need to respect the late Dorothy’s privacy and protect her children from stigmatisation by not revealing her identity in the publication.

Each participant was requested to reflect on the following questions:

- 1) What is your organisation doing about HIV/AIDS at the workplace?
- 2) What is your role in coping with HIV/AIDS at the workplace?
- 3) If you were her manager, what would you have done to address the challenges that Dorothy and her colleagues were facing?

11.0 MAINSTREAMING HIV/AIDS

Bernard Lukwago, The AIDS Support Organisation (TASO)

Many scholars have defined mainstreaming differently. Sue Holden defines it as “a means of integrating HIV and AIDS into all strategic planning and into day to day operations inside of the organization and its relationship with others.” Because the epidemic is undermining the hard earned gains of development effort of the last 20 years, it has become useful and inevitable to all organizations that work in areas of high or increasing rates of HIV and AIDS to mainstream HIV and AIDS in their work. However, in their efforts to “mainstream”, many organizations do not know what “mainstreaming” means, where to start or what basic activities to undertake. Other organizations don’t know how to mainstream without changing an organizations core business.

According to statistics collected by TASO in 1999-2002, new entrants of HIV/AIDS in relation to religious groupings were 40% Catholics; 41% Protestants 12% Muslims and 2% Seventh Day Adventists and 5% for others denominations. Other groupings were made according to marital status as follows:

TASO Clients by marital status

- Monogamous 30%
- Polygamous 8%
- Cohabiting 2%
- Separated 17%
- Divorced 2%
- Widow 26%
- Widower 5%
- Never married 5%
- Others 3%
- General clientele – 65% female and 35% male

The average period between time of infection and actual sickness ranges from 12-15 years. In 1982 when AIDS had just began to spread in Uganda the period of infection was about 8 years. By the time AIDS spread in Rakai district, the infected had probably contracted the disease 8 years earlier and therefore the cases were just a small proportion of the problem. At that time the disease was called “Slim” a name coined from the manner in which the infected wasted away and lacked strength: “*Silimu-manyi*” [Luganda: “I don’t have strength”].

People’s immediate response to HIV/AIDS was discrimination, fear of the infected, abandonment of patients in hospitals and homes, some people even ran away from their villages to avoid being associated with the infected. In general issues relating to HIV/AIDS were suppressed thereby contributing to the increased spread of the disease. Some of the challenges organisations faced at the time and are still struggling with today included:

- Where to locate the function and focal person for HIV/AIDS within the organisation?
- How much would the focal person be paid?
- At what stage of growth was an organisation and to what extent could it cope with the aspect of mainstreaming (size in terms of number of staff and how long they have been in existence)
- Management styles that did not adequately accommodate the concept of mainstreaming
- When the role of an HIV/AIDS focal persons is incorporated in an existing position, there is a tendency to give it less priority than programme work

- Often the individuals selected as focal persons were not skilled in managing HIV/AIDS issues and therefore were not sufficiently empowered to do this work and as result this position often was often misplaced.

Mainstreaming HIV/AIDS

In order to mainstream HIV/AIDS, there is need for a thorough understanding of the organisation, its vision, mission and objectives in order ensure that mainstreaming is realistic and interventions made are within the organisation's capacity. The following are some questions that may be asked:

- What is organisation X?
- Is it a formal ecological and land use management institution?
- Is it an NGO/ FBO working in rural areas or for rural areas?
- Is it a rural development project supported by an international organisation?
- What is your project's intervention level?
- Is it an integrated programme (*if it is it is important to look at factors of vulnerability amongst the different target groups*)
- Is it a policy or advice group
- What is your project structure?
- Is it a project having its own staffing structure?
- Is it a project that is operation in an existing institutional setting (*because here responses have got to be coordinated and agreed upon by a variety of institutions, some of which may not be willing to get involved*)
- Who are your clients? (*Some land use management programmes could have different strategies for reducing vulnerability for HIV and AIDS than policy advice group s and other agricultural research projects*).
- How does your organisation define the concepts of risk and vulnerability in relationship to HIV infection and disease?

Mainstreaming exercise

The profiles of three selected organisations were used to identify potential for mainstreaming namely Vision TERUDO, Africa 2000 Network and SATNet:

Vision for Teso Rural Development Organisation (Vision TERUDO - VT)

- 1) **Organisation:** VT is a local NGO working both for and in rural areas.
- 2) **Type:** a formal ecological and land use management institution
- 3) **NGO** working in rural areas or for rural areas
- 4) **Programmes:** rural project supported by international organisations and a small internal funding base.
- 5) **Project's intervention level:** at district level in Kumi, Katakwi, Soroti, and directly through groups
- 6) **Integrated programme:** health, education, agricultural human rights education and coordination office
- 7) **Target group:** largely farmer groups but include vulnerable groups, orphans, women, groups, PLWHA.
- 8) **Policy or advice group:** advice group that provides extension services.
- 9) **Project structure:** Board of Trustees, Board of Directors, Executive Director, Secretariat, Programme Managers
- 10) **Project staffing:** has its own staff
- 11) **Institutional setting:** Autonomous.
- 12) **Concept of vulnerability:** includes infected people, their families those more likely to contract HIV/AIDS, youth and people with low-income levels.

Africa 2000 Network

- 1) **Organisation:** a non-governmental organisation promoting sustainable agriculture in Uganda to improve the livelihoods of smallholder farmers.
- 2) **Type:** a formal ecological and land use management institution
- 3) **NGO** working with rural communities
- 4) **Programmes:** rural development project supported by international development agencies.
- 5) **Project's intervention level:** district level
- 6) **Integrated programme:** agricultural programmes through training
- 7) **Target group:** operates in partnership with local government, CBOs, NGOs and smallholder farmer groups
- 8) **Policy or advice group:** both policy and advice organisation policy and technical back stopping
- 9) **Project structure:** Executive Director, senior management, programme coordinators, project assistants, field officers clientele
- 10) **Project staffing:** has its own staff
- 11) **Institutional setting:** autonomous
- 12) **Concept of vulnerability:** PWDs, youth women and orphans as vulnerable.

Sustainable Agricultural Trainers' Network (SATNET)

- 1) **Organisation:** Network of NGOs and CBOs dealing in agricultural production and marketing, capacity building and advocacy
- 2) **Type:** a formal ecological and land use management institution
- 3) **NGO/ FBO work:** Both in rural areas or for rural areas
- 4) **Programmes:** rural development project supported by both national and international organisations
- 5) **Project's intervention level:** Rwenzori regional but most members at the grassroots
- 6) **Integrated programme:** Core business is agriculture marketing and advocacy but incorporate HIV/AIDS, human rights and gender
- 7) **Policy or advice group:** Both policy and advice institution
- 8) **Target:** NGOs/CBOs with capacity to train others
- 9) **Project structure:** Executive Committee, programme coordinators, programme officers, support staff and members organisations.
- 10) **Project staffing:** Has own staff under training and advocacy
- 11) **Institutional setting:** independent organisation
- 12) **Risk factor:** All are at risk including farmers and staff

Comments

It was noted that most organisations perceive others "out there" to be vulnerable to HIV/AIDS, excluding themselves (staff members, Board etc) from being vulnerable too hence most initial mainstreaming activities were target programme work even when the organisation did not have a workplace policy. Financial resources alongside the plans developed are crucial to ensure that activities are implemented.

The location of HIV/AIDS within an organisational structure i.e. mainstreamed function, dealt with at Management level, or as a separate health programme determine the extent to which it is incorporated in programme activities. The individuals within a given structure should be able to ensure that the HIV/AIDS plan is operationalized and implemented at various levels. There is need to define roles and responsibilities of the focal person even when HIV/AIDS has been incorporated within specific programmes. To ensure that it is not tagged to one individual, it is often useful to have a rotational function (focal person), which allows for learning, continuity and sustainability. An effective HIV/AIDS focal

person should have the ability to move the process, should be credible and exemplary, a good communicator and able to interact with people of all types and at different levels. Mainstreaming is a process that involves integration at different levels of the work place, organisation strategy, programme work and interaction with other significant partners.

Vulnerability may be defined as a passive state in which people fall victims to the pandemic (or a situation, which is perceived to be beyond their control). This may be a result of societal factors adversely affecting one's ability to exert control over one's health or life. Being in a position of weakness increases the probability of one being more susceptible to other adverse factors and hence high risk of infection in the case of HIV/AIDS.

Factors contributing to vulnerability to HIV/AIDS

Vulnerability to the spread of HIV/AIDS may be associated with behaviour, status, or factors in the environment. Individuals with multiple sexual partners, high alcohol consumption and who practice physically damaging sexual practices such as dry sex and homosexuality are more vulnerable than those who do not behave in this manner. People living in an environment where the majority of the population have low status and limited economic independence, people migrate for wage work and there is widespread exchange of cash for sexual favours or services, are likely to be very vulnerable to HIV/AIDS. The location in terms of proximity to transport or trading centres is also considered a factor contributing to vulnerability.

Vulnerability to impact of HIV/AIDS

Vulnerability to HIV/AIDS impacts on the population's ability to maximize their productivity and sustain a good standard of living. This is manifested in low food surpluses, absence of traditional labour exchange between households, limited range of crops, labour intensive processes, insecure land tenure system, limited opportunities for off farm income and drought

Other risk factors at the workplace include

- Age bracket - sexually active age group
- Inter-workplace sexual relations and with clients
- Working culture - "surfing" people who have a tendency to have intimate relationships with colleagues
- Staff who are already HIV positive
- Staff who are affected by illness and death of others

11.1 Addressing HIV/AIDS in general strategy and planning

Mainstreaming HIV/AIDS in strategy development and programming

- Review mission and vision
- Develop specific objectives for HIV/AIDS with a 5 -10-year projection
- Programme design should include aspects of risks and opportunities
- Begin with activities that may not necessarily require large sums of money. Incorporate HIV/AIDS in the existing reflection and planning processes.

Target groups

- Identify the organization's target group e.g. youth, elderly, women, men, PLWAs

Links with focused HIV/AIDS support organisations

- Work with community workers and health practitioners; sign Memoranda of Understanding to outline roles and responsibilities e.g. with AIDS Information Centre or TASO

- The use of sports, international celebrations, competitions to involve a wider public
- Referral by organisations that are known
- Visibility and networking within areas of operation
- Use of District AIDS communities (DACs), AIDS Service Organisations
- Use resource persons from TASO for awareness in HIV may be accessed free of charge
- Develop mechanisms for feedback so that partners can share information

12.0 DEVELOPMENT OF ACTION PLANS

12.1 Key steps in mainstreaming

Each organisation represented at the workshop was requested to complete the following assignment

- 1) Look at objectives of the organisation
- 2) Coin an objective that will allow the organisation to get involved in mainstreaming
- 3) Identify activities that your organisation can get involved in, if we are to mainstream HIV/AIDS in our work
- 4) Identify activities to address these issues
- 5) Identify activities that are crucial in mainstreaming within the organisation but can be sold to other partners
- 6) Identify your partners in mainstreaming
- 7) Identified the real vulnerability issues in the people that we serve

12.2 Action plans for each organisation represented

12.2.1 AFIRD

Activity 1: Develop a policy on HIV and Gender at the workplace

- Feedback to staff about discussions from this workshop
- Draft development and discussions of policies on Gender and HIV AIDS (Sept- Dec.05)
- Draft presented to Board to seek Board comments and approval of policy -(October)
- Written and complete policy on HIV and Gender (December)

Activity 2: Mainstreaming HIV/AIDS and Gender issues in programme activities

- Baseline survey report - analysis of basic information in the report and use it for a proposal development to mainstream (December)
- Integration of HIV AIDS and Gender into core programme activities (March 2006)

Activity 3: Networking with PELUM and other partner organisations responsible for HIV and Gender

- Review partnerships (existing) to explore how to receive the necessary support (September)
- Make contacts in October with the organisations for support
- Write reports on activities implemented and shortfalls (December)

12.2.2 AFRICA 2000 NETWORK

Activities

- HIV and Gender have different focal persons in the districts
- Reduce the prevalence of AIDS amongst staff and community
- Create a stigma free environment
- Increase awareness of HIV
- Improve awareness on a healthy environment access to treatment and prevention measures

Activities

- Awareness training and sensitisation at organisational level
- Create an ARV fund for staff
- Provide prophylactic devices - work on culture with support from Staff Welfare
- Establish strategic linkages with other partners e.g. TASO

- STOP AIDS NOW – develop and operationalize policy, increase access to medication and protective measures
- Link up with financial and health centres (IAA, AAR), institutions that provide free condoms and information, prophylactic devices
- Set up a HIV AIDS resource centre – audio visual and other reading materials to sensitise staff and partners

12.2.3 BUNGOMA WOMEN COTTON GROWERS (PELUM KENYA)

Objective: to equip the CBO members with knowledge pertaining to HIV/AIDS and Gender

Activity 1: Prepare for initial meeting with Executive members and staff

- Hold meeting with staff and executive members to share the information from this workshop (September)
- Identify issues for which proposals can be written to funding partners for support on HIV AIDS and gender activities
- Write a proposal on HIV/AIDS and Gender integration (October)

Activity 2: Train network members on Gender and HIV/AIDS

Activity 3: Network with other organisations and institutions that can provide HIV AIDS and gender support

Resource: CBO members, funding and resource persons

Time frame: 6 months from August 2005.

12.2.4 CARITAS NEBBI

Activities:

- Take greetings from the workshop
- Since there is no HIV/AIDS policy in place – introduce the idea of developing a policy at the workplace to reduce transmission of HIV/AIDS through behavioural change awareness in 70% of the sexually active groups
- Discuss workshop content on mainstreaming and how the organisation can integrate HIV AIDS and Gender issues into programme activities
- Hold Board meeting with Diocesan Coordinator to discussion how to mainstream HIV/AIDS and Gender
- Discuss how to help religious leaders cater for their lives and health after the AMECEA Conference and the church’s response to the challenges of HIV/AIDS today
- Work with PELUM Uganda in supporting mainstreaming of HIV/AIDS issues in faith-based organisations

Resources: Funds and resource persons

Time frame: 6 months from August 2005.

12.2.5 DAN CHURCH AID

Activities

- Provide funding support in areas where DCA is operational – but other support programmes for political space e.g. UCCA
- Develop linkages with other service providers such as THETA to provide easily accessible medical services (traditional)
- Develop linkages with funding partners for reference to support proposal that may not necessarily be under the DCA support

- Support HIV/AIDS policy development: capacity building, information sharing, promotion of condoms or other health facilities, however the programme activities need to reflect gender concerns.

12.2.6 ENVIRONMENTAL ALERT

Objective: To develop and operationalize HIV and Gender policies in Environmental Alert and ensure integration in all development plans

Activity 1: Write up plan on HIV/AIDS and gender mainstreaming and make a presentation to introduce the idea of integration to staff

Workshop report produce 1st week September

Write up and presentation in 5th week September

Resource: Francis, Geoffrey and EA staff

Activity 2: Lobby the Human Resource officer to contract external facilitators to give in-house training on way forward on how to mainstream HIV AIDS

Resources: HR officer, external facilitator and facilitation fees

Activity 3: Identify suitable officer to take the lead and ensure that HIV/AIDS and Gender policies are operationalized and programme activities reflect their integration (within 6 months)

Resources: EA staff,

Support from PELUM: technical assistance and networking with PELUM members

12.2.7 RURAL COMMUNITY IN DEVELOPMENT (RUCID)

Objective: To create awareness about HIV AIDS and Gender in the organisations for staff, Board and the communities we serve

Activities

- Hold a meeting on 3rd Friday of month – use this opportunity to give feedback about HIV AIDS and Gender to staff
- Awareness raising for staff Board and partners
- Develop a policy on HIV AIDS and Gender
- Training staff and community partners
- Information sharing about HIV AIDS with other organisation such as TASO
- Integrate HIV and gender in all programme activities

Resources: funds, technical trainers, relevant literature on HIV/AIDS and Gender

Support from PELUM: information on Gender and HIV AIDS; Registration with TASO to allow MOs to access information that members need

PELUM follow up on the activities that members have committed to implement and request information from the coordinators

Time frame: 6 months from August 2005.

Comment: Address the needs of the two target groups separately

12.2.8 ST JUDE FAMILY PROJECT

Objective: Create equal opportunity for staff and farmers to benefit from organisation regardless of HIV status or effects

Activities

- Extend services to child headed families poultry and piggery
- Train in sustainable agriculture for farmers (incorporating user friendly technology)
- Carry out meetings to sensitise staff, farmers and orphans about HIV/AIDS and Gender

Resources: Trainers, other staff members, funding for activities and loans to fund IGAs of farmers

Time frame: 6 months from August 2005.

12.2.9 SUSTAINABLE AGRICULTURAL TRAINERS' NETWORK (SATNET)

Activity 1: Mainstream cross cutting issues in SATNET and MOs

- Staff awareness (at staff meeting and report within issues concerning SATNET (August – September)
- On-going policy development - gender personnel HIV AIDS
- On-going Training on gender and HIV/AIDS
- Planned baseline survey - assess vulnerability of their target group with regard to HIV/AIDS - information used for programmes and monitoring and evaluation

Activity 2: Development of information system

- a) Training manual on HIV AIDS (December)

Activity 3: Rethink strategic plan (September – October)

- a) Mainstreaming workshop (September)
- b) Training of trainers - start reshaping trainings, including HIV AIDS and gender issues (February)

Activity 5: Develop gender HIV/AIDS personnel policies (February)

Activity 6: Networking - if possible link up with partners such as PELUM, TASO Concern Worldwide and others

Time frame: 6 months from August 2005.

12.2.10 ORGANISATION FOR RURAL DEVELOPMENT (ORUDE)

Activity 1: Develop HIV AIDS and gender policies (organisational level)

- Report back on the workshop - hold discussions with staff (October)
- Create awareness on concepts of HIV and gender with all staff
- Involve staff and board in developing a policy (November)

Activity 2: Mainstreaming HIV AIDS and Gender policy in programme activities

- Develop a proposal for funding to support identified activities (December)
- Integrate new policy in programme activities (January – February 2006)

Activity 3: Working with PELUM to access support from other development agencies involved in providing support in HIV/AIDS and gender related work (March – May 2006)

- *Who is responsible for taking these activities forward?*

Time frame: 8 months from August 2005.

12.2.11 UGANDA ENVIRONMENT EDUCATION FOUNDATION

Objective: Develop HIV and gender policy at the place of work

Activity 1: Produce report and submit to ED next

- Identify issues to share internally in weekly meetings
- Produce a summary / handouts on mainstreaming
- Discuss allocation of budget for purchasing condoms

Activity 2: Awareness training / sensitising UEEF target groups on HIV and gender issues especially farmers

Activity 3: Mainstream HIV and gender into programme activities

- Modify core activities in order to integrate HIV concerns and mitigate its effects
- Funds and human resources

- PELUM to provide update information on HIV/ AIDS
- Capacity building and info about potential donors

Time frame: 6 months from August 2005.

12.2.12 VOLUNTARY EFFORTS FOR DEVELOPMENT CONCERNS (VEDCO)

Internally

- Disseminate proceedings of this workshop
- Articles on gender and HIV for other staff
- Contact other ASOs and enter MOUs to access services and products for VEDCO staff
- Disseminate information on the importance of testing for HIV
- Organise mini debates with staff on conflicting issues on the promotion of gender e.g. culture, behaviour and gender and document the outcomes
- Lobby to admin for a contact person for issues of HIV at the workplace
- Lobby to finalize HIV policy and that it is in place and include ART in medical insurance policy of AAR so that staff can benefit from this facility

Externally

- Promote and encourage the use of user-friendly agricultural technology and training especially to target those affected and infected
- Lobby for resources for support AIDS related activities to be increased and improved
- Provide individual technical backstopping in specific households with the groups VEDCO works with – depending on resources
- Referral of cases – documentation system to record clients referred are recorded
- PELUM support – lobbying for resources for addressing family issues that may not be addressed in development programmes and provide linkages to funding sources.

Time frame: 6 months from August 2005.

12.2.13 VISION TERUDO

Objective: To integrate HIV/AIDS and Gender into the practices, policies and programs of VT and its grassroots partners

- Produce a report and brief staff and management on workshop proceedings and outcomes
- Meet with Board of Directors and hold discussions on HIV AIDS and Gender issues at organisational and programme level
- Facilitate in-house training for staff on HIV/ AIDS and Gender
- Select committee to spearhead drafting of HIV/ AIDS and gender policy
- Review of strategic plans and policies
- Review of existing linkages and update directory of ASOs
- Request for technical support in 2nd week of September
- Meet with partners to discuss some of the issues that emerge

Resources: office equipment, funds,

Support from PELUM: Technical support and linkages to funding sources

Time frame: 4 months from August 2005.

12.2.14 PELUM REGIONAL DESK

Activity 1: To share knowledge and skills gained in this workshop with colleagues

- Prepare report to give feedback to RD staff
- Produce workshop report in a booklet publication

- Distribute workshop report to all PELUM Country Desks in the region for dissemination to their members (November)

Activity 2: Promote sharing and networking amongst PELUM members - continue information collection and sharing

- Information collection and sharing
- Develop a tracer to monitor progress and impact of workshop at Country Working Group level and document experiences (December)
- Network with other AIDS Support Organisations (ASOs) at regional level
- HIV and Gender - Regional policies should be reviewed at such workshops
- Sharing experiences of live examples so that the infected and affected are

Activity 3: Operationalize RD Gender and HIV/ AIDS policies

- Hold learning sessions for RD staff
- Include gender and HIV AIDS messages in publicity material developed by RD for the BGM and 10 year anniversary of PELUM Association
- Develop strategy paper for mainstreaming of Gender and HIV/ AIDS by PELUM RD

Time frame: 6 months from August 2005.

12.2.15 PELUM UGANDA

Objective: To enhance the knowledge and skills of PELUM members to address and mainstream HIV AIDS and Gender concerns at organisational and programme level

Issues to address

- Lack of skills in mainstreaming in all PELUM member organisations
- Lack of awareness and enforcement of HIV/AIDS and Gender policies at member organisational and programme levels

Activities

- Produce and publish PELUM members experiences and tips in managing HIV/AIDS integration - Ground Up magazine
- Network with organisations that have expertise in managing HIV/AIDS for capacity building for ourselves and our partners
- Facilitate the development of HIV/AIDS policies amongst PELUM members
- Facilitate linkages between PELUM members and other ASOs to up to date literature
- Organise HIV/AIDS sensitisation workshops to consistently update ourselves on management and challenges of HIV/AIDS
- Fundraise to support HIV/AIDS specific activities
- Register as a member of TASO
- Monitor and evaluate progress - follow up workshops to ensure that members plans are implemented and challenges addressed where possible
- Share learning within the network and ensure that other members are aware of whatever trainings have been attended

Activities for other organisations

- HIV/AIDS health issues capacity building activities
- Provision of literature on HIV/AIDS development
- HIV/AIDS support services such as voluntary testing and counselling and provision of ARVs

Partners in mainstreaming: PELUM members, TASO, AIC, DACs, other partner organisations

Time frame: 2006.

Immediate actions for PELUM Uganda

- 1) Finalize the workshop report and disseminate
- 2) Share the recommendations of this workshop at the strategic planning event
- 3) Operationalize PA HIV/AIDS and Gender policies at PELUM Strategic planning event
- 4) Follow up on participants action plans developed in this workshop
- 5) Identify potential resource persons and funding sources for members identified needs (2006)
- 6) Produce a brief CDRN report highlighting learning areas on gender, HIV, culture
- 7) Explore how the faith-based organisations - CARITAS, JIDDECO and others (2006)

In conclusion of this session, Bernard Lukwago re-emphasised that mainstreaming is a responsibility. He said one reason why there is inertia in mainstreaming is the fear that the core business of the organisation will change or all status quo will be disrupted. People are often uncomfortable and unwilling to change and admittedly it may be difficult to even consider changing the organisation's objectives. This is why it is important to ensure that mainstreaming begins with staff awareness and the responsibility of mainstreaming goes through a process of selling and buying for the benefit of partners and us.

13.0 CLOSURE OF THE WORKSHOP

Rosemary Adong, Director CDRN thanked all the participants for maintaining a consistent presence and remaining focused during the workshop. HIV/AIDS is a major cause of poverty and all are affected in one way or another. HIV/AIDS has significant gender implications that development workers must take into account when mainstreaming HIV/AIDS. There is need to explore the local context and utilize existing coping mechanisms so that the action proposed result in sustained change and benefit to our partners. She called upon all member organisations represented to ensure that they apply the knowledge and skills they have learnt and implement the action plans developed.

She informed participants of the Dutch co-financing programme “STOP AIDS NOW” which was established to support local NGOs mainstream HIV in the work place. Some of the organisations represented at the workshop were to benefit from this programme and were urged to build upon the learning acquired during the workshop. CDRN will use an OD approach to mainstreaming HIV/AIDS (behavioural and individual change). The action plans developed need to take into account the changes that an organisation may be required to make in addition to the knowledge and skills. Hence there is need to work with others and keep an open mind when engaging other partners so as to maximize learning. NGO leaders need to be targeted to ensure political will to integrate gender and HIV/AIDS concerns in development work. This may require a gradual OD process where issues are identified; change plans are developed, implemented and monitored. Gender and HIV/AIDS are fundamental causes of poverty, which need conviction and eagerness to cause change within an organisation. Rosemary thanked the facilitators and resource persons for providing valuable information and guiding the process. She encouraged member organisations to maintain the linkages established, visit and learn from one another and build upon their social capital.

14.0 WORKSHOP EVALUATION

14.1 Workshop contents

The workshop content was considered relevant and enlightening. In future other topics such as human rights, comparative learning on HIV and Religion (not only Christianity), family issues, power relations and men's gender issues and social culture issues, could be tackled.

Positive

The content dealt with real development issues at individual and organisational level, which triggered open discussion and deeper conceptualisation of gender issues. It highlighted interesting inter-linkages between gender, culture HIV and development. This provided justification for mainstreaming HIV AIDS into organisational policies (inward looking). The handouts and publications distributed were good quality and well researched with current information on AIDS.

Negative

There was insufficient analysis of root causes of gender imbalances but rather focussed on the symptoms. There was also a lack of final analysis of emerging issues from the different session on HIV and cultural beliefs. The gender issues raised (favouring women) caused male participants to become opposed to female gender issues and yet some of these issues were not resolved (although Rosemary of CDRN did good at resolving some of these issues). Generally, male gender concerns were not adequately covered. There was limited time for discussion and the logical flow was not good - actually the timetable was not followed.

14.2 Workshop process

Positive

The process involved participatory methodology, which allowed for good reflection on individual and organisational needs. The process stimulated discussions, active listening, experience sharing, and debate on key challenges such as the role of religious leaders, traditional institutions. The workshop was full of learning from one another; discussions and identification of loopholes in the respective organisation. The different perspectives and knowledge on the subject matters for the different facilitators was good and the facilitators were mindful of the fact that participants were adult learners. They were open, friendly, cooperative and exhibited good wealth of knowledge.

Negative

There was weak threading, as resourceful information obtained from previous sessions was not consistently linked to newly introduced topics. At some point it seemed the facilitator was biased regarding gender issues and this turned into a defensive game between men and women. The facilitators and participants were not conscious of time with sessions often ending after 5.00 p.m.

14.3 Workshop logistics

Positive

The workshop venue was well organised, quiet, had a clean and pleasant environment, which was good for concentration. The meals were good and accommodation comfortable with pleasant staff. Each participant had a self-contained room and there was good customer care however time keeping for meals could be improved.

Negative

Poor time keeping especially at meal times. Setting up equipment during the workshop was time wasting (PowerPoint). There was also lack of entertainment, especially after the workshop e.g. games, gym, swimming pool etc.

14.4 General comments for PELUM Uganda

- In respect to the content, include testimonies from PLWA and other practical case studies so that participants engage more directly with real issues, which will stimulate deeper discussion and reflection. PELUM could also organise visits to people affected by HIV AIDS for example hospitals or communities to appreciate the challenges they face and share experiences. There is need for a follow up workshop with more emphasis on gender mainstreaming and follow up on participants' reports and action plans. All in all PELUM has improved on the workshop content as opposed to previously where time allotted to session and workload was very loaded.
- PELUM should encourage more inter-group discussions and provide handouts in advance, so people can read them in advance, take notes and participate fully in discussions. In future PELUM should be gender sensitive especially when selecting facilitators (all female facilitators with the exception of 1 male).
- PELUM Uganda should consider refunding participants' transport or providing out of pocket allowances to participants (because we are leaving our families for 5 days and return empty handed) and yet our mother organisations only provide transport refund.
- With regard to workshop logistics there is need to consider a venue with entertainment, and good time keeping because poor time keeping affects the workshop programme.
- PELUM, CDRN and other likeminded organisations should facilitate religious leaders to discuss practical options to prevention of HIV/ AIDS for the different target groups.
- Participants thanked PELUM Uganda for continuously facilitating these well-organised, useful workshops. PELUM members are friendly and welcoming – keep it up!

APPENDIX 1: LIST OF PARTICIPANTS

#	Name of participant	Organisation / Designation	Contact address
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8.	Emily Drani	Community Devot. Resource Network & PELUM Uganda	P. O. Box 3791, Kampala 075 622 543 / 041- 534497 / 542995 edrani@cdrn.or.ug , cdrn@cdrn.or.ug
9.	Francis Wilkins Aduka	Environmental Alert	envalert@envalert.org 071 272626 youngprofessionals@envalert.org
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18.	Sarah Mayanja	Africa 2000 Network Uganda	P. O. Box 21990 Kampala smayanja@a2n.org.ug 031 263 218
19.	Sophie Kachi Okonya	Berma PELUM Kenya, Chairperson	P. O. Box 824 Bungoma, Kenya 0723 655 670, sophiakonya@yahoo.com
FACILITATORS & RESOURCE PERSONS			
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21.	Bernard Lukwago	TASO, Kayunga	lukwago_2001@yahoo.com 0772 421 481
22.	Roseline Achola	THETA	078 380 068
23.	Rosemary Adong	Community Development Resource Network	P. O. Box 3791, Kampala 041- 534497 / 542995 rosemary@cdrn.or.ug , cdrn@cdrn.or.ug
24.	Dr Maria Musoke	Nsambya Home Care	
25.	Alice Kinengyere – Mango	Consultant	

APPENDIX 2: ANNEX: MODERN AND CONVENTIONAL HIV THERAPY

*Resource person: DR. Maria Nannyonga Musoke, MB ChB MMED (MUK) DIMA
Coordinator Nsambya Home Care*

What is anti HIV treatment?

Drugs given to treat HIV also called Anti Retroviral Therapy are now the standard way of treating HIV. Currently available ARVs do not eliminate the virus from the body but stops its multiplication thus prolonging life of an individual and reduce the harmful effects of the HIV on the immune system.

When to start

- People who have symptoms of HIV or AIDS.
- People with low CD₄ count <200

What to start treatment with

Involves a combination or regimen of 3 anti retrovirals. The choice of treatment is made after considering the risks and benefits of the available combinations on an individual basis. This should involve thinking about:-

- Potency against HIV
- Adherence
- Tolerability
- Side effect
- Problems of interactions between different medications being taken.

Modern HIV therapy

Modern HIV therapy is a more comprehensive way of treatment which involves counseling, agreeing with the patient on the treatment options, understanding adherence and drug resistance, side effects as well as the risks and benefits of treatment. It also involves identifying a treatment buddy to assist in the taking of the drugs. The conventional treatment didn't have all this.

Positive effects of modern HIV therapies

Clients participate in treatment decisions through counselling. This creates ownership of their situation and that enhances client self-management to facilitate positive living hence improved quality of life. Following counselling, behaviour change especially related to sexual behaviour, is promoted both in the youth and adults. Family and community involvement in care and support e.g family members facilitating DOTs is emphasized and can be followed up. Because modern treatment involves health workers going into the homes of the patients, it has brought down health workers at community level.

Negative Effects of modern HIV therapies

Like all drugs, there are some side effects that can be experienced. When patients know a lot about their treatment, they can prescribe for themselves and self medicate themselves.

When infections are treated people may tend to think there is no HIV. Some people even can start living carelessly knowing there are drugs which can make them live longer. This can lead to further spread of the disease because patients will be looking well though they can still spread the disease.

Traditional VS Modern Therapy

Before anti retroviral are put on the market, there is a lot of research done, and the drugs have to undergo trials in animals and human volunteers. This ensures toxicities and side effects are reduced by the time the drug is used on human beings.

Some of our traditional drugs (herbs) work quite well, however, there hasn't been enough research to determine the actual dose, and the side effects have not been determined. Further more, many of the ARVs are also got from herbs. There are also beliefs that spiritual rituals can treat certain illnesses. Unless research is carried out it may be difficult to determine drug interactions if both are used at the same time. It would therefore be safer to use one and not the combination to avoid bad reactions.

ANNEX 3: HIV/AIDS MAINSTREAMING

Resource person: Mr Bernard Lukwago, TASO

To understand the dilemma of mainstreaming let us look at two issues AIDS and Organisations separately first.

What is an Organisation?

It is a group of people organized to accomplish an overall goal. They range in size from 2 people to hundreds of thousands or even larger. An organization has a mission which is further sub-divided in strategic goals which in total will achieve the overall goal of the organization

Organisational forms and structure

The organisation's structure includes its form; various roles and relationship of the roles. The structure of an organization is a means to accomplish the organisation's overall goal. It ensures that the appropriate inputs go through the necessary process to produce the required outputs to produce the intended outcomes.

Some common forms

Functional form

Here there is a central administration/corporate office, which oversee various processes in the system. Each department is organized to accomplish a certain process e.g. Human resources, Finances, Sales, Marketing, Engineering, etc...

Divisional form

Here there is a centralized corporate office, but under it are various divisions each of which is dedicated to providing a certain output. In many organizations these divisions may have their own functional form, that is, they have departments e.g. human resources, finance, sales, etc...

Matrix Form

This is a modern form. It is a compromise between the functional form and the divisional form. It is relied on usually when producing a complex product. E.g. people from engineering (functional) departments are temporarily organized with various other divisions (sales, marketing, etc) into a new product group. They stay together until that product is produced.

Life Cycles of Organisations

Organisations, as with most systems, go through lifecycles. Features of new organizations are usually markedly different from older (usually larger) organizations.

HIV Infection and Disease

In our endeavors to understand and fight this epidemic, where did we begin?

Every community, family or nation has its own dates, time and circumstances on to when it first "saw, got in contact or experienced this epidemic". What is true is that we all saw something and naturally we responded to what we saw. What we saw determined the name that we called the thing we saw.

But we know that the way we handle what we see and have, usually determines the way what we don't see will respond for normal survival in the circumstances.

So how we responded as individuals, families, organizations or nations determined the direction of the problem contextually

In Uganda, the response was mainly about running away from it, avoiding it, calling it names. Even those who wanted to fight it, used frightening messages that worked only in effectively stigmatising and disguising the problem.

Organisations (many) reacted by establishing stringent personnel, recruitment procedures and many adapted 'testing' for HIV as a strict aspect of the process. By this they managed to keep away from recruiting people who had HIV on the entrance.

But would this solve the HIV and AIDS problem?

As a fact HIV continued to affect staff i.e.

- The need to attend funerals
- To take care of the sick relatives

Were the managers (*who were testing others*) themselves free from the problems of HIV and AIDS?

Does working mean relating with only those you tested before recruitment? Doesn't *your* organization have a relationship with people it doesn't have direct control over?

So the initial response of running away, testing those we employ, stigmatizing became self-defeating because the problem was all over us. The best alternative option was to mainstream.

So before any organization undertakes on this 'monster' mainstreaming it should ask itself some questions?

What is your organization?

- Is it a formal ecological and land use management institution?
- Is it an NGO/FBO working in rural areas or for rural areas?
- Is it a rural project supported by international organizations?

What is the organisation's project intervention level?

- Is it an integrated programme (if it is, it will be important to look at factors of vulnerability among the target group (critical).
- Is it a policy or advice group (here we look at institutional responses (critical)

What is the organisation's project structure?

- Is it a project having its own staffing structure
- Is it a project that is operating in an existing institutional setting (Because here responses have got to be coordinated and agreed upon by a variety of institutions, some of which may not be willing to get involved

What are (CDRN's) clients?

The reason for asking this question is because some land use management programmes could have different strategies for reducing vulnerability for HIV and AIDS than policy advice groups and other agricultural research projects.

How does your organization (CDRN) define the concepts "*risk and vulnerability*" in relationship to HIV infection and disease

What factors contribute to vulnerability to HIV?

- Vulnerability to infection and spread of HIV?
- Vulnerability to HIV impact?

The 3 Broad Aspects of HIV/AIDS Mainstreaming

- HIV and AIDS in the workplace.
- Mainstreaming HIV and AIDS into strategy and programming and
- Links with focused interventions on HIV and AIDS

1 HIV AND AIDS IN THE WORKPLACE

Employees in the organization could be:

- At risk of HIV
- Are already HIV positive
- Are affected by illness and death of others

These problems could result in great absenteeism, reduced productivity, increased financial costs, high staff turn over, lower morale and falling levels of experience and quality. These can severely reduce the ability of the organizations to effectively meet its objectives;

Therefore, a proactive organization which does not want to face a crisis anticipates and plans for these problems to avoid or minimize the impacts.

So the objective of mainstreaming HIV and AIDS in the workplace is to enhance the ability of an organization and staff to anticipate, minimize and cope with illness and death associated with the epidemic. This will entail the need to understand and balance the interests of the staff and of the organization.

What we need to see in the organisation -if it is to address HIV and AIDS in its internal policies and practices

- Staff awareness
- Staff health policies
- Performance management system
- Budgets and financial planning
- Human resource workforce planning

2. MAINSTREAMING HIV AND AIDS INTO STRATEGY & PROGRAMMING

Regardless of the work the organization undertakes;

Some clients are affected by illness and death associated HIV

Other are at risk

Some will eventually contract HIV themselves

- Others are directly affected by the illness and death of others. In areas with high rates of HIV and AIDS, organizational ability to effectively and efficiently achieve goals is at risk. Activities in the community are left undone due to illness and funerals.
- Key community members become ill or spend time in caring for others.
- Household composition changes - with youth and the elderly assuming even greater burdens.
- The increasing load of illness and death in the communities and the resulting changes in roles, responsibilities and assets of affected families, mean that the organisation's operations may become less relevant to or less accessible by affected people.
- However, development work can help to reduce vulnerability of at - risk or affected people. It can support HIV prevention efforts, while also enabling care, treatment and support for those affected by HIV and AIDS.
- Economic and social development helps affected people to mitigate impacts of illness and death and also increases their options.
- To ensure relevance of their core business to the change in families and societies brought about by HIV and AIDS, an organization needs to take steps.
- "Mainstreaming" therefore seeks to strengthen the organisation or business without changing the focus to health care. This will therefore mean modification to the organisations' overall strategy and to its detailed programme planning and implementation.

It is important to note here that development and humanitarian programme and staff can have negative impacts because they can unintentionally provide the environment within which HIV can easily be transmitted for example, I.G.As can provide people with more disposable money, often linked to selling trips away from their families. Further, development and humanitarian staff tend to be fairly mobile, are often away from their families and generally have greater access to money and to desired products than people in the communities where they work. All these can set the scene for high members of sexual partners. But this not to say that humanitarian and development efforts should be abandoned rather than potentially negative impacts should be acknowledged and addressed. Some basic analysis of the context of HIV and AIDS in society leads to some standard responses.

Indicators in an organization addressing HIV and AIDS in the general strategy and planning (which an organization should have) – (General Strategy)

Strategic Analysis

Integrate analysis of HIV and AIDS in relation to the organizational mission and vision – don't just respond to only today's issue but project 5-10 years into the future.

Programme Design

Project Cycle – HIV and AIDS addressed at all stages of the cycle in all programmes, in terms of risks and opportunities

Target groups:

Special attention to youth, elderly and women

Project objectives: formulated together with new target groups.

Types of interventions may vary according to:

- 1) Changing objectives
- 2) Changing ways of working and methodologies
- 3) Complementary partnerships
- 4) Monitoring and impact analysis
- 5) Advocacy within the sector

Agricultural sector specific strategy and programming

- A rural development organization should determine how to support agricultural development in ways that are relevant to people affected by HIV and AIDS while bearing in mind that the agency itself is affected internally by illness and death.
- Indicators of an agricultural organization – addressing HIV and AIDS
- Emphasis on labour – saving technologies
- Clear attention to nutritional value of agricultural production
- Extension methodologies which specifically seek to identify and reach individuals and families affected by chronic illness and death of adult who might otherwise be excluded

3 LINKS WITH FOCUSED HIV AND AIDS INTERVENTIONS

- Another broad component under mainstreaming involves direct support to focused HIV and AIDS interventions. This can involve HIV prevention, care and treatment or supporting those living with HIV or affected by the illness and death of others.
- An organization can form active partnership with HIV and AIDS specialists who provide these services. Such mutually supporting relationships build on the strength of all and ensure that complementary services are offered. Such partnership can help minimize the opportunity cost that undermine efforts of a single organization to do everything.
- Indicators of an organization having links among focused HIV and AIDS interventions
- Formal agreements among specialists
- Memorandum of understanding outlining complementary services in the community
- Direct financial support to local specialists or service providers i.e. *munno mukabi*
- Side by side programmes in same organization
- Management and technical capacity built in two teams in one organization.

District structures

- Encourage, participate in, fund formal structures that bring together development and health professionals to facilitate joint DACCs.
- Develop a systematic process of mainstreaming HIV and AIDS

One of the major constraints to mainstreaming is that even those who would truly like to do it, simply don't know where to start.

Discussion on the above indicators should help people to decide what they would like to achieve. It then becomes easier to develop a process that anticipates issues.

Mainstreaming is a long term process involving a series of activities which sometimes involves influencing people who have not previously dealt with HIV and AIDS and to get them to understand that illness and death due to the pandemic are indeed fundamentally important to whatever they do. This will therefore entail a combination of attitudes change and skills development, linked to a new approach to resource planning and allocation. The process of mainstreaming is basically a capacity building approach over a long term, to help modify the way an organization works. It demands a combination of types of work.

Advocacy - to convince decision-makers that AIDS is relevant and that they can do something about it.

Technical support - including training to strengthen specific knowledge and skills.

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

Some key steps in the mainstreaming process

- 1) Staff awareness workshops
- 2) Partner staff awareness
- 3) Formal agreements to engage in systematic mainstreaming
- 4) Agree on main indicators, build into monitoring system
- 5) Internal and it of potential impacts of HIV and AIDS within the organisation
- 6) Review of workplace implications, good practice, legal framework, and policies with follow up activities culminating in:
- 7) Agreed workplace policies and staff health.
- 8) Modified financial and budgeting process
- 9) Human resource workplace planning
- 10) Modification of existing programmes (Logical framework and operational plan)
- 11) Formal agreements with complementary agencies i.e. ASOs
- 12) Development of advocacy strategy
- 13) Monitoring
- 14) Conclusion

The process of mainstreaming if undertaken, is long term, requires high commitment from senior managers and staff and clearly involves more than a couple of workshops.