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**MAINSTREAMING HIV/AIDS:
A CONCEPTUAL FRAMEWORK
AND IMPLEMENTING PRINCIPLES**

- JUNE 2002 -

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LIST OF ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CBO	Community Based Organisation
UEMOA	Union Economique et Monétaire Ouest Africaine
GLIA	Great Lakes Initiative on AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIPC	Highly Indebted Poor Country
HIV	Human Immunodeficiency Virus
IEC	Information, Education & Communication
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NEPAD	New Partnership for Africa's Development
NGO	Non-governmental Organisation
NSF	National Strategic Framework
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
STD	Sexually Transmitted Disease
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session

1.0 EXECUTIVE SUMMARY

While the concept of mainstreaming has been with us for decades, its application to the area of HIV/AIDS is more recent and represents somewhat uncharted waters. Mainstreaming, within this context, is an essential approach for expanding multi-sectoral responses to HIV/AIDS. Mainstreaming of HIV/AIDS is not an intervention per se. It constitutes a range of practical strategies for scaling up responses and addressing the developmental impacts of HIV and AIDS globally and regionally. Through mainstreaming, government sectors, NGOs, private sector entities, church organisations, etc., can both meet the needs of their own workplace environment, as well as apply their comparative advantage to support specific aspects of national HIV/AIDS responses.

As with other approaches to this fast paced epidemic, understanding of mainstreaming is still evolving. This document tentatively explores the current understanding of the concept and examples of relevant experience. It provides a set of basic principles designed to enable those working at the different levels and aspects of HIV/AIDS policy and practice to begin using mainstreaming processes for expansion and acceleration of HIV/AIDS responses.

Based on current experience and aimed at guiding mainstreaming HIV/AIDS at different levels, five simple principles have emerged that attempt to provide a comprehensive framework to analyse where and when to introduce and implement HIV/AIDS mainstreaming.

Principle 1 underscores the importance of developing a clearly defined and focused entry point or theme for mainstreaming HIV/AIDS in order to maintain the critical focus necessary to make an impact.

Principle 2 maintains that, at the country level, mainstreaming does not take place outside of the existing national context. Thus National Policies or Strategic Frameworks for HIV/AIDS should be used as the frame of reference. Mainstreaming efforts should be located within existing institutional structures.

Principle 3 necessitates that advocacy, sensitisation and capacity building in order to place people in a better position to undertake mainstreaming. Mainstreaming cannot be expected to develop of its own accord.

Principle 4 asserts the need to maintain a distinction between two domains in mainstreaming: the internal domain or workplace, where staff risks and vulnerabilities are addressed; and the external domain, where the institution undertakes HIV/AIDS interventions based on its mandate and capacities in support of local or national strategic efforts.

Principle 5 highlights the importance of developing strategic partnerships based upon comparative advantage, cost effectiveness and collaboration.

Based on global, national, sector and sub-national experiences with mainstreaming HIV/AIDS across Africa, the systematic approach provided in this document shows that the conceptual and practical understanding of mainstreaming, combined with the lessons learnt from concrete experiences, allow to make progress. Thus, the approach provides a mechanism through which multi-sectoral responses to HIV and AIDS can be analysed and acted upon, within clear areas of responsibility, building up multi-level yet coherent interventions to strengthen international, national and sub-national responses.

2.0 INTRODUCTION

2.1. PURPOSE OF THE DOCUMENT

The mainstreaming experiences presented in this document are largely derived from UNAIDS country support missions and a joint UNAIDS/GTZ/UEMOA Satellite Conference on "Mainstreaming across Development sectors in Africa" during the XIIth International Conference on AIDS and STDs in Africa, held in Ouagadougou, Burkina Faso, on Dec. 9 2001. Experiences used to highlight mainstreaming at different levels include GTZ's efforts to mainstream HIV/AIDS into the organisation's global development strategy and its practice in the context of HIV/AIDS in Zambia, at the project level, utilising well-tested rural development techniques. Examples from UNAIDS, among others, provide illustrations of how mainstreaming HIV/AIDS has been used to expand private sector initiatives in Uganda. Rwanda provides an example of mainstreaming strategies to address the concerns of the youth in the national response. The UNDP Regional Project for Sub-Saharan Africa presents recent lessons learned in HIV/AIDS mainstreaming into the education sector and ActionAid's experience offers a look at its approach to mainstreaming HIV/AIDS at the project level into an existing literacy and social mobilisation programme. Finally, the experience of Burundi illustrates attempts at mainstreaming care and support for PLWHA into public sector organisations.

Supplementary experiences have been presented to add to the evolving body of experience and understanding and illustrate the application of specific principles of mainstreaming. These include experiences with mainstreaming into a complex ministry in Botswana and mainstreaming HIV/AIDS into the national development plan of Namibia.

Written for both country level policy makers and practitioners and international agencies, this document builds on the recent and increasing level of attention given to HIV/AIDS mainstreaming, and is presented in five sections. The introduction and background presents the origins and development of the mainstreaming concept and highlights the operational differences between mainstreaming and what is termed integration. The second section identifies the multiple levels at which mainstreaming for HIV/AIDS may take place and introduces the focus of this document, mainstreaming at the sector and sub-national levels. Section three sets out the emerging principles of mainstreaming to facilitate further implementation. Current experience in the area of mainstreaming is presented in section four to illustrate some practical benefits of adopting mainstreaming principles and the present level of understanding of mainstreaming implementation. The final section looks forward and draws priority lessons and caveats for realistically and effectively undertaking mainstreaming.

Finally, the document is written for those committed to making a difference in the fight against HIV and AIDS. It documents and crystallises the present thinking surrounding Mainstreaming HIV/AIDS derived from the experiences of experts in strategic planning and management of HIV/AIDS.

2.2 ADDING VALUE THROUGH MAINSTREAMING

The concept of *mainstreaming* has expanded from its original application in the late 1960s, when the term was coined to designate an approach to assimilating children with disabilities into regular classroom settings. Through mainstreaming, the educational environment in many countries has undergone significant modifications, from the creation of supportive policies and administrative practices, to the way teachers are trained and the supplies and equipment they use. To date, the concept of mainstreaming as a *way of modifying operational practices to address environmental challenges* has been adopted across a wide variety of sectors, agencies and programmes. Examples include: gender mainstreaming, mainstreaming information technologies into library systems, mainstreaming business practices within a globalised economy, etc.

Globally and across Africa, mainstreaming HIV/AIDS at various levels is being increasingly recognised as a fundamental component of expanding the response to the epidemic. However, the present understanding and application of mainstreaming remains somewhat limited. Mainstreaming within the context of HIV/AIDS can be seen as the product of an evolution in response approaches. From the early days of the epidemic, the evolution has been, from a largely central level, health sector-led response, to a more multi-sectoral effort co-ordinated by national HIV/AIDS councils or commissions, with greater responsibility for implementation being devolved to the individual sectors and the decentralised levels.

The move to multi-sectoralism has largely been a reaction to the need for scaling-up and expanding HIV/AIDS responses in the face of the depth and the scope of the impact of the epidemic on affected societies. How to operationalise the concept, however, has been fraught with challenges. Sector ministries, for example, have endeavoured to apply normative planning techniques within the context of HIV/AIDS with limited success. Mainstreaming proposes an alternative approach to the challenge of planning for HIV/AIDS within sectors, programmes and decentralised institutions. As such, it takes into account issues of comparative advantage, possible context-specific interventions and their cost effectiveness, and consequent appropriate resource allocations, thus trying to limit duplication of efforts among sectors and agencies. Hence, a productive mainstreaming process leads to the identification and division of clearer areas of responsibility between partners involved in multi-sectoral responses at the regional, national or sub-national levels !

2.3 INTEGRATION OR MAINSTREAMING?

Integration and mainstreaming are often used synonymously in the area of HIV/AIDS. In the French language, for example, there is no obvious semantic equivalent to express a distinction. However, we would like to propose a conventional distinction between the two in order to come to clearer operational principles for actually addressing HIV/AIDS within institutions.

It can be argued that integration occurs when HIV/AIDS related issues and interventions are introduced into a project, programme or policy context as a component or a content area, without much interference with the specific core business of the institution or the main purpose of the policy instrument. Consistent HIV/AIDS activities may be executed, but they are being maintained as a separate area rather than to be incorporated in, and interfere with, the already existing ones.

Mainstreaming then starts from the analysis of the mandate or purpose and the routine functions of an institution, sector or instrument, and moves beyond integration by:

- 1) Identifying the specific areas of responsibility related to HIV/AIDS relevant to the institution;
- 2) Outlining context-specific actions underpinned by adequate financial commitments addressing each of these areas *in its relationship with* the core mandate and activities of the institution.

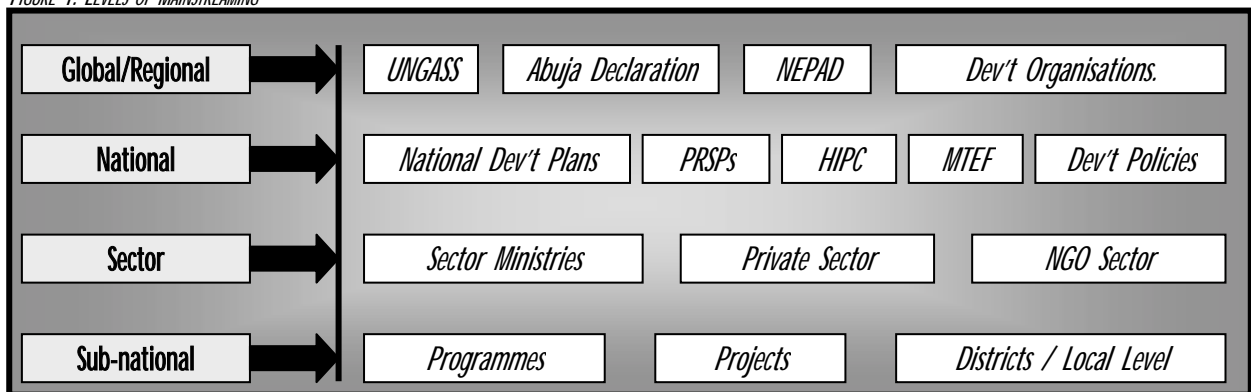
Hence, through mainstreaming, HIV/AIDS becomes aligned with, and in turn influences, the core business of an institution, thus becoming more than a mere "add-on".

3.0 LEVELS OF MAINSTREAMING

3.1 MAINSTREAMING AT GLOBAL AND NATIONAL LEVELS

HIV/AIDS can be mainstreamed at four different levels as illustrated in *Figure 1*. At the *Global/Regional level*, the mainstreaming of HIV/AIDS receives expression in documents such as the UNGASS Declaration, the Abuja Declaration, the New Partnership for African Development and other international co-operation documents. Mainstreaming is increasingly evident in global development strategies espoused by international development organisations as they begin to recognise the impacts of the epidemic on development assistance.

FIGURE 1: LEVELS OF MAINSTREAMING



Similarly, with the recognition of the impact of the epidemic on the economic and social development of countries, HIV/AIDS is increasingly being included in development plans, policies and strategies at the *national level*. The entry point for national level mainstreaming is essentially the country's National Strategic Framework (NSF) or national HIV/AIDS policy. The relationships and interface between the framework and national development instruments constitute the essence of mainstreaming at this level. Examples, addressed and described in the recent UNAIDS/World Bank Publication "*AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments*"¹, include Poverty Reduction Strategy Papers and Highly Indebted Poor Country Initiatives. There are questions, however, as to the extent to which these instruments truly promote mainstreaming HIV/AIDS into development or simply serve as resource mobilisation tools.

3.2 SECTOR AND SUB-NATIONAL MAINSTREAMING

The remaining two levels, the sector and the sub-national level, including decentralised services, programmes, projects, local businesses, NGOs, CBOs, religious organisations, etc., are the primary focus of this document as they mark the principal levels of implementation and action for HIV/AIDS. Here too, it is critical that mainstreaming reflects the prioritised objectives and strategies of the National Strategic Framework for HIV/AIDS. Mainstreaming does not require that every sector or

¹ UNAIDS/World Bank, March 2001, Geneva.

programme develop its own strategic framework; rather, the NSF must offer an entry point and guide all mainstreaming efforts for sectors and programmes. Mainstreaming is about people, and therefore sectors and programmes can concretely mainstream HIV/AIDS into two inter-connected areas of responsibilities and domains:

1. The **internal or workplace domain**

Mainstreaming in the internal domain focuses attention on the vulnerabilities and risks for people within the organisation, sector, programme, project, etc. itself. The challenge of HIV/AIDS is addressed within this context by consciously formulating workplace/workforce policies and guidelines that inform day-to-day practice, thus contributing to the protection of the workforce and the deepening of an organisation's understanding of the multi-dimensional impact of the epidemic. "Charity begins at home", and successful internal or workplace approaches will most often lead to enlightened and supportive strategies for external target groups.

2. The **external or target community domain**

In the external domain, HIV/AIDS is mainstreamed into the core mandate, activities, and business of the sector, institution or project based on available capacities. HIV/AIDS becomes part and parcel of the interaction between these organisations and their target or client communities. Strategies informed by the organisation's understanding and internalisation of HIV/AIDS issues (see *internal domain* above) will tend to influence what is done externally. At the sub-national level, HIV/AIDS activity implementation is often a concrete and practical expression of a sector's mainstreaming HIV/AIDS into its core activities at the periphery of the system where services and communities meet. Mainstreaming at the sub-national level includes the mainstreaming of HIV/AIDS into *existing* programmes and projects. It is worthy of note that not all HIV/AIDS activities being implemented are the outcome of a mainstreaming exercise. Many are stand alone HIV/AIDS programmes and projects responding to a specific objective or set of circumstances.

4.0 **CONTEXT AND PRINCIPLES OF MAINSTREAMING HIV/AIDS**

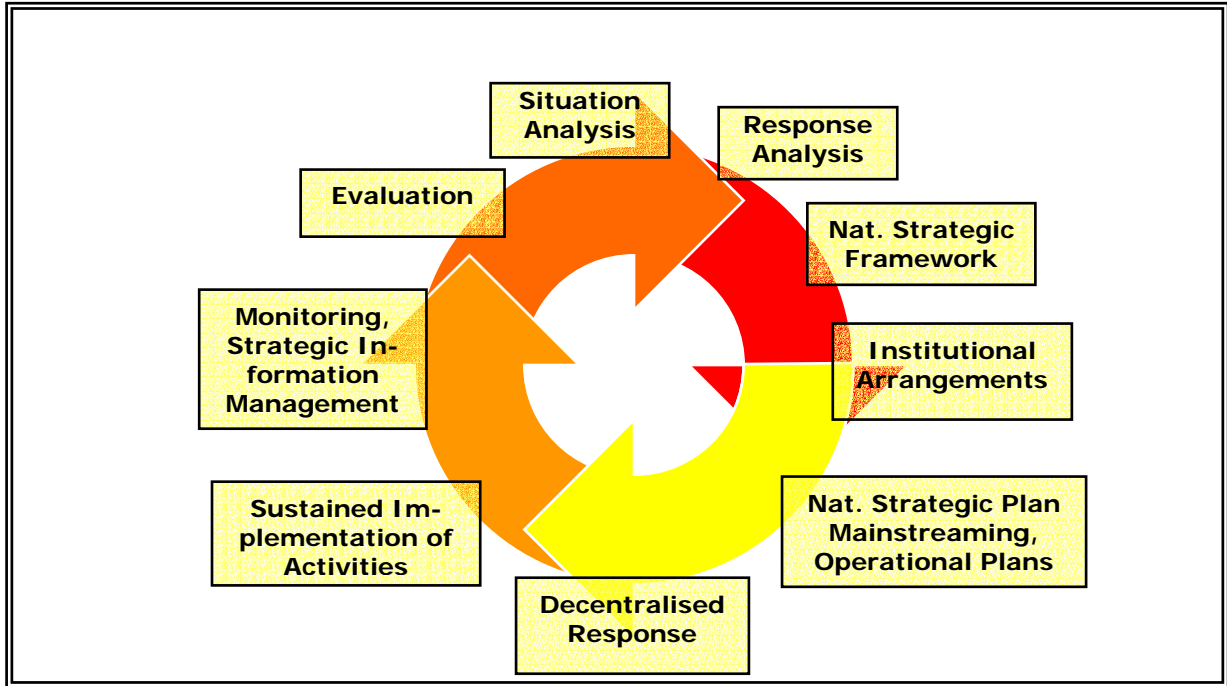
Mainstreaming is located within the wider context of a national strategic management process for HIV/AIDS responses as one of its primary aspects (see *Figure 2*). As part of the strategic management, mainstreaming is an iterative process that is revisited on a regular basis. This national process, however, can be adapted as a tool for the global and sub-national levels. Broad international experience and exchange has, up to now, produced five basic principles for mainstreaming HIV/AIDS, regardless of the level at which it is being undertaken. As inter-dependent issues these principles provide a backdrop against which current mainstreaming experiences can be analysed and practices introduced.

Principle 1

Establish a clear entry point or theme for mainstreaming (e.g. poverty reduction, agriculture, etc.).

Establishing a clear entry point or theme for mainstreaming HIV/AIDS assists with focussing subsequent actions and expected outcomes. Conversely, if mainstreaming efforts address a wide array of themes, they risk diffusing actions and potential impact. Without an adequate thematic focus, it may be difficult to identify the primary target community(s). Each sector, NGO, private sector entity, programme, etc., based on their relative comparative advantage, tries to determine where it can make the most valuable contribution to the national response. (See example of ActionAid, P.15).

FIGURE 2: STRATEGIC MANAGEMENT PROCESS



Principle 2

Ensure that mainstreaming efforts are guided by the established policies and Strategic Framework for HIV/AIDS and rely on existing institutional structures

Where in place, global policies or Strategic Frameworks for HIV/AIDS should constitute the primary entry point and frame of reference for mainstreaming efforts (*refer to Fig. 2*). Stakeholders at all levels should avoid duplicating efforts by producing individual frameworks. Indeed, mainstreaming is a process through which policy makers, government institutions, sector agencies, international organisations and individual projects and programmes can operationalise a NSF within their own area of activity and scale-up the national response to HIV/AIDS. Mainstreaming must also rely on existing institutional structures in order to promote the effective co-ordination and management. (*See GTZ example, p.9 and Namibia example, p.10*).

Principle 3

Advocate and sensitise for understanding and build capacity for action against HIV/AIDS

The need for multi-sectoral and multi-level action against HIV/AIDS remains largely misunderstood. Thus, mainstreaming must be accompanied by advocacy and sensitisation around HIV/AIDS that demonstrates the added value of action by all key stakeholders. In the private sector in Uganda, sustained advocacy was finally able to engage senior level management, resulting in greater private sector involvement in the national response through a range of activities. Furthermore, the conceptual understanding as well as the capacities to mainstream HIV/AIDS and undertake targeted activities are currently recognised as being relatively weak at all levels. It is important, therefore, that specific capacity building inputs are provided to increase current levels of implementation, possibly including organisational, technical and administrative capacities to undertake sustained action. (*See example of Rwanda, p.14*).

Principle 4

Observe a distinction between the internal (workplace) domain and external domain or target community

The development of mainstreamed HIV/AIDS action plans gives substance and direction to what might otherwise be merely an integration exercise. An important starting point is the development of a workplace prevention and care programme in the internal domain of an organisation, programme or sector. First, this addressed the risks and vulnerabilities of workers and staff and places them in a better position to appreciate what can be done within the external domain for their "clients". (See example of Botswana, p.12).

Principle 5

Establish partnerships based on comparative advantage to ensure the necessary expertise in HIV/AIDS

Experience has shown that no one sector, institution or individual can address all the aspects of the epidemic. Underlying this principle is the understanding that mainstreaming does not require sectors, programmes, projects, etc. to include all components of a comprehensive response to HIV/AIDS. Rather, mainstreaming uses a rational approach, which prioritises activities based on comparative advantage and human and technical capacity to implement. For example, within the internal domain, institutions can share much needed resources for the provision of services necessary for a workplace programme such as counselling and the development of IEC materials. Effective mainstreaming in the external domain also requires functional partnerships, networks and alliances to be formed for sustainable implementation and impact. (See the UNDP example, p.13).

5.0 OVERVIEW & SYNTHESIS OF INTERNATIONAL MAINSTREAMING EXPERIENCE

5.1 MAINSTREAMING AT THE GLOBAL/REGIONAL LEVEL



5.1.1 GLOBAL & REGIONAL APPROACHES TO MAINSTREAMING HIV/AIDS

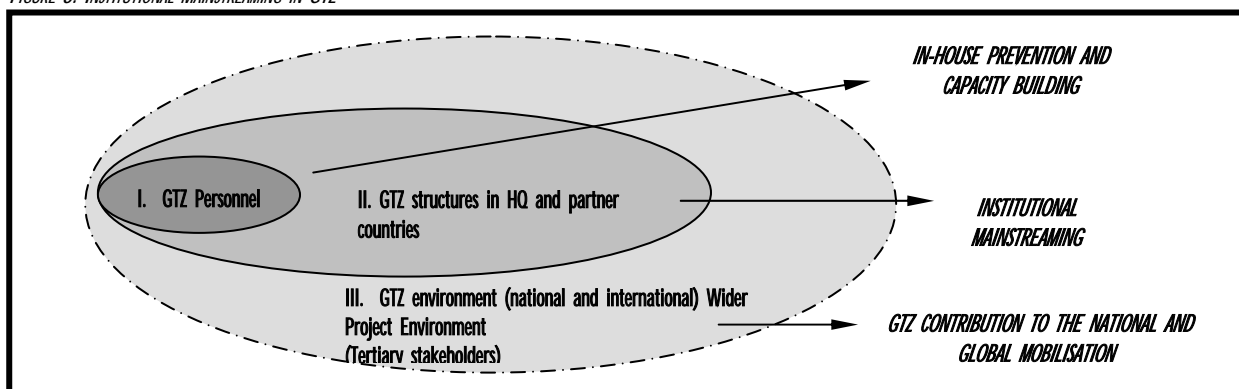
As an international development organisation, GTZ is active in many sectors in more than 100 countries worldwide. Within the different agencies of the official German Development Cooperation, under the guidance of the German Ministry for Development Cooperation, the need for mainstreaming HIV/AIDS was born out of two mutually reinforcing impetuses. First, there was the growing recognition of the negative developmental impacts of the epidemic on partner countries and intended beneficiaries. Second, more and specific demands are being made by partner country governments for interventions targeting HIV/AIDS, initially in the health sector but increasingly within a multi-sectoral and multi-disciplinary framework.

Figure 3 below is a graphical representation of the current conceptualisation by GTZ's management of their institutional HIV/AIDS mainstreaming efforts. Essentially, this thinking adopts the basic internal/external principle presented above in a three staged approach: 1) institutional mainstreaming, and 2) mainstreaming into programmes and projects. However, under these two major distinguishing features GTZ identifies three levels:

- The workforce: respective GTZ employees; and GTZ partner country staff

- Target groups: respective GTZ structures; and project-based target groups and partners
- Beyond: in Germany and global; and in project environment

FIGURE 3: INSTITUTIONAL MAINSTREAMING IN GTZ



5.1.2 LESSONS FROM THE GLOBAL AND REGIONAL LEVEL

Lessons continue to be drawn from HIV/AIDS mainstreaming experience at the global and regional level. A particular challenge to mainstreaming at this level is the need for high-level political support, leadership and consensus. To overcome resistance or misconceptions, building capacity and understanding for collective action must be undertaken to ensure sustained commitment for HIV/AIDS mainstreaming. Similarly, high-level advocacy and dissemination of success is required to demonstrate the added value to the regional and national levels by mainstreaming HIV/AIDS.

5.2 MAINSTREAMING AT THE NATIONAL LEVEL



5.2.1 NAMIBIA: MAINSTREAMING OR INTEGRATION OF HIV/AIDS?

Namibia, with one of the most intense epidemics in the world, has long recognised the impact of HIV/AIDS on the further development of the country. Even within the short period of independence, Namibia has witnessed a decline in many of its Human Development Indicators, which had previously demonstrated it to be another African success story. Thus, as the first National Development Plan ended in 2000, and work started on its successor, or NDPII, the government saw the need to incorporate HIV/AIDS in a meaningful way within the overall development vision of the country. The entry point for mainstreaming was thus quite clear illustrating Principle 1. Additionally, the fact that the mainstreaming of HIV/AIDS was guided by overall national development policy demonstrates the application of Principle 2.

The initial direction was one of integration with the intention that an HIV/AIDS chapter be introduced into the main narrative of the document to establish a frame of reference for a response to HIV/AIDS within the context of national development. As this idea developed, the reaction of the National Planning Commission was that the "AIDS Chapter", alone, would not be sufficient to influence the direction of development within the context of the growing epidemic.

A reorientation of the process was undertaken and a mainstreaming approach adopted. The ideal expressed was to have HIV/AIDS woven into each of the sectoral chapters of the overall document rather than a single chapter devoted specifically to HIV/AIDS. However, this was not possible due to the advanced stage of preparation of the NDPII. Some work had already been undertaken to produce costed, mainstreamed action plans for most of the government sectors as well as for each of the 13 regions of the country. These plans reflected the prioritised strategies of the National Strategic Framework for HIV/AIDS. As a result, the "AIDS Chapter" that eventually emerged was a compilation of these existing costed plans along with a revised and summarised situation analysis to relate the action plans and the broader NDPII to a common HIV/AIDS context.

5.2.2 BURUNDI: CHALLENGE OF TARGETING MAINSTREAMING

As the largest formal employer in most sub-Saharan African countries, governments have a great responsibility in terms of caring for people living with HIV and AIDS in the labour force as well as their affected families. The difficulties of meeting this challenge are immense yet, Burundi has, over the last two years, embarked on a national level exercise for mainstreaming a care and support programme into government structures. The workplace programme largely targets the civil service but seeks to include other groups such as the military, trade unions and refugees. The programmes focus on service provision reflects the importance of addressing the needs of the internal dimension as advanced in Principle 4.

Implementation of this national programme around the theme of institutional care and support was the result of an approach based on a number of complementary initiatives. These initiatives, among others, included high-level political advocacy for the establishment of a National Fund for HIV Treatment, mobilisation of the civil service and the military, an insurance cost analysis for Anti-retroviral therapy and a number of PLWHA associations negotiating for obtaining generic ARVs at reduced prices. Increasing the involvement of PLWHA, especially in terms of programme and policy development, was seen as a particularly useful approach for mainstreaming HIV/AIDS. In fact, further reductions in stigma have occurred through the active role played by associations of PLWHA in developing the initiative and the programme also appears to have increased the access to treatment of PLWHA within these sectors at a reduced cost.

The mainstreaming of care and support at this national level has been able to raise awareness of HIV/AIDS within government ministries, the military, trade unions, etc. However, the initiative showed that to sustain such action there must be a cohesive legal framework in place. Within such a framework, sectors can actively integrate care and support activities, as well as prevention programmes, into their development plans.

5.2.3 LESSONS FROM THE NATIONAL LEVEL

Here, Burundi's experience has been presented as an example of national mainstreaming due to its countrywide coverage and its multiple target groups. Yet, in actuality, it should be largely seen as a sector level mainstreaming effort as the focus is on workplace mainstreaming for the civil service, military or trade unions. This broad programme achieved some success in providing the needed care and support for a number of people within these institutions. However, more focused action could be sustained if the programme were to be implemented at the level of sector mainstreaming in the internal or workplace domain where the needs of staff can be more effectively addressed and outcomes monitored.

Mainstreaming HIV/AIDS into the Second National Development Plan of Namibia, however, does represent more of a truly national mainstreaming effort. Recognising its critical importance, Namibia's decision to address the HIV/AIDS epidemic as a primary issue in national development moved beyond mere integration and provided the means of action and financial commitments necessary to address the developmental challenge of HIV/AIDS. In short, the National Development Plan includes the collated expression of all the various HIV/AIDS mainstreaming efforts from the sector and sub-national levels.

5.3 MAINSTREAMING AT THE SECTOR LEVEL



5.3.1 UGANDA: PRIVATE SECTOR MOBILISATION FOR ACTION

The private sector represents a wealth of resources, expertise and structures to use in the fight against HIV and AIDS. Yet, despite these assets, there have been few innovations and ideas to spark the private sector into action. Mobilising the myriad entities that make up the “private sector” presents its own unique challenges, especially in terms of raising awareness and building the understanding that mainstreaming HIV/AIDS will add value rather than extra costs. In other words, investments made in HIV/AIDS interventions aimed at reducing levels of morbidity and mortality in the workplace will actually be gained back as they begin to bolster company profitability.

The private sector in Uganda, previously undertaking ad hoc activities and projects, has begun engaging in a wide-ranging initiative to mainstream HIV/AIDS into the business community. This initiative is largely orchestrated by the newly established Uganda Business Council on HIV/AIDS (UBCOA), a collaborative network of companies concerned about the impacts of the HIV/AIDS epidemic. The mission of the UBCOA, spearheaded by the Managing Director of Standard Chartered Bank of Uganda and mobilising Managing Directors across the sector, is to bring the public and private sectors together to create partnerships, share best practices and assess and implement viable HIV/AIDS-related programmes. Advocacy for the mobilisation of the business community confirms the need to prepare people for mainstreaming, as asserted in Principle 3. Without sensitisation, advocacy and capacity building, the extent of mainstreaming will remain limited.

The UBCOA's programme involves a range of activities and builds technical partnerships across the sector and between the public and private sectors based upon comparative advantage. Prevention efforts address the internal, workplace environment through HIV/AIDS awareness campaigns in companies, while externally it collaborates with the GLIA Transport Worker Project and has supported a PMTCT conference. Uganda benefits from a legal framework for the private sector that ensures non-discrimination and appropriate benefits for the infected and affected. Thus, in the area of care and support, the Council has begun providing ARV therapy and information to employees and their families as well as supporting hospitals to enable them to provide clinical care and establishing a telephone help line. The UBCOA is exploring ways in which it can mitigate the impact of the epidemic by undertaking orphan apprenticeship programmes and supporting insurance schemes. The programme developed by UBCOA is implemented through a variety of functional multi-level partnerships, illustrating the importance of Principle 5 to operationalisation of mainstreaming in both the internal and external domains.

5.3.2 BOTSWANA: DEFINING THE SCOPE OF MAINSTREAMING IN MULTIPLE MANDATES

Mainstreaming HIV/AIDS into a line ministry becomes even more complex when dealing with a ministry with several mandates. In Botswana, the Ministry of Labour and Home Affairs includes a total of 13 diverse departments such as immigration, libraries, prisons, youth and culture, civil registry, and the industrial court. Each department has its unique mandate and core business into which HIV/AIDS had to be mainstreamed.

The need for mainstreaming was clear. So large a ministry with so many intimate, day-to-day connections with the population of Botswana necessitated a clear understanding of the ministries role in the national response to the HIV/AIDS epidemic. In addition, the needs of the large staff of the ministry were not being addressed.

Mainstreamed, costed action plans were developed for each of the various departments of the ministry to address their own unique situation and their particular mandate. Mainstreaming Principle 2 was observed in the formulation of these plans, developing activities based on the national priorities outlined in the National Strategic framework for HIV/AIDS. As put forward in Mainstreaming Principle 4, these plans addressed the internal or workplace domain with simple activities that could be undertaken on a routine basis for the benefit of staff and employees while, based on the mandate and capacities of the department and their core business, an externally focused component of the plan was developed for implementation largely at the district level. This component supported on going activities including distribution of condoms and IEC materials to clients but sought to expand each departments role in the local response by undertaking activities like AIDS sensitisation meetings for various sectors of society, advocacy, promotion of HIV/AIDS clubs and support associations, etc. Both components of the plan took cognisance of the need for partnerships, as maintained in Principle 5, and actively promoted linkages within the departments of the ministry as well as outside agencies.

Funding arrangements were to be addressed through the provision of a budget line for HIV/AIDS for each of the departments to ensure implementation of the plans. Recognising the time implications of such a measure, interim arrangements were to be made with the AIDS/STD Unit, at the time the primary channel for donor funding to HIV/AIDS in Botswana, based upon submission of finalised plans. Where this process proved too cumbersome and funds were needed quickly, each department could finance some activities from existing budget lines, particularly that for staff training.

5.3.3 AFRICAN EDUCATION SECTORS: THE NEED FOR ACTION IN THE INTERNAL DOMAIN

For many obvious reasons, the education sector has perhaps received the greatest attention in terms of HIV/AIDS planning and programming, including mainstreaming. Recognising the important role of the education sector in the response to HIV/AIDS, and the level of vulnerability of the sector, ADEA and UNDP undertook an investigation into what mainstreaming HIV/AIDS means to education sectors across Africa. Seventeen country case studies on the issue are currently being undertaken. One issue that has emerged is that a better understanding of the bi-directional impact between the HIV/AIDS epidemic and the educational system is needed. Arriving at a deeper understanding would enable policy makers to respond flexibly and effectively to the changing situation.

Findings from the case studies have suggested that the usefulness of discerning the internal and external domains of mainstreaming HIV/AIDS into the education sector has not been fully explored. An understanding and application of Principle 4 would help. As a result, only limited action is being undertaken internally, i.e. within the workplace (teachers) environment and the primary focus appears to be on external programmes. The findings also seem to suggest that within the education sector generally, the transition from *"integration"* of HIV/AIDS to *"mainstreaming"* has yet to be made. Perhaps the central point that emerged from the experience of AEDA/UNDP in the education sector was the real need to focus on educational *systems*. Finally, mainstreaming HIV/AIDS in the education sector could add value to the national response by making it a positive vehicle for social change rather than merely a forum for awareness building.

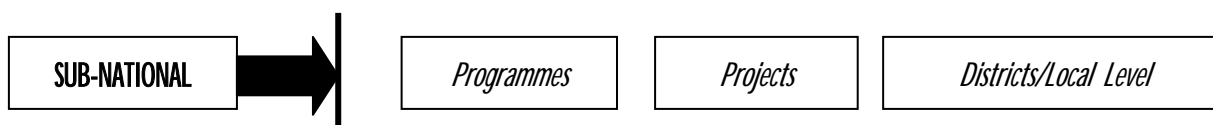
The case studies further pointed out the need for working partnerships, that schools were not the only service providers for the youth, and that mainstreamed external programmes targeting the youth also need to strengthen the weak or sometimes non-existent co-ordination mechanisms between the schools and communities, religious institutions, social clubs, etc. In addition, these external programmes targeting youth must be linked up to existing programmes including those for adolescent sexual and reproductive health.

5.3.4 LESSONS FROM THE SECTOR LEVEL

One of the key issues in mainstreaming at the sector level is defining the scope and the target. In Uganda, the initiative launched by the UBCOA has achieved success in mobilising senior level management in the fight against the HIV/AIDS epidemic. However, the intended scope of their activities is not entirely clear. Experience in other countries has suggested that even the term "private sector" is often misleading, masking a complex variety of entities. Mechanisms such as a flexible typology or categorisation of "private sectors" could assist in identifying needs and appropriate support. Similarly, ministries as lead institutions within the various sectors present key opportunities for mainstreaming HIV/AIDS. Not only do ministries like education, agriculture and health have daily contact with large segments of the population, but they are also amongst the largest public sector employers. Thus, careful targeting of mainstreamed HIV/AIDS activities remains essential.

The sector level is perhaps the key sphere for implementing HIV/AIDS mainstreaming. Important value is added to the national response when key sectors adopt a mainstreaming approach in line with their mandates and technical and human capacities, has a clear entry point and target group while avoiding duplication. The experience of ADEA/UNDP suggests the need for education sectors across Africa to move beyond integration into mainstreaming and, most importantly, developing an internal focus to address the needs of this important workforce. On the other hand, mainstreaming within the extremely diverse Ministry of Labour and Home Affairs arrived at a costed package of simple activities enabling each department to mainstream HIV/AIDS into both internal and external domains in a modest way.

5.4 MAINSTREAMING AT THE SUB-NATIONAL LEVEL



5.4.1 ZAMBIA: PARTICIPATORY CAPACITY BUILDING FOR HIV/AIDS

Because of its ability to reach the large proportions of the African population that live, work and die in the rural areas, the agriculture sector's importance in fighting AIDS has been increasingly clear. Indeed, Ministries of Agriculture as leaders in the sector have been coming to the fore with innovative approaches as well as a considerable wealth of human resources in the form of Agricultural Extension Agents.

In Zambia, a pilot programme has been initiated to mainstream HIV/AIDS into the Agricultural sector using participatory extension approaches (PEA) to build improved communication around HIV/AIDS-related issues at the local level. The benefits of using Extension Agents in the programme is clear in that they often live in the same communities and there is a degree of mutual trust between agents and farmers that facilitates knowledge sharing. Initially, extension agents, as well as other members of the multi-sectoral teams, had little knowledge about HIV/AIDS and participatory techniques. Thus, under an inter-disciplinary District Task Force, these field workers were trained and field guides developed for village level workshops to raise awareness and provide the rural communities with the capacity to identify their problems and devise solutions themselves.

The programme has achieved some successes in creating HIV/AIDS competence in villages and provides an example of how an approach used successfully in agriculture extension has been adapted to address HIV/AIDS in a participatory manner. From there on, the challenge ahead will be to mainstream this promising activity across the existing programmes and the entire sector in a sustainable manner.

5.4.2 RWANDA: THE CHALLENGE OF MAINSTREAMING YOUTH

In post-conflict Rwanda, the up and coming generations have been generally recognised as a “window of hope” toward a better future for the country, and thus their preservation and development have become priority concerns for government and development partners alike. Taking advantage of this environment in which their needs and ideas were being promoted, the youth organised themselves to form the National Youth Council (*Conseil National des Jeunes*) to assist with the re-development of the country, including responding to HIV/AIDS. This is an example of a clear mainstreaming entry point as put forward in Principle 1.

The National Youth Council undertook a youth focused HIV/AIDS Situation Analysis to assist them with the development of the National Strategic Plan and a short-term action plan. These plans were then translated into local language and distributed to all levels of government and to the decentralised level where they were used as the basis for decentralised plan development in four of the 12 districts.

The prioritisation of youth and youth concerns has brought them to the fore in a number of spheres. As a priority, youth are being trained in the sectors and at the district level. They have run in local elections and been elected for positions focussing on youth oriented information. There are currently two youth representatives in Parliament. The government has taken some responsibility for operationalising youth positions, establishing four new posts for youth to mainstream youth focused HIV/AIDS programmes in the normal and non-formal education sector as well as within youth organisations.

5.4.3 THE ART OF MAINSTREAMING HIV/AIDS INTO EXISTING PROGRAMMES

Education and HIV/AIDS cannot be separated; they are inter-related and reinforce each other. Being illiterate often considerably increases a person's individual vulnerability. Illiteracy exacerbates gender inequality, creates dependency and invites exploitation. What is more, illiterate people are handicapped in terms of learning from the experiences of others.

ActionAid's Reflect Programme is a literacy approach that builds on personal and collective experiences and awareness. As a way of assisting participants to become functionally literate, the programme has seen success in a variety of contexts and locations. Being a useful tool for building self-awareness, Reflect is considered an ideal vehicle for increasing HIV/AIDS awareness and promoting behavioural change. Using Reflect approaches such as risk mapping, service mapping, expense trees diagramming AIDS-related costs and calendars, HIV/AIDS could be used to initiate a process of awareness building and literacy skills.

A synergy is developed through the integration of Stepping Stones, an established and well utilised HIV/AIDS methodology which addresses issues of gender, taboos, role-play and personal reflection within the context of HIV/AIDS, and ActionAid's long running Reflect literacy programme. It was realised early on that the Community Based Organisations through which ActionAid worked did not have the capacity to implement and co-ordinate two programmes at once. Thus, capacities and understanding were built in basic counselling, facilitation and participatory techniques to implement the combined programme. This is a clear example of Principle 3.

The result has been a focused programme that incorporates the elements of literacy, empowerment and HIV/AIDS education and reflects the important internal evolution in the philosophy and approach to literacy and community empowerment that the organisation has undergone through the process of mainstreaming HIV/AIDS.

5.4.4 LESSONS FROM THE SUB-NATIONAL LEVEL

The sub-national level involves district and local responses where implementation is key. The local level HIV/AIDS workshops organised by the GTZ supported project in Zambia, may be considered a stand alone HIV/AIDS project. Through multi-sectoral teams of implementers the project seeks to address HIV/AIDS by tying it to a number of local level concerns including farming and gender relations. The team is established specifically to undertake implementation of the project rather than coming together in the service of external sector activities derived through a mainstreaming process. However, while not strictly speaking an example of mainstreaming, the experience of GTZ in Zambia does show how a well-trying participatory approach can be applied to HIV/AIDS programming. Additionally, it underscores the importance of Principle 3 of building capacity at the local level for implementation.

The experience of ActionAid represents a clear example of mainstreaming into an existing programme. The Reflect programme has been in existence for some time and is being implemented in a number of countries. Into this, a well-utilised HIV/AIDS programme has been mainstreamed so that the result is a fundamentally modified programme that is greater than the sum of its parts. While the programme is targeted at illiterate people in both rural and urban areas with their diverse and numerous vulnerabilities, and there is little in terms of planned actions and demonstrable outputs, ActionAid has clearly added value to their own programme and to their target beneficiaries as a result of mainstreaming.

The Rwanda Youth initiative is a programme established to address the specific needs and concerns of youth within the context of HIV/AIDS and is not the result of mainstreaming HIV/AIDS into an existing programme. While achieving some success, the formulation of a youth-oriented National Strategic Plan by the National Youth Council may pose a serious challenge. The development of individual strategic frameworks by sectors, groups and institutions complicates implementation and monitoring. Rather, shorter-term action plans under the National Strategic Framework for HIV/AIDS, where they exist, should be developed in order to maintain continuity and co-ordination. In the case of Rwanda's youth, and to resonate with their needs and circumstance, the National Youth Council's National Strategic Plan can be a basis for the development of the new NSF in 2002.

6.0 LOOKING FORWARD

The Joint Satellite Conference on Mainstreaming HIV/AIDS Across Development Sectors in Africa provided a first opportunity to explore the conceptual framework against which current HIV/AIDS mainstreaming initiatives and tone of practical experience can be assessed. The framework proposed a set of guiding principles, conceived through a consultative process. For example, the importance of mainstreaming through existing institutional structures was heavily underscored. Similarly, making a positive distinction between mainstreaming and integrating HIV/AIDS brought further clarity for practical application when responding to HIV/AIDS.

6.1 ISSUES FOR THE WAY FORWARD

As mainstreaming in the area of HIV/AIDS is still a relatively recent and evolving practice, there are certain relevant issues that are to be mapped out. What follows are some issues that have emerged, which offer some caveats to the principles:

- As practical experience builds, there is a clear need to begin reviewing the various approaches taken in mainstreaming and the results achieved. A better understanding of the roles and responsibilities of stakeholders will emerge. Development of focussed approaches, roles and responsibilities will allow for targeted advocacy for mainstreaming at all levels and in the private sector in particular.
- Mainstreaming presents a very important option for mobilising all sectors of society in the response to HIV/AIDS. In particular, mainstreaming may provide an avenue for establishing positive working relationships between the newly emerging National AIDS Commissions or Councils and other government sectors, especially Ministries of Health. Additionally, focussing on reducing levels of stigmatisation and discrimination at all levels of society may enable the integration of more PLWHA organisations into the national response.
- While mainstreaming at all the described levels must be adopted, it must go beyond theoretical perspectives and public sector, bureaucratic solutions. At the local level, communities, by their very situation, can be said to be mainstreaming HIV/AIDS in their everyday lives. Communities are engaged and thus an imperative for the future must be to provide practical local level support with clear benefits for communities when mainstreaming.
- Current conflicts and strains between national co-ordinating bodies and sector ministries are an indication that mainstreaming HIV/AIDS into non-health sectors and contexts has some way to go. Intensifying mainstreaming efforts will bring greater clarity to roles and responsibilities within the national response. In addition, to achieve more effective scale up, appropriate mainstreaming of HIV/AIDS is required in key sectors to engage more people and institutions.
- There must be the necessary commitment of appropriate human and financial resources to realistically undertake mainstreaming efforts at all levels. Mainstreaming is also about funding flows. There must be the commitment to partnerships and building positive relations amongst the various sectors and levels in this regard. A fundamental precept was voiced at the conference in that there is the need to “move beyond, not out of, the health sector.”

6.2 CONCLUSIONS

This document is a first attempt at providing a systematic approach to mainstreaming HIV/AIDS through defining the different levels and domains, illustrated with concrete experiences. It attempts to provide comprehensive guidance for implementing a broad range of mainstreaming methodologies. Mainstreaming at the global/regional level was shown to be critical for international development instruments and agencies. At the national level, mainstreaming HIV/AIDS into national development plans and PSRPs is a clear imperative. However, mainstreaming into sector ministries and the private sector is currently of the highest priority if scaled up national responses are to be a reality. At the sub-national level, programmatic approaches to mainstreaming will provide more focused interventions for target groups and communities. Clearly, the international discussion on mainstreaming HIV/AIDS must be advanced with the uncertainties and differences in interpretation minimised for the effective implementation of national responses.

This exercise has shown the challenges of classifying mainstreaming efforts. However, it sheds light on the different areas and levels of analysis of mainstreamed multi-sectoral responses. As noted in Section 5.0, most of the interventions assessed highlight few of the five Mainstreaming Principles and it is hoped that in future most mainstreaming efforts will be shaped in one way or other to reflect all five.

The documentation of the successes and challenges of mainstreaming and more lessons learnt is essential to this process. The temptation exists, however, for each discipline to give HIV/AIDS mainstreaming its particular colour. The economist, for example, may consider mainstreaming from the point of view that it is a tool for minimising economic impact, while the social scientist may see it as a mechanism for measuring social change and behavioural indicators. Yet, at the core of mainstreaming is a necessary multi-sectoral and multi-disciplinary understanding of the epidemic and related responses. Thus, whilst acknowledging the complexity of HIV and its propagation, mainstreaming provides a mechanism to strategically assemble effective international, national, sector and sub-national responses through multiple interventions by multiple actors at different levels and with various comparative advantages into a more holistic and concerted response.